



Health Inequalities

Annual Report 2018

A product of the NI Health and Social Care Inequalities Monitoring System



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Health

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Health Inequalities

Annual Report 2018

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Information Analysis Directorate (IAD) sits within the **Department of Health** and carries out various statistical work and research on behalf of the department. It comprises four statistical areas: Hospital Information, Community Information, Public Health Information & Research and Project Support Analysis.

IAD is responsible for compiling, processing, analysing, interpreting and disseminating a wide range of statistics covering health and social care.

The statisticians within IAD are out-posted from the Northern Ireland Statistics & Research Agency (NISRA) and our statistics are produced in accordance with the principles and protocols set out in the UK Code of Practice for Official Statistics.

About Public Health Information and Research Branch

The role of Public Health Information and Research Branch (PHIRB) is to support the public health survey function and to provide support on public health issues within the Department. The head of the branch is the Principal Statistician, Mr. Bill Stewart.

In support of the public health survey function, PHIRB is involved in the commissioning, managing and publishing of results from departmental funded surveys, such as the Health Survey Northern Ireland, All Ireland Drug Prevalence Survey, Young Persons Behaviour & Attitudes Survey, and the Adult Drinking Patterns Survey.

PHIRB provides support to a range of key DoH NI strategies including Making Life Better, a 10 year cross-departmental public health strategic framework as well as a range of other departmental strategies such as those dealing with suicide, sexual health, breastfeeding, tobacco control and obesity prevention. It also has a key role in supporting the Alcohol and Drug New Strategic Direction 2011-2016, by maintaining and developing key departmental databases such as, the Substance Misuse Database, Impact Measurement Tool and the Census of Drug & Alcohol Treatment Services, which are all used to monitor drug misuse and treatments across Northern Ireland.

The branch also houses the NI Health and Social Care Inequalities Monitoring System which covers a range of different health inequality/equality based projects conducted for both the region as well as for more localised area levels.

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INTRODUCTION

This new annual publication is one of a series of reports produced as part of the NI Health & Social Care Inequalities Monitoring System (HSCIMS) and presents a comprehensive analysis of health inequality gaps between the most and least deprived areas of NI, and within Health & Social Care (HSC) Trust and Local Government District (LGD) areas across a range of indicators. This report replaces the previous separately published biennial regional and sub-regional health inequalities reports and is an accompaniment to the 2017 Public Health NI Fact Sheet¹. While the 2017 Public Health NI Fact Sheet presented the latest statistics at NI, HSC Trust and Local Government District levels for a range of public health outcome statistics, this report provides a more detailed assessment of the associated trends and health inequalities gaps. The report is accompanied by downloadable data tables² which contain all figures, including urban and rural breakdowns.

KEY FINDINGS – REGIONAL (NI)

- Male life expectancy at birth has continued to improve in NI and the most and least deprived areas, with the most-least deprived gap narrowing from 7.3 years in 2010-12 to 6.6 years in 2014-16. Female life expectancy remained constant in NI and the most deprived areas and, although it increased slightly in the least deprived areas, the gap remained fairly constant at 4.5 years in 2014-16.
- Healthy and Disability Free Life Expectancies either declined or remained constant between 2010-12 and 2014-16, and no changes to inequality gaps were observed with the exception of male disability free life expectancy where the gap widened from 10.2 to 12.7 years.
- Alcohol and drug related indicators continue to show some of the largest health inequalities monitored in NI, with drug related and alcohol specific mortality in the most deprived areas around five times the rates seen in the least deprived.
- In 2016, the under 20 teenage birth rate in the most deprived areas was almost six times the rate in the least deprived and the proportion of mothers reporting smoking in pregnancy in the most deprived areas was almost five times that in the least deprived.
- Primary 1 obesity levels fell in the most deprived areas while increasing in both the least deprived areas and NI overall which led to a narrowing of the deprivation inequality gap between 2011/12 and 2015/16.
- Rates of premature mortality generally decreased over the last five years in NI and both its most and least deprived areas. Inequality gaps narrowed or remained broadly similar, with the exception of death rates among under 75s due to respiratory disease.
- The inequality gap in self-harm admissions narrowed by a quarter between 2008/09-12/13 and 2012/13-16/17 with improvements observed for NI and its most and least deprived areas.

Most Notable Inequality Gaps	Most Notable Narrowing of Gaps	Most Notable Widening of Gaps
Teenage Birth Rate Drug Related Mortality Healthy Life Expectancy Disability Free Life Expectancy Smoking in Pregnancy Alcohol Specific Mortality Alcohol Related Admissions	Self-harm Admissions Primary 1 Obesity Alcohol Related Admissions Primary 1 Overweight or Obese Male Life Expectancy at Birth Drug Related Admissions	Drug Related Mortality Male Disability Free Life Expectancy Teenage Birth Rate Year 8 Obesity

¹ <https://www.health-ni.gov.uk/articles/public-health-statistics>

² <https://www.health-ni.gov.uk/publications/health-inequalities-annual-report-2018>

KEY FINDINGS – SUB-REGIONAL (HSC TRUST & LGD)

- Male life expectancy either increased or remained similar between 2010-12 and 2014-16 in all Trusts, Local Government Districts (LGDs) and their most deprived areas.
- Female life expectancy also increased or remained similar across the period in all Trusts & LGDs and their most deprived areas, with the exception of the most deprived areas in both Antrim & Newtownabbey LGD and Fermanagh & Omagh LGD, where it declined.
- Similar to the regional picture, deprivation related inequality was most prominent in indicators relating to alcohol and drugs, self-harm, smoking in pregnancy and teenage births, which were among the five largest inequality gaps for the majority of Trusts and LGDs.
- Large inequality gaps relating to suicide and respiratory mortality among under 75s were also seen in many of the LGD and Trust areas. Under 75 respiratory mortality was among the five largest inequality gaps for Belfast Trust and Lisburn & Castlereagh, Derry & Strabane, and Belfast LGDs.
- Drug related mortality was the largest inequality gap within the Belfast Trust (113%), Northern Trust (143%), and South Eastern Trust (138%), and deaths due to drug misuse was the largest inequality gap seen in the Western Trust (159%). Within the Southern Trust, the largest inequality gap was seen with alcohol specific mortality where the rate in the most deprived areas was double the Trust average.
- Drug related mortality was also the largest inequality gap seen in six of the eleven LGDs, where rates in the most deprived LGD areas were between two and three times the LGD average rates. In Belfast LGD the largest gap was seen with drug related admissions (99%).
- Self-harm admissions showed the largest gap in Armagh, Banbridge & Craigavon (102%), alcohol related admissions showed the largest gap in Fermanagh & Omagh (91%), and alcohol specific mortality showed the largest gap for both Derry & Strabane (149%) and Newry, Mourne & Down LGD (109%).

FORMAT OF THE REPORT

This report is separated into two sections, the first focusing on regional health inequalities and the second presenting sub-regional analysis. The regional section contains separate chapters for each theme/topic area, with each section containing a summary of the key findings, followed by individual indicator analysis. For each indicator two charts are displayed.

- The first chart shows trends in rates over time for NI, its 20% most deprived areas and 20% least deprived areas.
- The second shows the trend for the most-least deprived inequality gap over the same period.
- For ease of understanding each theme is assigned a separate colour (for example purple for premature mortality), with a deeper tone representing the 20% most deprived areas and a lighter tone the 20% least deprived.

ASSESSMENT OF CHANGE OVER TIME

In addition various symbols are provided that depict changes in the rates in the most deprived and least deprived areas, and in the most-least deprived inequality gap (see below). For the first time, an indication of the changes observed at the NI level has also been provided for each health outcome. An improvement or decline in the rate is only indicated when the change is statistically significant, or where there is a clear and consistent trend observed over the series. For a notable change in the inequality gap to have occurred, a significant change in at least one of the areas (most/least deprived) has to have been observed, or, where no statistically significant change is apparent then a change in the gap will have deemed to have occurred if there is a clear and consistent trend in both the outcome and the gap over the analysed period. Table 3 overleaf can be used as a reference to aid the reader in understanding how the symbols indicate a change in both the health outcome over time and the resultant inequality gap in this report have been determined³.

Table 1: Indication of change to Indicator Rate

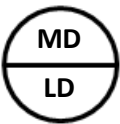







Changes to indicator rate	
	<p>Most Deprived Areas</p> <p>Least Deprived Areas</p>
	Decline
	No Notable Change
	Improvement

Table 2: Indication of change in Inequality Gap over time

Changes in inequality gaps	
	Widening of the gap
	Narrowing of the gap
	Gap remains constant
	Gap fluctuates

The sub-regional section presents a condensed summary of findings for each HSC Trust and LGD accompanied by downloadable data tables⁴ which contain all figures and an indication of changes to rates and gaps.

It should be noted that inequality gaps for indicators can exist in either direction; however health outcomes generally tend to be worse in the most deprived areas than in the least deprived. For the purposes of this report, a positive value for the gap means that the health outcomes experienced in the most deprived areas were worse than in the least deprived.

³ It should be noted that any indicated changes are open to interpretation.

⁴ <https://www.health-ni.gov.uk/publications/health-inequalities-annual-report-2018>

Table 3: Understanding changes in the inequality gap

Change in Health Outcome		Inequality Gap	
Most Deprived Areas	Least Deprived Areas	Symbol	
Gap Widens	Small Improvement	Large Improvement	
	Decline	Improvement	
	Decline	Constant	
	Large Decline	Small Decline	
	Constant	Improvement	
Gap Narrows	Large Improvement	Small Improvement	
	Improvement	Decline	
	Improvement	Constant	
	Small Decline	Large Decline	
	Constant	Decline	
Constant	Improvement	Improvement	
	Decline	Decline	
	Constant	Constant	
	Small Decline (Red)/ Improvement/(Green)	Constant	
	Constant	Small Decline (Red)/ Improvement/(Green)	
Fluctuates	Fluctuates (Any combination of colour)		

Observed differences in the most and least deprived areas, as indicated by the symbol, does not always lead to a change in the gap. Where this has occurred an explanation has been provided where appropriate.

NOTES FOR USER

- **Regional Inequality Gaps** refer to the difference in health outcomes between the 20% most deprived and 20% least deprived areas of Northern Ireland.
- **Sub-regional inequality gaps** refer to the difference between health outcomes for;
 - the 20% most deprived areas within an area and the area's average,
 - the Trust or LGD and the regional average.
- **Deprivation Measure:** the 20% most and least deprived areas are defined according to the Northern Ireland Multiple Deprivation Measure (NIMDM). For each indicator, the latest two years / data points presented are newly published figures and are defined according to the 2017 NIMDM⁵, all other data points are based on the 2010 NIMDM⁶.
- **Rounded Figures:** some individual figures have been rounded to either zero or one decimal place independently. As a result, the sum of component items may not therefore always add to the totals shown.
- **Additional Indicators:** figures relating to five additional indicators such as Median Fire Response Times and Median Ambulance Response Times, which form part of the HSCIMS but are not contained in the main body of the report, can be found in Appendix C. One new indicator has been introduced since the previous report of 2016; Healthy Birth Weight. In addition, the indicator SDR - Alcohol Specific has been created to reflect the revised definition of alcohol related mortality published by ONS (2017⁷), replacing all previously published figures.
- **Further Analysis:** The appendix section included at the back of the report provides **further analysis** regarding the Social Gradient of Health (Appendix A) and the Population Attributable Risk (PAR) of Deprivation (Appendix B).
- **Urban/Rural Analysis** In addition urban and rural figures for each indicator have been included within the accompanying downloadable tables, and a summary assessment of Rural-NI gaps has been provided in Appendix D.
- **District Electoral Areas (DEAs)** analysis is included within the accompanying downloadable tables. The most recent available health outcomes within each DEA are compared and contrasted with those in the surrounding LGD and notable differences are highlighted.
- **Data limitations** mean that not all health indicators analysed at a regional level can be analysed at Trust, LGD or DEA level. In this report, 45 health indicators have been presented at Trust and 42 at LGD level, with 25 reported at DEA level.
- For **further information** regarding the methodologies, indicator descriptions and sources of data used to produce the analyses throughout this report, please refer to Appendix E Technical Notes & Definitions.

⁵<https://www.nisra.gov.uk/statistics/deprivation/northern-ireland-multiple-deprivation-measure-2017-nimdm2017>

⁶<https://www.nisra.gov.uk/statistics/deprivation/northern-ireland-multiple-deprivation-measure-2010-nimdm2010>

⁷<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/theimpactofusingthenewdefinitionofalcohol-specificdeaths/2017-10-26>

Understanding Gaps

Regional Level:

A positive inequality gap means that the health outcomes in the most deprived areas are worse than in the least deprived areas.

Sub-Regional Level:

A positive inequality gap between the Trust or LGD and its most deprived areas means that the health outcomes in the most deprived areas are worse than the Trust or LGD average.

Similarly, a positive inequality gap between the Trust or LGD and NI means that the health outcomes in the Trust or LGD are worse than the NI average.

A negative inequality gap that is widening indicates that the health outcome is experiencing a better change over time within the Trust or LGD than that seen regionally.

Other routine reports in the HSCIMS series include:

Public Health NI Fact Sheet – Presents the latest health outcome statistics at Northern Ireland, HSC Trust and LGD levels, and includes information on general health, mortality, health expectancies and more.

Life Expectancy Decomposition Report – An examination of how mortality patterns contribute to the change in life expectancy over time as well as explain the fairly persistent differentials in life expectancy between those living in the most and least deprived areas, between urban and rural areas, and between Northern Ireland, other UK countries, and the Republic of Ireland

Making life better: monitoring the wider social determinants of health & wellbeing - key indicators – monitoring report for the key indicators of the wider social determinants of health & wellbeing, contained in the Making Life Better, the public health strategic framework for NI⁸.

⁸ www.health-ni.gov.uk/topics/public-health-policy-and-advice/making-life-better-whole-system-strategic-framework-public

SUMMARY OF CHANGES IN REGIONAL INEQUALITY GAPS OVER THE LAST 5 YEARS

< > **Most-Least Deprived Inequality Gaps that Widened over the Analysed Period**

11 indicators had inequality gaps that **widened** over the period

	Change in Health Outcome		
	Most Deprived Areas	Least Deprived Areas	Northern Ireland
Male Disability Free Life Expectancy	Declined	Declined	Declined
Standardised Death Rate – Respiratory U75	No Change	Improved	No Change
Standardised Admission Rate – Respiratory	Declined	Declined	Declined
Standardised Admission Rate – Respiratory U75	Declined	No Change	Declined
Standardised Incidence Rate - Cancer	No Change	Improved	Improved
Standardised Death Rate – Drug Related Causes	Declined	No Change	Declined
Standardised Death Rate – Drug Misuse	Declined	No Change	Declined
Smoking During Pregnancy	Improved	Improved	Improved
Teenage Birth Rate U20	Improved	Improved	Improved
Year 8 BMI: Obese	No Change	Improved	No Change
Year 8 BMI: Overweight or Obese	Declined	Improved	Improved

Key: Declined No Change Improved

> < **Most-Least Deprived Inequality Gaps that Narrowed over the Analysed Period**

8 indicators had inequality gaps that **narrowed** over the period

	Change in Health Outcome		
	Most Deprived Areas	Least Deprived Areas	Northern Ireland
Male Life Expectancy at Birth	Improved	Improved	Improved
Standardised Death Rate – Preventable	Improved	Improved	Improved
Standardised Death Rate – Avoidable: Children & Young People	Improved	No Change	Improved
Standardised Admission Rate – Self-Harm	Improved	Improved	Improved
Standardised Admission Rate – Alcohol Related Causes	Declined	Declined	Declined
Standardised Admission Rate – Drug Related Causes	Improved	No Change	Improved
Primary 1 BMI: Obese	Improved	Declined	Declined
Primary 1 BMI: Overweight or Obese	Declined	Declined	Declined

Key: Declined No Change Improved

or **Most-Least Deprived Inequality Gaps that remained Constant or Fluctuated over the Analysed Period**

30 indicators had inequality gaps that remained **constant** or **fluctuated** over the period analysed

	Change in Health Outcome		
	Most Deprived Areas	Least Deprived Areas	Northern Ireland
Female Life Expectancy at Birth	Improved	Improved	Improved
Male Life Expectancy at Age 65	Improved	Improved	Improved
Female Life Expectancy at Age 65	Improved	Improved	Improved
Male Healthy Life Expectancy	Declined	Improved	Improved
Female Healthy Life Expectancy	Declined	Improved	Declined
Female Disability Free Life Expectancy	Declined	Declined	Declined
Potential Years of Life Lost	Improved	Improved	Improved
Standardised Death Rate - Amenable	Improved	Improved	Improved
Standardised Death Rate - Avoidable	Improved	Improved	Improved
Standardised Death Rate – Circulatory U75	Improved	Improved	Improved
Standardised Death Rate – Cancer U75	Improved	Improved	Improved
Standardised Death Rate – All Cause U75	Improved	Improved	Improved
Standardised Admission Rate – Circulatory	Improved	Improved	Improved
Standardised Admission Rate – Circulatory U75	Improved	Improved	Improved
Standardised Prescription Rate - Antihypertensive	Declined	Declined	Declined
Standardised Prescription Rate - Statin	Improved	Improved	Improved
Standardised Admission Rate – All Admissions	Improved	Improved	Improved
Standardised Admission Rate – Emergency Admissions	Improved	Improved	Improved
Standardised Admission Rate – Elective Inpatient Admissions	Improved	Improved	Improved
Standardised Admission Rate – Day Case Admissions	Improved	Improved	Improved
Crude Suicide Rate	Improved	Improved	Improved
Standardised Prescription Rate – Mood & Anxiety	Declined	Declined	Declined
Standardised Death Rate – Alcohol Specific	Improved	Improved	Improved
Standardised Death Rate – Smoking Related Causes	Improved	Improved	Improved
Standardised Incident Rate – Lung Cancer	Improved	Improved	Declined
Standardised Death Rate – Lung Cancer	Improved	Improved	Improved
Infant Mortality Rate	Improved	Improved	Improved
Breastfeeding on Discharge	Improved	Improved	Improved
Low Birth Weight	Improved	Improved	Improved
Healthy Birth Weight	Improved	Improved	Improved

Key: **Declined** **No Change** **Improved**

Life Expectancy & General Health

In 2014-16 the life expectancy gender gap between males and females in Northern Ireland was 3.8 years. For males, life expectancy at birth improved across all areas of NI, with a faster rate of improvement observed in the most deprived areas, resulting in a narrowing of the inequality gap over the period. For females, life expectancy remained constant in NI and the most deprived areas and although it increased in the least deprived areas, the gap remained fairly constant. Healthy Life Expectancies and Disability Free Life

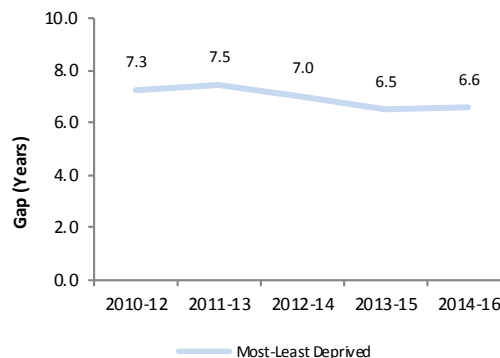
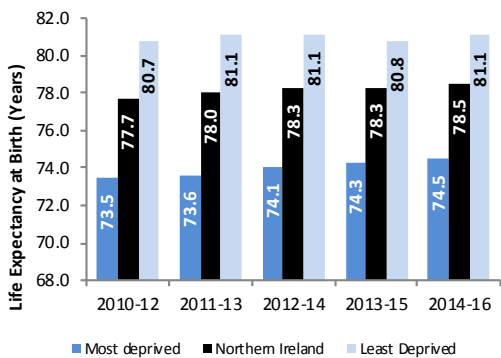
Expectancies either declined or remained constant, and no changes to the inequality gaps were observed with the exception of male disability free life expectancy where the gap widened.

Key:

- MD: Most Deprived Areas
- LD: Least Deprived Areas
- Decline: Red circle
- No notable change: Yellow circle
- Improvement: Green circle
- Widening of the Gap: Two outward-pointing chevrons (<<)
- Narrowing of the Gap: Two inward-pointing chevrons (>>)
- No notable change: Horizontal line
- Gap fluctuated: Wavy line

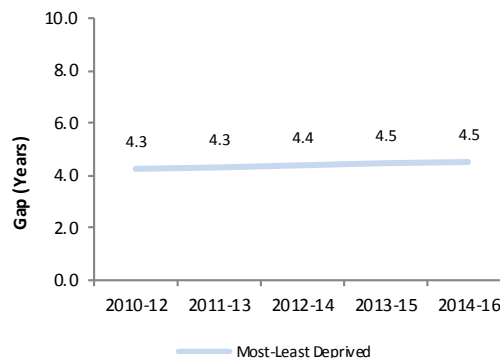
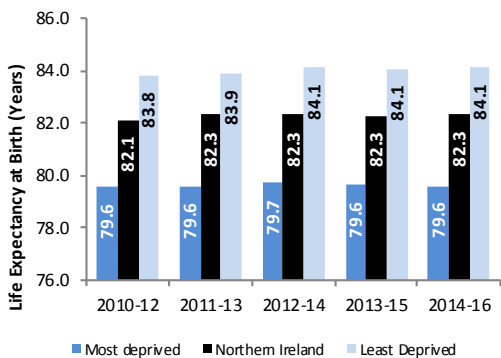
Male Life Expectancy at Birth

NI



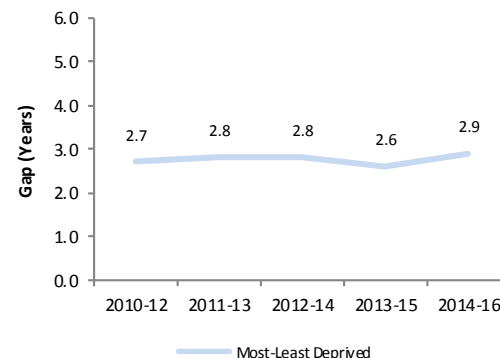
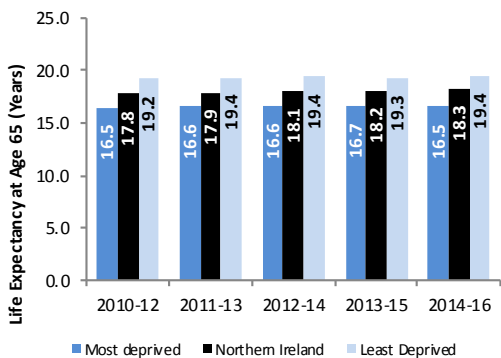
Female Life Expectancy at Birth

NI



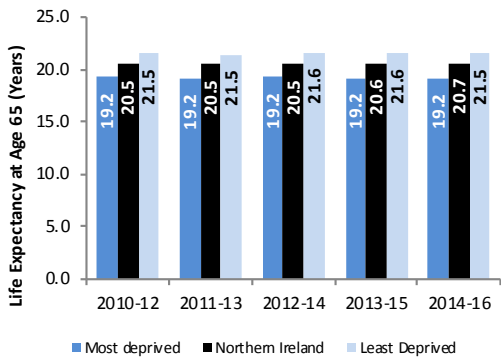
Male Life Expectancy at Age 65

NI



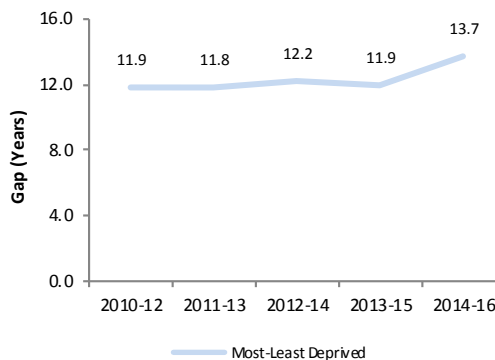
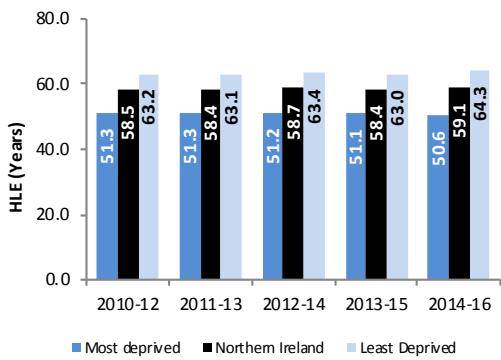
Female Life Expectancy at Age 65

NI 



Male Healthy Life Expectancy

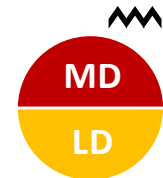
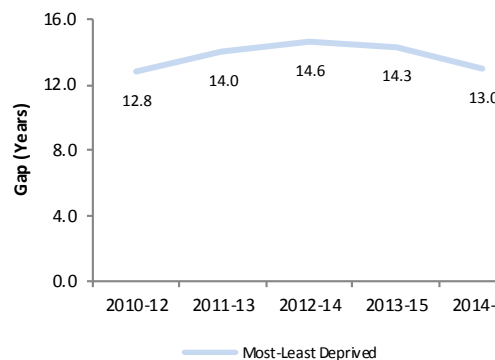
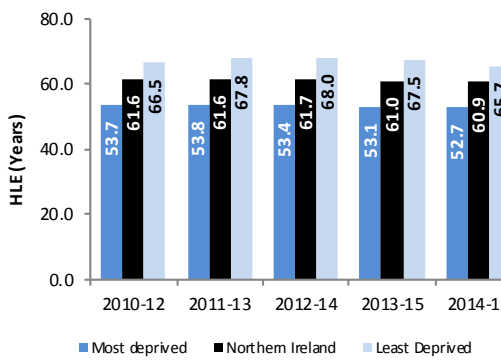
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See note 9

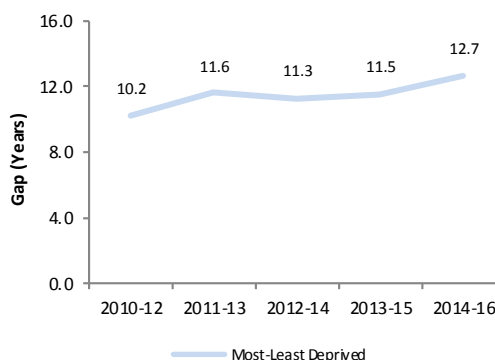
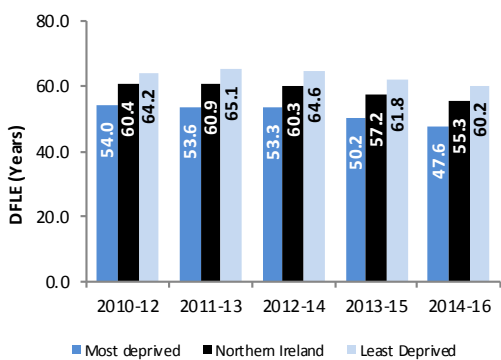
Female Healthy Life Expectancy

NI 



Male Disability Free Life Expectancy

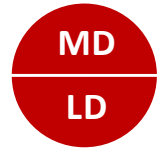
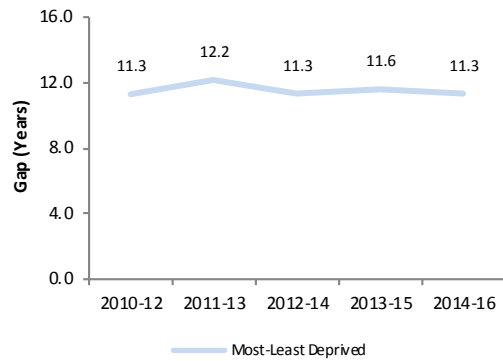
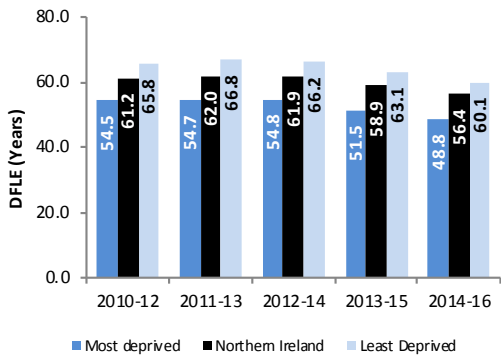
NI 



⁹ Despite a consistent trend in the most deprived areas, no statistically significant changes were observed in either area. In addition there was no clear trend with the gap and therefore no change in the gap can be determined.

Female Disability Free Life Expectancy

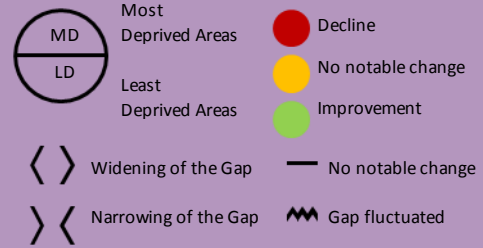
NI



Premature Mortality

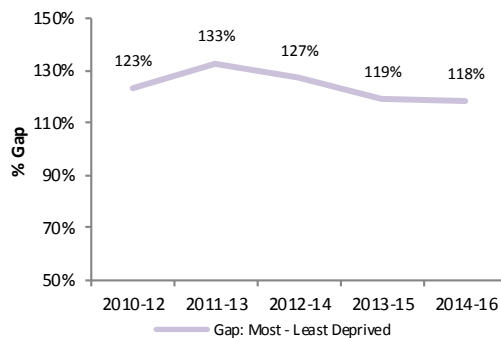
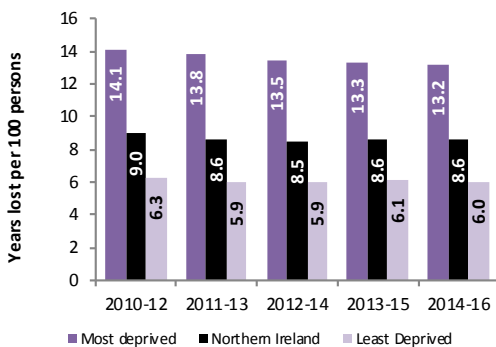
Rates of premature mortality¹⁰ generally decreased over the period in NI and both its most and least deprived areas. Inequality gaps narrowed or remained broadly similar, with the exception of death rates among under 75s due to respiratory disease, where the gap between the most and least deprived areas widened by almost a fifth due to an improvement in the least deprived areas. Despite the improvements observed for premature mortality indicators, the inequality gaps remained large with the most deprived areas continuing to experience higher mortality rates than the least deprived areas. The largest inequality gap was seen for respiratory mortality among under 75s, with rates in the most deprived areas being almost three and a half times that seen in the least deprived.

Key:



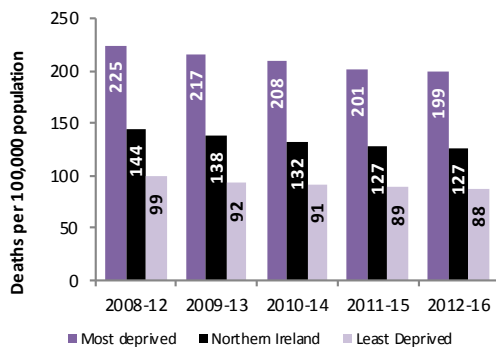
Potential Years of Life Lost

NI



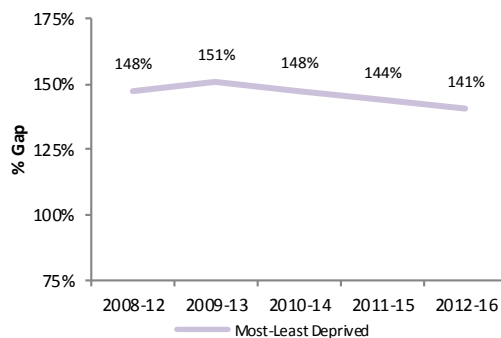
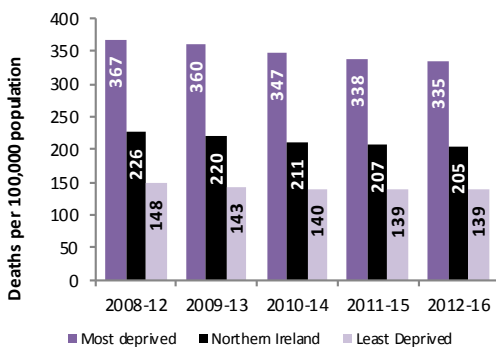
Standardised Death Rate - Amenable

NI



Standardised Death Rate – Preventable

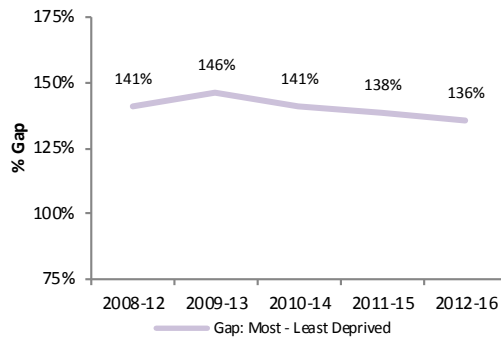
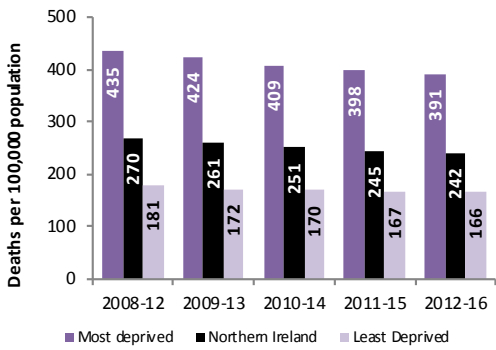
NI



¹⁰ Individual indicator definitions can be found in Appendix E.

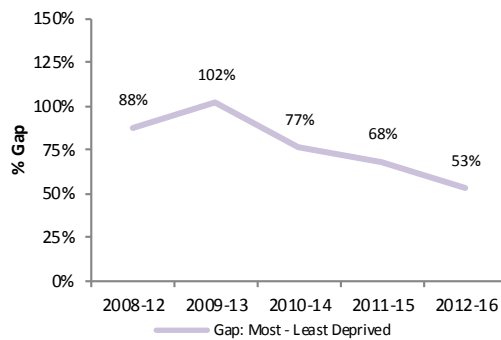
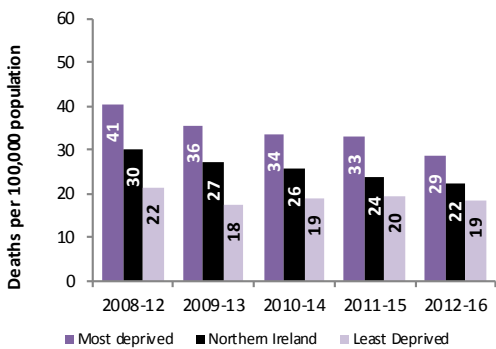
Standardised Death Rate – Avoidable

NI



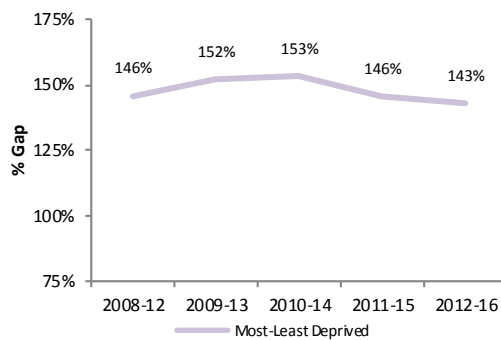
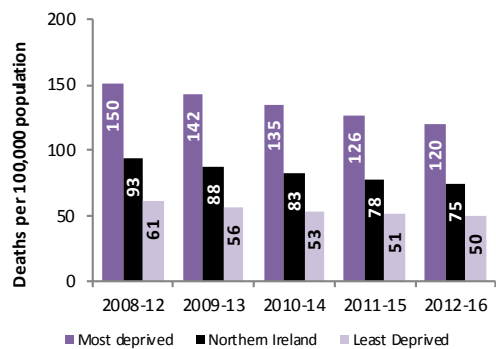
Standardised Death Rate – Avoidable: Children & Young People¹¹

NI



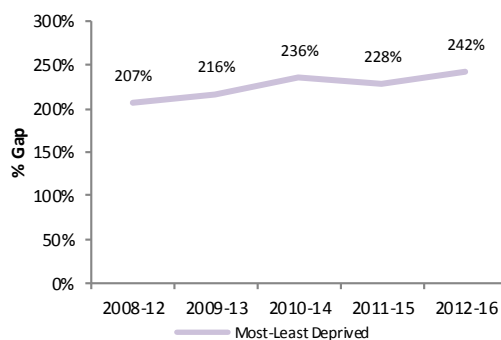
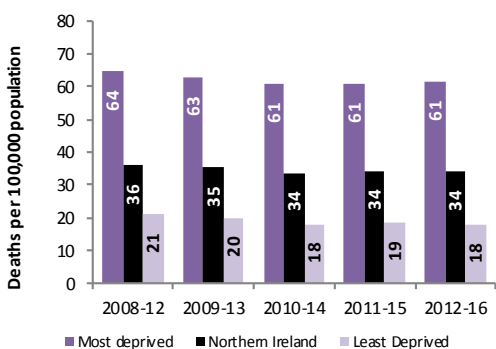
Standardised Death Rate – Circulatory U75

NI



Standardised Death Rate – Respiratory U75

NI



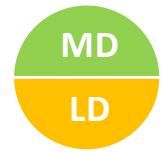
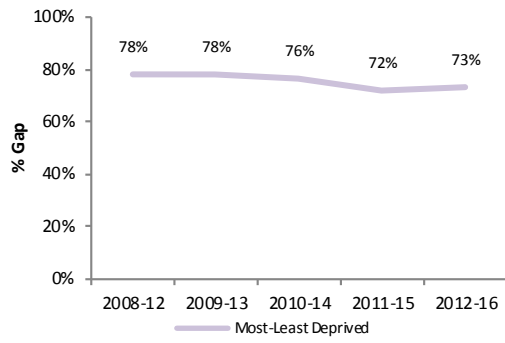
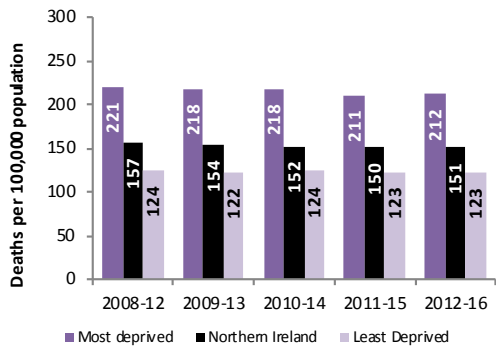
See note 12

¹¹ This indicator should be treated as an experimental statistic, given the relatively small numbers and large variability in specific causes of childhood deaths, interpretation should be made with caution.

¹² Changes in the rates within the most and least deprived areas were not statistically significant; however a consistent trend was observed and as such, a widening of the inequality gap was determined to have occurred.

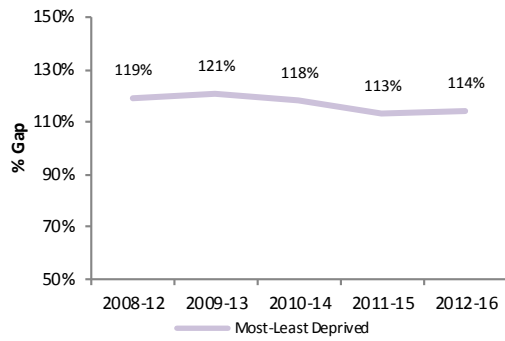
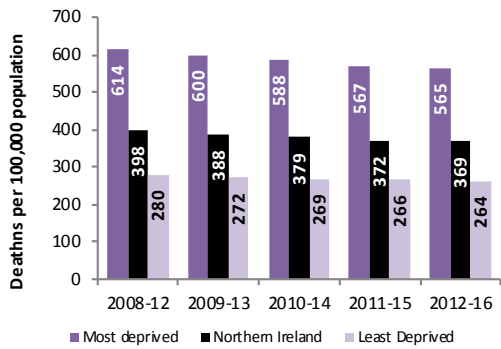
Standardised Death Rate – Cancer U75

NI 



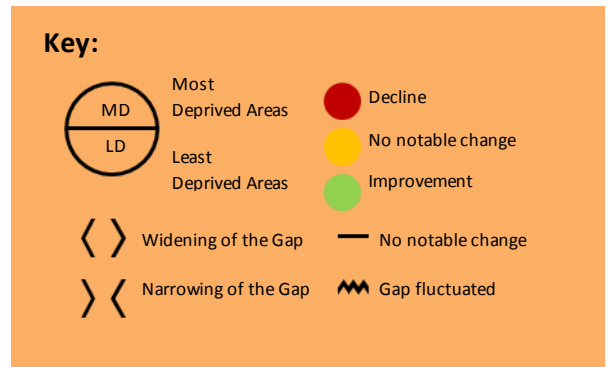
Standardised Death Rate – All Cause U75

NI 



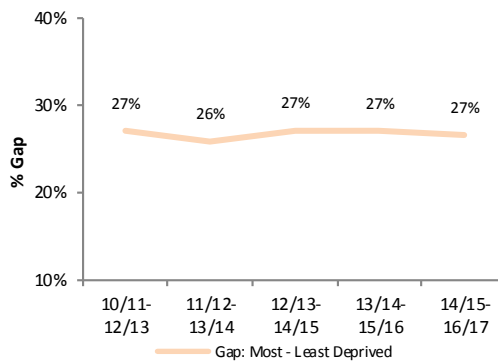
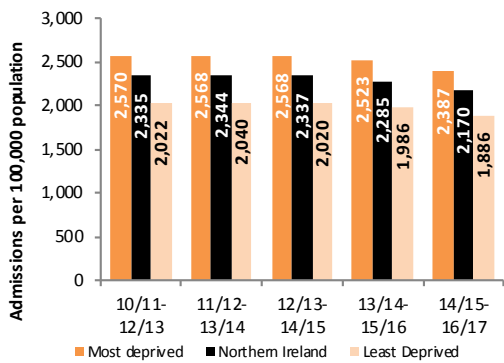
Major Diseases¹³

Inequality gaps for circulatory admissions, and prescriptions related to circulatory disease, remained constant over the period, with improvements seen in circulatory admission rates across NI and its most and least deprived areas. Despite an improvement in cancer incidence in NI and its least deprived areas, the inequality gap widened over the period. Inequality gaps for admissions due to respiratory disease widened between the most and least deprived areas and were the largest inequality gaps among the major disease indicators. The respiratory admission rate in the most deprived areas was double the rate in the least deprived for all ages, and more than double for those aged under 75 years.



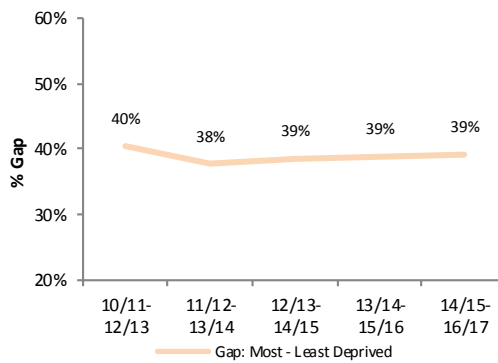
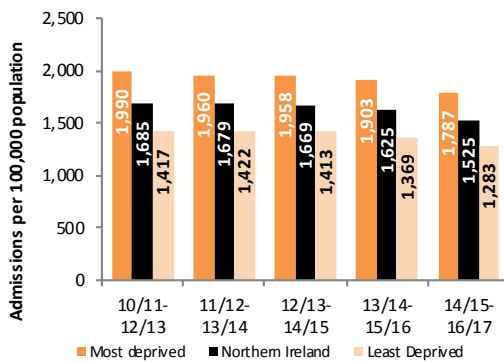
Standardised Admission Rate – Circulatory

NI



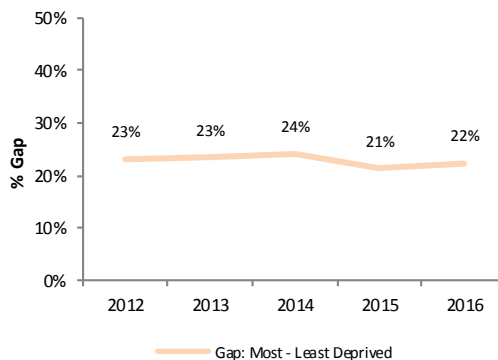
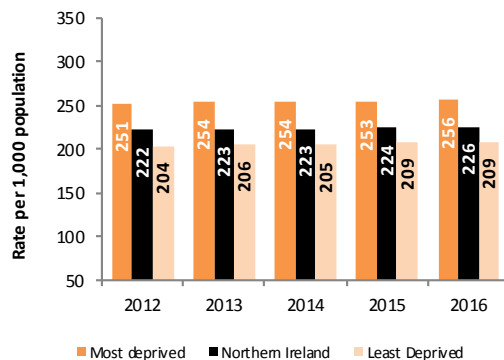
Standardised Admission Rate – Circulatory U75

NI



Standardised Prescription Rate – Antihypertensive

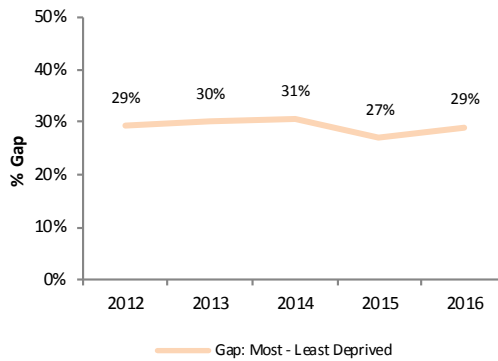
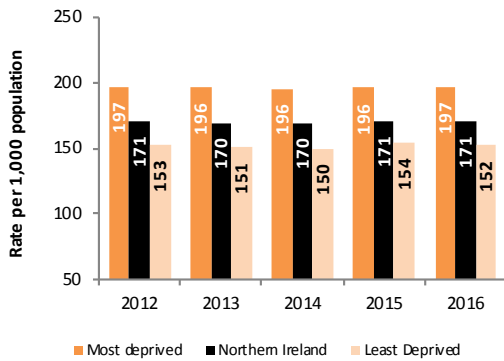
NI



¹³ Mental health related conditions, alcohol and drug related conditions; are considered in separate chapters.

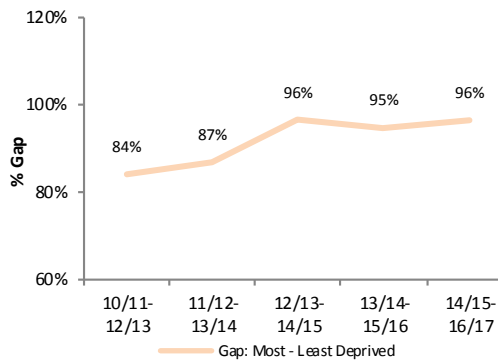
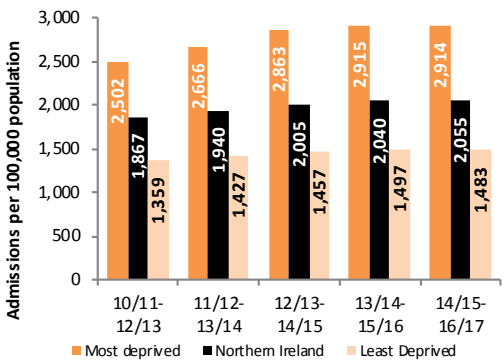
Standardised Prescription Rate – Statin

NI 



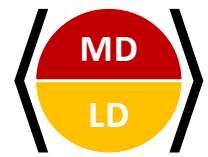
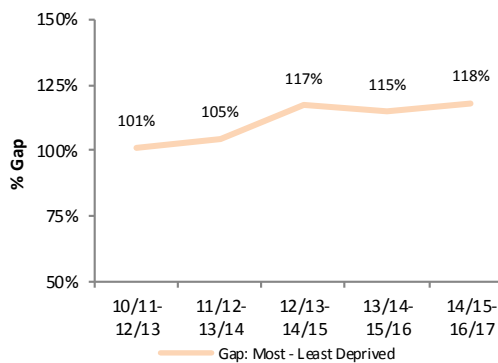
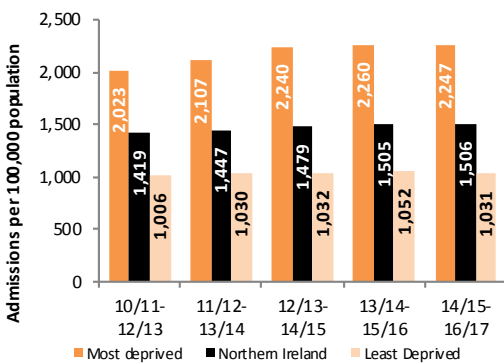
Standardised Admission Rate – Respiratory

NI 



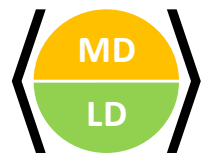
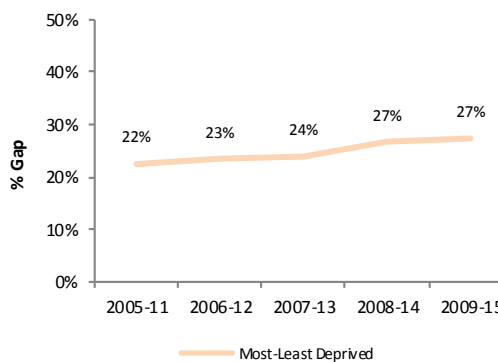
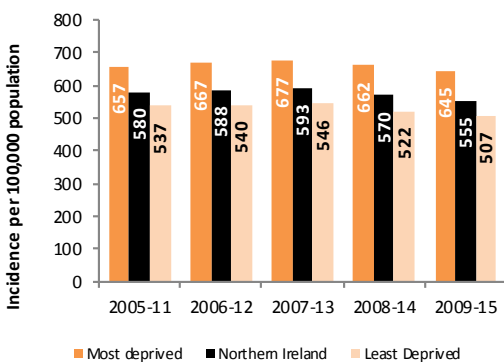
Standardised Admission Rate – Respiratory U75

NI 



Standardised Incidence Rate – Cancer

NI 



Hospital Activity

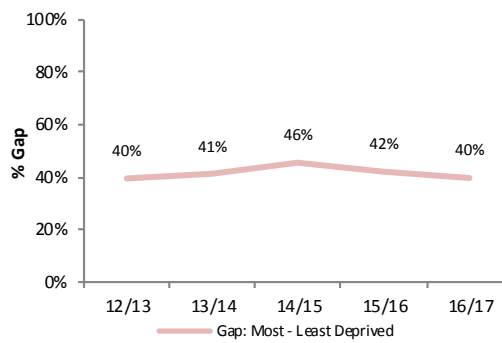
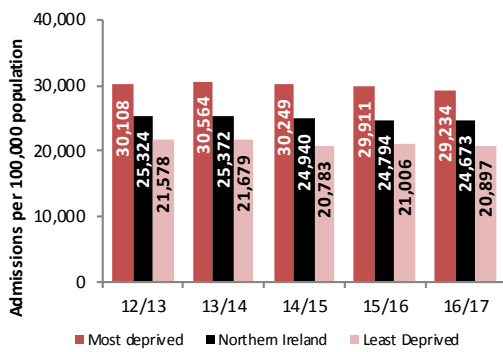
Inequality gaps for emergency, elective inpatient, day case and all admissions remained fairly constant over the period 2012/13 to 2016/17. Generally hospital admission rates improved across NI and its most and least deprived areas, with the exception of emergency admissions which remained constant. Emergency admissions continued to show the largest inequality of the four indicators analysed, with the rate among those living in the most deprived areas remaining almost three-quarters higher than that seen in the least deprived areas.

Key:

- MD: Most Deprived Areas
- LD: Least Deprived Areas
- Decline: Red circle
- No notable change: Yellow circle
- Improvement: Green circle
- Widening of the Gap: Left-pointing chevron
- Narrowing of the Gap: Right-pointing chevron
- No notable change: Horizontal line
- Gap fluctuated: Wavy line

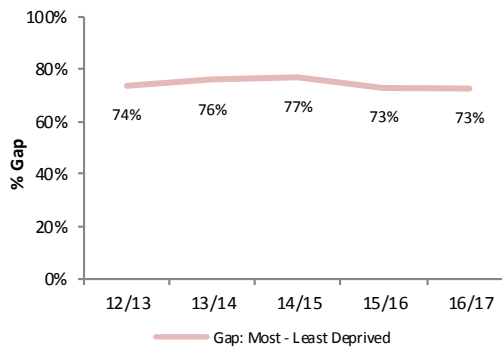
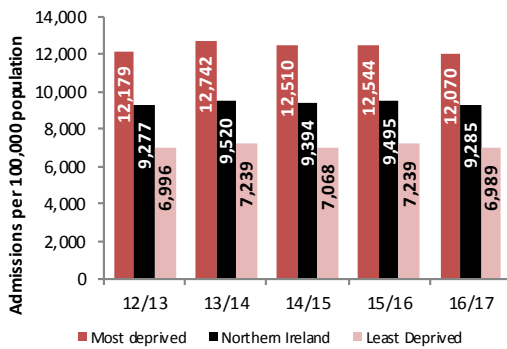
Standardised Admission Rate – All Admissions

NI



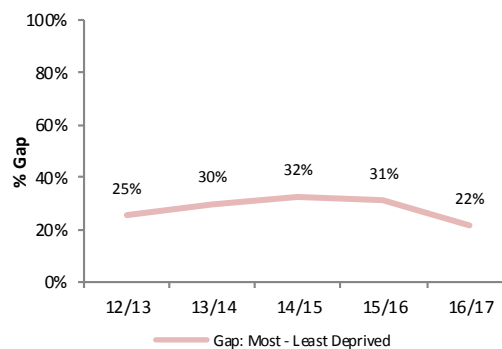
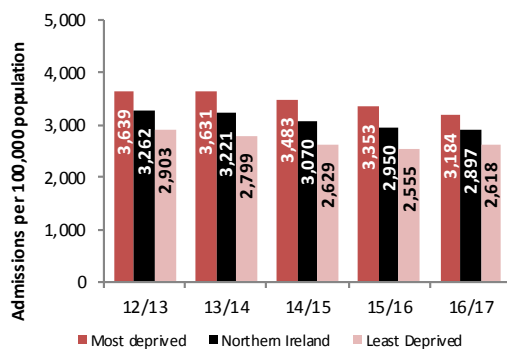
Standardised Admission Rate – Emergency Admissions

NI



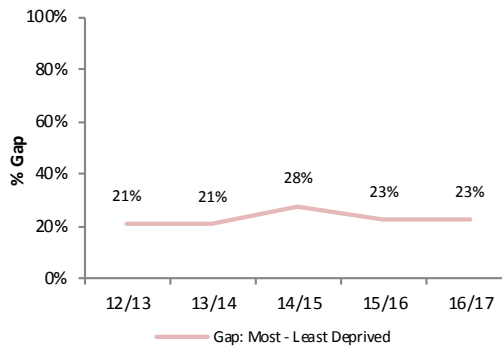
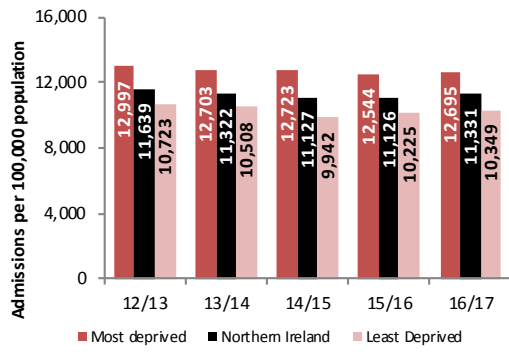
Standardised Admission Rate – Elective Inpatient Admissions

NI



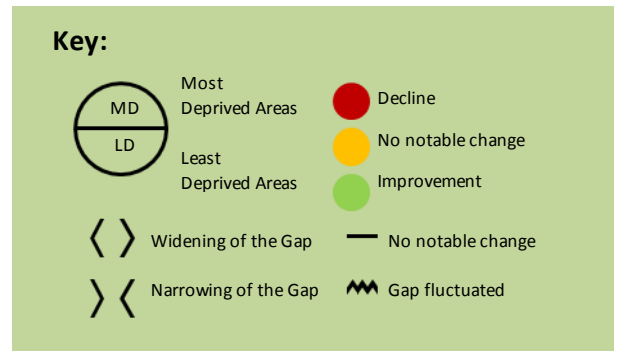
Standardised Admission Rate – Day Case Admissions

NI



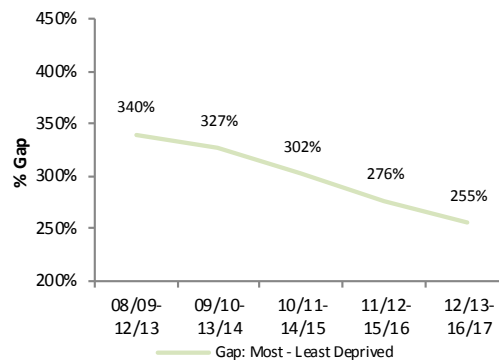
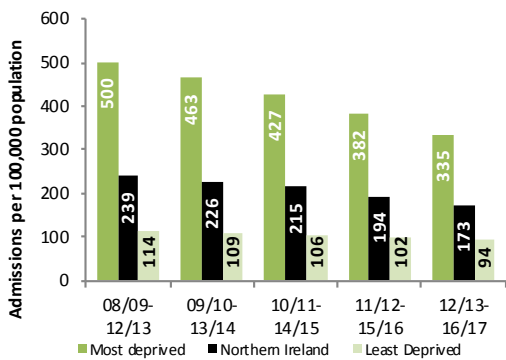
Mental Health

Large inequality gaps continue to exist for mental health indicators, with the latest position showing that rates of suicide and self-harm admissions in the most deprived areas were around three and a half times the rates seen in the least deprived areas. The inequality gap in self-harm admissions narrowed by a quarter over the period with improvements observed for NI and its most and least deprived areas. Prescription rates for mood and anxiety increased across all areas, with the rate in the most deprived areas two-thirds higher than in the least deprived in 2016.



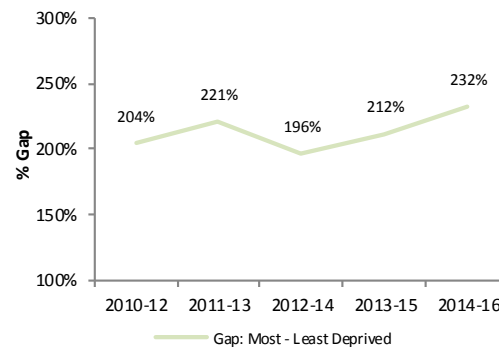
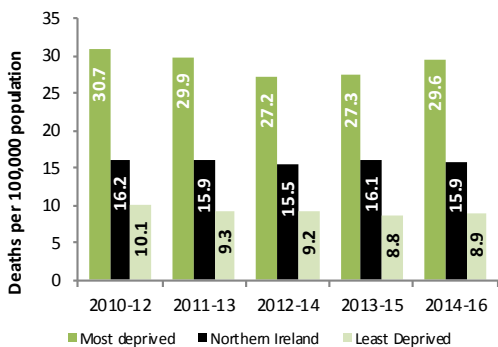
Standardised Admission Rate – Self-Harm¹⁴

NI



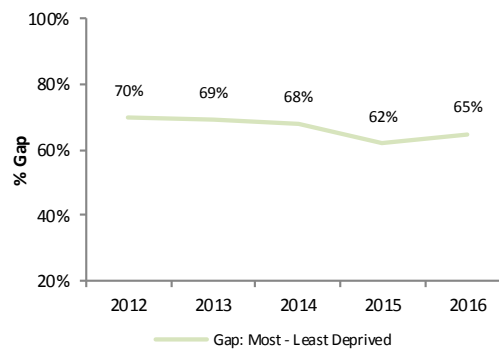
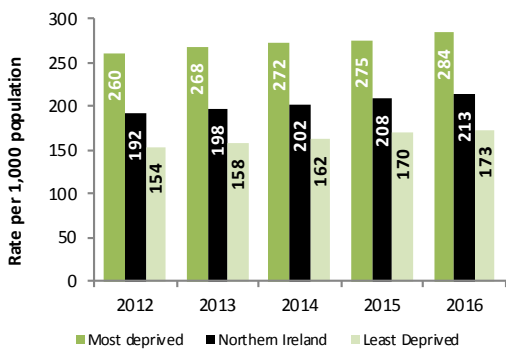
Crude Suicide Rate

NI



Standardised Prescription Rate – Mood & Anxiety

NI



¹⁴ The trend in the self-harm admission rate was not seen with self-harm presentations (Source: Deliberate Self-Harm Register (PHA)).

Alcohol, Smoking & Drugs

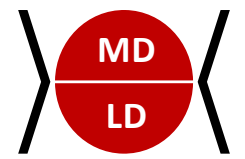
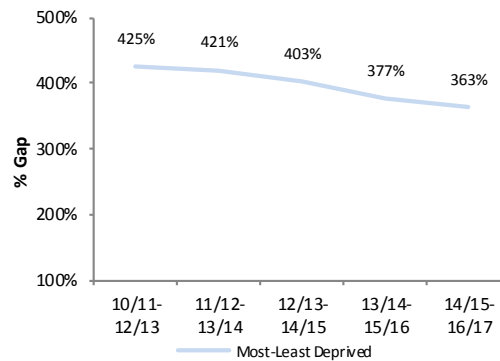
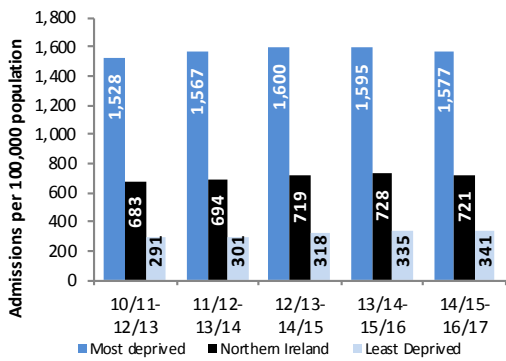
Alcohol, smoking and drug related indicators continue to show some of the largest health inequalities monitored in NI. Inequality gaps for drug related mortality and deaths due to drug misuse widened over the period analysed, with drug related mortality in the most deprived areas five times the rate seen in the least deprived. The alcohol specific mortality gap remained very large with the rate in the most deprived areas almost five times the rate in the least deprived. Despite a rise in alcohol related admission rates across all areas, and a narrowing in the resultant inequality gap, the rate in the most deprived areas was more than four and a half times that seen in the least deprived.

Key:

- Most Deprived Areas
- Least Deprived Areas
- Decline
- No notable change
- Improvement
- Widening of the Gap
- Narrowing of the Gap
- No notable change
- Gap fluctuated

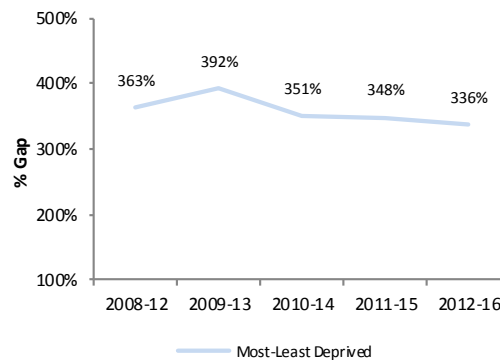
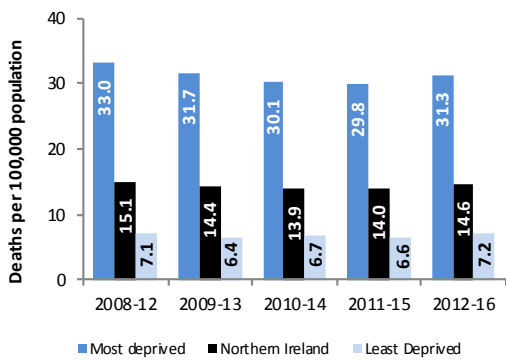
Standardised Admission Rate – Alcohol Related Causes

NI



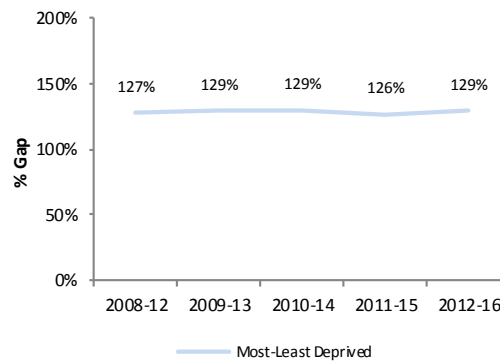
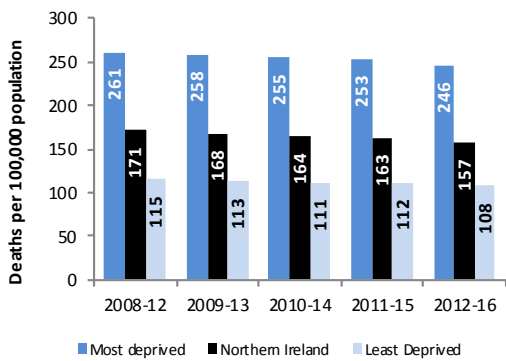
Standardised Death Rate – Alcohol Specific

NI



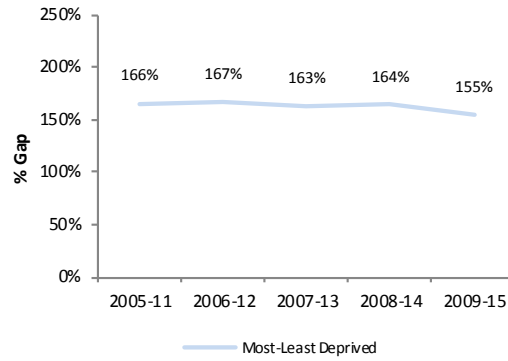
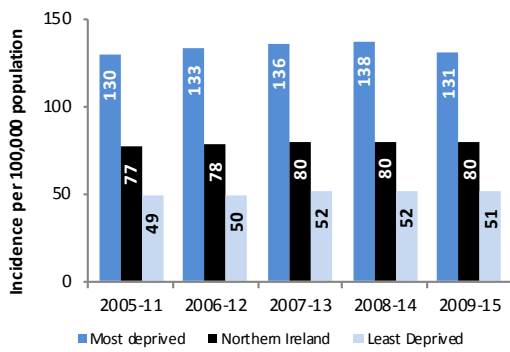
Standardised Death Rate – Smoking Related Causes

NI



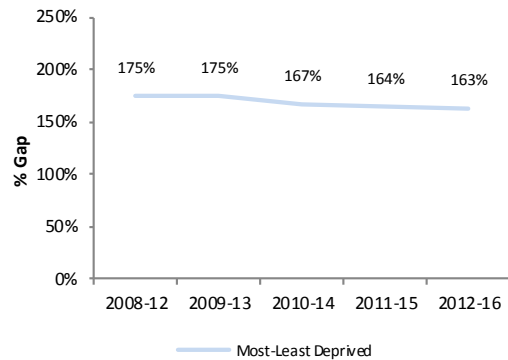
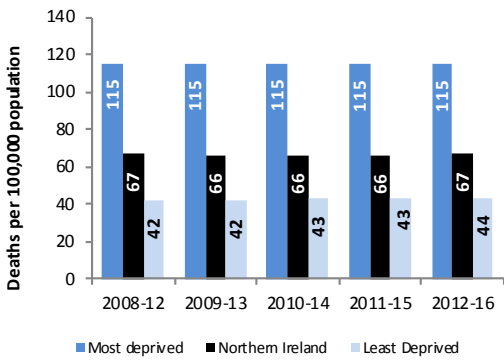
Standardised Incidence Rate – Lung Cancer

NI 



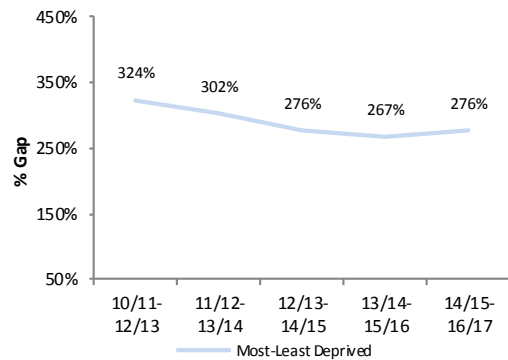
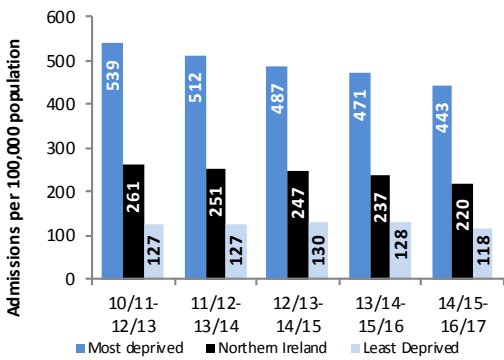
Standardised Death Rate – Lung Cancer

NI 



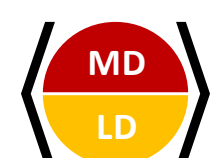
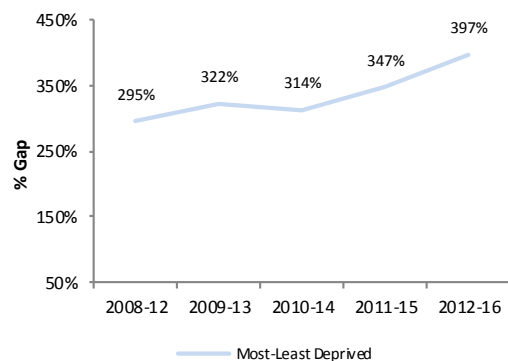
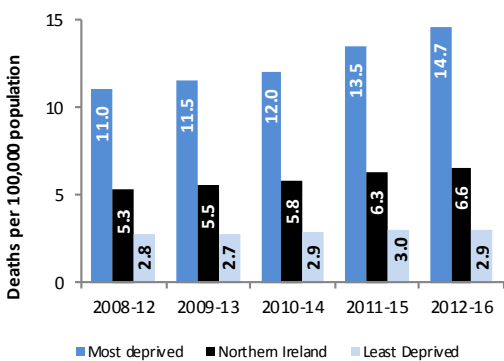
Standardised Admission Rate – Drug Related Causes

NI 

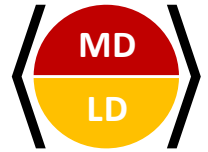
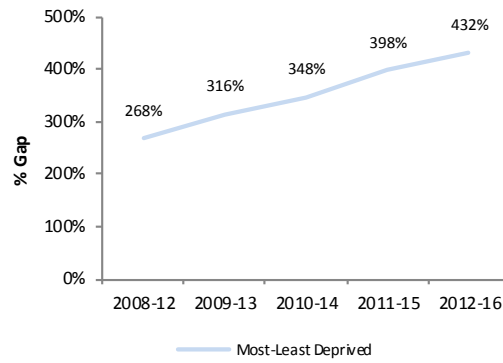
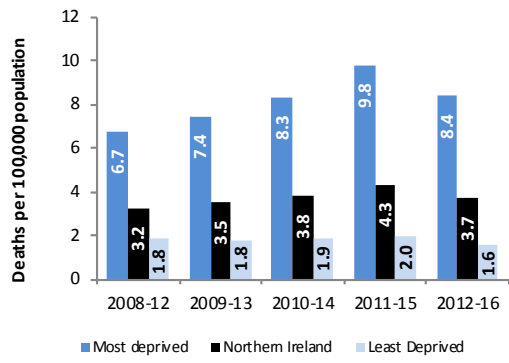


Standardised Death Rate – Drug Related Causes

NI 



Standardised Death Rate – Drug Misuse



Pregnancy & Early Years

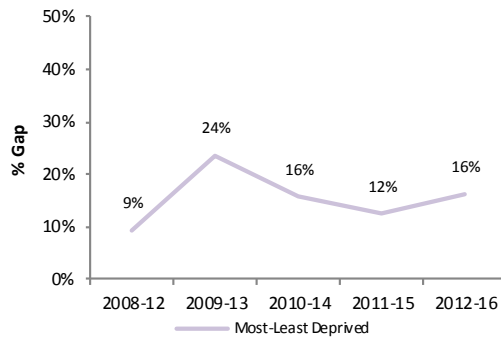
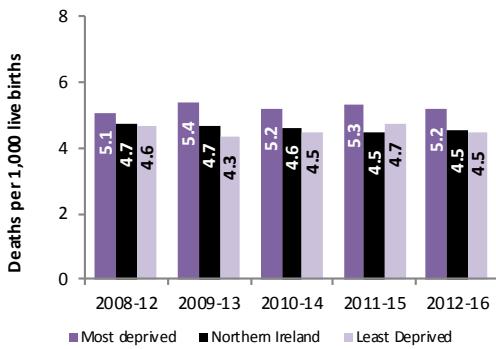
Changes in inequality gaps for health outcomes related to pregnancy and early years tended to vary over the period analysed. The under 20 teenage birth rate and smoking during pregnancy gaps widened over the period, despite improvements in rates across both the most and least deprived areas. In 2016, the under 20 teenage birth rate in the most deprived areas was almost six times the rate in the least deprived and the proportion of mothers reporting smoking in pregnancy in the most deprived areas was almost five times that in the least deprived.

Key:

- MD: Most Deprived Areas
- LD: Least Deprived Areas
- Decline: Red circle
- No notable change: Yellow circle
- Improvement: Green circle
- Widening of the Gap: Two outward-pointing chevrons
- Narrowing of the Gap: Two inward-pointing chevrons
- No notable change: Horizontal line
- Gap fluctuated: Wavy line

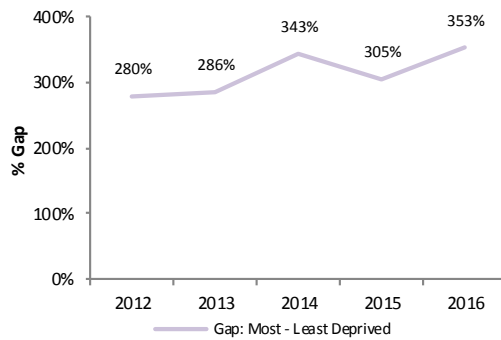
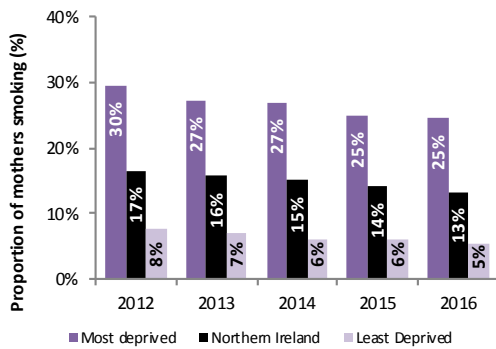
Infant Mortality Rate

NI



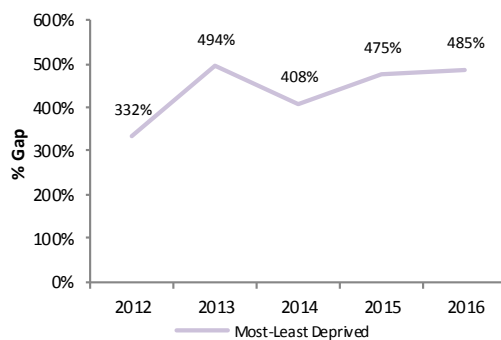
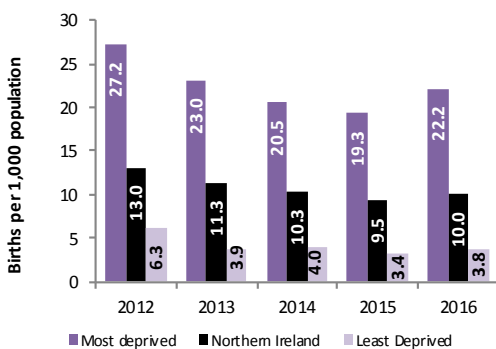
Smoking During Pregnancy

NI



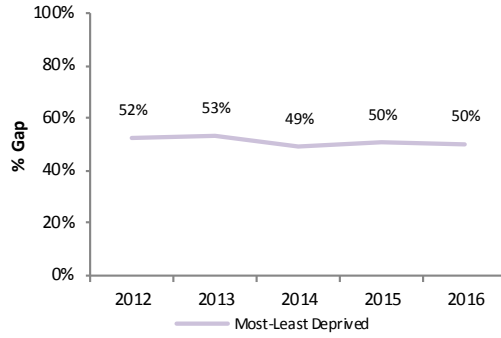
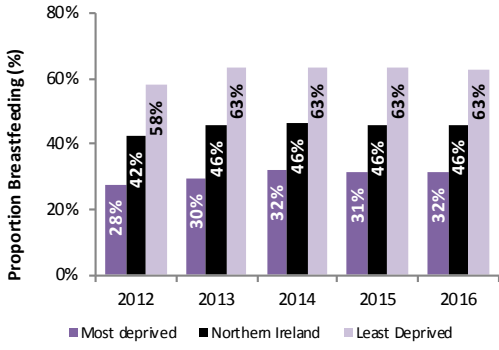
Teenage Birth Rate U20

NI



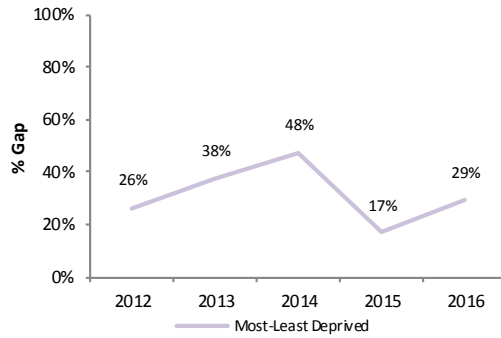
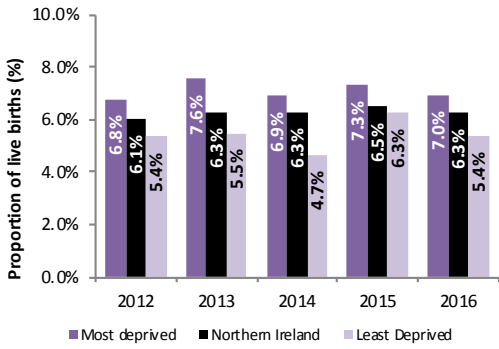
Breastfeeding on Discharge

NI 



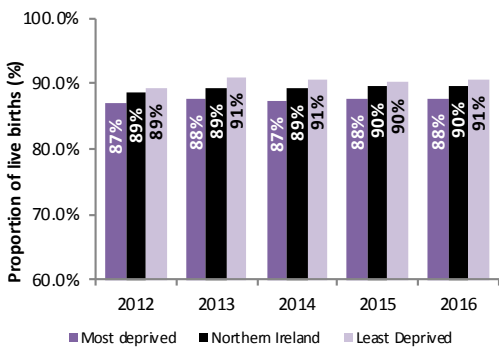
Low Birth Weight

NI 



Healthy Birth Weight

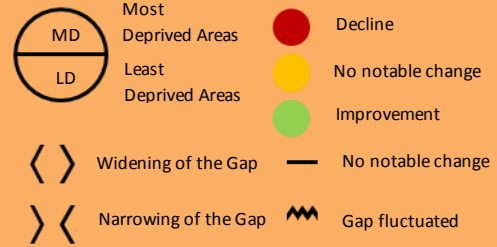
NI 



Diet & Dental Health

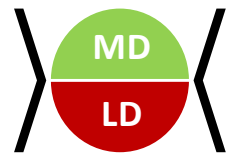
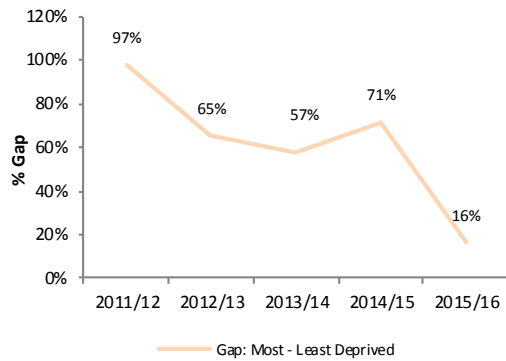
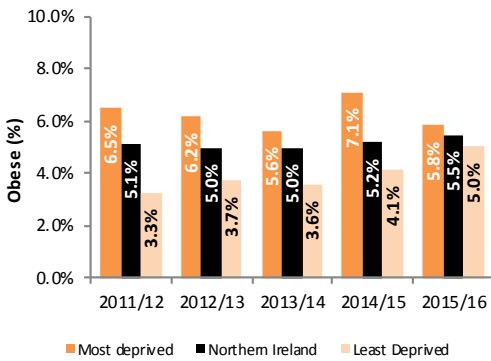
Inequality gaps relating to the proportion of primary 1 children classified as obese and those considered overweight or obese narrowed over the period analysed, due to a relative worsening in the least deprived areas. Conversely a widening of the inequality gaps relating to levels of Year 8 overweight or obesity was seen, due to improvements in rates in the least deprived areas.

Key:



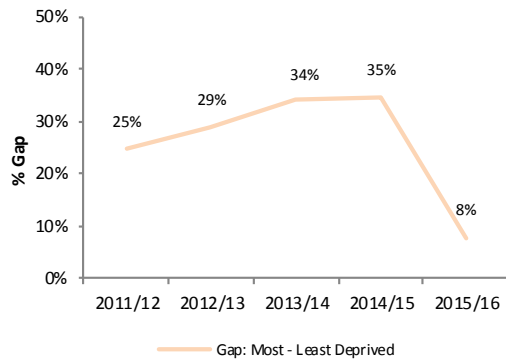
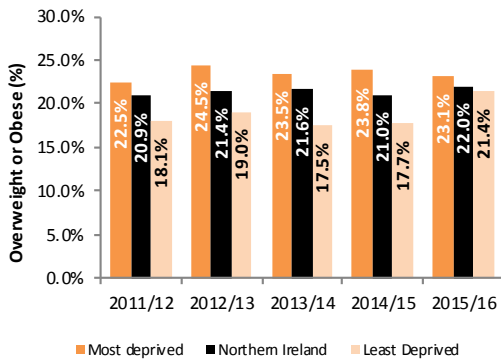
Primary 1 BMI: Obese

NI



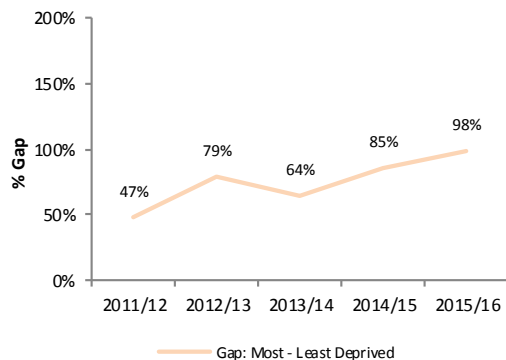
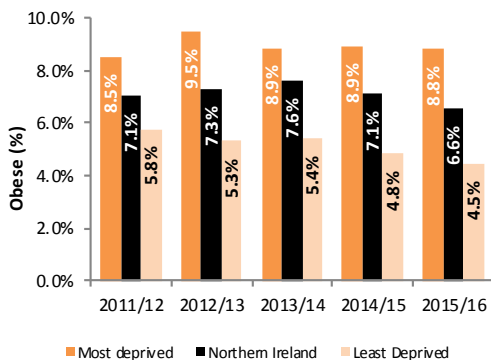
Primary 1 BMI: Overweight or Obese

NI



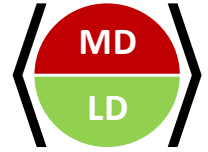
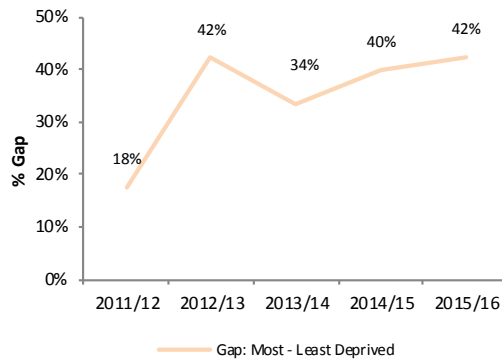
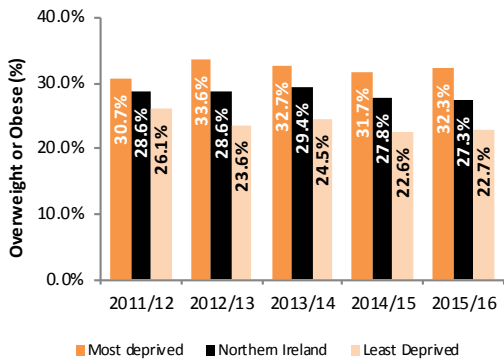
Year 8 BMI: Obese

NI

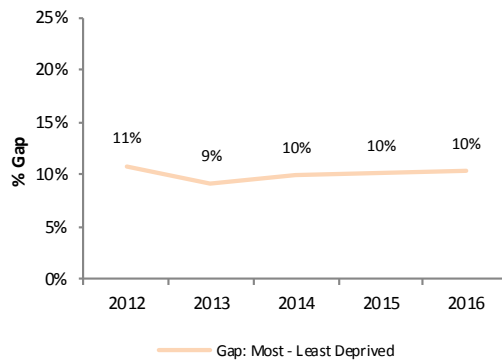
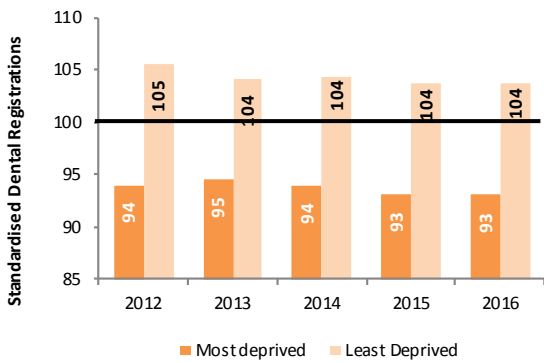


Year 8 BMI: Overweight or Obese

NI



Standardised Dental Registrations



See note 15

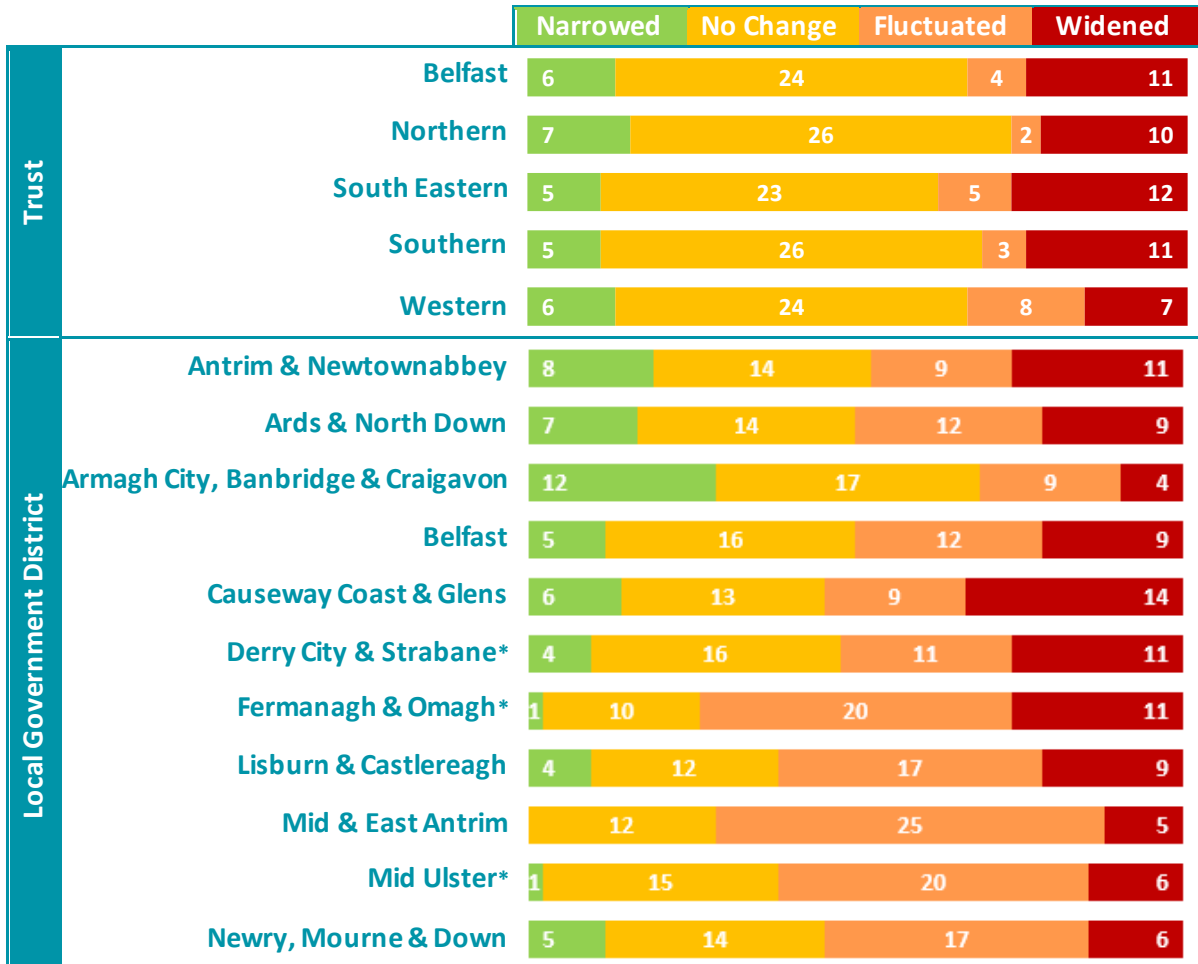
¹⁵No changes were observed with the inequality gap over the analysed period. As indirectly standardised rates show how outcomes deviate in different areas from the NI average, and do not illustrate the prevalence/burden of disease, an indication of changes in rates over the period is not shown.

SUMMARY OF CHANGES IN SUBREGIONAL INEQUALITY GAPS OVER THE LAST 5 YEARS

Changes in Deprivation Related Inequality Gaps

Over the period analysed, within each HSC Trust there more inequality gaps that widened than narrowed. This was also true for the majority of LGDs with the exception of Armagh City, Banbridge & Craigavon.

For each area analysed, the chart below shows the number of indicators that widened, narrowed, fluctuated or did not change across the period.



* For the purposes of this graphic, gaps which reversed direction, but remained similar in magnitude have been included in the "No Change" category.

Largest Deprivation Inequality Gaps in Each Area


The table below indicates the five largest deprivation inequality gaps in each Health & Social Care Trust and Local Government District.

Belfast HSCT	SDR Drug Related (113%)	SAR Alcohol Related (107%)	SAR Drug Related (104%)	Teenage Birth Rate (U20) (104%)	SDR Respiratory (U75) (93%)
Northern	SDR Drug Related (143%)	SDR Drug Misuse (138%)	SAR Drug Related (108%)	SAR Alcohol Related (107%)	SAR Self-Harm (106%)
South Eastern	SDR Drug Related (138%)	SDR Drug Misuse (115%)	SDR Alcohol Specific (114%)	Smoking During Pregnancy (95%)	SAR Alcohol Related (93%)
Southern	SDR Alcohol Specific (101%)	SAR Self-Harm (97%)	SAR Drug Related (94%)	SAR Alcohol Related (89%)	Teenage Birth Rate U20 (87%)
Western	SDR Drug Misuse (159%)	SAR Alcohol Related (138%)	SDR Drug Related (122%)	SDR Alcohol Specific (121%)	SAR Drug Related (111%)
Antrim & Newtownabbey	SDR Drug Related (145%)	Smoking During Pregnancy (104%)	SAR Alcohol Related (104%)	Teenage Birth Rate (U20) (103%)	SAR Self-Harm (95%)
Ards & North Down	SDR Drug Related (110%)	Smoking During Pregnancy (103%)	SDR Alcohol Specific (103%)	Teenage Birth Rate (U20) (99%)	SAR Alcohol Related (87%)
Armagh City, Banbridge & Craigavon	SAR Self-Harm (102%)	Teenage Birth Rate (U20) (96%)	SAR Alcohol Related (94%)	SDR Alcohol Specific (94%)	SAR Drug Related (90%)
Belfast LGD	SAR Drug Related (99%)	SAR Alcohol Related (92%)	SDR Drug Related (91%)	Teenage Birth Rate (U20) (89%)	SDR Respiratory (U75) (80%)
Causeway Coast & Glens	SDR Drug Related (144%)	SAR Self-Harm (103%)	SAR Drug Related (96%)	Teenage Birth Rate (U20) (91%)	SDR Alcohol Specific (88%)
Derry City & Strabane	SDR Alcohol Specific (149%)	SAR Alcohol Related (136%)	SAR Drug Related (119%)	SAR Self-Harm (97%)	SDR Respiratory U75 (94%)
Fermanagh & Omagh	SAR Alcohol Related (91%)	SDR Alcohol Specific (74%)	Smoking during Pregnancy (69%)	SAR Self-Harm (66%)	SDR Drug Related (60%)
Lisburn & Castlereagh	SDR Drug Related (198%)	Smoking during Pregnancy (160%)	SAR Alcohol Related (114%)	SDR Respiratory (U75) (107%)	SDR Alcohol Specific (106%)
Mid & East Antrim	SDR Drug Related (165%)	SAR Drug Related (164%)	SAR Self-Harm (147%)	SAR Alcohol Related (146%)	Teenage Birth Rate (U20) (117%)
Mid Ulster	SDR Drug Related (93%)	SAR Alcohol Related (75%)	Crude Suicide (75%)	SAR Drug Related (66%)	SAR Self-Harm (47%)
Newry, Mourne & Down	SDR Alcohol Specific (109%)	SDR Drugs Related (107%)	SAR Self-Harm (70%)	SAR Drug Related (61%)	Teenage Birth Rate (U20) (58%)

Belfast

Health & Social Care Trust (HSCT)

Belfast HSCT - NI Inequality Gaps

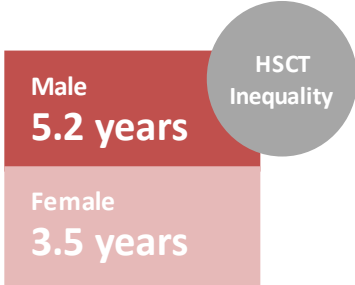
- 32** Health outcomes were **worse than** NI average. 
- 11** Health outcomes were **similar to** NI average.
- 23** Health outcomes were **better than** NI average.

Most notably:
 Drug Related Mortality
 Teenage Births
 Alcohol Related Admissions & Mortality

Belfast HSCT Deprivation Inequality Gap

Life Expectancy

- Males in the 20% most deprived Trust areas could expect to live 71.1 years, 5.2 years fewer than in Belfast HSCT overall (76.4 years).
- Female life expectancy in the most deprived areas was 77.8 years, 3.5 years less than the HSCT average (81.3 years).



Largest Inequality Gaps

Largest inequality gaps between the 20% most deprived areas within the Belfast HSCT and the Trust average:

SDR Drug Related (113%)	SAR Alcohol Related (107%)	SAR Drug Related (104%)	Teenage Birth Rate U20 (104%)	SDR Respiratory U75 (93%)
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Most Notable Changes in Inequality Gaps

Most Notable Narrowed Deprivation Inequality Gaps	Most Notable Widened Deprivation Inequality Gaps
Drug Misuse Deaths Self-Harm Admissions Under 75 Circulatory Admissions	Smoking in Pregnancy Drug Related Mortality Infant Mortality Respiratory Admissions Drug Related Admissions

This is a summary of findings only. For a full assessment and all figures see downloadable tables at:
<https://www.health-ni.gov.uk/publications/health-inequalities-annual-report-2018>

Northern Health & Social Care Trust (HSCT)

Northern HSCT - NI Inequality Gaps

- 6** Health outcomes were **worse than** NI average. 
- 11** Health outcomes were **similar to** NI average.
- 28** Health outcomes were **better than** NI average. 

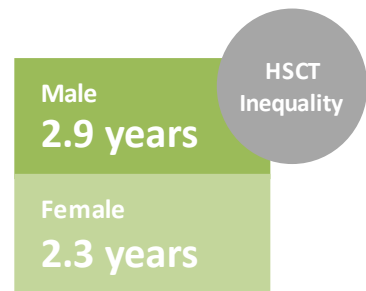
Most notably:
Year 8 Obesity

Most notably:
Drug & Alcohol Related Admissions & Mortality

Northern HSCT Deprivation Inequality Gap

Life Expectancy

- Males in the 20% most deprived Trust areas could expect to live 76.4 years, 2.9 years fewer than in the Northern HSCT overall (79.2 years).
- Female life expectancy in the most deprived areas was 80.7 years, 2.3 years less than the HSCT average (82.9 years).



Largest Inequality Gaps

Largest inequality gaps between the 20% most deprived areas within the Northern HSCT and the Trust average:

SDR Drug Related (143%)	SDR Drug Misuse (138%)	SAR Drug Related (108%)	SAR Alcohol Related (107%)	SAR Self-Harm (106%)
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Most Notable Changes in Inequality Gaps

Most Notable Narrowed Deprivation Inequality Gaps	Most Notable Widened Deprivation Inequality Gaps
Infant Mortality Avoidable Mortality in Children & Young People Under 75 Respiratory Mortality	Smoking in Pregnancy Drug Related Mortality Teenage Births Drug Related Admissions

This is a summary of findings only. For a full assessment and all figures see downloadable tables at: <https://www.health-ni.gov.uk/publications/health-inequalities-annual-report-2018>

South Eastern Health & Social Care Trust (HSCT)

South Eastern HSCT - NI Inequality Gaps

- 0** Health outcomes were **worse than** NI average.
- 15** Health outcomes were **similar to** NI average.
- 30** Health outcomes were **better than** NI average.



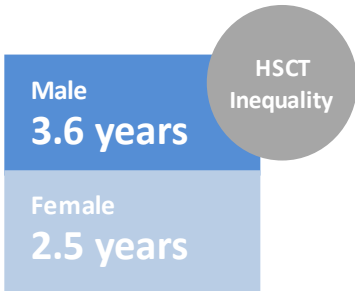
Most notably:

- Under 75 Respiratory Mortality
- Lung Cancer Incidence & Mortality
- Drug & Alcohol Related Mortality

South Eastern HSCT Deprivation Inequality Gap

Life Expectancy

- Males in the 20% most deprived Trust areas could expect to live 75.9 years, 3.6 years fewer than in the South Eastern HSCT overall (79.5 years).
- Female life expectancy in the most deprived areas was 80.5 years, 2.5 years less than the HSCT average (83.1 years).



Largest Inequality Gaps

Largest inequality gaps between the 20% most deprived areas within the South Eastern HSCT and the Trust average:

SDR Drug Related (138%)	SDR Drug Misuse (115%)	SDR Alcohol Specific (114%)	Smoking During Pregnancy (95%)	SAR Alcohol Related (93%)
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Most Notable Changes in Inequality Gaps

Most Notable Narrowed Deprivation Inequality Gaps	Most Notable Widened Deprivation Inequality Gaps
<ul style="list-style-type: none"> Teenage Births Avoidable Mortality in Children & Young People Suicide Self-Harm Admissions Drug Misuse Deaths 	<ul style="list-style-type: none"> Female Life Expectancy at Birth Male Life Expectancy at Age 65 Childhood Obesity Smoking in Pregnancy

This is a summary of findings only. For a full assessment and all figures see downloadable tables at:
<https://www.health-ni.gov.uk/publications/health-inequalities-annual-report-2018>

Southern Health & Social Care Trust (HSCT)

Southern HSCT - NI Inequality Gaps

- 4** Health outcomes were **worse than** NI average.
- 24** Health outcomes were **similar to** NI average.
- 17** Health outcomes were **better than** NI average.



Most notably:
 Alcohol Related Admissions & Mortality
 Smoking in Pregnancy
 Drug Related Mortality

Southern HSCT Deprivation Inequality Gap

Life Expectancy

- Males in the 20% most deprived Trust areas could expect to live 76.1 years, 3.0 years fewer than in the Southern HSCT overall (79.1 years).
- Female life expectancy in the most deprived areas was 76.1 years, 6.4 years less than the HSCT average (82.5 years).



Largest Inequality Gaps

Largest inequality gaps between the 20% most deprived areas within the Southern HSCT and the Trust average:

SDR Alcohol Specific (101%)	SAR Self-Harm (97%)	SAR Drug Related (94%)	SAR Alcohol Related (89%)	Teenage Birth Rate U20 (87%)
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Most Notable Changes in Inequality Gaps

<p>Most Notable Narrowed Deprivation Inequality Gaps</p> <p>Low Birth Weight Infant Mortality</p>	<p>Most Notable Widened Deprivation Inequality Gaps</p> <p>Male Life Expectancy at Birth & Age 65 Under 75 Respiratory Mortality Mortality from Drug Misuse</p>
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This is a summary of findings only. For a full assessment and all figures see downloadable tables at:

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Western Health & Social Care Trust (HSCT)

Western HSCT - NI Inequality Gaps

- 17** Health outcomes were **worse than** NI average. ➔
- 25** Health outcomes were **similar to** NI average.
- 3** Health outcomes were **better than** NI average. ➔

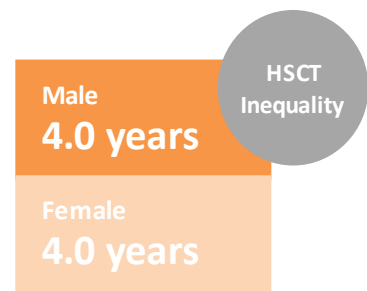
Most notably:
Alcohol Related Admissions & Mortality
Emergency Admissions

Most notably:
Drug Related Mortality
Teenage Births

Western HSCT Deprivation Inequality Gap

Life Expectancy

- Males in the 20% most deprived Trust areas could expect to live 74.3 years, 4.0 years fewer than in Western HSCT overall (78.3 years).
- Female life expectancy in the most deprived areas was 74.3 years, 4.0 years less than the HSCT average (78.3 years).



Largest Inequality Gaps

Largest inequality gaps between the 20% most deprived areas within the Western HSCT and the Trust average:

SDR Drug Misuse (159%)	SAR Alcohol Related (138%)	SDR Drug Related (122%)	SDR Alcohol Specific (121%)	SAR Drug Related (111%)
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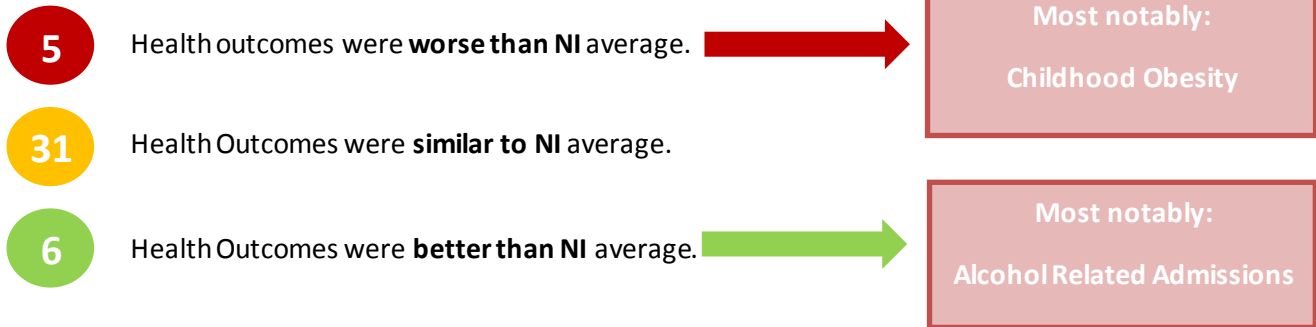
Most Notable Changes in Inequality Gaps

Most Notable Narrowed Deprivation Inequality Gaps	Most Notable Widened Deprivation Inequality Gaps
Male Life Expectancy at Birth Alcohol Specific Mortality Suicide Amenable Mortality	Mortality from Drug Misuse Circulatory Admissions Cancer Mortality Teenage Births

This is a summary of findings only. For a full assessment and all figures see downloadable tables at:
<https://www.health-ni.gov.uk/publications/health-inequalities-annual-report-2018>

Antrim & Newtownabbey Local Government District (LGD)

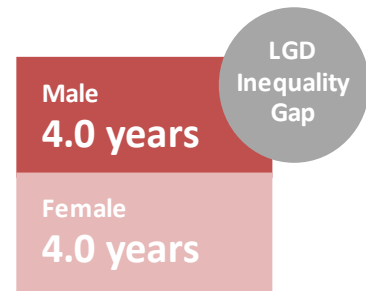
Antrim & Newtownabbey LGD - NI Inequality Gaps



Antrim & Newtownabbey Deprivation Inequality Gap

Life Expectancy

- Males in the 20% most deprived LGD areas could expect to live 74.8 years, 4.0 years fewer than in Antrim and Newtownabbey overall (78.8 years).
- Female life expectancy in the most deprived areas was 78.1 years, 4.0 years less than the LGD average (82.1 years).



Largest Inequality Gaps

Largest inequality gaps between the 20% most deprived areas within the Antrim & Newtownabbey LGD and the LGD average:

SDR Drug Related (145%)	Smoking During Pregnancy (104%)	SAR Alcohol Related (104%)	Teenage Birth Rate (U20) (103%)	SAR Self-Harm (95%)
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Most Notable Changes in Inequality Gaps

Most Notable Narrowed Deprivation Inequality Gaps	Most Notable Widened Deprivation Inequality Gaps
<ul style="list-style-type: none"> Elective Admissions Self-Harm Admissions Alcohol Related Admissions Drug Related Admissions Under 75 Respiratory Mortality 	<ul style="list-style-type: none"> Female Life Expectancy Suicide Lung Cancer Mortality Drug Related Mortality Smoking in Pregnancy

This is a summary of findings only. For a full assessment and all figures see downloadable tables at:
<https://www.health-ni.gov.uk/publications/health-inequalities-annual-report-2018>

Ards & North Down Local Government District (LGD)

Ards & North Down LGD - NI Inequality Gaps

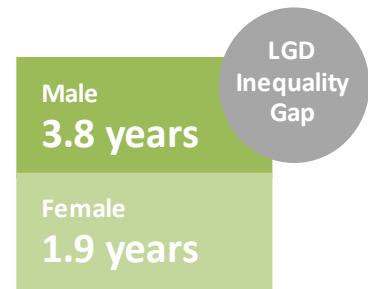
- 0** Health outcomes were **worse than** NI average.
- 17** Health outcomes were **similar to** NI average.
- 25** Health outcomes were **better than** NI average. 

Most notably:
 U75 Respiratory Mortality
 Lung Cancer Incidence & Mortality
 Smoking Related Mortality

Ards & North Down Deprivation Inequality Gap

Life Expectancy

- Males in the 20% most deprived LGD areas could expect to live 75.9 years, 3.8 years fewer than in Ards and North Down overall (79.7 years).
- Female life expectancy in the most deprived areas was 81.0 years, 1.9 years less than the LGD average (82.9 years).



Largest Inequality Gaps

Largest inequality gaps between the 20% most deprived areas within the Ards & North Down LGD and the LGD average.

SDR Drug Related (110%)	Smoking During Pregnancy (103%)	SDR Alcohol Specific (103%)	Teenage Birth Rate (U20) (99%)	SAR Alcohol Related (87%)
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Most Notable Changes in Inequality Gaps

Most Notable Narrowed Deprivation Inequality Gaps	Most Notable Widened Deprivation Inequality Gaps
Self-Harm Admissions Suicide Drug Related admissions Alcohol Related Admissions	Childhood Obesity Lung Cancer Mortality Smoking Related Mortality Smoking in Pregnancy

This is a summary of findings only. For a full assessment and all figures see downloadable tables at:
<https://www.health-ni.gov.uk/publications/health-inequalities-annual-report-2018>

Armagh City, Banbridge & Craigavon Local Government District (LGD)

Armagh City, Banbridge & Craigavon LGD - NI Inequality Gaps

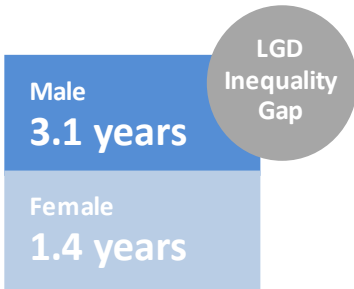
- 3** Health outcomes were **worse than** NI average.
- 19** Health outcomes were **similar to** NI average.
- 20** Health outcomes were **better than** NI average. 

Most notably:
Respiratory Admissions
Alcohol Related Admissions
Drug Related Admissions

Armagh City, Banbridge & Craigavon Deprivation Inequality Gap

Life Expectancy

- Males in the 20% most deprived LGD areas could expect to live 76.0 years, 3.1 years fewer than in Armagh City, Banbridge & Craigavon overall (79.2 years).
- Female life expectancy in the most deprived areas was 81.2 years, 1.4 years less than the LGD average (82.5 years).



Largest Inequality Gaps

Largest inequality gaps between the 20% most deprived areas within the Armagh City, Banbridge & Craigavon LGD and the LGD average:

SAR Self-Harm (102%)	Teenage Birth Rate (U20) (96%)	SAR Alcohol Related (94%)	SDR Alcohol Specific (94%)	SAR Drug Related (90%)
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Most Notable Changes in Inequality Gaps


Most Notable Narrowed Deprivation Inequality Gaps	Most Notable Widened Deprivation Inequality Gaps
Suicide Alcohol Specific Mortality Smoking in Pregnancy Year 8 Obesity	Under 75 Respiratory Mortality

This is a summary of findings only. For a full assessment and all figures see downloadable tables at: <https://www.health-ni.gov.uk/publications/health-inequalities-annual-report-2018>

Belfast

Local Government District (LGD)

Belfast LGD - NI Inequality Gaps

- 34** Health outcomes were **worse than** NI average. 
- 5** Health outcomes were **similar to** NI average.
- 3** Health outcomes were **better than** NI average.

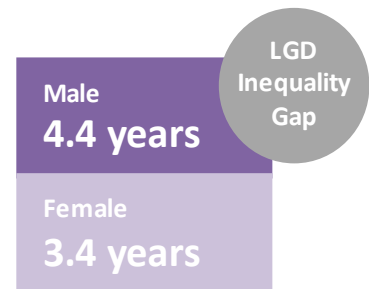
Most notably:

- Alcohol & Drug Related Admissions and Mortality
- Lung Cancer Incidence
- Life Expectancy

Belfast Deprivation Inequality Gap

Life Expectancy

- Males in the 20% most deprived LGD areas could expect to live 71.6 years, 4.4 years fewer than in Belfast LGD overall (76.0 years).
- Female life expectancy in the most deprived areas was 77.7 years, 3.4 years less than the LGD average (81.1 years).



Largest Inequality Gaps

Largest inequality gaps between the 20% most deprived areas within the Belfast LGD and the LGD average:

SAR Drug Related (99%)	SAR Alcohol Related (92%)	SDR Drug Related (91%)	Teenage Birth Rate (U20) (89%)	SDR Respiratory U75 (80%)
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Most Notable Changes in Inequality Gaps

<p>Most Notable Narrowed Deprivation Inequality Gaps</p> <p>Alcohol Related Mortality</p>	<p>Most Notable Widened Deprivation Inequality Gaps</p> <p>Respiratory Admissions</p> <p>Drug Related Mortality</p> <p>Year 8 Childhood Obesity</p>
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This is a summary of findings only. For a full assessment and all figures see downloadable tables at:
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Causeway Coast & Glens Local Government District (LGD)

Causeway Coast & Glens LGD - NI Inequality Gaps

- 9** Health outcomes were **worse than** NI average. 
- 12** Health outcomes were **similar to** NI average.
- 21** Health outcomes were **better than** NI average. 

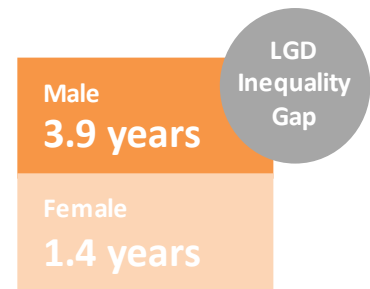
Most notably:
Elective Admissions

Most notably:
Life Expectancy at Birth
Female Life Expectancy at 65
Alcohol related Mortality & Admissions

Causeway Coast & Glens Deprivation Inequality Gap

Life Expectancy

- Males in the 20% most deprived LGD areas could expect to live 75.9 years, 3.9 years fewer than in Causeway Coast & Glens LGD overall (79.8 years).
- Female life expectancy in the most deprived areas was 81.6 years, 1.4 years less than the LGD average (83.0 years).



Largest Inequality Gaps

Largest inequality gaps between the 20% most deprived areas within the Causeway Coast & Glens LGD and the LGD average:

SDR Drug Related (144%)	SAR Self-Harm (103%)	SAR Drug Related (96%)	Teenage Birth Rate (U20) (91%)	SDR Alcohol Specific (88%)
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Most Notable Changes in Inequality Gaps


Most Notable Narrowed Deprivation Inequality Gaps	Most Notable Widened Deprivation Inequality Gaps
Female Life Expectancy at Birth Elective Admissions Alcohol Related Admissions	Under 75 Circulatory Mortality Drug Related Admissions Drug Related Mortality Teenage Births

This is a summary of findings only. For a full assessment and all figures see downloadable tables at: <https://www.health-ni.gov.uk/publications/health-inequalities-annual-report-2018>

Derry City & Strabane

Local Government District (LGD)

Derry City & Strabane LGD - NI Inequality Gaps

- 31** Health outcomes were **worse than** NI average. 
- 9** Health outcomes were **similar to** NI average.
- 2** Health outcomes were **better than** NI average.

Most notably:

- Alcohol Related admissions
- Alcohol Specific Mortality
- Breastfeeding on Discharge
- Year 8 Obesity

Derry City & Strabane Deprivation Inequality Gap

Life Expectancy

- Males in the 20% most deprived LGD areas could expect to live 72.5 years, 5.1 years fewer than in Derry City & Strabane overall (77.6 years).
- Female life expectancy in the most deprived areas was 78.3 years, 3.6 years less than the LGD average (81.9 years).

LGD Inequality Gap

Male
5.1 years

Female
3.6 years

Largest Inequality Gaps

Largest inequality gaps between the 20% most deprived areas within the Derry City & Strabane LGD and the LGD average:

SDR Alcohol Specific (149%)	SAR Alcohol Related (136%)	SAR Drug Related (119%)	SAR Self-Harm (97%)	SDR Respiratory U75 (94%)
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Most Notable Changes in Inequality Gaps

Most Notable Narrowed Deprivation Inequality Gaps	Most Notable Widened Deprivation Inequality Gaps
<ul style="list-style-type: none"> Drug Related Mortality Primary 1 Obesity 	<ul style="list-style-type: none"> Female Life Expectancy at Age 65 Drug Related Admissions Lung Cancer Incidence & Mortality Smoking Related Mortality

This is a summary of findings only. For a full assessment and all figures see downloadable tables at:
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Fermanagh & Omagh Local Government District (LGD)

Fermanagh & Omagh LGD - NI Inequality Gaps

- 10** Health outcomes were **worse than** NI average. 
- 21** Health outcomes were **similar to** NI average.
- 11** Health outcomes were **better than** NI average. 

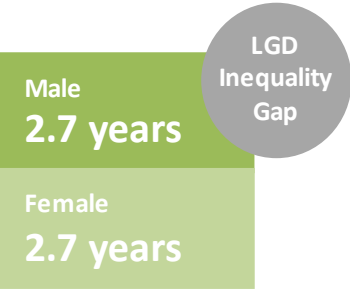
Most notably:
Emergency Admissions

Most notably:
Drug Related Admissions
and Mortality
Teenage Births
Smoking in Pregnancy

Fermanagh & Omagh Deprivation Inequality Gap

Life Expectancy

- Males in the 20% most deprived LGD areas could expect to live 75.9 years, 2.7 years fewer than in Fermanagh & Omagh overall (78.6 years).
- Female life expectancy in the most deprived areas was 79.9 years, 2.7 years less than the LGD average (82.6 years).



Largest Inequality Gaps

Largest inequality gaps between the 20% most deprived areas within the Fermanagh & Omagh LGD and the LGD average:

SAR Alcohol Related (91%)	SDR Alcohol Specific (74%)	Smoking during Pregnancy (69%)	SAR Self-Harm (66%)	SDR Drug Related (60%)
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Most Notable Changes in Inequality Gaps

Most Notable Narrowed Deprivation Inequality Gaps	Most Notable Widened Deprivation Inequality Gaps
Amenable Mortality	Female Life Expectancy Circulatory Admissions Lung Cancer Mortality

This is a summary of findings only. For a full assessment and all figures see downloadable tables at: <https://www.health-ni.gov.uk/publications/health-inequalities-annual-report-2018>

Lisburn & Castlereagh

Local Government District (LGD)

Lisburn and Castlereagh LGD - NI Inequality Gaps

- 0** Health outcomes were **worse than** NI average.
- 4** Health outcomes were **similar to** NI average.
- 38** Health outcomes were **better than** NI average.



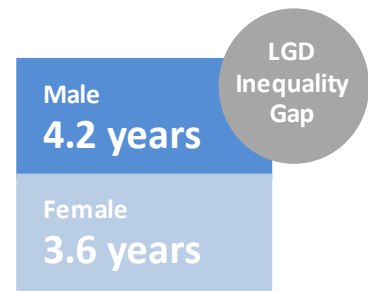
Most notably:

- Life Expectancy at Birth
- Alcohol Mortality & Admissions
- Drug Related Admissions
- Smoking in Pregnancy
- Teenage Births

Lisburn and Castlereagh Deprivation Inequality Gap

Life Expectancy

- Males in the 20% most deprived LGD areas could expect to live 76.0 years, 4.2 years fewer than in Lisburn and Castlereagh overall (80.1 years).
- Female life expectancy in the most deprived areas was 80.0 years, 3.6 years less than the LGD average (83.5 years).



Largest Inequality Gaps

Largest inequality gaps between the 20% most deprived areas within the Lisburn and Castlereagh LGD and the LGD average:

SDR Drug Related (198%)	Smoking during Pregnancy (160%)	SAR Alcohol Related (114%)	SDR Respiratory (U75) (107%)	SDR Alcohol Specific (106%)
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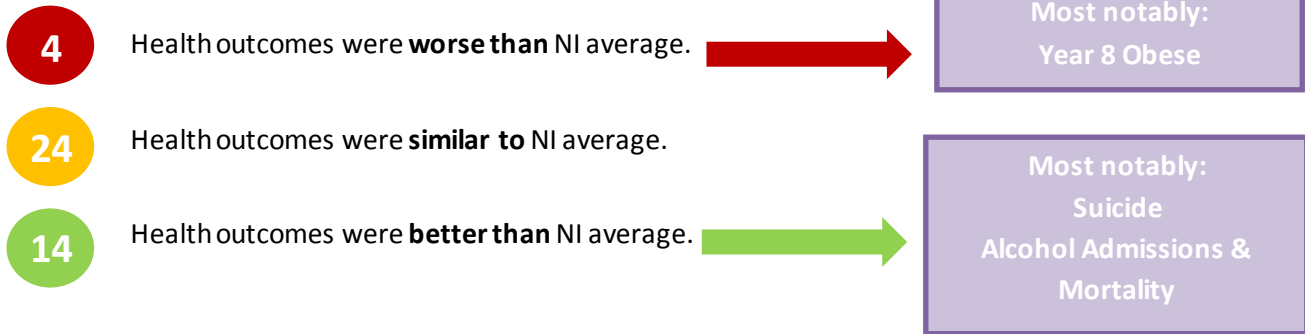
Most Notable Changes in Inequality Gaps

Most Notable Narrowed Deprivation Inequality Gaps	Most Notable Widened Deprivation Inequality Gaps
<ul style="list-style-type: none"> Teenage Births Self-Harm Admissions 	<ul style="list-style-type: none"> Female Life Expectancy at Birth Male Life Expectancy at Age 65 Alcohol Admissions & Mortality Primary 1 Overweight & Obesity

This is a summary of findings only. For a full assessment and all figures see downloadable tables at:
<https://www.health-ni.gov.uk/publications/health-inequalities-annual-report-2018>

Mid and East Antrim Local Government District (LGD)

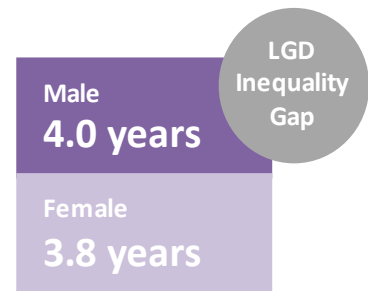
Mid and East Antrim LGD - NI Inequality Gaps



Mid and East Antrim Deprivation Inequality Gap

Life Expectancy

- Males in the 20% most deprived LGD areas could expect to live 74.7 years, 4.0 years fewer than in Mid and East Antrim LGD overall (78.8 years).
- Female life expectancy in the most deprived areas was 79.0 years, 3.8 years less than the LGD average (82.8 years).

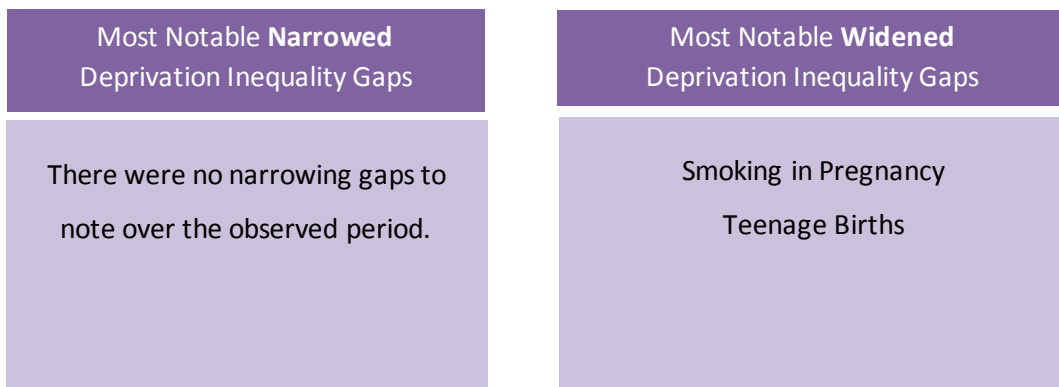


Largest Inequality Gaps

Largest inequality gaps between the 20% most deprived areas within the Mid and East Antrim LGD and the LGD average.

SDR Drug Related (165%)	SAR Drug Related (164%)	SAR Self-Harm (147%)	SAR Alcohol Related (146%)	Teenage Birth Rate (U20) (117%)
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Most Notable Changes in Inequality Gaps




This is a summary of findings only. For a full assessment and all figures see downloadable tables at:
<https://www.health-ni.gov.uk/publications/health-inequalities-annual-report-2018>

Mid Ulster

Local Government District (LGD)

Mid Ulster LGD - NI Inequality Gaps

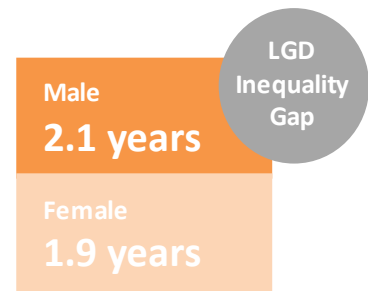
- 3** Health outcomes were **worse than** NI average.
- 9** Health outcomes were **similar to** NI average.
- 30** Health outcomes were **better than** NI average. 

Most notably:
 Self-Harm Admissions
 Alcohol Admissions & Mortality
 Drug Admissions & Mortality
 Smoking in Pregnancy

Mid Ulster Deprivation Inequality Gap

Life Expectancy

- Males in the 20% most deprived LGD areas could expect to live 77.5 years, 2.1 years fewer than in Mid Ulster LGD overall (79.6 years).
- Female life expectancy in the most deprived areas was 81.5 years, 1.9 years less than the LGD average (83.4 years).



Largest Inequality Gaps

Largest inequality gaps between the 20% most deprived areas within the Mid Ulster LGD and the LGD average:

SDR Drug Related (93%)	SAR Alcohol Related (75%)	Crude Suicide Rate (75%)	SAR Drug Related (66%)	SAR Self-Harm (47%)
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Most Notable Changes in Inequality Gaps


Most Notable Narrowed Deprivation Inequality Gaps	Most Notable Widened Deprivation Inequality Gaps
Self-Harm Admissions	Smoking in Pregnancy Teenage Births Cancer Mortality

This is a summary of findings only. For a full assessment and all figures see downloadable tables at: <https://www.health-ni.gov.uk/publications/health-inequalities-annual-report-2018>

Newry, Mourne and Down

Local Government District (LGD)

Newry, Mourne and Down LGD - NI Inequality Gaps

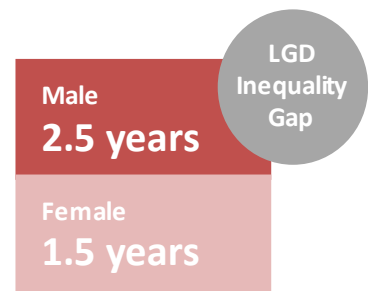
- 6** Health outcomes were **worse than** NI average.
- 19** Health outcomes were **similar to** NI average.
- 17** Health outcomes were **better than** NI average. 

Most notably:
 Alcohol Mortality
 Drug Mortality
 Teenage Births
 Smoking in Pregnancy

Newry, Mourne and Down Deprivation Inequality Gap

Life Expectancy

- Males in the 20% most deprived LGD areas could expect to live 76.5 years, 2.5 years fewer than in Newry Mourne and Down overall (79.0 years).
- Female life expectancy in the most deprived areas was 81.0 years, 1.5 years less than the LGD average (82.6 years).



Largest Inequality Gaps

Largest inequality gaps between the 20% most deprived areas within the Newry, Mourne and Down LGD and the LGD average:

SDR Alcohol Specific (109%)	SDR Drug Related (107%)	SAR Self-Harm (70%)	SAR Drug Related (61%)	Teenage Birth Rate (U20) (58%)
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Most Notable Changes in Inequality Gaps

Most Notable Narrowed Deprivation Inequality Gaps	Most Notable Widened Deprivation Inequality Gaps
Alcohol & Drug Admissions Lung cancer Incidence Circulatory Admissions (U75) Breastfeeding on Discharge	Preventable Mortality Avoidable Mortality Year 8 BMI Overweight and Obesity Suicide

This is a summary of findings only. For a full assessment and all figures see downloadable tables at:
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APPENDICES

APPENDIX A: SOCIAL GRADIENT OF HEALTH

Health inequalities are often considered in terms of the gap between the most and least deprived quintiles of the population. However this does not account for those areas of intermediate levels of deprivation that may also be relatively disadvantaged in terms of their health status. The Marmot Review¹⁶ demonstrated that there is a social gradient in health that runs from top to bottom of the socioeconomic spectrum, meaning that health inequalities affect everyone. There is consistent evidence from throughout the world that people at a socioeconomic disadvantage suffer a heavier burden of illness and have higher mortality rates than their better off counterparts.

Different inequality measures can give information about different aspects of inequalities. Some measures concentrate on the extremes of deprivation such as the most-least deprived (*or absolute*) gap analysis presented in the main body of this report, whilst others include relative inequality gaps across the socioeconomic scale – taking into account the whole population - and can give quite different interpretations of inequalities. Therefore, in addition to the most-least deprived (*or absolute*) gap analysis presented in this report, a social gradient analysis using the Relative Index of Inequalities (RII) has been undertaken to provide a fuller assessment of inequalities.

Absolute gap (most-least deprived gap): This measure describes the absolute difference between the extremes of deprivation. It has the advantage that it is intuitive and straightforward to explain, but the disadvantage that, because it focuses only on the extremes of deprivation, it does not take account of patterns of inequalities observed across the intermediate groups.

Slope Index of Inequality (SII): SII describes the gradient of health observed across the deprivation scale. While the absolute gap shows the difference between two large groups, SII measures the difference in health outcomes between the theoretical most and least deprived individuals, according to linear regression across health outcomes for all deprivation deciles. SII therefore has the advantage of being sensitive to the experience of the entire population, rather than just the extremes of deprivation.

Relative Index of Inequality (RII): The RII describes the gradient of health observed across the deprivation scale, relative to the average for the observed population (by dividing the Slope of Index of Inequality (SII) by the mean). The value of RII tells you the magnitude of inequality in relation to the mean thus representing the proportionate change in the health outcome across the population. It allows inequalities to be compared and contrasted across a number of different health indicators, and also to be monitored over time.

For further information regarding the RII methodology, including how it is calculated, please refer to the NI Health & Social Care Inequalities Monitoring System – Regional 2014 report: <https://www.health-ni.gov.uk/publications/ni-health-and-social-care-inequalities-monitoring-system-hscims-regional-2014>

¹⁶ *Fair Society, Healthy Lives: The Marmot Review* can be accessed at <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

RESULTS

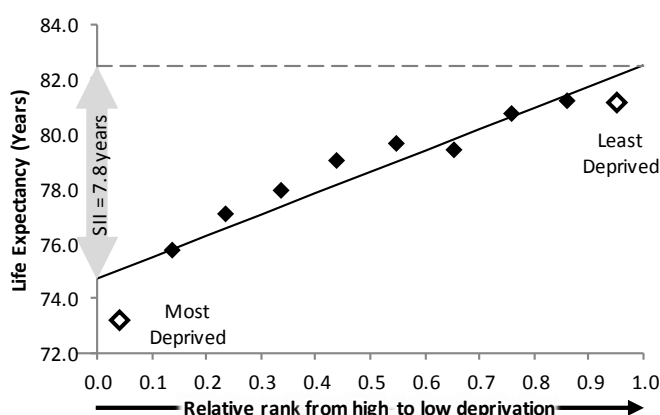
Social gradient analyses were carried out for the majority of indicators included in the HSCIMS. For some indicators this analysis could not be performed due to limitations on the level of data available. Below are two worked examples providing an explanatory interpretation of firstly, SII results for male life expectancy at birth, and secondly, RII results for SDR – All Cause Mortality (U75). As with the simple gap, an arithmetic difference (SII) is used to report inequality in life expectancy across the deprivation spectrum, rather than the proportionate difference (RII) used for other indicators.

A time series for the Absolute Gap (most-least deprived) and RII for all indicators has been provided in Table 4. The symbols used in the main body of the report to show the change in the inequality gap indicated by the absolute gap analysis, have also been included in the table for each indicator.

Male Life Expectancy at Birth – SII

Year	2010-12	2011-13	2012-14	2013-15	2014-16
Absolute Gap (Most-Least Deprived)¹⁷	7.3	7.5	7.0	6.5	6.6
Slope Index of Inequality (SII)	8.3	8.5	8.3	7.6	7.8

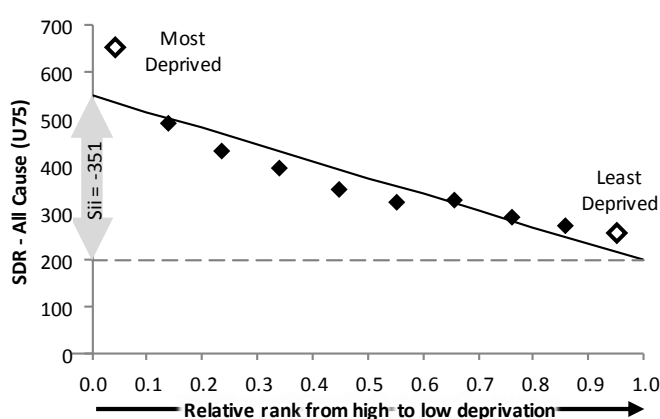
For life expectancy values, the Slope Index of Inequality (SII) indicates the absolute gap across the deprivation scale, represented by the gradient of the linear best fit line shown. In 2014-16, male life expectancy at birth indicates a SII gap of 7.8 years, slightly higher than that indicated by the absolute gap between the most and least deprived quintiles (6.6 years). Across the period, both the absolute gap and SII indicated that the male life expectancy deprivation gap narrowed between 2010-12 and 2014-16.



SDR – All Cause Mortality (U75) - RII

Year	2008-12	2009-13	2010-14	2011-15	2012-16
Absolute Gap (Most-Least Deprived)¹⁵	119%	121%	118%	113%	114%
Relative Index of Inequality (RII)	-0.95	-0.95	-0.96	-0.93	-0.95

The Relative Index of Inequality (RII) indicates the relative gap across the deprivation scale. In 2012-16, mortality rates among those aged below 75 years indicated a deprivation gap of -0.95, meaning that the SII value of -351 deaths per 100,000 population is equivalent to 95% of the average mortality rate across NI. Both the RII and the absolute gap showed that the deprivation gap remained similar across the analysed period.



¹⁷ Calculation is deprivation quintile based i.e. difference between 20% most and least deprived areas.

Table 4: Social Gradient Analysis of Indicators

A comparison of the inequality gaps provided in the main body of the report with social gradient results are presented in the table below:

Indicator		Time Series				
		2010-12	2011-13	2012-14	2013-15	2014-16
Male Life Expectancy at Birth						
Absolute Gap (Most–Least Deprived)	›‹	7.3	7.5	7.0	6.5	6.6
Slope Index of Inequality (SII) ¹⁸	›‹	8.3	8.5	8.3	7.6	7.8
Female Life Expectancy at Birth						
Absolute Gap (Most–Least Deprived)	–	4.3	4.3	4.4	4.5	4.5
Slope Index of Inequality (SII) ¹⁶	–	4.9	4.9	5.0	5.1	5.2
Male Life Expectancy at Age 65						
Absolute Gap (Most–Least Deprived)	–	2.7	2.8	2.8	2.6	2.9
Slope Index of Inequality (SII) ¹⁶	–	3.2	3.3	3.5	3.1	3.3
Female Life Expectancy at Age 65						
Absolute Gap (Most–Least Deprived)	–	2.3	2.3	2.4	2.4	2.4
Slope Index of Inequality (SII) ¹⁶	–	2.5	2.6	2.7	2.6	2.7
Potential Years of Life Lost						
Absolute Gap (Most–Least Deprived)	–	123%	133%	127%	119%	118%
Relative Index of Inequality (RII)	–	-0.98	-1.02	-1.02	-0.98	-0.98
SDR- Amenable						
Absolute Gap (Most–Least Deprived)	–	127%	134%	128%	127%	127%
Relative Index of Inequality (RII)	–	-1.02	-1.04	-1.03	-1.01	-1.01
SDR – Preventable						
Absolute Gap (Most–Least Deprived)	›‹	148%	151%	148%	144%	141%
Relative Index of Inequality (RII)	–	-1.11	-1.12	-1.12	-1.10	-1.09
SDR – Avoidable						
Absolute Gap (Most–Least Deprived)	–	141%	146%	141%	138%	136%
Relative Index of Inequality (RII)	–	-1.08	-1.09	-1.09	-1.07	-1.06
SDR - Avoidable Children & Young People						
Absolute Gap (Most–Least Deprived)	›‹	88%	102%	77%	68%	53%
Relative Index of Inequality (RII)	›‹	-0.80	-0.77	-0.67	-0.60	-0.55
SDR - Circulatory (U75)						
Absolute Gap (Most–Least Deprived)	–	146%	152%	153%	146%	143%
Relative Index of Inequality (RII)	–	-1.09	-1.11	-1.14	-1.10	-1.08
SDR - Respiratory (U75)						
Absolute Gap (Most–Least Deprived)	‹›	207%	216%	236%	228%	242%
Relative Index of Inequality (RII)	–	-1.42	-1.43	-1.50	-1.43	-1.47
SDR - Cancer (U75)						
Absolute Gap (Most–Least Deprived)	–	78%	78%	76%	72%	73%
Relative Index of Inequality (RII)	–	-0.70	-0.69	-0.71	-0.70	-0.72
SDR - All Cause Mortality (U75)						
Absolute Gap (Most–Least Deprived)	–	119%	121%	118%	113%	114%
Relative Index of Inequality (RII)	–	-0.95	-0.95	-0.96	-0.93	-0.95

¹⁸ Note: As with the simple gap, an arithmetic difference (Sii) is used to report inequality in life expectancy across the deprivation spectrum, rather than the proportionate difference (Rii) used for other indicators.

Indicator		Time Series				
SAR - Circulatory		2010/11-12/13	2011/12-13/14	2012/13-14/15	2013/14-15/16	2014/15-16/17
Absolute Gap (Most–Least Deprived)	–	27%	26%	27%	27%	27%
Relative Index of Inequality (RII)	–	-0.25	-0.24	-0.27	-0.27	-0.27
SAR - Circulatory (U75)		2010/11-12/13	2011/12-13/14	2012/13-14/15	2013/14-15/16	2014/15-16/17
Absolute Gap (Most–Least Deprived)	–	40%	38%	39%	39%	39%
Relative Index of Inequality (RII)	–	-0.39	-0.37	-0.39	-0.40	-0.40
SPR - Antihypertensive		2012	2013	2014	2015	2016
Absolute Gap (Most–Least Deprived)	–	23%	23%	24%	21%	22%
Relative Index of Inequality (RII)	–	-0.24	-0.24	-0.24	-0.23	-0.24
SPR - Statin		2012	2013	2014	2015	2016
Absolute Gap (Most–Least Deprived)	–	29%	30%	31%	27%	29%
Relative Index of Inequality (RII)	–	-0.31	-0.32	-0.32	-0.30	-0.32
SAR - Respiratory		2010/11-12/13	2011/12-13/14	2012/13-14/15	2013/14-15/16	2014/15-16/17
Absolute Gap (Most–Least Deprived)	↔	84%	87%	96%	95%	96%
Relative Index of Inequality (RII)	↔	-0.70	-0.73	-0.79	-0.78	-0.78
SAR - Respiratory (U75)		2010/11-12/13	2011/12-13/14	2012/13-14/15	2013/14-15/16	2014/15-16/17
Absolute Gap (Most–Least Deprived)	↔	101%	105%	117%	115%	118%
Relative Index of Inequality (RII)	↔	-0.81	-0.86	-0.93	-0.91	-0.91
SIR - Cancer		2005-11	2006-12	2007-13	2008-14	2009-15
Absolute Gap (Most–Least Deprived)	↔	22%	23%	24%	27%	27%
Relative Index of Inequality (RII)	↔	-0.23	-0.24	-0.24	-0.28	-0.27
SAR - All Admissions		2012/13	2013/14	2014/15	2015/16	2016/17
Absolute Gap (Most–Least Deprived)	–	40%	41%	46%	42%	40%
Relative Index of Inequality (RII)	–	-0.38	-0.40	-0.44	-0.42	-0.39
SAR - Emergency Admissions		2012/13	2013/14	2014/15	2015/16	2016/17
Absolute Gap (Most–Least Deprived)	–	74%	76%	77%	73%	73%
Relative Index of Inequality (RII)	–	-0.65	-0.66	-0.68	-0.65	-0.63
SAR - Elective Inpatient Admissions		2012/13	2013/14	2014/15	2015/16	2016/17
Absolute Gap (Most–Least Deprived)	–	25%	30%	32%	31%	22%
Relative Index of Inequality (RII)	–	-0.27	-0.29	-0.31	-0.32	-0.23
SAR - Day Case Admissions		2012/13	2013/14	2014/15	2015/16	2016/17
Absolute Gap (Most–Least Deprived)	–	21%	21%	28%	23%	23%
Relative Index of Inequality (RII)	–	-0.20	-0.22	-0.29	-0.24	-0.24
SAR – Self-Harm Admissions		2008/09-12/13	2009/10-13/14	2010/11-14/15	2011/12-15/16	2012/13-16/17
Absolute Gap (Most–Least Deprived)	↗	340%	327%	302%	276%	255%
Relative Index of Inequality (RII)	↗	-1.84	-1.79	-1.73	-1.65	-1.59
Crude Suicide Rate		2010-12	2011-13	2012-14	2013-15	2014-16
Absolute Gap (Most–Least Deprived)	↗	204%	221%	196%	212%	232%
Relative Index of Inequality (RII)	↗	-1.33	-1.38	-1.30	-1.30	-1.48
SPR - Mood & Anxiety		2012	2013	2014	2015	2016
Absolute Gap (Most–Least Deprived)	–	70%	69%	68%	62%	65%
Relative Index of Inequality (RII)	–	-0.64	-0.64	-0.63	-0.58	-0.61
SAR - Alcohol Related Causes		2010/11-12/13	2011/12-13/14	2012/13-14/15	2013/14-15/16	2014/15-16/17
Absolute Gap (Most–Least Deprived)	↗	425%	421%	403%	377%	363%
Relative Index of Inequality (RII)	↗	-2.08	-2.09	-2.06	-1.98	-1.96
SDR - Alcohol Specific		2008-12	2009-13	2010-14	2011-15	2012-16
Absolute Gap (Most–Least Deprived)	–	363%	392%	351%	348%	336%
Relative Index of Inequality (RII)	–	-1.95	-1.99	-1.92	-1.84	-1.87
SDR - Smoking Related Causes		2008-12	2009-13	2010-14	2011-15	2012-16
Absolute Gap (Most–Least Deprived)	–	127%	129%	129%	126%	129%
Relative Index of Inequality (RII)	–	-0.98	-0.99	-1.00	-0.98	-0.99

Indicator		Time Series				
SIR - Lung Cancer		2005-11	2006-12	2007-13	2008-14	2009-15
Absolute Gap (Most–Least Deprived)	—	166%	167%	163%	164%	155%
Relative Index of Inequality (RII)	—	-1.20	-1.19	-1.18	-1.18	-1.20
SDR - Lung Cancer		2008-12	2009-13	2010-14	2011-15	2012-16
Absolute Gap (Most–Least Deprived)	—	175%	175%	167%	164%	163%
Relative Index of Inequality (RII)	—	-1.24	-1.24	-1.25	-1.20	-1.20
SAR - Drug Related Causes		2010/11-12/13	2011/12-13/14	2012/13-14/15	2013/14-15/16	2014/15-16/17
Absolute Gap (Most–Least Deprived)	↗	324%	302%	276%	267%	276%
Relative Index of Inequality (RII)	↗	-1.79	-1.75	-1.67	-1.64	-1.66
SDR - Drug Related Causes		2008-12	2009-13	2010-14	2011-15	2012-16
Absolute Gap (Most–Least Deprived)	↔	295%	322%	314%	347%	397%
Relative Index of Inequality (RII)	↔	-1.82	-1.84	-1.89	-1.92	-2.00
SDR - Drug Misuse		2008-12	2009-13	2010-14	2011-15	2012-16
Absolute Gap (Most–Least Deprived)	↔	268%	316%	348%	398%	432%
Relative Index of Inequality (RII)	↔	-1.79	-1.83	-1.97	-1.99	-2.04
Smoking During Pregnancy		2012	2013	2014	2015	2016
Absolute Gap (Most–Least Deprived)	↔	280%	286%	343%	305%	353%
Relative Index of Inequality (RII)	—	1.60	1.58	1.65	1.63	1.62
Teenage Birth Rate (U20)		2012	2013	2014	2015	2016
Absolute Gap (Most–Least Deprived)	↔	332%	494%	408%	475%	485%
Relative Index of Inequality (RII)	↔	-1.83	-1.88	-1.75	-1.90	-2.06
Low Birth Weight		2012	2013	2014	2015	2016
Absolute Gap (Most–Least Deprived)	↗	26%	38%	48%	17%	29%
Relative Index of Inequality (RII)	↗	0.18	0.37	0.28	0.28	0.26
Healthy Birth Weight		2012	2013	2014	2015	2016
Absolute Gap (Most–Least Deprived)	—	3%	4%	4%	2%	3%
Relative Index of Inequality (RII)	—	0.03	0.04	0.06	0.03	0.04
Breastfeeding on Discharge		2012	2013	2014	2015	2016
Absolute Gap (Most–Least Deprived)	—	52%	53%	49%	50%	50%
Relative Index of Inequality (RII)	—	0.81	0.79	0.75	0.81	0.78
Primary 1 BMI: Obese		2011/12	2012/13	2013/14	2014/15	2015/16
Absolute Gap (Most–Least Deprived)	↗	97%	65%	57%	71%	16%
Relative Index of Inequality (RII)	↗	0.64	0.53	0.44	0.71	0.25
Primary 1 BMI: Overweight or Obese		2011/12	2012/13	2013/14	2014/15	2015/16
Absolute Gap (Most–Least Deprived)	↗	25%	29%	34%	35%	8%
Relative Index of Inequality (RII)	↗	0.22	0.29	0.29	0.34	0.12
Year 8 BMI: Obese		2011/12	2012/13	2013/14	2014/15	2015/16
Absolute Gap (Most–Least Deprived)	↔	47%	79%	64%	85%	98%
Relative Index of Inequality (RII)	↔	0.56	0.66	0.46	0.57	0.72
Year 8 BMI: Overweight or Obese		2011/12	2012/13	2013/14	2014/15	2015/16
Absolute Gap (Most–Least Deprived)	↔	18%	42%	34%	40%	42%
Relative Index of Inequality (RII)	↔	0.19	0.38	0.27	0.30	0.39

Changes in Inequality Gaps

While the absolute gap indicated that the deprivation gaps in under 75 respiratory mortality and smoking during pregnancy were widening, the RII indicates no change in the level of inequality across the deprivation spectrum. Similarly, the absolute gap between preventable mortality rates in the most and least deprived areas narrowed across the period, which was not reflected by the RII, which remained constant.

Ranking of Inequality Gaps

The table below displays, in rank order from largest to smallest, the ten indicators with the largest inequality gaps as identified by RII and absolute gap analysis. As can be seen all ten indicators identified in each analysis were the same, with a few differences in the rank order of these inequality gaps.

Rank	Absolute Gap	RII	
1.	Teenage Birth Rate (U20)	Teenage Birth Rate (U20)	
2.	SDR - Drug Misuse	SDR - Drug Misuse	
3.	SDR - Drug Related Causes	SDR - Alcohol Specific Causes	1 ▲
4.	SDR - Alcohol Specific Causes	SDR - Drug Related Causes	1 ▼
5.	SAR - Alcohol Related Causes	SAR - Alcohol Related Causes	
6.	Smoking During Pregnancy	SAR - Drug Related Causes	1 ▲
7.	SAR - Drug Related Causes	Smoking During Pregnancy	1 ▼
8.	SAR - Self-Harm Admissions	SAR – Self-Harm Admissions	
9.	SDR - Respiratory (U75)	Crude Suicide Rate	1 ▲
10.	Crude Suicide Rate	SDR – Respiratory (U75)	1 ▼

It should be noted that life expectancy gaps have not been included in the ranking of inequality gaps above. This is because proportionately, life expectancy gaps are comparatively lower to those ranking highest in the table above. However, as the gap refers to years of life, and as life expectancy is an overarching indicator of health status it is a vital statistic of high importance and reducing this gap is considered a high priority¹⁹.

¹⁹ Life expectancy inequality gaps are included as key overarching indicators of the public health strategic framework 'Making Life Better' www.health-ni.gov.uk/articles/making-life-better-strategic-framework-public-health

APPENDIX B: POPULATION ATTRIBUTABLE RISK (PAR) OF DEPRIVATION

Population Attributable Risk (PAR) measures the proportion of a disease/outcome (i.e. prevalence, mortality, admissions etc.) in the population that is attributable to deprivation and thus could be eliminated if the population experienced the same level of deprivation as those in the least deprived areas. This allows us to determine, for example, the proportional decrease in alcohol-related admissions in the population, in the hypothetical situation that all individuals had the same rate of alcohol-related admission as those in the highest socioeconomic category (least deprived deprivation decile). The PAR is calculated as the rate of disease in the overall population minus the rate in the unexposed group (least deprived).

PAR has been calculated in the table below for a number of health outcomes. As can be seen, the PAR percentage for teenage births (under 20) in 2016 was 67% which indicates that two-thirds of teenage births in Northern Ireland were attributable to deprivation inequality. Similarly, the PAR indicates that alcohol specific mortality in NI could be reduced by 54% if all areas experienced the same level of deprivation as the least deprived areas

Indicator	%PAR
Teenage Birth Rate (U20)	67%
SDR - Avoidable	35%
SDR - Preventable	37%
SDR – Circulatory(U75)	39%
SDR - Respiratory(U75)	53%
SDR - Cancer (U75)	23%
SAR – Emergency Admissions	28%
Crude Suicide Rate	48%
SAR – Self-Harm Admissions	51%
SAR - Alcohol Related Causes	55%
SDR - Alcohol Specific	54%
SIR – Lung Cancer	34%

APPENDIX C: ADDITIONAL INDICATORS

The tables below refer to additional indicators which form part of the HSCIMS that have not been included in the main body of the report. For each indicator the figures are presented for NI, the 20% most deprived areas, the 20% least deprived areas and the most-least deprived inequality gap. In addition the RII is provided, where appropriate.

Median Fire Response Times ²⁰	2012/13	2013/14	2014/15	2015/16	2016/17
Time (Minutes:Seconds)	All	All	All	All	All
NI	00:07:00	00:06:20	00:06:26	00:07:49	00:08:02
Most Deprived	00:05:40	00:04:46	00:05:02	00:07:17	00:06:30
Least Deprived	00:06:59	00:06:22	00:06:17	00:07:59	00:07:58
Most-Least Deprived	-19%	-25%	-20%	-9%	-18%

Median Ambulance Response Times ¹⁹	2013	2014	2015	2016	2017
Time (Minutes:Seconds)	All	All	All	All	All
NI	00:06:48	00:08:15	00:09:21	00:09:57	00:10:36
Most Deprived	00:05:38	00:06:38	00:07:27	00:07:46	00:07:38
Least Deprived	00:07:18	00:09:02	00:10:16	00:11:02	00:12:58
Most-Least Deprived	-23%	-27%	-27%	-30%	-41%

SDR - All Age All Cause Mortality	2008-12	2009-13	2010-14	2011-15	2012-16
Deaths per 100,000 population	All	All	All	All	All
NI	1,090	1,068	1,048	1,041	1,036
Most Deprived	1,300	1,278	1,249	1,252	1,250
Least Deprived	936	917	904	908	900
Most-Least Deprived	39%	39%	38%	38%	39%
RII	0.39	0.39	0.39	0.37	0.39

Looked After Children	2013	2014
Rate per 1,000 population under 18 years	All	All
NI	4.8	4.7
Most Deprived	10.4	9.5
Least Deprived	2.0	1.6
Most-Least Deprived	429%	485%

Autism Prevalence in School Age Children	2012/13	2013/14	2014/15	2015/16	2016/17
Rate per 100,000 population	All	All	All	All	All
NI	1,794	1,957	2,155	2,310	2,509
Most Deprived	2,001	2,236	2,544	2,844	3,207
Least Deprived	1,854	1,985	2,151	2,277	2,332
Most-Least Deprived	8%	13%	18%	25%	37%

²⁰ Evidence shows that emergency times are correlated more with location such as urban/rural than deprivation.

APPENDIX D: URBAN-RURAL ANALYSIS

Urban-Rural analysis included below is based on the 2015 NISRA Urban-Rural classification, with the exception of Healthy Life Expectancy and Disability Free Life Expectancy which use the 2005 urban rural classification, due to data limitations. Further information regarding urban-rural classification can be found on the NISRA webpage at <https://www.nisra.gov.uk/urban-rural-classification>.

A positive inequality gap means that the health outcomes in Northern Ireland are worse than in the rural areas.

Summary of findings

Compared with the regional average, rural areas experienced better outcomes across the majority of indicators analysed, however fire and ambulance response times continue to remain higher in rural areas. There were no notable changes in Rural-NI gaps over the analysed period, with the exception of ambulance response times where the gap decreased from 84% in 2013 to 52% in 2017.

Outcomes that were significantly better in rural areas than the NI average

Male Life expectancy at birth	SDR Cancer (U75)	SDR Alcohol Specific
Female Life expectancy at birth	SPR Antihypertensive	SDR Smoking Related
Female Healthy Life Expectancy	SPR Statin	SIR Lung Cancer
Female Disability Free Life Expectancy	SAR Respiratory	SDR Lung Cancer
Male Life expectancy at 65	SAR Respiratory (U75)	SAR Drug Related
Female Life expectancy at 65	SIR Cancer	SDR Drug Related
PYLL	SAR All	SDR Drug Misuse
SDR Amenable	SAR Emergency	Infant Mortality Rate
SDR Preventable	SAR Day Case	Smoking during Pregnancy
SDR Avoidable	SAR Self-Harm	Teenage Birth Rate (U20)
SDR Circulatory (U75)	Crude Suicide Rate	Low Birth Weight
SDR Respiratory (U75)	SPR Mood & Anxiety	P1 BMI: Obese
SDR All Cause Mortality (U75)	SAR Alcohol Related	P1 BMI: Overweight or Obese

Outcomes that were significantly worse in rural areas than the NI average

Ambulance Response Times

Fire Response Times

Outcomes that were similar (or not significantly different) in Rural areas and the NI average

Breastfeeding on Discharge	Male Healthy Life Expectancy	SAR Circulatory
Y8 BMI: Obese	Male Disability Free Life Expectancy	SAR Circulatory (U75)
Y8 BMI: Overweight or Obese	SDR Avoidable – Children & Young People	SAR Elective Inpatient Admissions
Healthy Birth Weight		

Figures for each indicator for NI, Rural areas, Urban areas, Mixed Urban-Rural areas and the NI-Rural Gap, are provided within the accompanying downloadable tables:

<https://www.health-ni.gov.uk/publications/health-inequalities-annual-report-2018>

APPENDIX E: TECHNICAL NOTES & DEFINITIONS

Indicators

There are 50 indicators included in the Northern Ireland analyses for the current report, of which one has been introduced since the previous report of 2016; Healthy Birth Weight. In addition the indicator *Standardised Death Rate - Alcoholic Specific* has been created to reflect the revised definition of alcohol related mortality published by ONS (2017²¹) and replaces all previously published figures.

Due to random fluctuations in events over time, it is often necessary to aggregate more than one year of data for indicators, in order to ensure stability. The number of years of information that are required to aggregate for each indicator is informed by both the number of events and also an assessment of its annual variability.

Standardisation Methods

A number of indicators included in this report have been age standardised to allow the comparison of rates between populations with different age structures by relating them to a standard population, in this case the 2013 European Standard Population (90+ version). In most circumstances direct standardisation is used which not only allows the comparison of disease and death rates across both areas and time, but also to assess the relative burden of disease in a population. It should be noted that standardised dental registrations have been indirectly standardised. Further detail on the standardisation methods can be found in the Regional report 2014.²²

Indicator Stability/Confidence Intervals

Indicator stability at the regional level does not mean that an indicator is also stable at the lower geographic levels of HSC Trust, LGD or DEA. To ensure robustness of the data, confidence intervals were calculated for rates for the most recent year at each geographic level, including the 20% most deprived Trust and LGD areas. The confidence interval for each standardised rate was assessed, in terms of its size and in relation to other comparable rates for other geographical areas, i.e. the Belfast Trust average and its 20% most deprived Trust areas. As a result of these assessments not all of the 50 indicators examined at the regional level were deemed robust enough to be presented at the sub-regional level, of these 50 indicators; 45 were found suitable to be published at the HSC Trust level, 42 at the LGD level and 28 at the DEA level.

Confidence intervals are used to quantify the imprecision in the estimate of a particular value. Specifically it quantifies the imprecision that results from random variation in the estimation of the value. In many cases the source of this random variation is sampling, for example in Healthy Life Expectancy, as any measurement taken from a sample provides an imprecise estimate of the true population value. In public health many indicators are based on what can be considered to be complete data sets and not samples, e.g. age standardised mortality rates based on death registers. In these instances the imprecision arises not as a result of sampling variation but of 'natural' variation. The indicator is considered to be the outcome of a stochastic process, i.e. one which can be influenced by the random occurrences that are inherent in the world around us. In such instances the value actually observed is only one of the set that could occur under the same circumstances. Generally in public health, it is the underlying circumstances or process that is of interest and the actual value observed gives only an imprecise estimate of this 'underlying risk'.

²¹<http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/theimpactofusingthenewdefinitionofalcohol-specificdeaths/2017-10-27>

²²<https://www.health-ni.gov.uk/publications/ni-health-and-social-care-inequalities-monitoring-system-hscims-regional-2014>

Table 5: HSCIMS Indicators Analysed at Northern Ireland (NI), HSC Trust, LGD and DEA level

INDICATOR	NI	Trust	LGD	DEA
Male Life Expectancy at Birth	●	●	●	●
Female Life Expectancy at Birth	●	●	●	●
Male Life Expectancy at Age 65	●	●	●	●
Female Life Expectancy at Age 65	●	●	●	●
Male Healthy Life Expectancy	●			
Female Healthy Life Expectancy	●			
Male Disability Free Life Expectancy	●			
Female Disability Free Life Expectancy	●			
Potential Years of Life Lost –All	●	●	●	●
Standardised Death Rate – Amenable	●	●	●	●
Standardised Death Rate – Preventable	●	●	●	●
Standardised Death Rate – Avoidable	●	●	●	●
Standardised Death Rate – Avoidable: Children & Young People	●	●		
Standardised Death Rate - Circulatory (U75)	●	●	●	
Standardised Death Rate - Respiratory (U75)	●	●	●	
Standardised Death Rate - Cancer (U75)	●	●	●	
Standardised Death Rate - All Cause Mortality (U75)	●	●	●	
Standardised Admission Rate –Circulatory	●	●	●	●
Standardised Admission Rate - Circulatory (U75)	●	●	●	●
Standardised Prescription Rate – Antihypertensive	●	●	●	●
Standardised Prescription Rate – Statin	●	●	●	●
Standardised Admission Rate – Respiratory	●	●	●	●
Standardised Admission Rate - Respiratory (U75)	●	●	●	●
Standardised Incidence Rate – Cancer	●	●	●	●
Standardised Admission Rate - All Admissions	●	●	●	●
Standardised Admission Rate - Emergency Admissions	●	●	●	●
Standardised Admission Rate - Elective Inpatient Admissions	●	●	●	●
Standardised Admission Rate - Day Case Admissions	●	●	●	●
Standardised Admission Rate – Self-Harm Admissions	●	●	●	
Crude Suicide Rate	●	●	●	●
Standardised Prescription Rate - Mood & Anxiety	●	●	●	●
Standardised Admission Rate - Alcohol Related Causes	●	●	●	●
Standardised Death Rate - Alcohol Specific Causes	●	●	●	●
Standardised Death Rate - Smoking Related Causes	●	●	●	●
Standardised Incidence Rate - Lung Cancer	●	●	●	●
Standardised Death Rate - Lung Cancer	●	●	●	●
Standardised Admission Rate - Drug Related Causes	●	●	●	●
Standardised Death Rate - Drug Related Causes	●	●	●	●
Standardised Death Rate - Drug Misuse	●	●		
Infant Mortality Rate	●	●		
Smoking During Pregnancy	●	●	●	
Teenage Birth Rate (U20)	●	●	●	
Low Birth Weight	●	●	●	
Healthy Birth Weight ^{NEW}	●	●	●	
Breastfeeding on Discharge	●	●	●	
Primary 1 BMI: Obese	●	●	●	
Primary 1 BMI: Obese & Overweight	●	●	●	
Year 8 BMI: Obese	●	●	●	
Year 8 BMI: Obese & Overweight or Obese	●	●	●	
Standardised Dental Registrations	●			

Mortality Rates

For simplicity of understanding, mortality figures are based on the single main underlying cause of death classification, but a death can be due to a variety of different causes. This can lead to an underestimation of the impact of common conditions associated with multiple causes of death (e.g. diabetes, influenza and pneumonia). All death figures used in the HSCIMS are based on the year that the death was registered and not necessarily the year in which the death occurred. While the vast majority of deaths are registered shortly after the event occurred, there may be a delay in registering some deaths. Events such as infant death or suicide however, are usually referred to a coroner and this legal process can take some time.

Population

Population is a vital part of rate calculations; a change to the size of a population or its age distribution will impact on rates and subsequently inequality gaps. For instance, overall yearly deaths in Northern Ireland remained between 14,000 and 16,000 from the turn of the century up to 2016, yet mortality rates have been falling – this can be partially explained by the growing and ageing Northern Ireland population. Between 2006 and 2016 for example, the population grew from 1,743,113 to 1,862,137; an increase of 119,024 persons (6.8%). During this time the proportion of the population aged 65 and over increased from 13.7% (238,050 persons) in 2006 to 16.0% (297,755 persons) in 2016.

Small Area Population Estimates

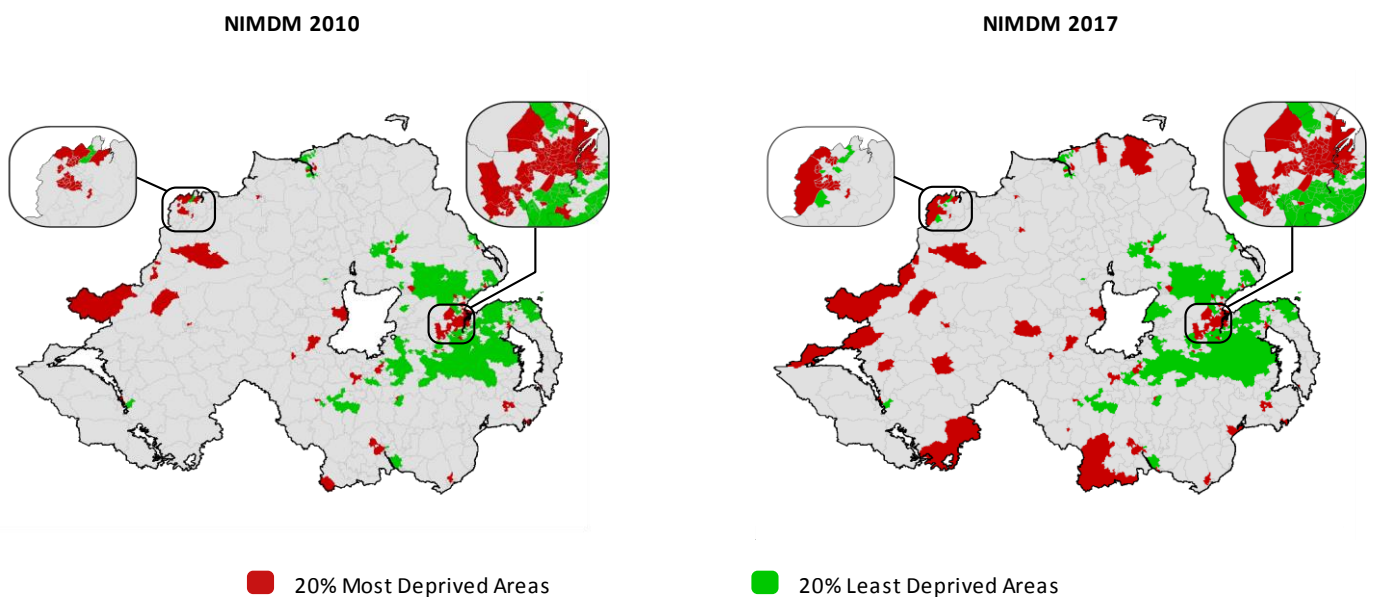
Population estimates disaggregated to a relatively small geographic area level (i.e. Super Output Area (SOA) and Small Area (SA) by age and gender) are used to calculate many of the HSCIMS indicators for deprived and rural areas. However, as population estimates produced for NI are not available to the required level of detail, it is necessary to rework these estimates by proportioning out aggregated small area population estimates by gender and single year of age breakdowns from NISRA mid-year estimates. These reworked estimates are validated by a process of integrity checks with higher level age and geography population totals published by NISRA. Reworked estimates are calculated from unrounded population breakdown figures which may not match exactly with some of the population breakdowns published by NISRA which have been rounded to the nearest person.

Deprivation Classification

The deprivation classification used in this report is based on the Northern Ireland Multiple Deprivation Measure (NIMDM) produced by NISRA. The 2017 NIMDM²³ has been applied to all newly published figures, specifically the latest two years / data points in the time series presented for each indicator. All other data points are based on the 2010 NIMDM²⁴.

Although the 2017 NIMDM is available at small area level it was decided to continue using the SOA classification within the HSCIMS to ensure continuity and comparability with the back series of data and across indicators. In addition, all analysis presented is based on multiple deprivation rather than any specific deprivation domain.

Chart 1 – 20% Most and least deprived areas in Northern Ireland according to 2010 and 2017 NIMDM



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²³ <https://www.nisra.gov.uk/statistics/deprivation/northern-ireland-multiple-deprivation-measure-2017-nimdm2017>

²⁴ <https://www.nisra.gov.uk/statistics/deprivation/northern-ireland-multiple-deprivation-measure-2010-nimdm2010>

Sources of Information

Table 6: Indicators and Supplementary Information

Information	Source
Deaths and births	General Register Office, Demography Branch, NI Statistics and Research Agency (NISRA)
Hospital Admissions	Hospital Information Branch, Information Analysis Directorate, DoH
Prescriptions/Dental Statistics	Business Services Organisation
Cancer Incidence	NI Cancer Registry
Smoking in pregnancy, breastfeeding, low birth weight and childhood overweight/obesity, healthy birth weight	Child Health System
Fire response times	NI Fire and Rescue Service
Ambulance response times	NI Ambulance Service
NI Health Survey	Public Health Information & Research Branch, Information Analysis Directorate, DoH
Continuous Household Survey	NI Statistics and Research Agency (NISRA)
NI Small Area Population Estimates	NI Statistics and Research Agency (NISRA)
European Standard Population (ESP) 2013	Eurostat
Deprivation classification	NI Multiple Deprivation Measure 2010 (NISRA) NI Multiple Deprivation Measure 2017 (NISRA)
Urban-rural classification	NI Statistics and Research Agency (NISRA)
Looked after Children	Community Information Branch, Information Analysis Directorate, DoH
Children with Autism	Community Information Branch, Information Analysis Directorate, DoH

Indicator Definitions

Disease Classification - The indicators making up the HSCIMS are classified using the International Classification of Disease, 10th revision (ICD-10). This is the standard diagnostic tool for epidemiology, health management and clinical purposes, including the analysis of the general health situation of population groups.

A complete listing of ICD-10 codes can be found at the following web link:

www.who.int/classifications/apps/icd/icd10online/

LIFE EXPECTANCY	
Life Expectancy Estimates	NISRA publish the official life expectancy estimates at NI, Local Government District and Parliamentary Constituency level. The HSCIMS publishes at further levels to allow for assessment of inequality gaps between different areas/population groups, including deprivation analysis.
Life Expectancy at Birth	The expected years of life at time of birth based on mortality patterns in the period in question. It is based on the average death rates over a three year period. Presented separately for males and females.
Life Expectancy at Age 65	The expected years of life at age 65 based on mortality patterns in the period in question. It is based on the average death rates over a three year period. Presented separately for males and females.
Healthy Life Expectancy (HLE)	<p>This is the average number of years a person can expect to live in good health. HLE provides an estimate of lifetime spent in 'Very Good' or 'Good' health, calculated using respondents' perception of their own health according to the Health Survey Northern Ireland (HSNI).</p> <p>HLE excludes communal establishments.</p> <p>All urban/rural analysis is based on the 2005 urban-rural classification. 2015 urban-rural classification cannot currently be applied due to data limitations.</p>
Disability Free Life Expectancy (DFLE)	<p>This is the average number of years a person can expect to live disability free. DFLE provides an estimate of lifetime spent free from a limiting persistent (twelve months or more) illness or disability, based upon a self-rated functional assessment of health recorded in the HSNI.</p> <p>DFLE excludes communal establishments.</p> <p>All urban/rural analysis is based on the 2005 urban-rural classification. 2015 urban-rural classification cannot currently be applied due to data limitations.</p>
Pregnancy & Early Years	
Teenage Birth Rate (U20)	The number of births in an area to teenage mothers (i.e. Between 13 and 19 years of age) expressed per 1,000 females.
Smoking during Pregnancy	The proportion of all live births that were to mothers that reported smoking during pregnancy. Information is gathered at the 'booking in' appointment and therefore represents mothers at the end of the first trimester. As this indicator is self-reported, it may be subject to a degree of under-reporting.
Low Birth Weight	The proportion of all live births where the birth weight of the child was less than 2500g.
Healthy Birth Weight ^{NEW}	The proportion of infants born with a birth weight within a range appropriate for their gestational age and gender (live births only).
Breastfeeding on Discharge	The proportion of mothers that were breastfeeding their child on discharge from hospital. Figures include mothers' breastfeeding their child as well as using complementary feeding.

ADMISSIONS	
Hospital Information System (HIS)	Admissions data used to calculate rates are provided by the Hospital Information Branch and are extracted from the Hospital Information System (HIS). All mental health specialities have been excluded from the data. Figures are based on number of admissions and not individuals. Further information and definition on inpatient and day case activity is available at https://www.health-ni.gov.uk/articles/inpatient-and-day-case-activity .
Standardised Admission Rate (SAR)	This is calculated by standardising (using the direct method) the average admission rate in NI (over a predefined period) due to specified ICD-10 classification codes (may also be age specific) to the 2013 European Standard Population (ESP).
Indicator Name	
- All Admissions	Includes all acute inpatient and day case admissions (excluding regular day and night attenders, hospital transfers and other (maternity/delivery episodes)). Deaths and discharges have been used as an approximation for admissions.
- Emergency Admissions	A patient for whom admission is unpredictable and at short notice because of clinical need. All non-elective acute admissions excluding maternity, other and not known.
- Elective Inpatient Admissions	A patient for whom the decision to admit could be separated in time from the actual admission. Does not include day cases, not to be confused with elective admissions (which include day cases)
- Day Case Admissions	A patient admitted electively during the course of a day with the intention of receiving care who does not require the use of a hospital bed overnight and who returns home as scheduled. If this original intention is not fulfilled and the patient stays overnight, such a patient should be counted as an inpatient and is not counted as a day case admission.
- Circulatory	Selected according to International Classification of Disease (ICD-10) codes I00-I99. ²⁵
- Circulatory U75	ICD-10 codes I00-I99, under 75 years of age.
- Respiratory	ICD-10 codes J00-J99.
- Respiratory U75	ICD-10 codes J00-J99, under 75 years of age.
- Alcohol Related Causes	Alcohol related causes included in Table 9.
- Drug Related Causes	Drug related causes included in Table 11.
- Self-Harm Admissions	ICD-10 codes X60-84 and Y87.0. This indicator was developed to complement the suicide information, however it does not provide a complete picture of the problem of self-harm (or parasuicide) as in many instances, self-harm does not result in an acute admission to hospital.

²⁵ For a listing and explanation of topology or site codes see: International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, World Health Organisation, Geneva. Or view online at: <http://apps.who.int/classifications/icd10/browse/2010/en#/I>

MORTALITY	
Infant Mortality Rate	The number of infant deaths per 1,000 live births. Infant deaths refer to all deaths in the first year of life.
Potential Years of Life Lost (PYLL)	This is calculated by summing the deaths occurring at each age and multiplying this with the number of years a person of that age could have been expected to live. It is a summary measure of premature mortality, weighting deaths occurring at younger ages, which are, a priori, preventable. It uses the average age-specific life expectancy for each five year age band as the age to which a person in that age band might be expected to live.
Crude Suicide Rate <i>Not age standardised as it was found to make little or no difference whilst introducing a new confidence interval</i>	The number of deaths by suicide per 100,000 population Suicide deaths in NI are defined using the UK definition - ICD-10 Classification: X60-84 and Y87.0 (Self-inflicted Injury) and Y10-Y34, Y87.2 (as well as Events of Undetermined Intent). Crude rate is used instead of age standardised rate as it was found to make little or no difference whilst introducing a confidence interval.
Standardised Death Rate (SDR)	This is calculated by directly age standardising the average death rate in NI over a given period, due to specific causes of death (selected according to ICD-10 classification) to the 2013 European Standard Population (ESP). Some death rates relate to those under the age of 75 as indicators of premature mortality for specific diseases.
Indicator Name	
- All Cause U75	All causes, under 75 year of age
- All Age All Cause	All causes
- Amenable	Amenable to medical intervention – see Table 7 for full list of causes.
- Preventable	Preventable by broad public health intervention – see Table 7 for full list of causes.
- Avoidable	Avoidable – see Table 7 for full list of causes.
- Avoidable: Children & Young People	Avoidable in children and young people – see Table 8 for full list of causes.
- Circulatory U75	ICD-10 codes I00-I99, under 75 year of age.
- Respiratory U75	ICD-10 codes J00-J99, under 75 year of age.
- Cancer U75	ICD-10 codes C00-C97, under 75 year of age.
- Lung Cancer	ICD-10 codes C33-C34.
- Alcohol Specific	Alcohol specific causes – see Table 10 for full list of causes.
- Drug Related Causes	Drug related causes – see Table 11 for full list of causes.
- Drug Misuse	Deaths related to drug misuse – see Table 12 for full list of causes.
- Smoking Related Causes	Deaths due to Smoking related causes – see Table 13 for full list of causes.

Cancer Incidence	
Northern Ireland Cancer Registry (NICR)	Cancer incidence numbers are extracted from the NICR's "live" database, and hence are continuously updated. As a result, an earlier extract taken at a later date may supply slightly different results. Therefore, although the overall trend will be the same, previously published data and data published elsewhere may have rates that vary slightly to what is published is here. NICR publish official Standardised Incidence Rates (SIRs), however the HSCIMS publishes at further levels to allow for assessment of inequality gaps between different areas/population groups, including deprivation analysis.
Standardised Incidence Rate (SIR)	This is calculated by standardising (using the direct method) the average incidence rate in NI (over seven years) due to specified ICD-10 classification codes to the 2013 European Standard Population (ESP).
Indicator Name	ICD-10 Classification
- Cancer	ICD-10 codes C00-C97, excluding C44 (non-melanoma skin cancer which is quite common, in most cases easily treated and rarely fatal).
- Lung Cancer	ICD-10 codes C33 and C34.

Prescriptions	
Electronic Prescribing Eligibility System (EPES)	Prescription data is extracted from the EPES which is maintained by Business Services Organisation (BSO). The data provided covers drugs dispensed in primary care only, and includes prescriptions issued by all types of prescribers including doctors, nurses and dentists, and all those issued and dispensed by pharmacists, dispensing doctors and appliance suppliers. Drugs prescribed and dispensed in hospital cannot be captured centrally due to the use of different IT systems.
Standardised Prescription Rate (SPR)	This is calculated by standardising (using the direct method) the average prescription rate (over one year) in NI for people dispensed predefined prescription drugs, to the 2013 European Standard Population (ESP). Rates refer to number of persons prescribed a drug and does not include multiple prescription.
Indicator Name	British National Formulary (BNF) code
- Antihypertensive	Drugs included are those with a BNF code of 2.2.1, 2.4, 2.5.5.1, 2.5.5.2 and 2.6.2
- Statin	Drugs included are those with a BNF code of 2.12
- Mood & Anxiety Disorders	Drugs included are those with a BNF code of 4.1.2 and 4.3

Diet & Dental Health	
Standardised Dental Registration	This is a measure of how much more (or less) likely an individual is to be registered with a dentist in a specific geographic area compared with the NI average having taken into account the area's age and gender profile. This is standardised to the Medical Registration population using the indirect method. Based on position as at June.
Childhood Overweight and Obese	Height and weight information is extracted from the Child Health System (CHS) and converted into a Body Mass Index (BMI) score for each pupil. The BMI can be categorized using International Growth Charts which consider age and gender, allowing the identification of those who are overweight or obese. Records are analysed based on two criteria: Date of Exam within the Primary 1 or Year 8 school year: 01/09/XX-31/08/XX Date of Birth for Primary 1 or Year 8 pupils: 02/07/XX - 01/07/XX
Indicator Name	CHS Data
-Primary 1 BMI: Obese	The proportion of children in Primary 1 classified as obese.
-Primary 1 BMI: Overweight or Obese	The proportion of children in Primary 1 classified as overweight or obese.
-Year 8 BMI: Obese	The proportion of children in Year 8 classified as obese.
-Year 8 BMI: Overweight or Obese	The proportion of children in Year 8 classified as overweight or obese.
Additional Indicators	
Median Fire Response Time	The median response time taken by the Northern Ireland Fire and Rescue Service (NIFRS) to respond to an incident. The 'response time' is measured as the 'time of the call to NIFRS Regional Control Centre' to 'the time the 1st Appliance books in attendance' at the incident. Calculations are based on the time taken for NIFRS to respond to each incident within a one year time period. The median i.e. midpoint value is reported rather than the simple average as it is unaffected by atypically long or short response times.
Median Ambulance Response Time	The median time taken by the first ambulance to respond to an incident. Calculations are based on the time taken to respond to each incident within a one month time period (August). This data refers to Categories A, B and C emergency responses, excluding Healthcare Professionals (HCP) calls. The median i.e. midpoint value is reported rather than the simple average as it is unaffected by atypically long or short response times.
Looked after Children	The number of looked after children per 100,000 population (under 18 years of age) by location prior to last entering care. Data was extracted from the annual OC2 Community Information Return, which includes children who have been in care continuously for twelve months or longer at 30th September.
Autism Prevalence in School Age Children	The number of children with Autism or Asperger Syndrome per 100,000 children in compulsory grant-aided education. Data extracted from the NI School Census.

ICD-10 Classification Tables

Table 7: Amenable, Preventable & Avoidable Causes

The table below lists the revised ICD-10 classification codes of all causes of death considered avoidable, with indication as to which are considered amenable, preventable or both.

Condition Group & Cause	ICD-10 Codes	Age	Amenable	Preventable
Infections				
Tuberculosis	A15-A19, B90	0-74	•	•
Selected invasive bacterial and protozoal infections	A38-A41, A46, A48.1, B50-B54, G00, G03, J02, L03	0-74	•	
Hepatitis C	B17.1, B18.2	0-74	•	•
Pertussis (whooping cough)	A37	0-14	•	•
Measles	B05	1-14	•	•
Rubella	B06	0-14		•
Other infections (Diphtheria, Tetanus, Poliomyelitis and Varicella)	A35, A36, A80, B01	0-19	•	•
Intestinal infections	A00-A09	0-14	•	
HIV/AIDS	B20-B24	All	•	•
Neoplasms				
Malignant neoplasm of lip, oral cavity and pharynx	C00-C14	0-74		•
Malignant neoplasm of oesophagus	C15	0-74		•
Malignant neoplasm of stomach	C16	0-74		•
Malignant neoplasm of colon and rectum	C18-C21	0-74	•	•
Malignant neoplasm of liver	C22	0-74		•
Malignant neoplasm of trachea, bronchus and lung	C33-C34	0-74		•
Malignant melanoma of skin	C43	0-74	•	•
Mesothelioma	C45	0-74		•
Malignant neoplasm of breast	C50	0-74	•	•
Malignant neoplasm of cervix uteri	C53	0-74	•	•
Malignant neoplasm of bladder	C67	0-74	•	
Malignant neoplasm of thyroid gland	C73	0-74	•	
Hodgkin's disease	C81	0-74	•	
Leukaemia	C91, C92.0	0-44	•	
Malignant neoplasm of testis	C62	0-74	•	
Malignant neoplasm of unspecified parts of uterus and body of uterus	C54-C55	0-44	•	
Benign neoplasms	D10-D36	0-74	•	
Nutritional, endocrine and metabolic				
Diabetes mellitus	E10-E14	0-74	•	•
Diseases of Thyroid	E00-E07	0-74	•	
Addison's Disease	E27.1	0-74	•	

Condition Group & Cause	ICD-10 Codes	Age	Amenable	Preventable
Drug use disorders				
Alcohol related diseases, excluding external causes	F10, G31.2, G62.1, I42.6, K29.2, K70, K73, K74 (excl. K74.3-K74.5), K86.0	0-74		•
Illicit drug use disorders	F11-F16, F18-F19	0-74		•
Neurological disorders				
Epilepsy and status epilepticus	G40-G41	0-74	•	
Cardiovascular diseases				
Rheumatic and other valvular heart disease	I01-I09	0-74	•	
Hypertensive diseases	I10-I15	0-74	•	
Ischaemic heart disease	I20-I25	0-74	•	•
DVT with pulmonary embolism	I26, I80.1-I80.3, I80.9, I82.9	0-74		•
Cerebrovascular diseases	I60-I69	0-74	•	
Aortic aneurysm and dissection	I71	0-74		•
Respiratory diseases				
Influenza (including swine flu)	J09-J11	0-74	•	•
Pneumonia	J12-J18	0-74	•	
Chronic obstructive pulmonary disorder	J40-J44	0-74	•	•
Asthma	J45-J46	0-74	•	
Selected respiratory diseases	J00-J06, J20-J22, J30-J39	1-14	•	
Digestive disorders				
Gastric and duodenal ulcer	K25-K28	0-74	•	
Acute abdomen, appendicitis, intestinal obstruction, cholecystitis/lithiasis, pancreatitis, hernia	K35-K38, K40-K46, K80-K83, K85, K86.1-K86.9, K91.5	0-74	•	
Genitourinary disorders				
Nephritis and nephrosis	N00-N07, N17-N19, N25-N27	0-74	•	
Obstructive uropathy and prostatic hyperplasia	N13, N20-N21, N35, N40, N99.1	0-74	•	
Maternal and infant				
Complications of perinatal period	P00-P96, A33	All	•	
Congenital malformations of the circulatory system	Q20-Q28	0-74	•	
Spina Bifida	Q05	0-74		•
Unintentional injuries				
Transport Accidents	V01-V99	All		•
Accidental Injury	W00-X59	All		•
Intentional injuries				
Suicide and self inflicted injuries	X60-X84, Y10-Y34	All		•
Homicide/Assault	X85-Y09, U50.9	All		•
Misadventures to patients during surgical and medical care	Y60-Y69, Y83-Y84	All	•	•

Table 8: Avoidable Children & Young People

Condition Group & Cause	ICD-10 Codes	Age
Infections		
Tuberculosis	A15-A19, B90	0-19
Selected invasive bacterial and protozoal infections	A38-A41, A46, A48.1, B50-B54, G00, G03, J02, L03	0-19
Hepatitis C	B17.1, B18.2	0-19
Pertussis (whooping cough)	A37	0-14
Measles	B05	1-14
Rubella	B06	0-14
Other infections (Diphtheria, Tetanus, Poliomyelitis and Varicella)	A35, A36, A80, B01	0-19
Intestinal infections	A00-A09	0-14
HIV/AIDS	B20-B24	0-19
Neoplasms		
Malignant neoplasm of lip, oral cavity and pharynx	C00-C14	0-19
Malignant neoplasm of oesophagus	C15	0-19
Malignant neoplasm of stomach	C16	0-19
Malignant neoplasm of colon and rectum	C18-C21	0-19
Malignant neoplasm of liver	C22	0-19
Malignant neoplasm of trachea, bronchus and lung	C33-C34	0-19
Malignant melanoma of skin	C43	0-19
Mesothelioma	C45	0-19
Malignant neoplasm of breast	C50	0-19
Malignant neoplasm of cervix uteri	C53	0-19
Malignant neoplasm of bladder	C67	0-19
Malignant neoplasm of thyroid gland	C73	0-19
Hodgkin's disease	C81	0-19
Leukaemia	C91, C92.0	0-19
Malignant neoplasm of testis	C62	0-19
Malignant neoplasm of unspecified parts of uterus and body of uterus	C54-C55	0-19
Benign neoplasms	D10-D36	0-19
Nutritional, endocrine and metabolic		
Diabetes mellitus	E10-E14	0-19
Diseases of Thyroid	E00-E07	0-19
Addison's Disease	E27.1	0-19
Drug use disorders		
Alcohol related diseases, excluding external causes	F10, G31.2, G62.1, I42.6, K29.2, K70, K73, K74 (excl. K74.3-K74.5), K86.0	0-19
Illicit drug use disorders	F11-F16, F18-F19	0-19
Neurological disorders		
Epilepsy and status epilepticus	G40-G41	0-19

Condition Group & Cause	ICD-10 Codes	Age
Cardiovascular diseases		
Rheumatic and other valvular heart disease	I01-I09	0-19
Hypertensive diseases	I10-I15	0-19
Ischaemic heart disease	I20-I25	0-19
DVT with pulmonary embolism	I26, I80.1-I80.3, I80.9, I82.9	0-19
Cerebrovascular diseases	I60-I69	0-19
Aortic aneurysm and dissection	I71	0-19
Respiratory diseases		
Influenza (including swine flu)	J09-J11	0-19
Pneumonia	J12-J18	0-19
Chronic obstructive pulmonary disorder	J40-J44	0-19
Asthma	J45-J46	0-19
Selected respiratory diseases	J00-J06, J20-J22, J30-J39	1-14
Digestive disorders		
Gastric and duodenal ulcer	K25-K28	0-19
Acute abdomen, appendicitis, intestinal obstruction, cholecystitis/lithiasis, pancreatitis, hernia	K35-K38, K40-K46, K80-K83, K85, K86.1-K86.9, K91.5	0-19
Genitourinary disorders		
Nephritis and nephrosis	N00-N07, N17-N19, N25-N27	0-19
Obstructive uropathy and prostatic hyperplasia	N13, N20-N21, N35, N40, N99.1	0-19
Maternal and infant		
Complications of perinatal period	P00-P96, A33	0-19
Congenital malformations of the circulatory system	Q20-Q28	0-19
Spina Bifida	Q05	0-19
Unintentional injuries		
Transport Accidents	V01-V99	0-19
Accidental Injury	W00-X59	0-19
Intentional injuries		
Suicide and self inflicted injuries	X60-X84, Y10-Y34	0-19
Homicide/Assault	X85-Y09, U50.9	0-19
Misadventures to patients during surgical and medical care	Y60-Y69, Y83-Y84	0-19

Table 9: Admissions – Alcohol Related Causes

ICD-10 code	Description
E24.4	Alcohol induced Pseudo-Cushing's syndrome
E51.2	Wernicke's Encephalopathy
F10	Mental and Behavioural disorders due to use of alcohol
G31.2	Degeneration of the nervous system due to alcohol
G62.1	Alcoholic polyneuropathy
G72.1	Alcoholic myopathy
I42.6	Alcoholic cardiomyopathy
K29.2	Alcoholic gastritis
K70	Alcoholic liver disease
K86.0	Alcohol-induced chronic pancreatitis
O35.4	Maternal care for (suspected) damage to foetus from alcohol
P04.3	Foetus and newborn affected by maternal use of alcohol
Q86.0	Foetal alcohol syndrome (dysmorphic)
T51.0	Toxic effect of ethanol
T51.1	Toxic effect of methanol
T51.9	Toxic effect of alcohol, unspecified
X45	Accidental poisoning by and exposure to alcohol
X65	Intentional self-poisoning by and exposure to alcohol
Y15	Poisoning by and exposure to alcohol, undetermined intent
Y57.3	Alcohol deterrents
Y90	Evidence of alcohol involvement determined by blood alcohol level
Y91	Evidence of alcohol involvement determined by level intoxication
Z50.2	Alcohol rehabilitation
Z71.4	Alcohol abuse counselling and surveillance
Z72.1	Alcohol use

Table 10: Deaths – Alcohol Specific Causes

ICD-10 code	Description
E24.4	Alcohol-induced pseudo-Cushing's syndrome
F10	Mental and Behavioural disorders due to use of alcohol
G31.2	Degeneration of the nervous system due to alcohol
G62.1	Alcoholic polyneuropathy
G72.1	Alcohol myopathy
I42.6	Alcoholic cardiomyopathy
K29.2	Alcoholic gastritis
K70	Alcoholic liver disease
K85.2	Alcohol-induced acute pancreatitis
K86.0	Alcohol induced chronic pancreatitis
Q86.0	Fetal alcohol syndrome (dysmorphic)
R78.0	Excess alcohol blood levels
X45	Accidental poisoning by and exposure to alcohol
X65	Intentional self-poisoning by and exposure to alcohol
Y15	Poisoning by and exposure to alcohol, undetermined intent

Table 11: Admissions and Deaths – Drug Related Causes

ICD-10 code	Description
F11-16, F18-F19	Mental and Behavioural disorders due to drug use (excluding alcohol and tobacco)
X40-44	Accidental poisoning by drugs, medicaments and biological substances
X60-X64	Intentional self-poisoning by drugs, medicaments and biological substances
X85	Assault by drugs, medicaments and biological substances
Y10-14	Poisoning by drugs, medicaments and biological substances, undetermined intent

Table 12: Deaths – Drugs Misuse

ICD-10 code	Description
F11-16, F19	Mental and Behavioural disorders due to drug use (excluding alcohol, tobacco and volatile substances)
Deaths due to the following categories <i>and</i> where a drug controlled under the Misuse of Drugs Act 1971 was mentioned;	
X40-44	Accidental poisoning by drugs, medicaments and biological substances
X60-X64	Intentional self-poisoning by drugs, medicaments and biological substances
X85	Assault by drugs, medicaments and biological substances
Y10-14	Poisoning by drugs, medicaments and biological substances, undetermined intent

Table 13: Deaths – Smoking Related Causes²⁶

Cause of Death	ICD-10 code	Attributable Percentage	
		Men	Women
Cancer			
Lung	C33 – C34	90%	79%
Upper respiratory	C32, C14.0	77%	58%
Oesophagus	C15	70%	72%
Bladder	C67	49%	20%
Kidney	C64	41%	7%
Stomach	C16	35%	10%
Pancreas	C25	26%	30%
Unspecified site	C80	33%	7%
Myeloid Leukaemia	C92	19%	10%
Respiratory			
Chronic obstructive lung disease	J44	87%	83%
Pneumonia 35-64	J18	33%	53%
Pneumonia 65+	J18	23%	13%
Circulatory			
Ischaemic heart disease 35-54	I20-I25	55%	63%
Ischaemic heart disease 55-64	I20-I25	41%	36%
Ischaemic heart disease 65-74	I20-I25	25%	18%
Ischaemic heart disease 75+	I20-I25	9%	5%
Cerebrovascular disease 35-54	I60-I69	56%	53%
Cerebrovascular disease 55-64	I60-I69	33%	38%
Cerebrovascular disease 65-74	I60-I69	16%	31%
Cerebrovascular disease 75+	I60-I69	4%	2%
Aortic Aneurysm	I71	64%	66%
Myocardial Degeneration	I51.5	27%	18%
Atherosclerosis	I70	21%	21%
Digestive			
Stomach/Duodenum Ulcer	K25-K26	53%	59%
Disease Prevented by Smoking			
Parkinson's Disease	G20	-51%	-30%
Endometrial Cancer	C54	N/A	-16%

²⁶It should be noted that this definition is specific to the death rates in NI and therefore differs from those used in other parts of the UK and other countries, meaning it is not directly comparable.

Also available for the Health & Social Care Inequalities Monitoring System (HSCIMS)

Public Health NI

Fact Sheet

Summary of the latest position for a range of public health indicators at NI, Health & Social Care Trust, and Local Government District levels. These statistics are a combination of the latest information from the HSCIMS, the Health Survey NI, and other information sources (Annual).

<https://www.health-ni.gov.uk/articles/public-health-statistics>

Health Inequalities

Life Expectancy Decomposition

Examination of the causes that contribute to the change in life expectancy over time as well as causes that explain the differentials in life expectancy between those living in the most and least deprived areas, between urban and rural areas, and between NI, other UK countries, and the Republic of Ireland. (Biennial).

<https://www.health-ni.gov.uk/articles/life-expectancy-decomposition-statistics>

Making Life Better

Monitoring the Wider Social Determinants of Health & Wellbeing

Key Indicators

Monitoring of the key indicators of the wider social determinant of health & wellbeing set out against each of the themes contained in the making life better strategic framework (Annual).

<http://www.health-ni.gov.uk/articles/social-determinants-health-statistics>

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