INFORMATION ANALYSIS DIRECTORATE

Health Inequalities

Annual Report 2023

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

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Health Inequalities

Annual Report 2023

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Information Analysis Directorate (IAD) sits within the **Department of Health (DoH)** 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 public health policy development through managing the public health survey function while also providing analysis and monitoring data. 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, Patient Experience Surveys and the Adult Drinking Patterns Survey.

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. In addition, PHIRB is responsible for the production of official life expectancy estimates for NI, and areas within the region.

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 Substance Use Strategy, 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. In addition to Departmental functions, PHIRB also support the executive level Programme for Government and its strategic outcomes through a series of performance indicators.

Feedback

We invite you to feedback your comments on this publication to: healthinequalities@health-ni.gov.uk

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KEY FINDINGS – REGIONAL (NI)

- In 2019-21, male and female life expectancy at birth showed no notable change in NI and its most or least deprived areas. While the male deprivation gap (7.3 years) showed no notable change since 2015-17, the female deprivation gap (5.1 years) widened slightly over the period.

- Inequality gaps narrowed for male healthy life expectancy (HLE) and male and female disability-free life expectancy (DFLE), following improvements in the most deprived areas. In 2019-21, the most-least deprived gap in HLE stood at 11.2 years for males and 15.1 years for females.

- Large inequality gaps continue to highlight markedly higher rates of premature mortality in the most deprived areas, with the majority of gaps showing no notable change over the analysed period. Preventable mortality increased in the most deprived areas resulting in the inequality gap widening with the rate in the most deprived areas now treble that in the least deprived areas.

- Large inequality gaps continue to exist for mental health indicators. Prescription rates for mood and anxiety disorders increased regionally and for most & least deprived areas between 2017 and 2021, with the rate in the most deprived areas 66% higher than in the least deprived areas. In 2019-21 the suicide mortality rate in the most deprived areas was more than double that observed in the least deprived areas.

- Alcohol and drug related indicators continue to show some of the largest health inequalities monitored in NI, with rates in the most deprived areas over five times that in the least deprived for deaths due to drug misuse and four times that for alcohol specific mortality.

- In 2021, within the most deprived areas the proportion of births where the mother reported smoking during pregnancy was almost five and a half times the rate in the least deprived areas.

- Over the last five years the inequality gap in the proportion of Primary 1 children classified as obese widened from 45% to 93% due to an increase in obesity rates in the most deprived areas while rates in the least deprived areas saw no notable change.

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

- Male life expectancy remained generally similar between 2015-17 and 2019-21 in all Trusts and Local Government Districts (LGD) and their most deprived areas, with the exception of decreases in the most deprived areas of the Belfast and Derry City & Strabane LGDs, and an increase in the most deprived areas average of Lisburn & Castlereagh LGD.
- The inequality gap for male life expectancy between the 20% most deprived areas and the area average widened in the Belfast, Derry City & Strabane and Mid & East Antrim LGDs, while the gap narrowed in the Lisburn & Castlereagh LGD.
- Similar to males, female life expectancy remained similar across the period in the majority of Trusts and LGDs, and their most deprived areas. The exception to this was the Belfast Trust and its most deprived areas, Causeway Coast & Glens LGD and its most deprived areas, Belfast LGD's most deprived areas, and the Mid & East Antrim LGD, where it declined. Improvements were observed in the Southern Trust, and within Antrim & Newtownabbey LGD and its most deprived areas.
- The inequality gap for female life expectancy between the 20% most deprived areas and the area average widened in the Belfast Trust. Conversely, the Western Trust and the Antrim & Newtownabbey LGD experienced a narrowing of their respective inequality gaps.
- Similar to the regional picture, deprivation related inequality was most prominent in indicators relating to alcohol, drugs, self-harm, smoking during pregnancy and teenage births, which were among the five largest inequality gaps for the majority of Trusts and LGDs.
- Drug misuse mortality was the largest inequality gap in four of the five HSC Trusts. In the Western Trust, the rate in its most deprived areas was more than two and a half times (169%) the Trust average and in the Mid & East Antrim LGD the rate of drug related mortality in the most deprived areas was more than treble (220%) the LGD average.
- Large inequality gaps for alcohol related admissions also exist in the majority of Trusts and LGDs. The rate in their most deprived areas was more than double the Trust/LGD average for both the Western Trust (118%) and Mid & East Antrim LGD (134%).
- Alcohol specific mortality showed the largest gap in the Antrim & Newtownabbey LGD (134%) and Causeway Coast and Glens LGD (132%), whilst alcohol related admissions showed the largest gap in the Mid Ulster LGD (61%).
- The teenage birth rate was the largest inequality gap in the Southern Trust (103%) and in three LGDs: Armagh City, Banbridge & Craigavon (130%), Belfast (99%) and Fermanagh & Omagh (121%).
- Smoking during pregnancy was the largest inequality gap in the Ards & North Down (101%) and Lisburn & Castlereagh LGDs (174%).
- The standardised death rate for deaths due to COVID-19 was the largest inequality gap in the Newry, Mourne & Down LGD (71%).

INTRODUCTION

This 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 outcomes and 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 is an update of the Health Inequalities Annual Report 2022. The report is accompanied by downloadable data tables[1], which contain all figures, including urban and rural breakdowns. The most recent figures reported in this release typically include data from 2020 and 2021, and therefore reflect to an extent, the impact of the coronavirus (COVID-19) pandemic. In particular, figures related to hospital admissions, dental indicators and childhood obesity have been significantly impacted due to service restrictions.

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 (see page 13 for more detail). The sub-regional section presents a condensed summary of findings for each HSC Trust and LGD accompanied by downloadable data tables[1] which contain all figures and an indication of changes to rates and gaps

ASSESSMENT OF CHANGE OVER TIME

In addition to the two charts, various symbols are provided that depict changes in the rates in the most deprived and least deprived areas as well at the NI level, and in the most-least deprived inequality gap (see below). How changes in health outcome based indicators are assessed differs from service activity based indicators. A change 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/activity and the gap over the analysed period[2]. Tables 3 & 4 overleaf can be used as a reference to aid the reader in understanding how the symbols indicate a change in both the health outcome/service activity over time and the resultant inequality gap determination.[3]

Table 1: Indication of change to Indicator Rate[3]

Changes to indicator rate	
MD / LD	Most Deprived Areas / Least Deprived Areas
	Positive Change
	No Notable Change
	Negative Change
↑	Increase
—	No Change
↓	Decrease

Table 2: Indication of change in Inequality Gap over time

Changes in inequality gaps	
〈 〉	Widening of the gaps
〉 〈	Narrowing of the gaps
—	No notable change in the gap

[1] https://www.health-ni.gov.uk/publications/health-inequalities-annual-report-2023
[2] Indicated changes are based on a subjective assessment of the available data.
[3] Assessments of change for outcomes relating to service-based indicators, including all hospital admission and dental treatment activity, have been analysed and presented based on whether there was an observed increase or decrease in activity, rather than positive or negative changes. See 'Service-based indicators' note on Page 10.

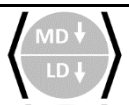
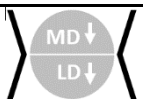
It should be noted that inequality gaps for indicators can exist in either direction; however health outcomes generally tend to be worse in the most deprived areas than in the least deprived. For the purposes of this report, a positive value for the gap means that the health outcomes experienced in the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

Table 3: Understanding changes in the inequality gap – Health Outcome Indicators

	Change in Health Outcome		Inequality Gap
	Most Deprived Areas	**Least Deprived Areas**	**Symbol**
Gap Widens	Small Positive Change	Large Positive Change	
	Negative Change	Positive Change	
	Negative Change	No Notable Change	
	Large Negative Change	Small Negative Change	
	No Notable Change	Positive Change	
Gap Narrows	Large Positive Change	Small Positive Change	
	Positive Change	Negative Change	
	Positive Change	No Notable Change	
	Small Negative Change	Large Negative Change	
	No Notable Change	Negative Change	
No Notable Change	Positive Change	Positive Change	
	Negative Change	Negative Change	
	No Notable Change	No Notable Change	
	Small Negative Change (Red)/ Positive Change (Green)	No Notable Change	
	No Notable Change	Small Negative Change (Red)/ Positive Change (Green)	

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.

Table 4: Understanding changes in the inequality gap – Service-based Indicators

	Change in Health Outcome		Inequality Gap
	Most Deprived Areas	Least Deprived Areas	Symbol
Gap Widens	Small Decrease	Large Decrease	
	Increase	Decrease	
	Increase	No Notable Change	
	Large Increase	Small Increase	
	No Notable Change	Decrease	
Gap Narrows	Large Decrease	Small Decrease	
	Decrease	Increase	
	Decrease	No Notable Change	
	Small Increase	Large Increase	
	No Notable Change	Increase	
No Notable Change	Decrease	Decrease	
	Increase	Increase	
	No Notable Change	No Notable Change	
	Small Increase / Decrease	No Notable Change	
	No Notable Change	Small Increase/ Decrease	

Assessments of change for outcomes relating to service-based indicators, including all hospital admission and dental treatment activity, have been analysed and presented based on whether there was an observed increase or decrease in activity, rather than positive or negative changes to health outcomes. This is due to difficulties in ascertaining whether any changes in rates are due to changes in demand (i.e., health of the population), or, as a result of changes in service provision.

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 of an LGD or Trust and its overall average.
    - The Trust/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) 2017.[4]
- **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 eight 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. In previous reports, the SDR - All Age All Cause Mortality was included within this section. This indicator has now been renamed 'Standardised Death Rate – All Deaths' and has been moved to the 'Life Expectancy & General Health' chapter of this report.
- **Service-based indicators:** assessments of change for outcomes relating to service-based indicators, including all hospital admission and dental treatment activity, have been analysed and presented based on whether there was an observed increase or decrease in activity, rather than positive or negative changes to health outcomes. This is due to difficulties in ascertaining whether any changes in rates are due to changes in demand (i.e., health of the population), or, as a result of changes in service provision. All figures relating to these indicators should be treated with caution as they may also be impacted by external factors that are not reflective of service demand. As unmet demand is not accounted for in the data, these indicators should therefore be viewed as indicators of service provision rather than demand.
- **Avoidable Mortality Definitions:** following an Office for National Statistics (ONS) consultation,[5] on the latest definition of avoidable mortality as proposed by the Organisation for Economic Co-operation and Development (OECD),[6] a new definition was implemented in 2020. Figures based on the old definition have been included in Appendix C: Additional Indicators. Full details can be found in Appendix E: Technical Notes & Definitions.
- **Smoking Attributable Deaths Definition:** Previous reports included the indicator 'Standardised Death Rate – Smoking Related Causes'. This indicator has now been replaced with the indicator 'Standardised Death Rate – Smoking Attributable Causes' which is based on a more up-to-date methodology which aligns with the rest of the UK and more accurately assesses the impact of NI smoking trends on observed mortality. Full details can be found in Appendix E: Technical Notes & Definitions.
- **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).

[4] https://www.nisra.gov.uk/statistics/deprivation/northern-ireland-multiple-deprivation-measure-2017-nimdm2017
[5] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/methodologies/avoidablemortalityinenglandandwalesqmi#important-points
[6] http://www.oecd.org/health/health-systems/Avoidable-mortality-2019-Joint-OECD-Eurostat-List-preventable-treatable-causes-of-death.pdf

- **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 Urban-Rural 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 62 health indicators analysed at a regional level can be analysed at Trust, LGD or DEA level. In this report, 55 health indicators have been presented at Trust and 53 at LGD level, with 44 reported at DEA level. A full list can be found in Table 5.
- 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.

Review of suicide statistics in Northern Ireland

Please note that the two previous health inequalities annual reports did not report on suicide due to an ongoing review conducted by NISRA and the Coroner's Service into the classification of undetermined deaths between 2015 and 2020. As the review has since been completed, the inequality analysis of suicide has been reintroduced to this report. Due to the series break in suicide deaths, deaths occurring prior to 2015 have been excluded from analysis, restricting the scope of sub-regional trends, which use five-year aggregated figures. Full details on this change and further information on the review can be found in Appendix E: Technical Notes & Definitions.

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. For service-based indicators, a positive inequality gap means that activity in the most deprived areas is higher 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. For service-based indicators, a positive inequality gap between the Trust or LGD and its most deprived areas means that activity in the most deprived areas is higher 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. For service-based indicators, a positive inequality gap between the Trust or LGD and NI means that the level of activity in the Trust or LGD is higher 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. For service-based indicators, a negative inequality gap that is widening indicates that the activity level is experiencing a faster decrease over time within the Trust or LGD than that seen regionally.

Other routine reports in the HSCIMS series include:

Life Expectancy in Northern Ireland – presenting the latest official estimates of life expectancy in Northern Ireland and an examination of the causes that contribute to the change in life expectancy over time, as well as the differentials between genders and across Local Government Districts. The latest figures for life expectancy at 65, healthy life expectancy and disability-free life expectancy are also included. https://www.health-ni.gov.uk/articles/life-expectancy-northern-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 Making Life Better, [7] the public health strategic framework for NI. https://www.health-ni.gov.uk/articles/social-determinants-health-statistics.

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

Regional Health Inequalities

Regional health inequalities refer to the difference in health outcomes between the 20% most deprived and 20% least deprived areas of Northern Ireland according to the Northern Ireland Multiple Deprivation Measure. This section contains separate chapters for each theme/topic area, with each chapter containing a summary of the key findings, followed by individual indicator analysis.

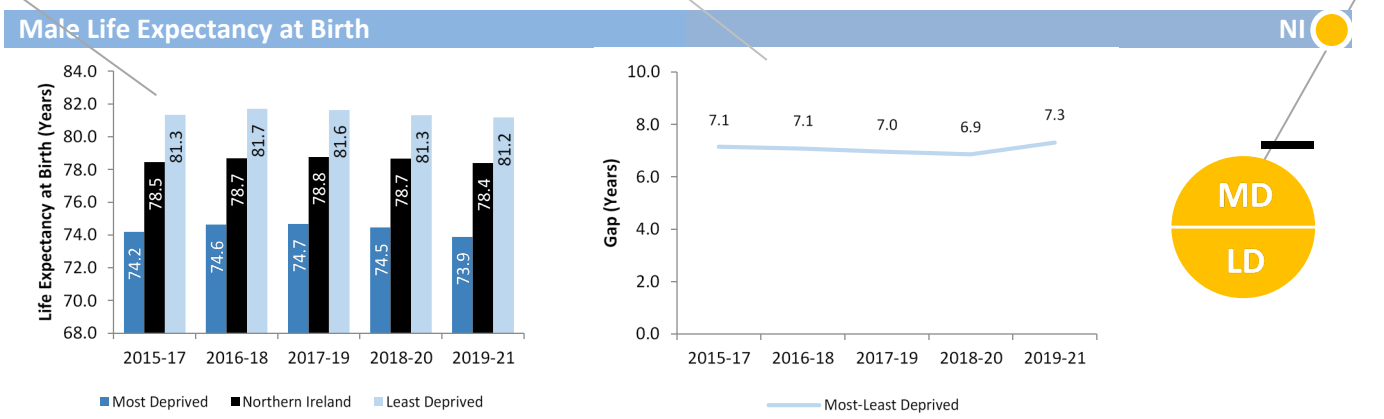
For each indicator two charts and two symbols are displayed. For ease of understanding, each theme is assigned a separate colour (for example blue is used for 'Life Expectancy and General Health'), with a deeper tone representing the 20% most deprived areas and a lighter tone the 20% least deprived.

An example of the health outcome indicator analysis, with guidance, can be seen below:

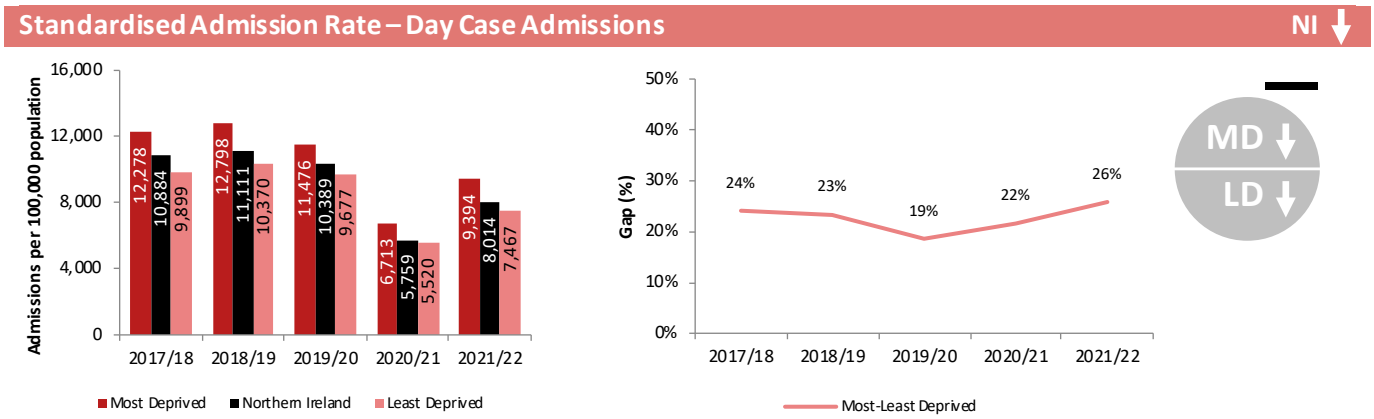
This chart shows trends in rates over time for **Northern Ireland**, the **20% most deprived areas** and **20% least deprived areas**.

This chart shows the trend for the most-least deprived inequality gap over the same period. The gap may be displayed as a discrete value e.g. years for life expectancies or as a relative percentage difference.

This symbol for assessment of change over time is explained on pages 7 to 9 of this report. Also shown is an indication of change at the Northern Ireland (NI) level.



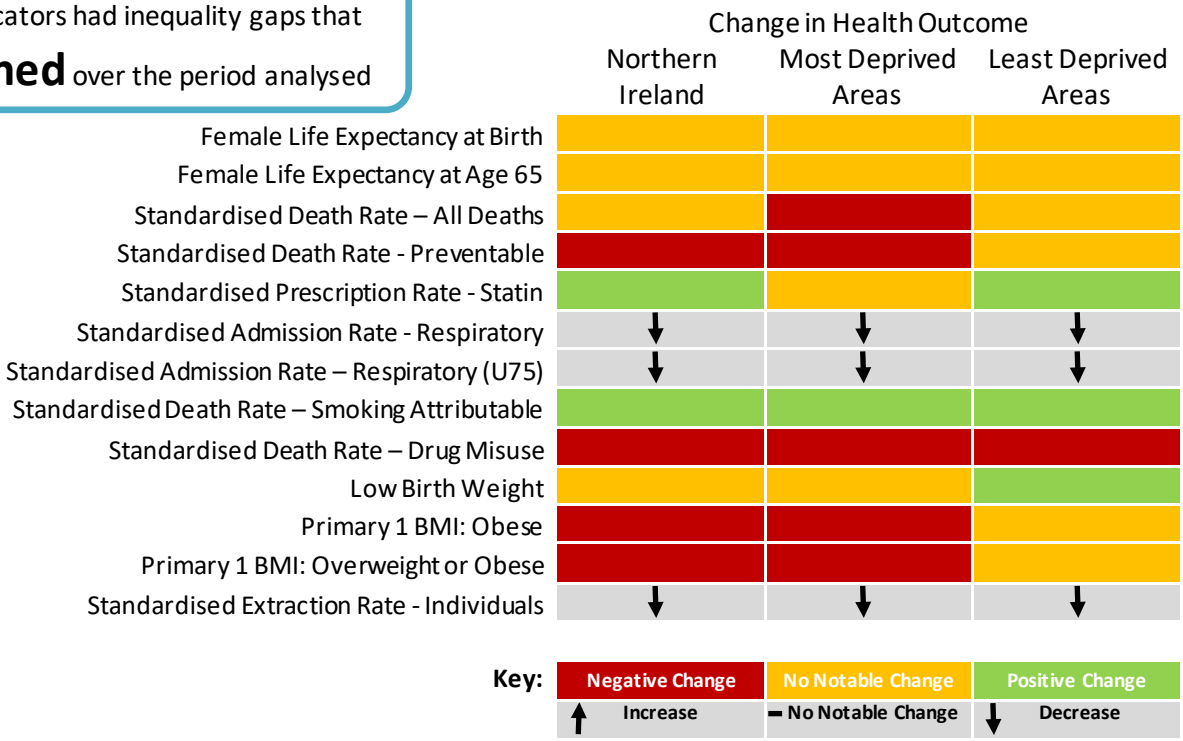
Analysis for service-based indicators are presented in the same way however the symbols for assessment of change are different from the example above, and use arrows to indicate increase or decrease (as in the illustration below) rather than RAG colours to indicate improvement or decline. See pages 7 to 9 for further explanation.



SUMMARY OF CHANGES IN REGIONAL INEQUALITY GAPS OVER THE LAST 5 YEARS[8]

13 indicators had inequality gaps that **widened** over the period analysed

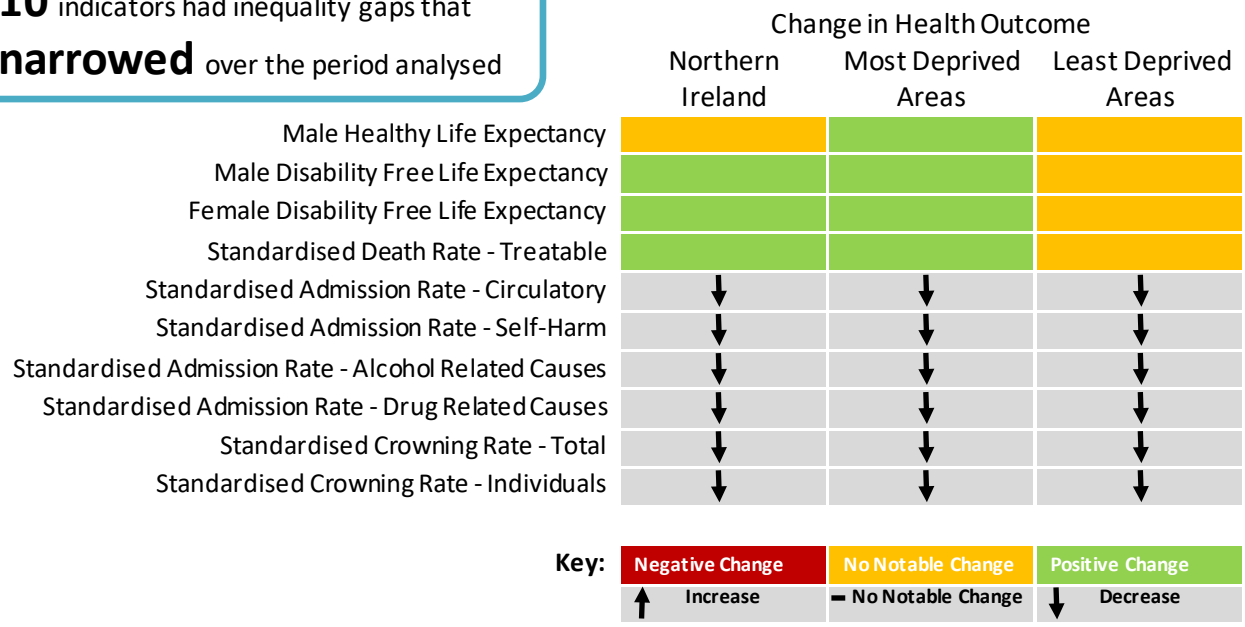
Most-Least Deprived Inequality Gaps that Widened over the Analysed Period



[8] There are two indicators, Small for Gestational Age and SDR – COVID-19, for which a regional assessment of change has not been carried out. This is due to an absence of data for previous years, meaning a full time series is not available.

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

10 indicators had inequality gaps that **narrowed** over the period analysed

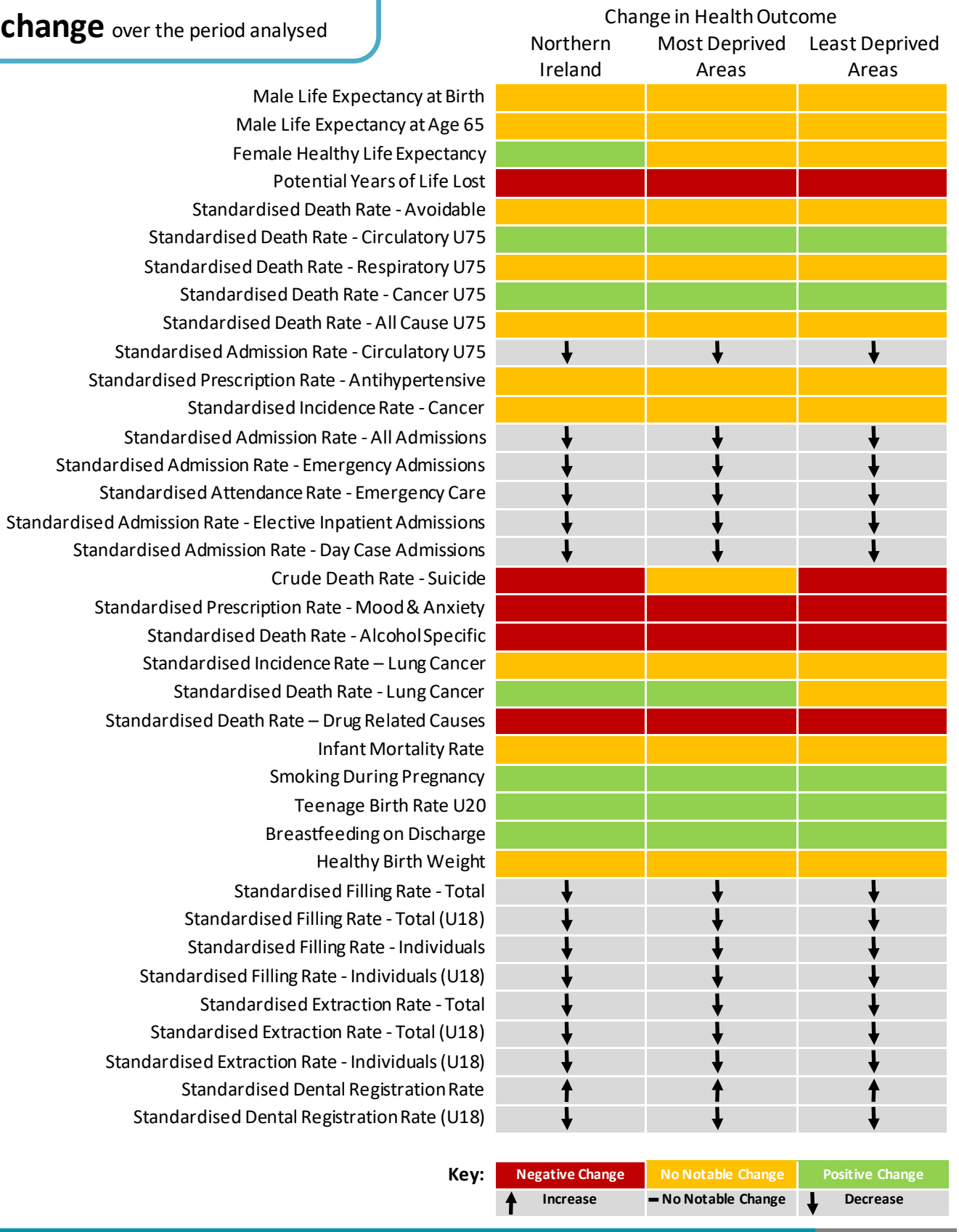


Key:

Negative Change	No Notable Change	Positive Change
Increase	No Notable Change	Decrease

Most-Least Deprived Inequality Gaps that Showed No Notable Change over the Analysed Period

37 indicators had inequality gaps that **showed no notable change** over the period analysed



Life Expectancy & General Health

Of the nine indicators analysed, three inequality gaps widened and three narrowed over the period. While there was no change to male and female life expectancies in the most or least deprived areas, the trend in the female life expectancy gap showed a slight widening. Disability Free Life Expectancy improved for males and females in the most deprived areas resulting in a narrowing of the inequality gaps, and a similar trend was observed for male healthy life expectancy. The standardised death rate for all deaths increased in the most deprived areas over the period resulting in a widening of the inequality gap.

Key:

MD – Most Deprived Areas

LD – Least Deprived Areas

Positive Change

No Notable Change

Negative Change

Narrowing of the Gap

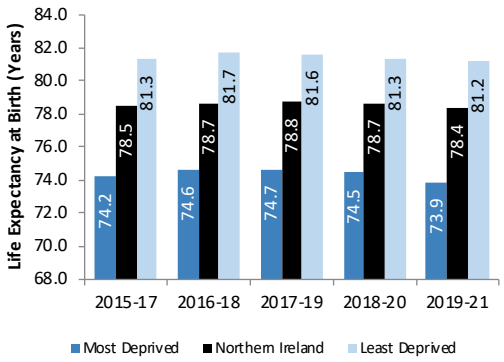
No Notable Change in the Gap

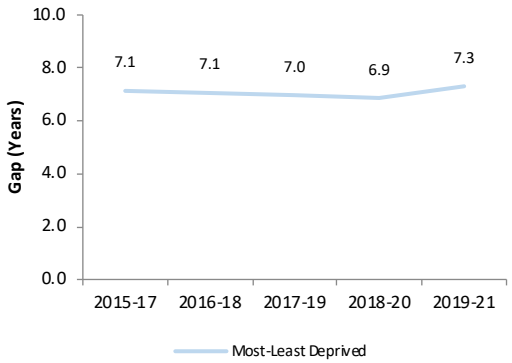
Widening of the Gap

Northern Ireland: NI

Male Life Expectancy at Birth

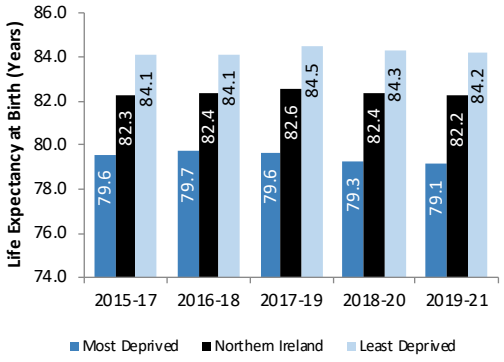
NI

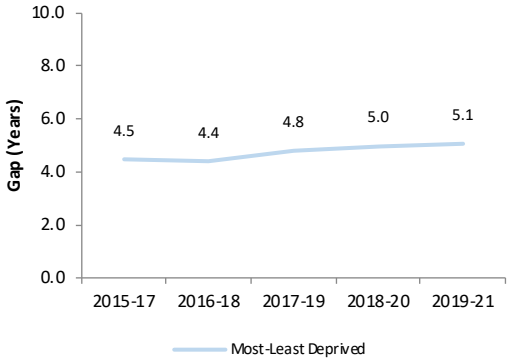




Female Life Expectancy at Birth [9]

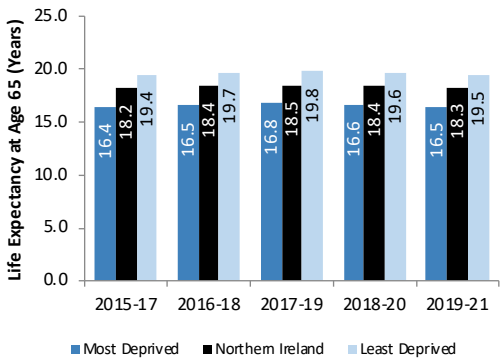
NI

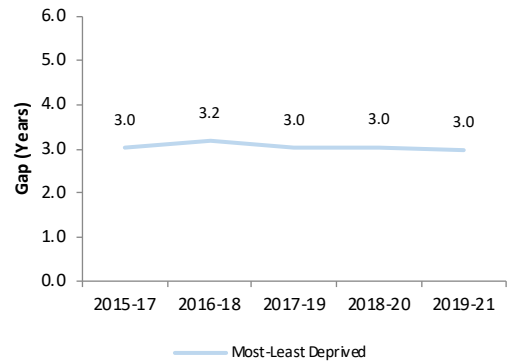




Male Life Expectancy at Age 65

NI

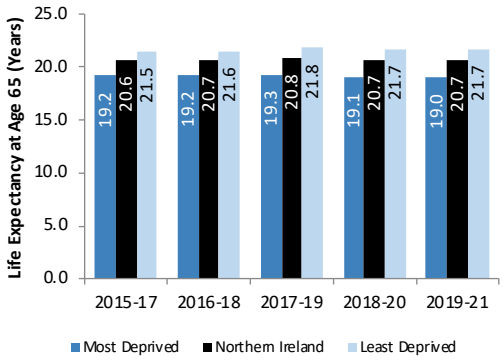


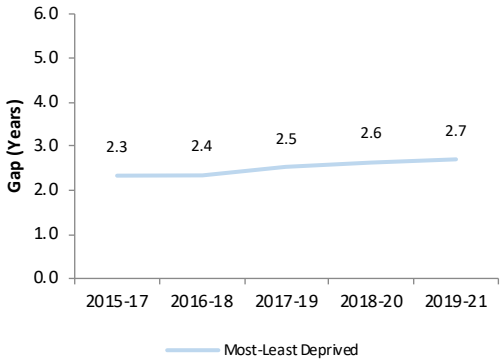


[9] Although there was no change in either the most or least deprived areas, the trend in the gap which changed from 4.5 to 5.1 years is notable and has therefore been deemed a widening.

Female Life Expectancy at Age 65

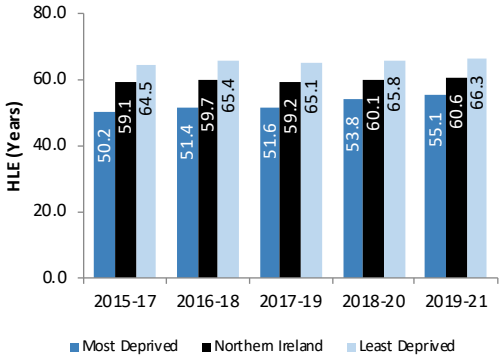
NI

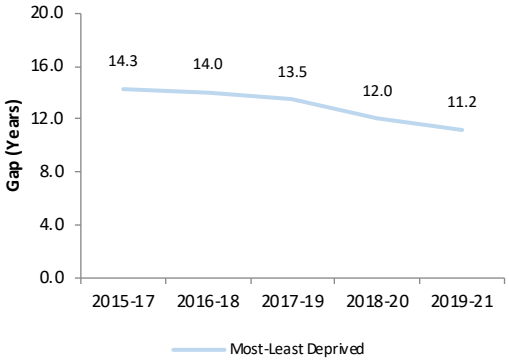


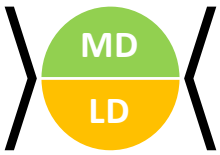


Male Healthy Life Expectancy [10]

NI

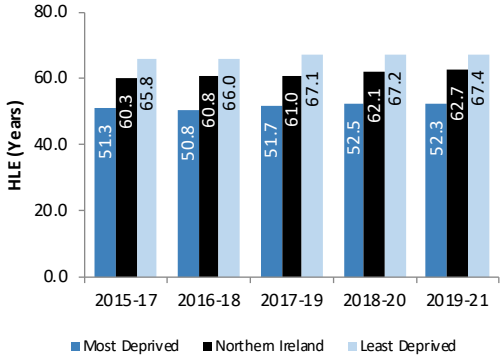


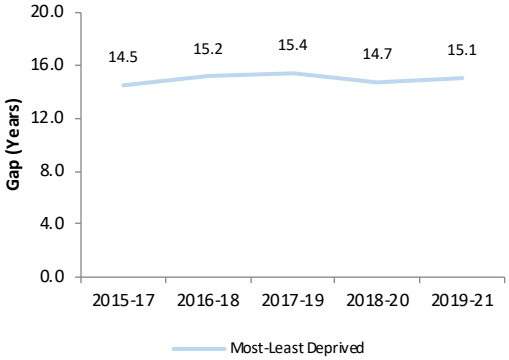




Female Healthy Life Expectancy [10]

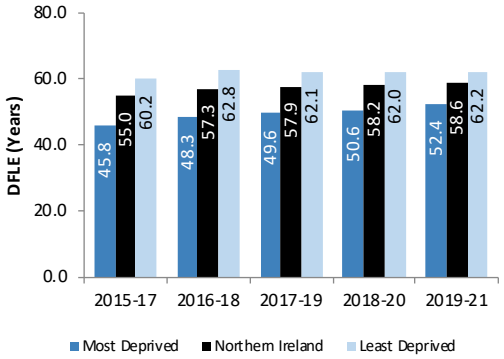
NI

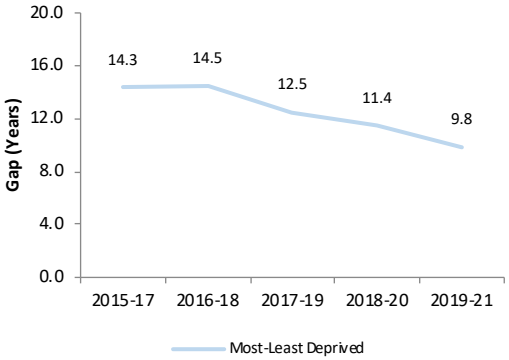


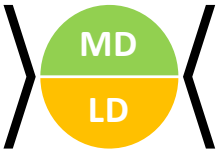


Male Disability Free Life Expectancy [10]

NI



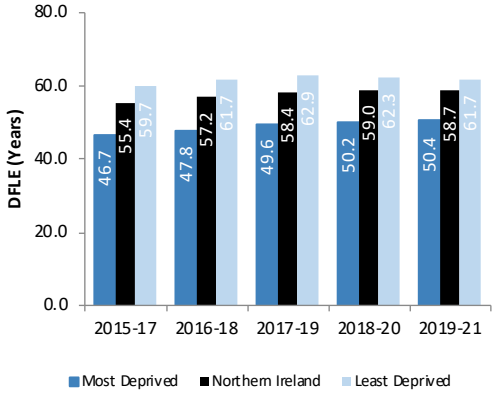


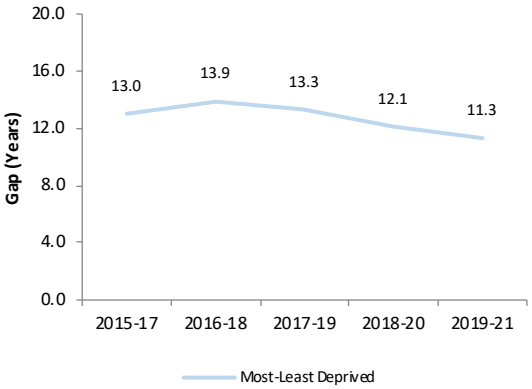


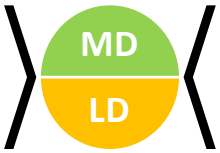
[10] Since 2020/21, the Health Survey NI, from which HLE and DFLE estimates are produced, has been telephone based using a smaller sample size and has not included children. To ensure the figures remain as representative as possible of the entire population, data for children has been held constant from 2018/20. This should be considered when assessing changes. Please see Appendix E for more detail.

Female Disability Free Life Expectancy [11]

NI

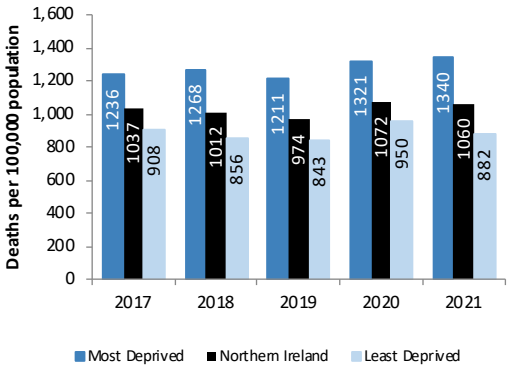


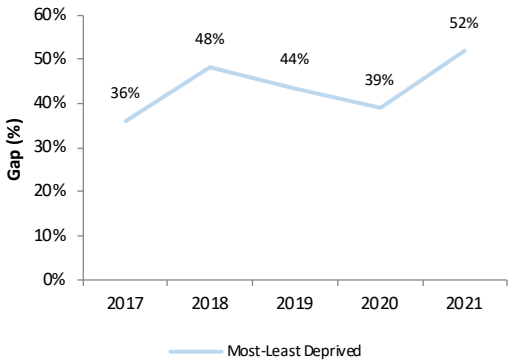


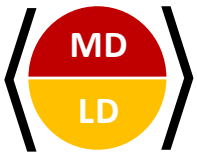


Standardised Death Rate – All deaths

NI







[11] Since 2020/21, the Health Survey NI, from which HLE and DFLE estimates are produced, has been telephone based using a smaller sample size and has not included children. To ensure the figures remain as representative as possible of the population, data for children has been held constant from 2018/20.This should be considered when assessing changes. Please see Appendix E for more detail.

Premature Mortality

Large inequality gaps continue to highlight markedly higher rates of premature mortality in the most deprived areas, with the majority of gaps showing no notable change over the analysed period. Preventable mortality increased in the most deprived areas resulting in the inequality gap widening with the rate in the most deprived areas now treble that in the least deprived areas. For treatable mortality however, the rate in the most deprived areas decreased resulting in a narrowing of the gap. The largest inequality gap was seen for the under 75 respiratory death rate where the rate in the most deprived areas was more than three and a half times the rate in the least deprived areas.

Key:

MD – Most Deprived Areas

LD – Least Deprived Areas

Positive Change

No Notable Change

Negative Change

Narrowing of the Gap

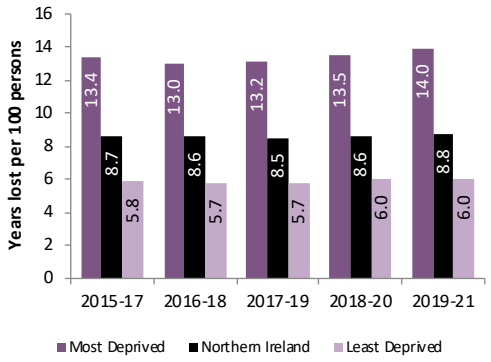
No Notable Change in the Gap

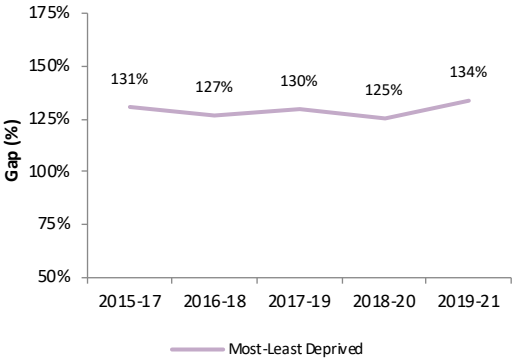
Widening of the Gap

Northern Ireland: NI

Potential Years of Life Lost [12]

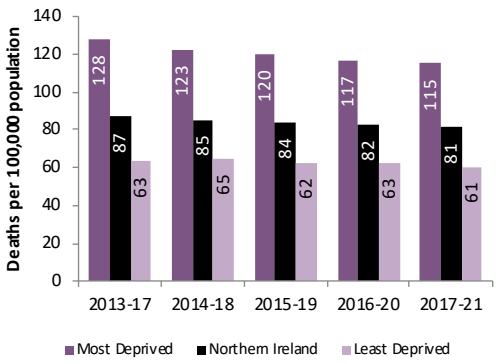
NI

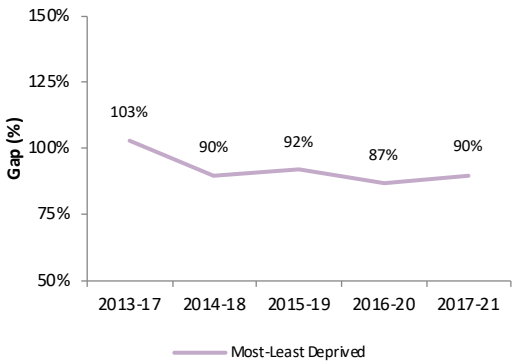




Standardised Death Rate – Treatable [13]

NI



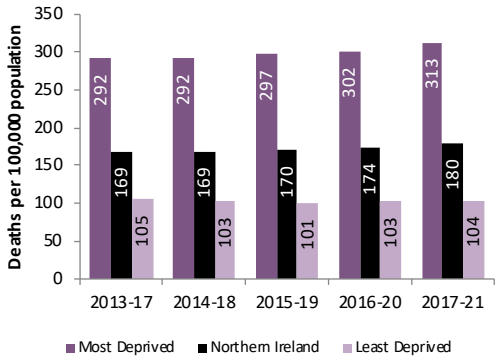


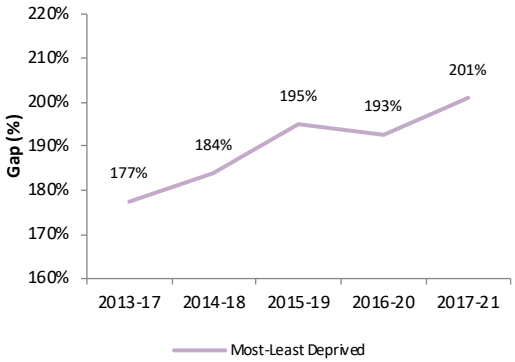
[12] Due to updates to the Office for National Statistics life tables, values for PYLL may have changed slightly when compared to previous versions of this report.

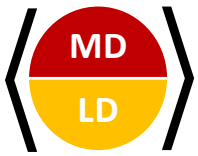
[13] Based on the current OECD and ONS definition of avoidable mortality. The previous ONS definition for preventable mortality will continue to be calculated and is published in Appendix C. A full explanation, including indicator definitions, can be found in Appendix E.

Standardised Death Rate – Preventable[14]

NI

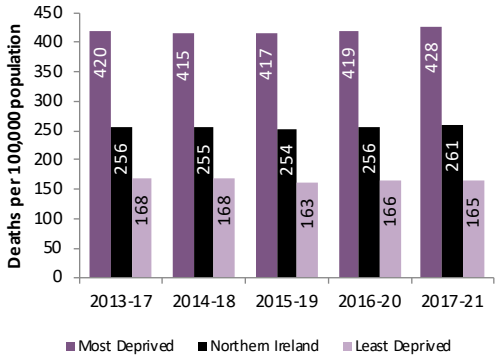


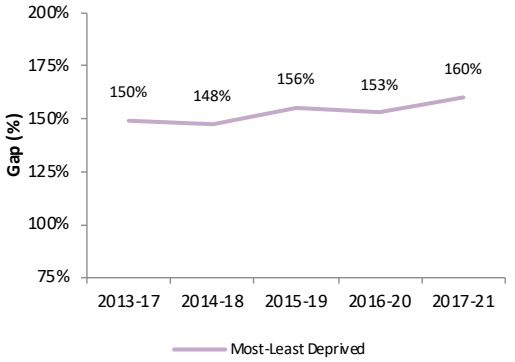




Standardised Death Rate – Avoidable[14]

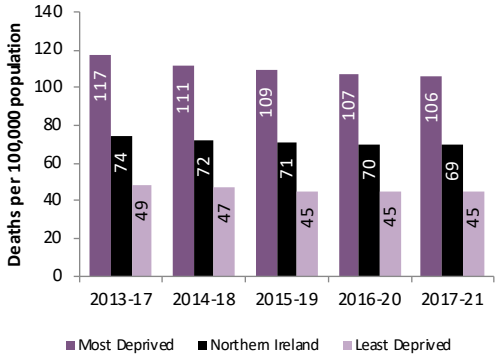
NI

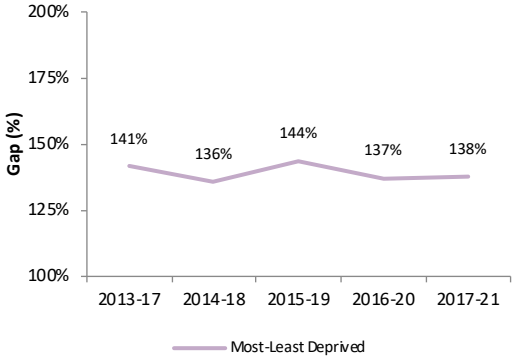




Standardised Death Rate – Circulatory U75

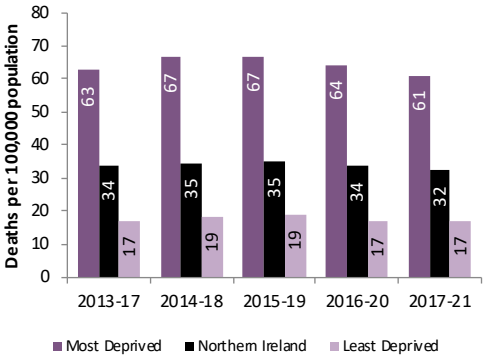
NI

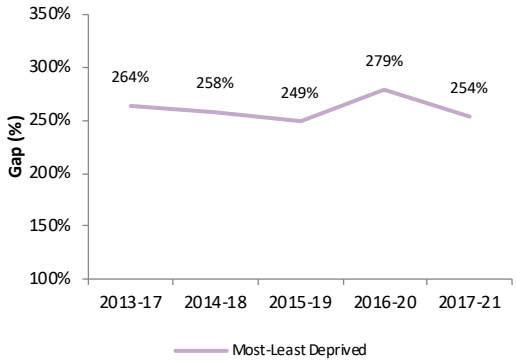




Standardised Death Rate – Respiratory U75

NI

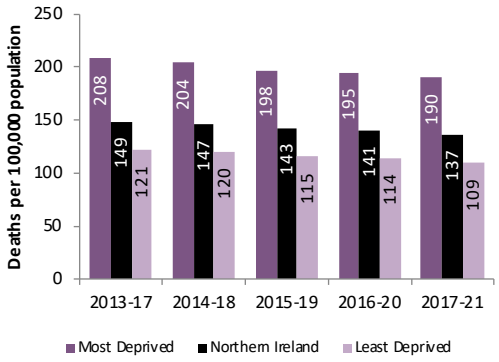


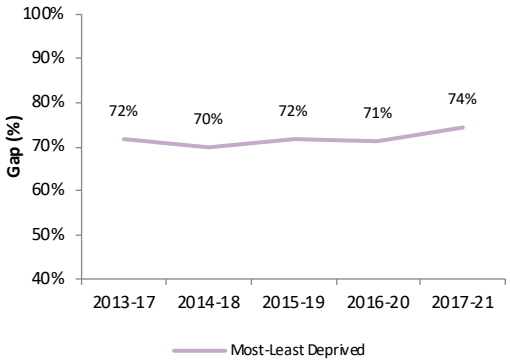


[14] Based on the current OECD and ONS definition of avoidable mortality. The previous ONS definition for preventable mortality will continue to be calculated and is published in Appendix C. A full explanation, including indicator definitions, can be found in Appendix E.

Standardised Death Rate – Cancer U75

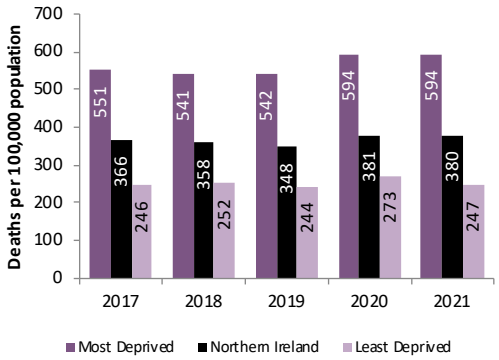
NI

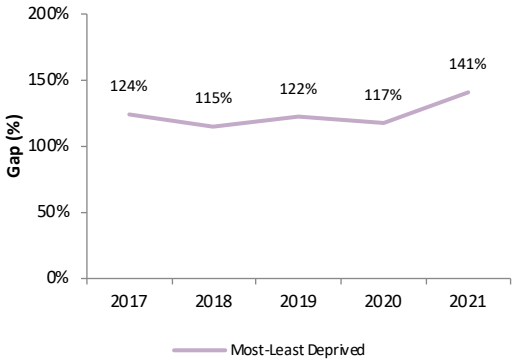




Standardised Death Rate – All Cause U75

NI





Major Diseases

All admission indicators of major diseases saw decreases for rates in the most and least deprived areas, as well as regionally. However, changes in inequality gaps over the period were more variable, with circulatory admissions being the only gap to have narrowed. Overall, three major diseases indicators showed no change in the inequality gap, whilst three widened. The largest gap was observed for admissions due to respiratory diseases; with the rate in the most deprived areas more than double that of the least deprived, both for all ages and for those aged under 75 years. The death rate due to COVID-19 in the most deprived areas was almost double that in the least deprived areas.

Health Outcome Indicators

Key:

MD — Most Deprived Areas

LD — Least Deprived Areas

Positive Change

No Notable Change

Negative Change

Narrowing of the Gap

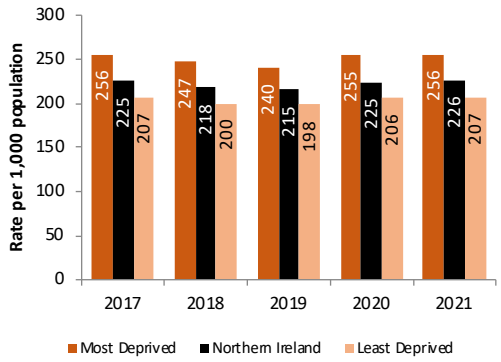
No Notable Change in the Gap

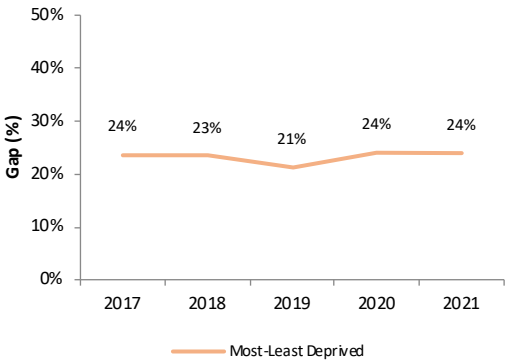
Widening of the Gap

Northern Ireland: NI

Standardised Prescription Rate – Antihypertensive

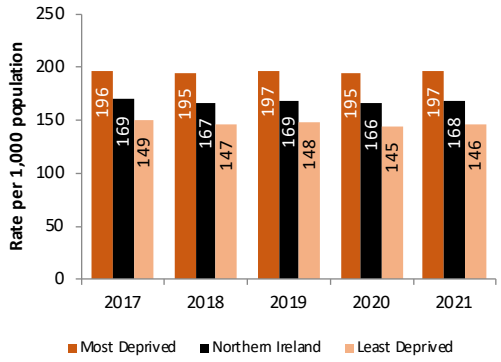
NI

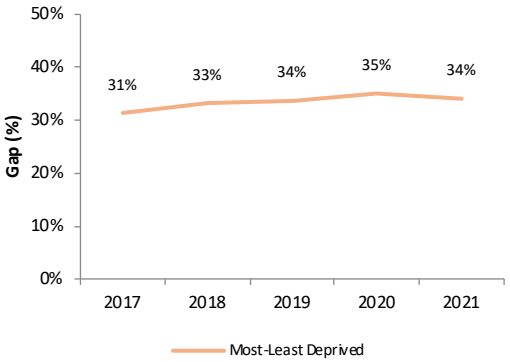


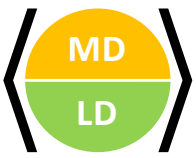


Standardised Prescription Rate – Statin

NI

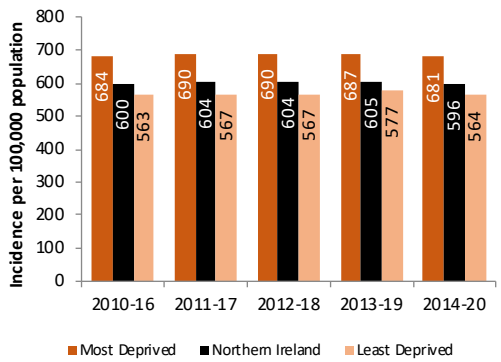


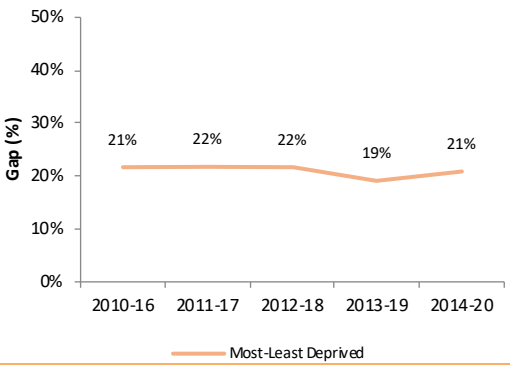




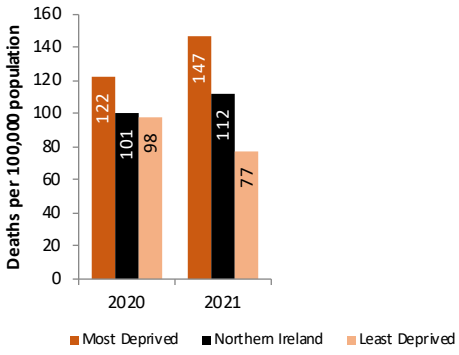
Standardised Incidence Rate – Cancer

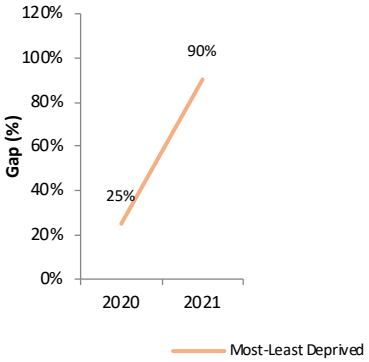
NI





Standardised Death Rate – COVID-19 [15]





The information presented above for 'Standardised Death Rate – COVID-19' is based on deaths due to COVID-19 that have been registered with the General Register Office (GRO). It does not include deaths reported to the PHA where the deceased has had a positive test for COVID-19 and died within 28 days, where subsequently COVID-19 was not registered on the death certificate as the cause of death.

Service-based Indicators

Key:

MD – Most Deprived Areas

LD – Least Deprived Areas

↑ Increase

— No Notable Change

↓ Decrease

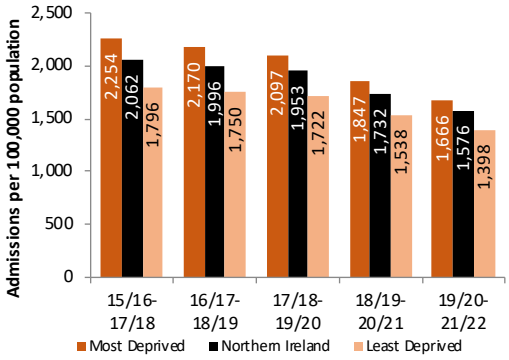
〉〈 Narrowing of the Gap

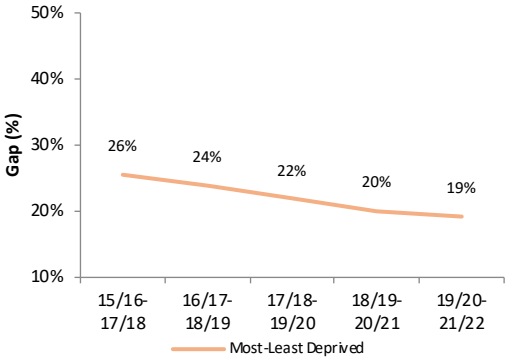
— No Notable Change in the Gap

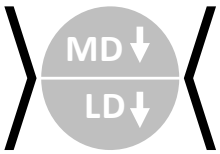
〈〉 Widening of the Gap

Northern Ireland: NI

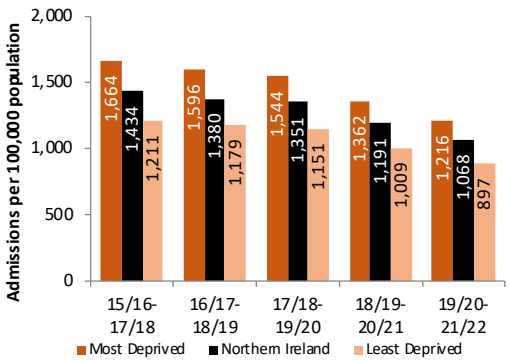
Standardised Admission Rate – Circulatory [16] NI ↓

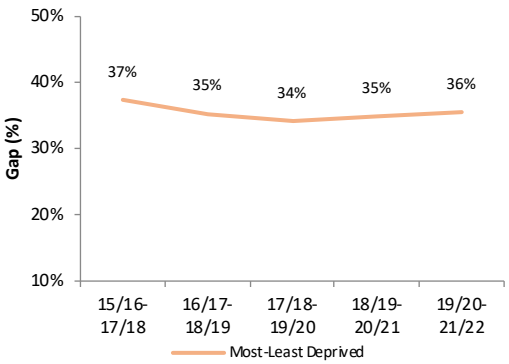


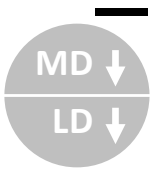




Standardised Admission Rate – Circulatory U75 [16] NI ↓





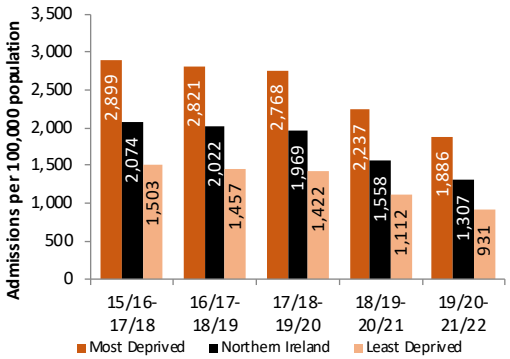


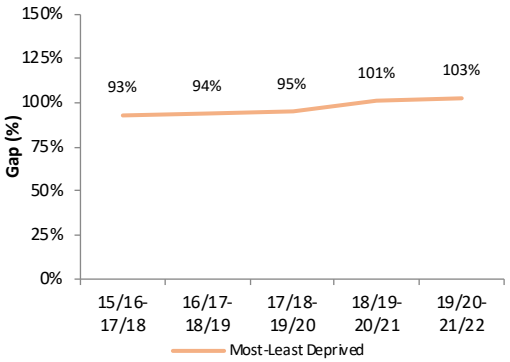
[15] As COVID-19 is an emergent disease, data is only available for 2020 and 2021, therefore only a limited time series is available.

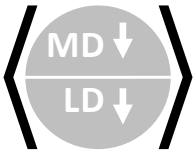
[16] Figures relating to a number of standard admission rates will differ from those in previous reports due to a data correction. It should also be noted that due to the impact of the COVID-19 pandemic on hospital services any changes from 2020/21 should be interpreted with caution.

Standardised Admission Rate – Respiratory [17]

NI ↓

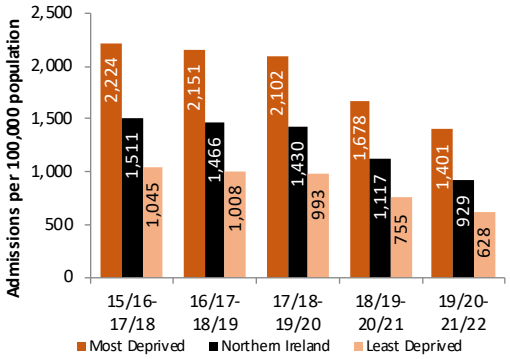


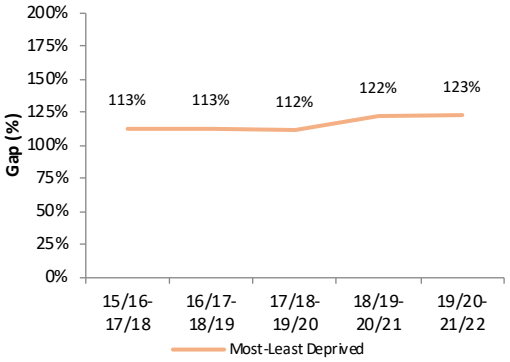


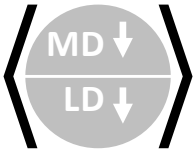


Standardised Admission Rate – Respiratory U75 [17]

NI ↓







[17] Figures relating to a number of standard admission rates will differ from those in previous reports due to a data correction. It should also be noted that due to the impact of the COVID-19 pandemic on hospital services any changes from 2020/21 should be interpreted with caution.

Hospital Activity [18]

Across all hospital admission and attendance indicators, activity decreased over the analysed period in NI and the most and least deprived areas, and there were no notable changes observed in the inequality gaps. The largest gaps occurred with emergency admissions where the rate among the most deprived was 62% higher than among the least deprived, and emergency care attendances where the inequality gap was 57% in 2021/22.

Key:

MD – Most Deprived Areas

LD – Least Deprived Areas

↑ Increase

— No Notable Change

↓ Decrease

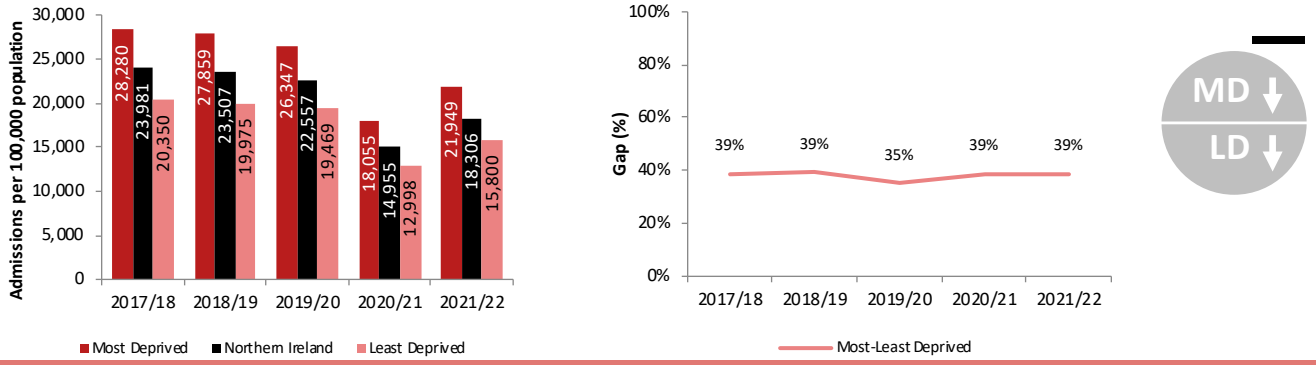
〉〈 Narrowing of the Gap

— No Notable Change in the Gap

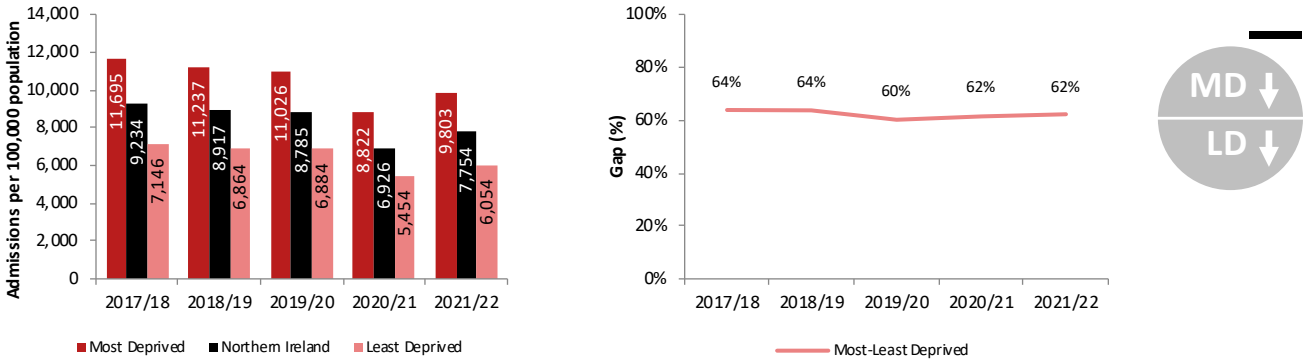
〈〉 Widening of the Gap

Northern Ireland: NI

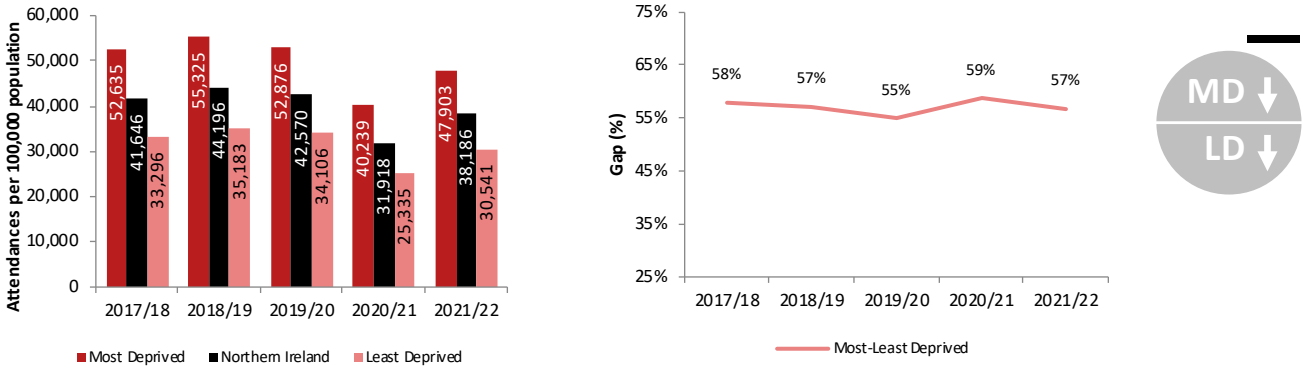
Standardised Admission Rate – All Admissions [18,19,20] NI ↓



Standardised Admission Rate – Emergency Admissions [18, 20] NI ↓



Standardised Attendance Rate – Emergency Care [20] NI ↓



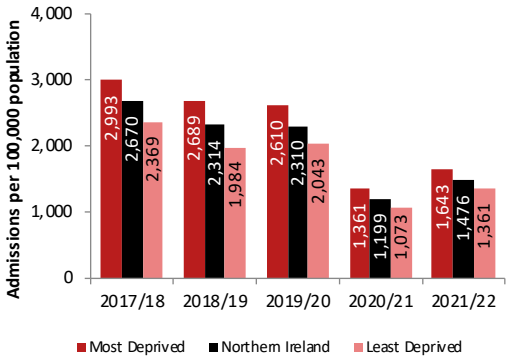
[18] Figures relating to a number of admission rates differ from those in previous reports due to a data correction.

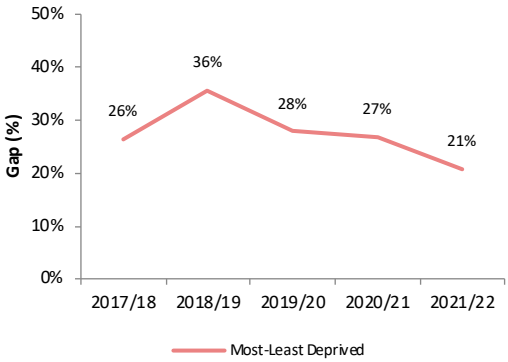
[19] Includes all admissions under the 'Acute Programme of Care' only.

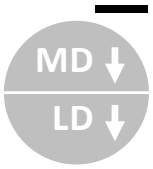
[20] It should be noted that due to the impact of the COVID-19 pandemic on hospital services any changes from 2020/21 should be interpreted with caution.

Standardised Admission Rate – Elective Inpatient Admissions[21]

NI ↓

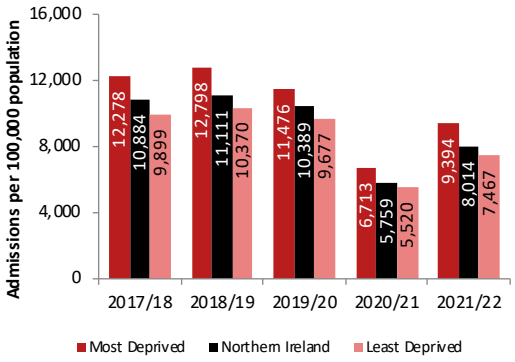


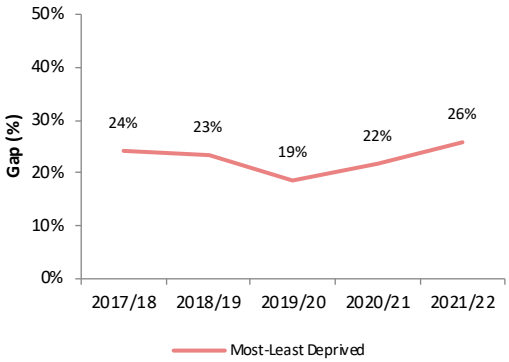


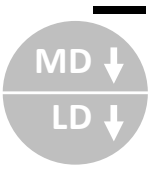


Standardised Admission Rate – Day Case Admissions [21]

NI ↓







[21] Figures relating to a number of admission rates differ from those in previous reports due to a data correction. It should also be noted that due to the impact of the COVID-19 pandemic on hospital services any changes from 2020/21 should be interpreted with caution.

Mental Health

Large inequality gaps continue to exist for mental health indicators however, there was a narrowing of the inequality gap in self-harm admisions from 251% to 169%, with a decrease in rates regionally and in the most and least deprived areas. Prescription rates for mood and anxiety disorders showed a negative change over the period regionally and in the most and least deprived areas. In 2019-21 the suicide mortality rate in the most deprived areas was more than double that observed in the least deprived areas.

Health Outcome Indicators

Key:

MD — Most Deprived Areas

LD — Least Deprived Areas

Positive Change

No Notable Change

Negative Change

Narrowing of the Gap

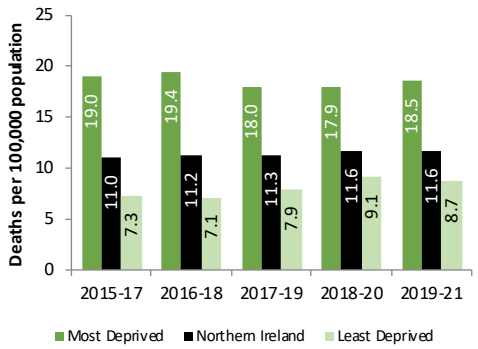
No Notable Change in the Gap

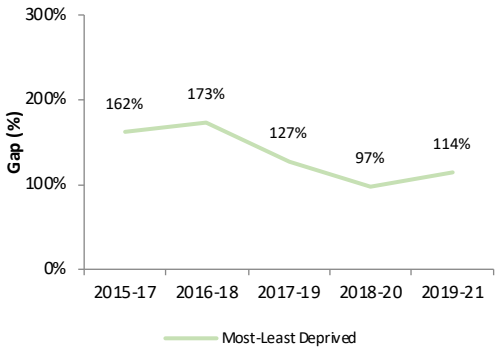
Widening of the Gap

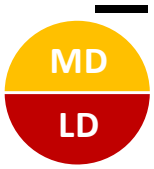
Northern Ireland: NI

Crude Death Rate – Suicide

NI

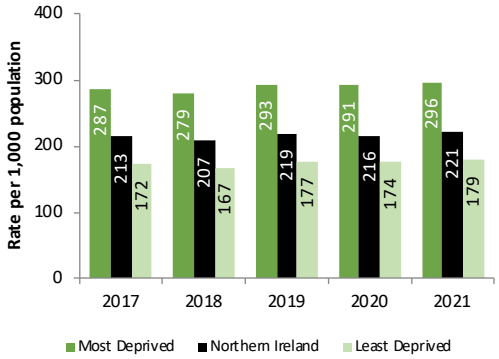


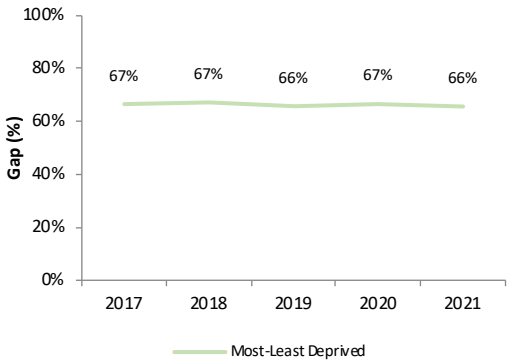




Standardised Prescription Rate – Mood & Anxiety

NI





Service-based Indicators

Key:

MD – Most Deprived Areas

LD – Least Deprived Areas

↑ Increase

— No Notable Change

↓ Decrease

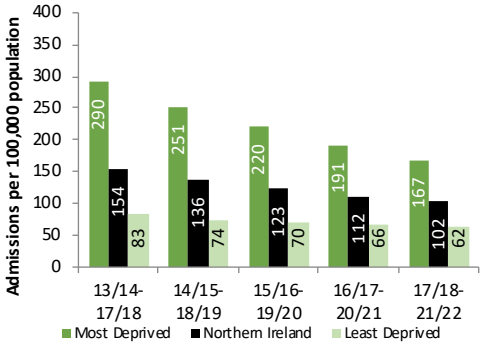
〉〈 Narrowing of the Gap

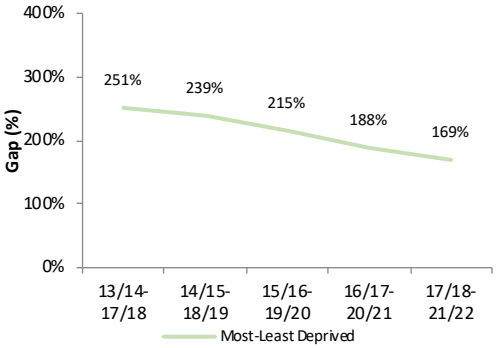
— No Notable Change in the Gap

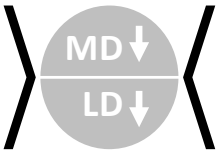
〈〉 Widening of the Gap

Northern Ireland: NI

Standardised Admission Rate – Self-Harm [22] NI ↓







[22] Figures relating to a number of admission rates differ from those in previous reports due to a data correction. It should also be noted that due to the impact of the COVID-19 pandemic on hospital services any changes from 2020/21 should be interpreted with caution.

Alcohol, Smoking & Drugs

Alcohol, smoking and drugs related indicators continue to present some of the largest health inequalities in NI. Drug misuse deaths show the largest inequality gap, where mortality in the most deprived areas was over five times that of the least deprived. The gap for smoking related mortality widened over the analysed period however rates improved in the most and least deprived areas. While inequality gaps in alcohol and drug related admissions narrowed over the period, the observed decreases in admission rates may be due to the impact of the COVID-19 pandemic on hospital services. Drug related, drug misuse and alcohol specific death rates all increased over the period both regionally and in the most and least deprived areas. [23]

Health Outcome Indicators

Key:

MD — Most Deprived Areas

LD — Least Deprived Areas

Positive Change

No Notable Change

Negative Change

Narrowing of the Gap

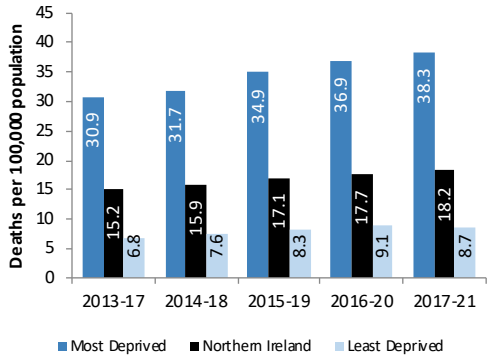
No Notable Change in the Gap

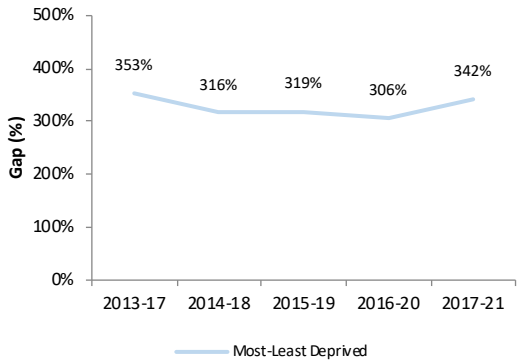
Widening of the Gap

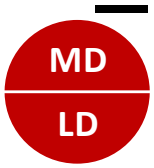
Northern Ireland: NI

Standardised Death Rate – Alcohol Specific

NI

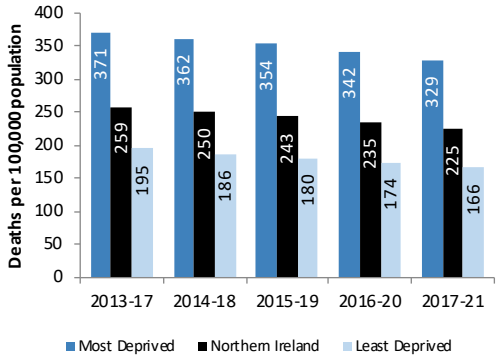


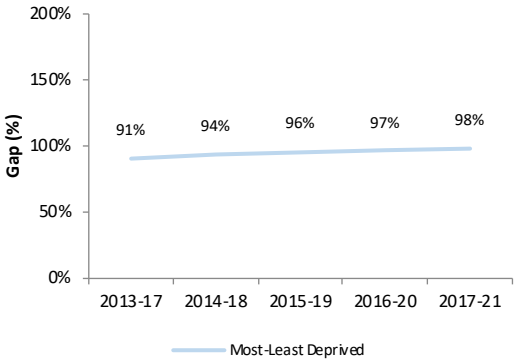




Standardised Death Rate – Smoking Attributable Causes [24]

NI



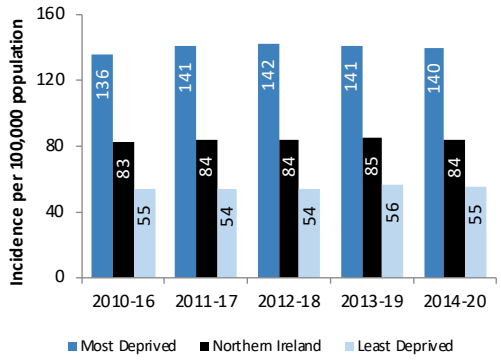


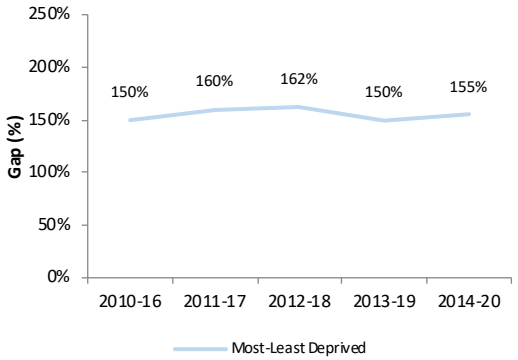
[23] Please note that some observations may be due to changes in drug misuse behaviours among the population. For more information see Appendix E: Technical Notes & Definitions.

[24] Please note that this indicator replaces then previously published 'Standardised Death Rate – Smoking Related'. For more information see Appendix E: Technical Notes & Definitions.

Standardised Incidence Rate – Lung Cancer

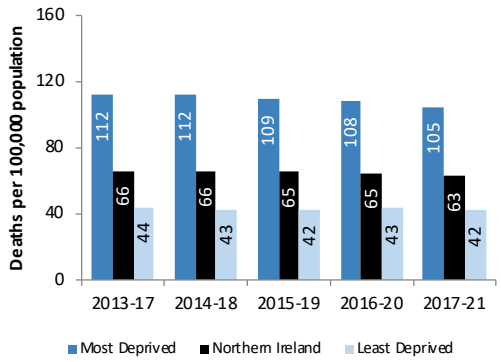
NI

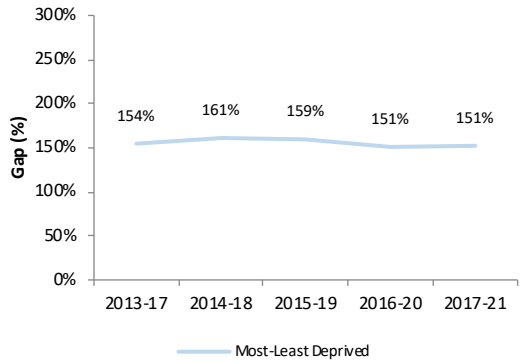




Standardised Death Rate – Lung Cancer

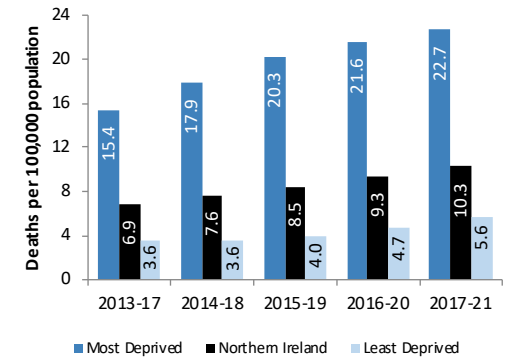
NI

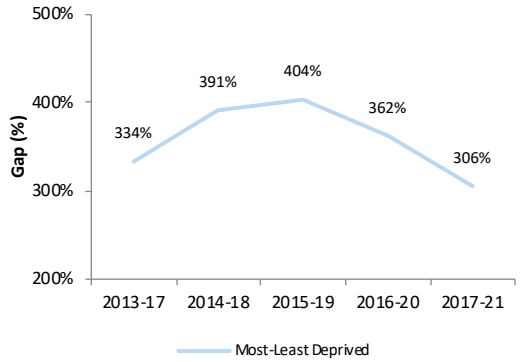




Standardised Death Rate – Drug Related Causes

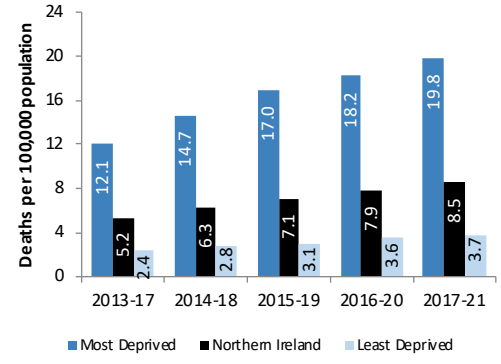
NI

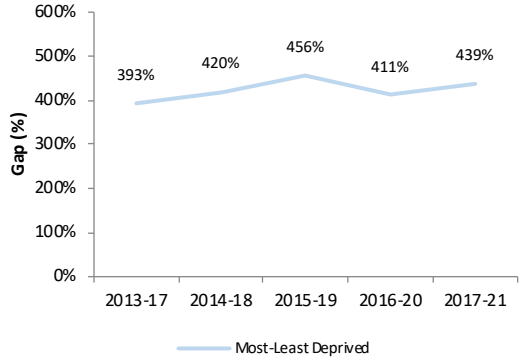




Standardised Death Rate – Drug Misuse

NI





Service-based Indicators

Key:

MD – Most Deprived Areas

LD – Least Deprived Areas

↑ Increase

— No Notable Change

↓ Decrease

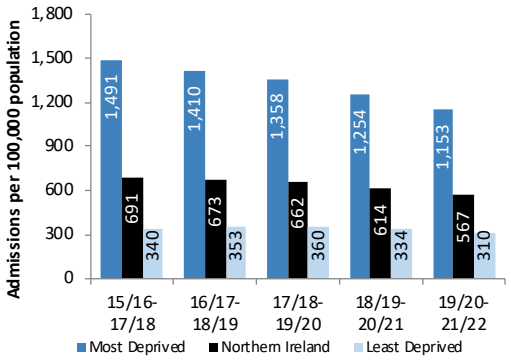
〉〈 Narrowing of the Gap

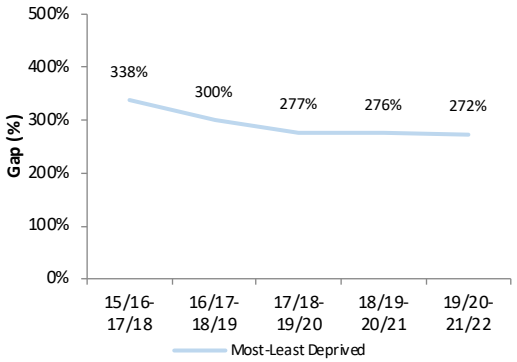
— No Notable Change in the Gap

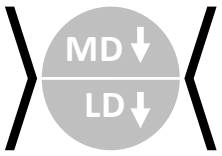
〈〉 Widening of the Gap

Northern Ireland: NI

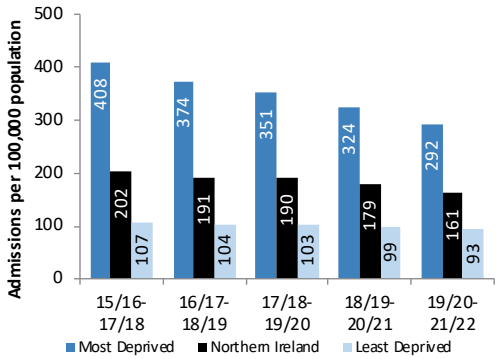
Standardised Admission Rate – Alcohol Related Causes [25] NI ↓

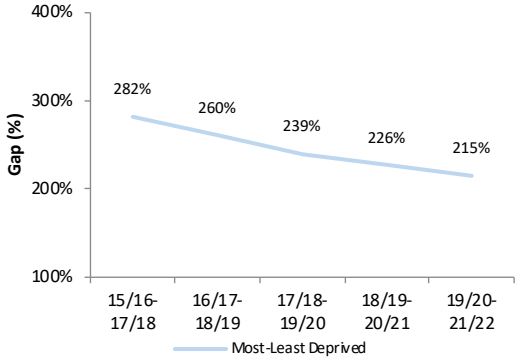


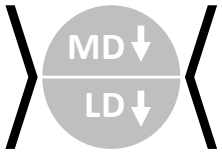




Standardised Admission Rate – Drug Related Causes [25] NI ↓







[25] Figures relating to a number of admission rates differ from those in previous reports due to a data correction. It should also be noted that due to the impact of the COVID-19 pandemic on hospital services any changes from 2020/21 should be interpreted with caution.

Pregnancy & Early Years

Inequality gaps for all indicators remained similar over the analysed period with the exception of low birth weight where the gap widened due to improvements in the least deprived areas coinciding with no change in the most deprived. While improvements were observed regionally and in the most and least deprived areas with the teenage birth rate and the proportion of mothers reporting smoking, the relative inequality gaps remain very large; with rates in the most deprived areas being four and a half and five and a half times that in the least deprived, respectively.

Key:

MD – Most Deprived Areas

LD – Least Deprived Areas

Positive Change

No Notable Change

Negative Change

Narrowing of the Gap

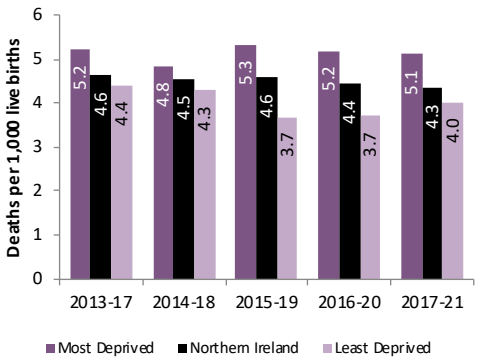
No Notable Change in the Gap

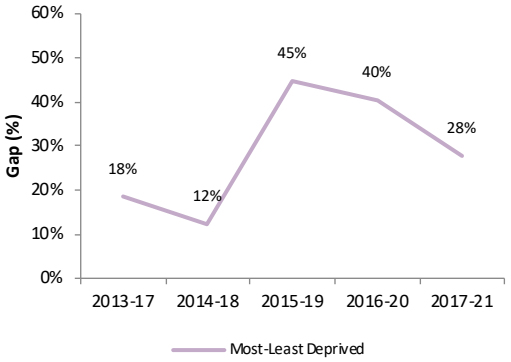
Widening of the Gap

Northern Ireland: NI

Infant Mortality Rate [26]

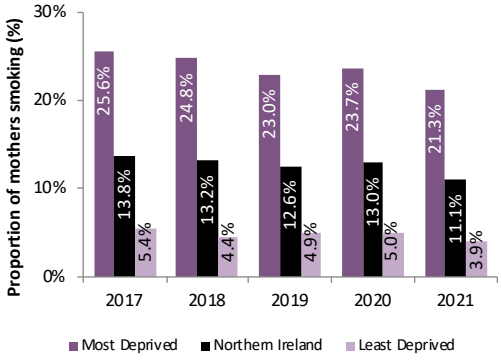
NI

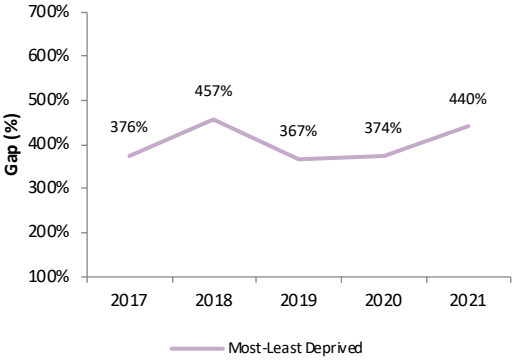




Smoking During Pregnancy [27]

NI



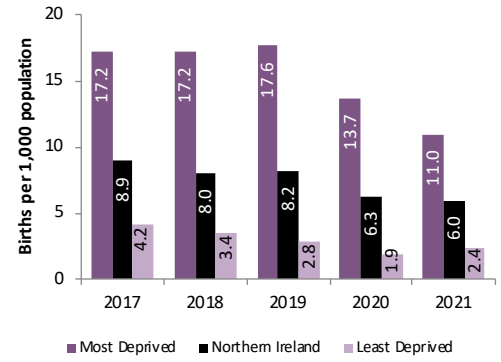


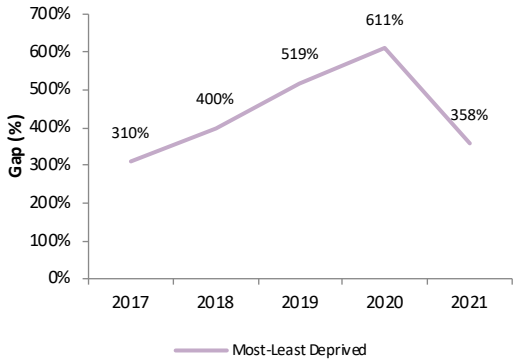
[26] As the underlying rates are relatively low (typically below 6 deaths per 1,000 live births), small annual changes can have a large impact on the resulting inequality gap.

[27] Please note that figures from 2018 onwards have been revised from previous editions of this report due to a change in the methodology. See Appendix E: Technical Notes & Definitions for more detail.

Teenage Birth Rate U20 [28]

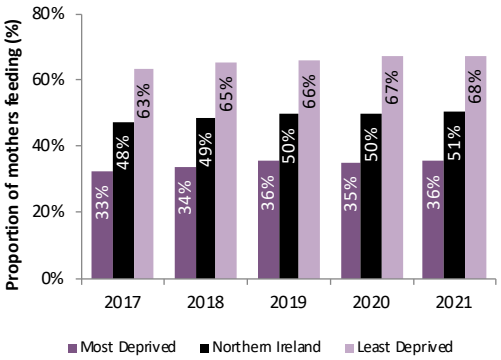
NI

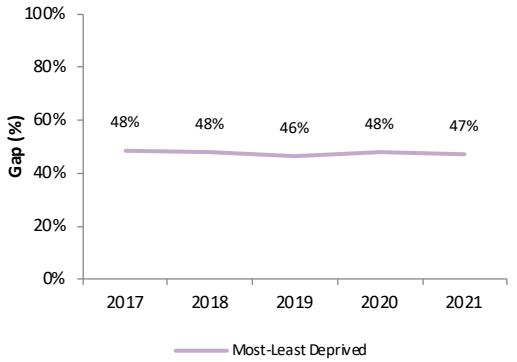




Breastfeeding on Discharge

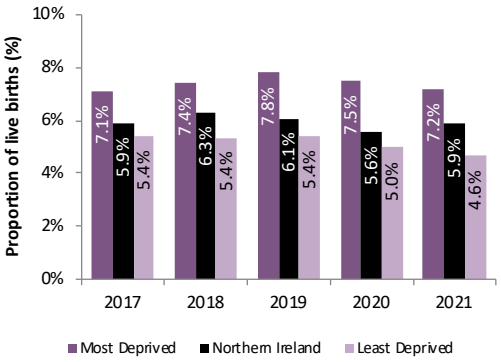
NI

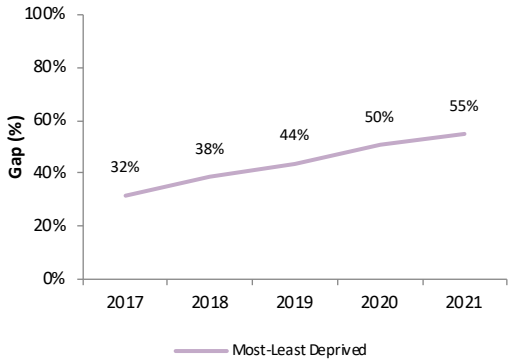


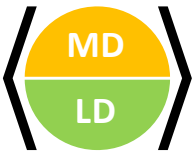


Low Birth Weight

NI

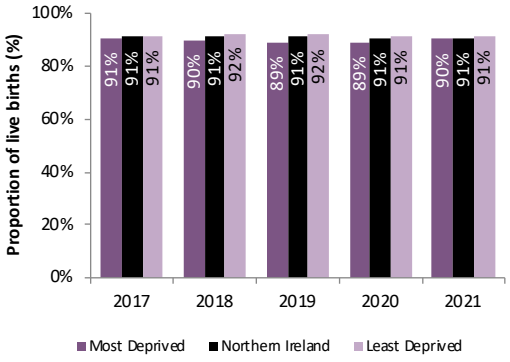


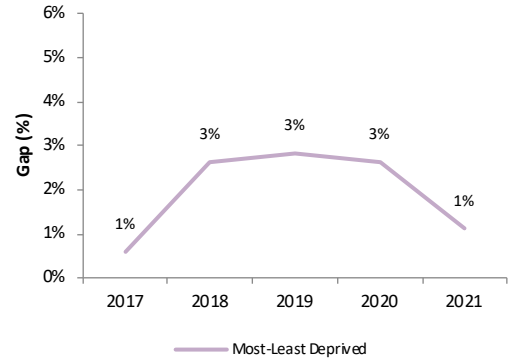




Healthy Birth Weight

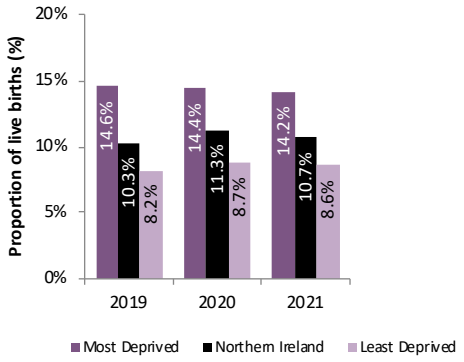
NI

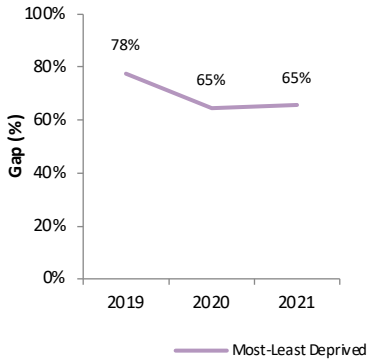




[28] As the underlying rates are relatively low (typically below 18 births per 1,000 live births), small annual changes can have a large impact on the resulting inequality gap which can therefore lead to volatility in the trend. Despite year-to-year increases in the gap from 2017, there was a large drop in 2021 therefor this has been categorised as 'no change'.

Small for Gestational Age [29]





[29] No assessment of the inequality gap trend will be made until 5 years of data are available. Data is only presented for 2019 to 2021, due to insufficient recording levels prior to 2019. For further detail, please see Appendix E: Technical Notes & Definitions.

Diet & Dental Health

Over the analysed period the inequality gaps in the proportion of Primary 1 children reported as 'obese' or 'obese or overweight' widened. For both indicators, gaps widened due to increased rates in the most deprived areas while rates in the least deprived areas showed no notable change. The inequality gaps for most of the dental indicators showed no notable change over the analysed period.

Please note that Year 8 BMI assessments have been temporarily removed from this report. Data for 2018/19 and 2019/20 does not include measurements across all HSC Trusts and as a result, a regional assessment could not be produced. In addition, there were very low recording levels across the majority of Trusts in 2020/21 and 2021/22.

In addition, Primary 1 figures combine 3 years of data, as the number of measurements recorded in 2019/20, 2020/21 and 2021/22 was negatively impacted by school closures due to the COVID-19 pandemic.

Health Outcome Indicators

Key:

MD – Most Deprived Areas

LD – Least Deprived Areas

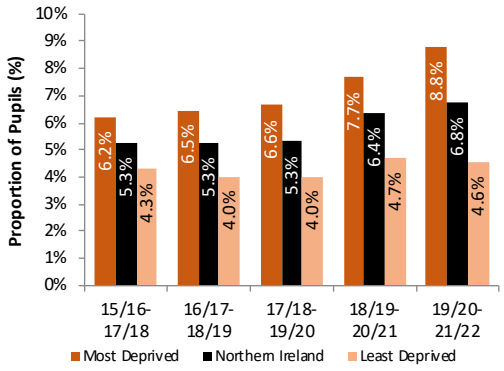
- Positive Change
- No Notable Change
- Negative Change

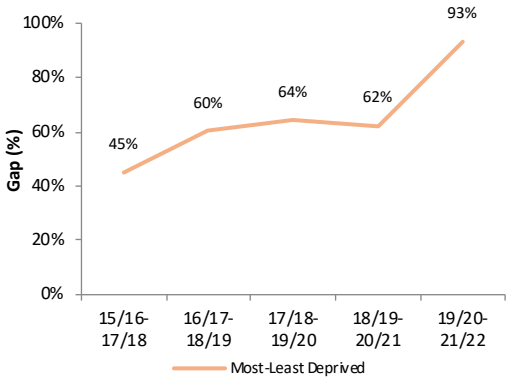
- Narrowing of the Gap
- No Notable Change in the Gap
- Widening of the Gap

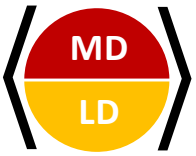
Northern Ireland: NI

Primary 1 BMI: Obese [30]

NI

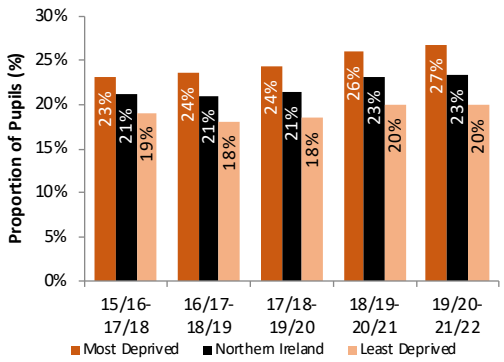


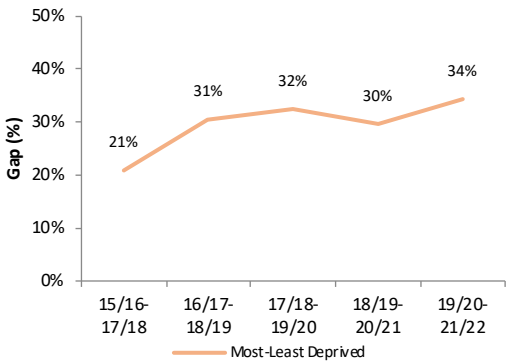




Primary 1 BMI: Overweight or Obese [30]

NI





[30] Figures and assessments of change should be treated with caution due to recent low BMI recording levels as a result of the pandemic, which has impacted service provision.

Service-based Indicators

Key:

MD – Most Deprived Areas

LD – Least Deprived Areas

↑ Increase

— No Notable Change

↓ Decrease

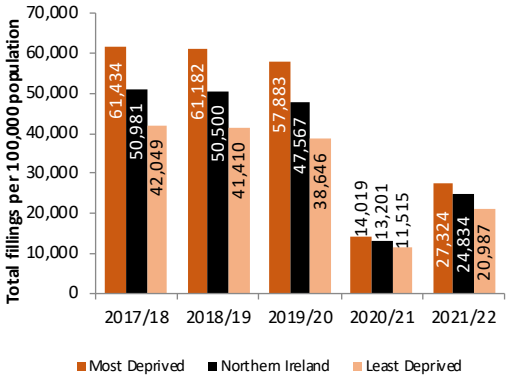
〉〈 Narrowing of the Gap

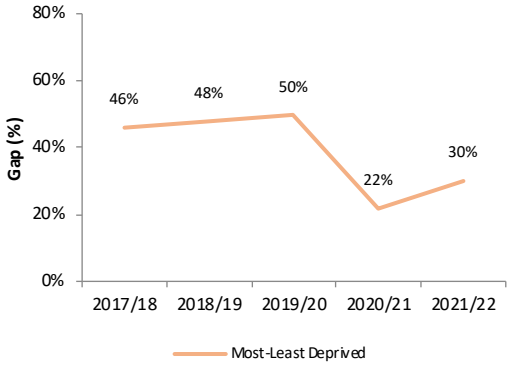
— No Notable Change in the Gap

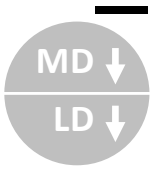
〈〉 Widening of the Gap

Northern Ireland: NI

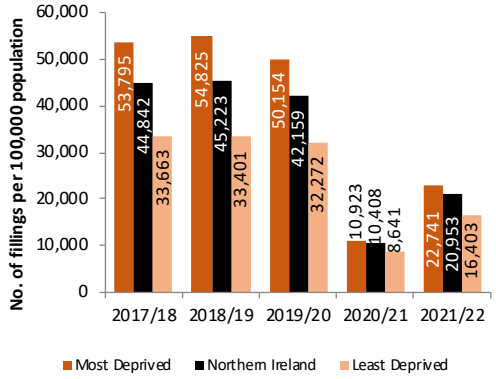
Standardised Dental Filling Rate (Total) [31] — NI ↓

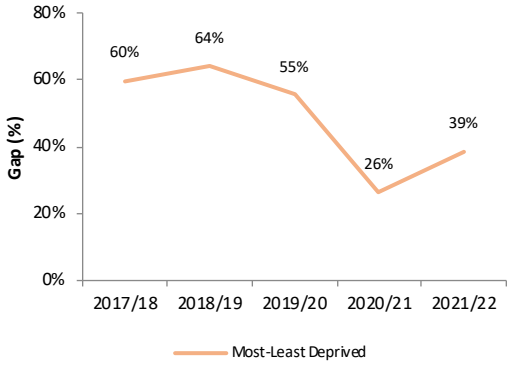


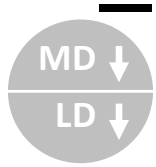




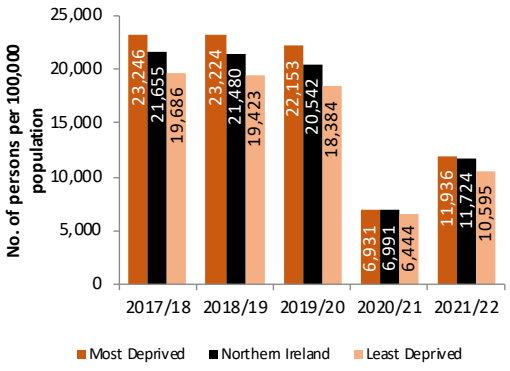
Standardised Dental Filling Rate (Total) – U18 [31] — NI ↓

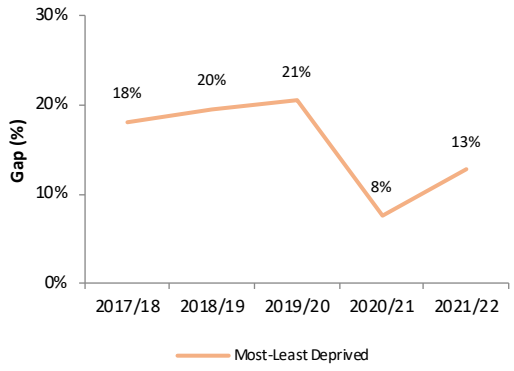


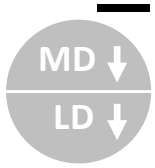




Standardised Dental Filling Rate (Individuals) [31] — NI ↓



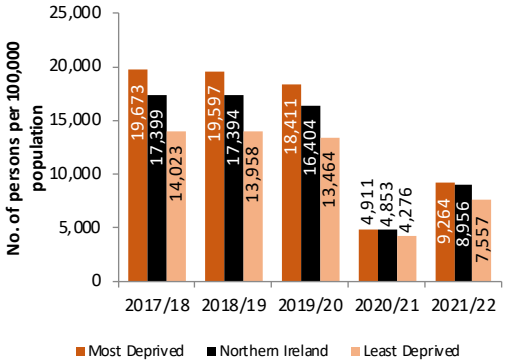


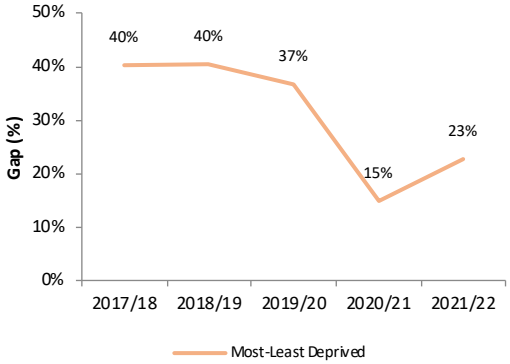


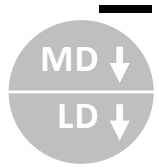
[31] Due to the major impact of the COVID-19 pandemic on dental services any changes in 2020/21 and 2021/22 should be interpreted with caution. It is also important to note that data does not include those who have paid privately for treatment.

Standardised Dental Filling Rate (Individuals) - U18 [32]

NI ↓

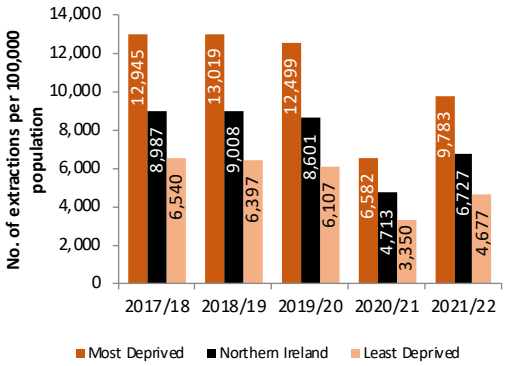


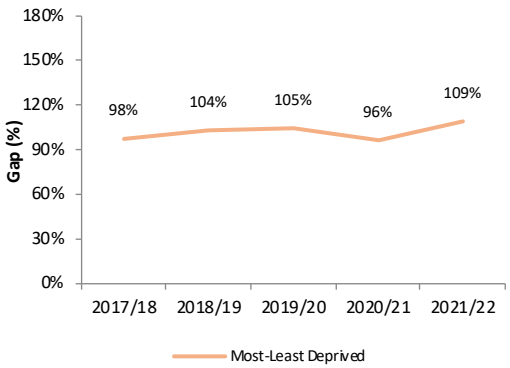


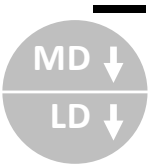


Standardised Dental Extraction Rate (Total) [32]

NI ↓

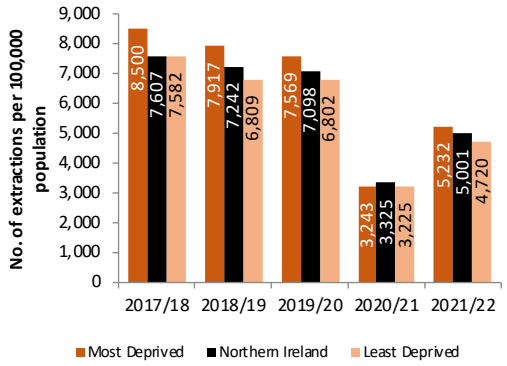


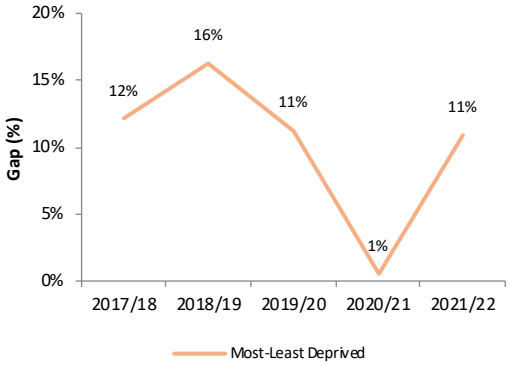


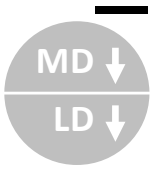


Standardised Dental Extraction Rate (Total) - U18 [32]

NI ↓

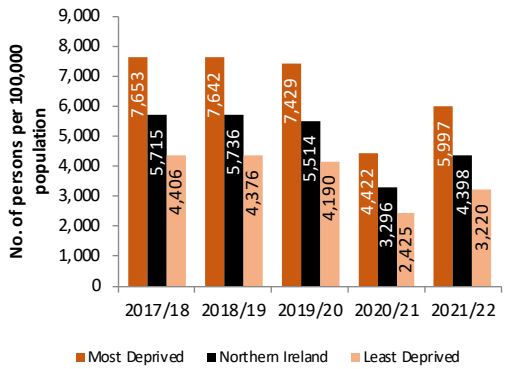


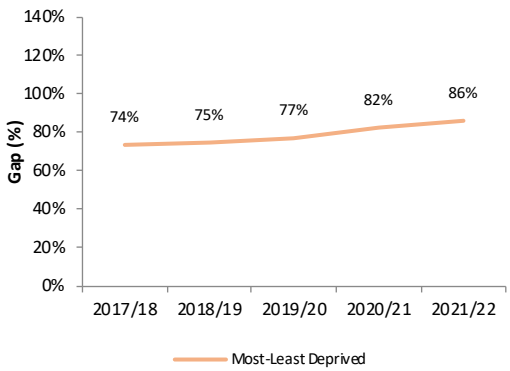


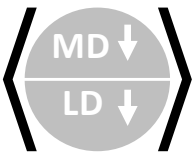


Standardised Dental Extraction Rate (Individuals) [32]

NI ↓



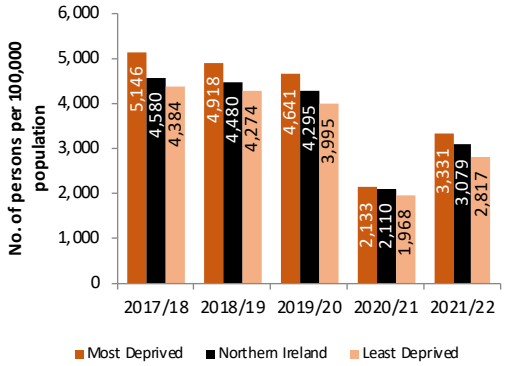


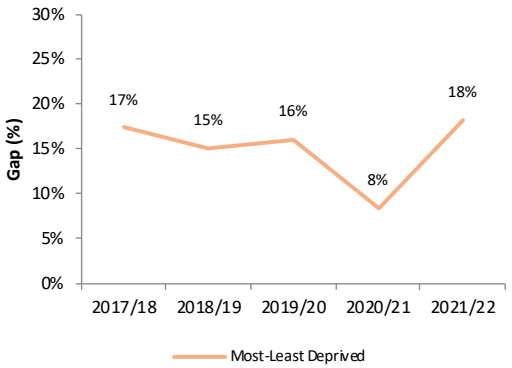


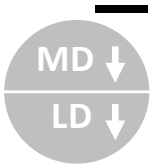
[32] Due to the major impact of the COVID-19 pandemic on dental services any changes in 2020/21 and 2021/22 should be interpreted with caution. It is also important to note that data does not include those who have paid privately for treatment.

Standardised Dental Extraction Rate (Individuals) - U18 [33]

NI ↓

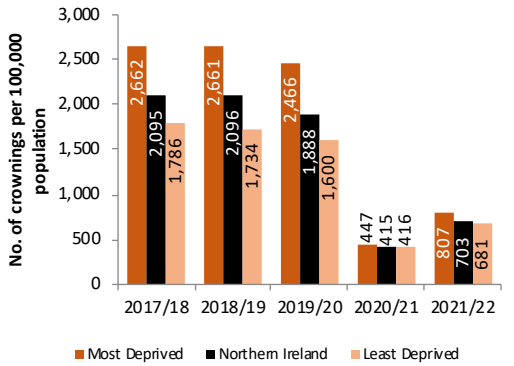


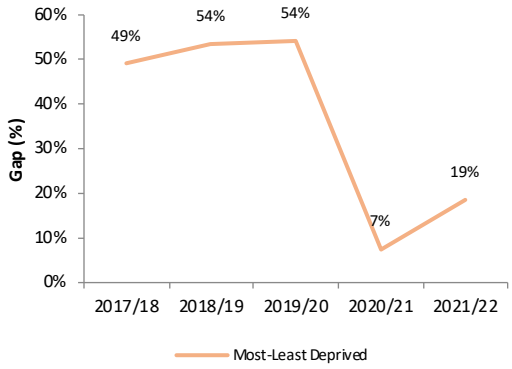




Standardised Dental Crowning Rate (Total) [33]

NI ↓





Standardised Dental Crowning Rate (Individuals) [33]

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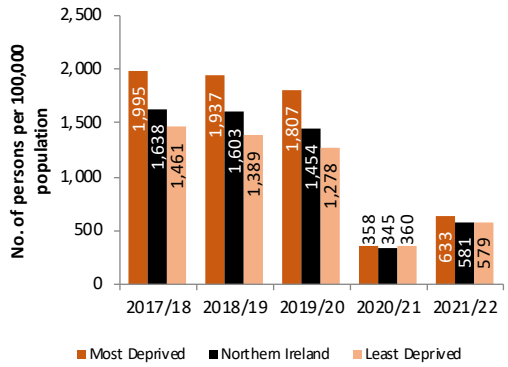
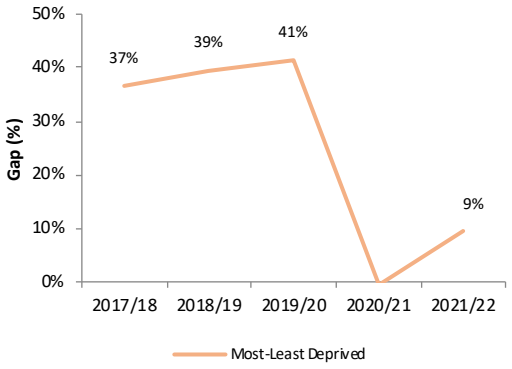
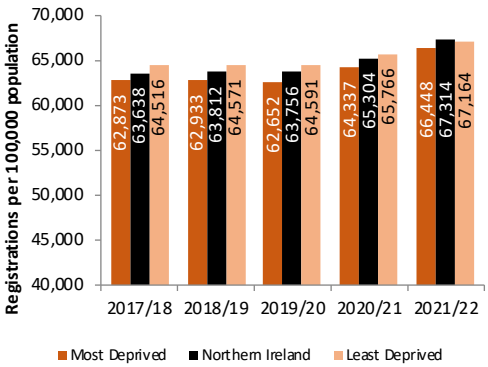
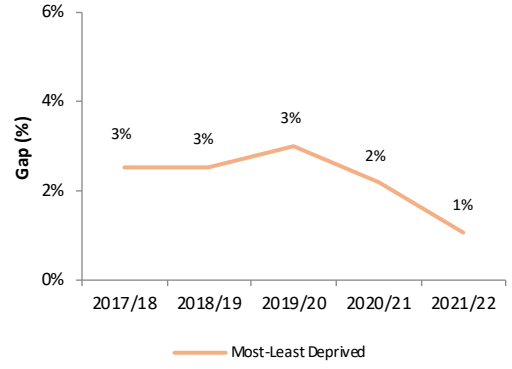


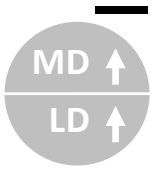


Standardised Dental Registration Rate [34]

NI ↑





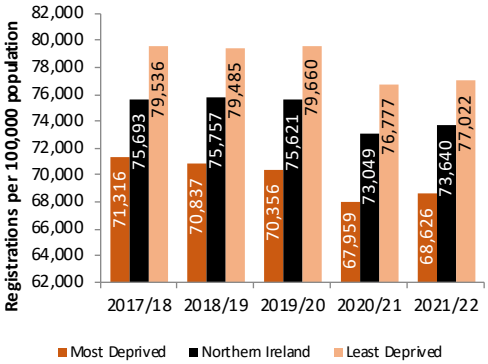


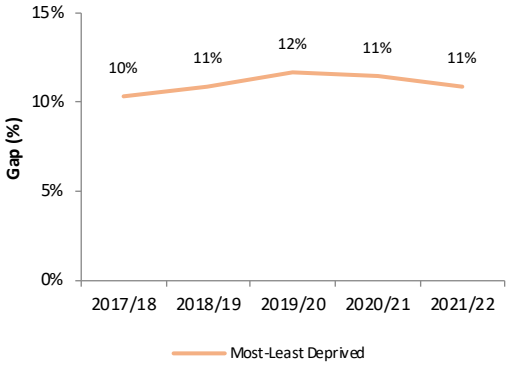
[33] Due to the major impact of the COVID-19 pandemic on dental services any changes in 2020/21 and 2021/22 should be interpreted with caution. It is also important to note that data does not include those who have paid privately for treatment.

[34] Methodological changes mean dental registration figures have been revised and may differ from those published previously.

Standardised Dental Registration Rate - U18 [35]

NI





[35] Methodological changes mean dental registration figures have been revised and may differ from those published previously.

Sub-regional Health Inequalities

There are two aspects to the analysis of sub-regional health inequalities in this section. The analysis for each sub-regional area includes both the difference in health outcomes between the **Trust or LGD and the regional (NI) average** and the **20% most deprived areas within an area and the area's average**.

Each chapter is a summary of findings only. For a full assessment of the HSC Trust and LGD figures, including a range of indicators that are also available at District Electoral Area (DEA), see downloadable tables at:

https://www.health-ni.gov.uk/articles/health-inequalities-statistics

An example of a sub-regional analysis, with guidance, can be seen below:

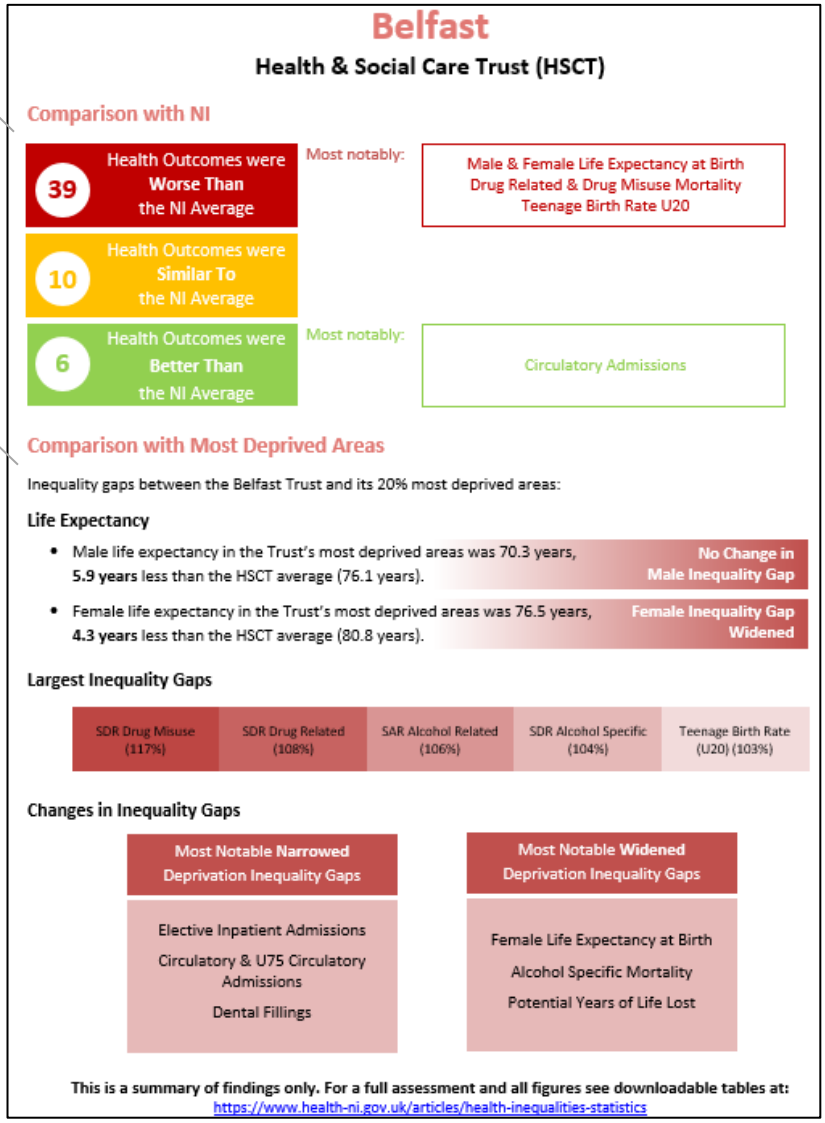
Each chapter contains a comparison of the area's health outcomes against the regional average including a summary of the most notable indicators that were better or worse.

There is also a comparison of the Inequality Gap between the area average and its most deprived areas in respect of:

Life Expectancy
Analysis of the male and female life expectancy gap within the area and if this gap has changed.

Largest Inequality Gaps
The five largest inequality gaps in the area.

Changes in Inequality Gaps
A summary of the most notable indicators that have either narrowed or widened across the analysed period.

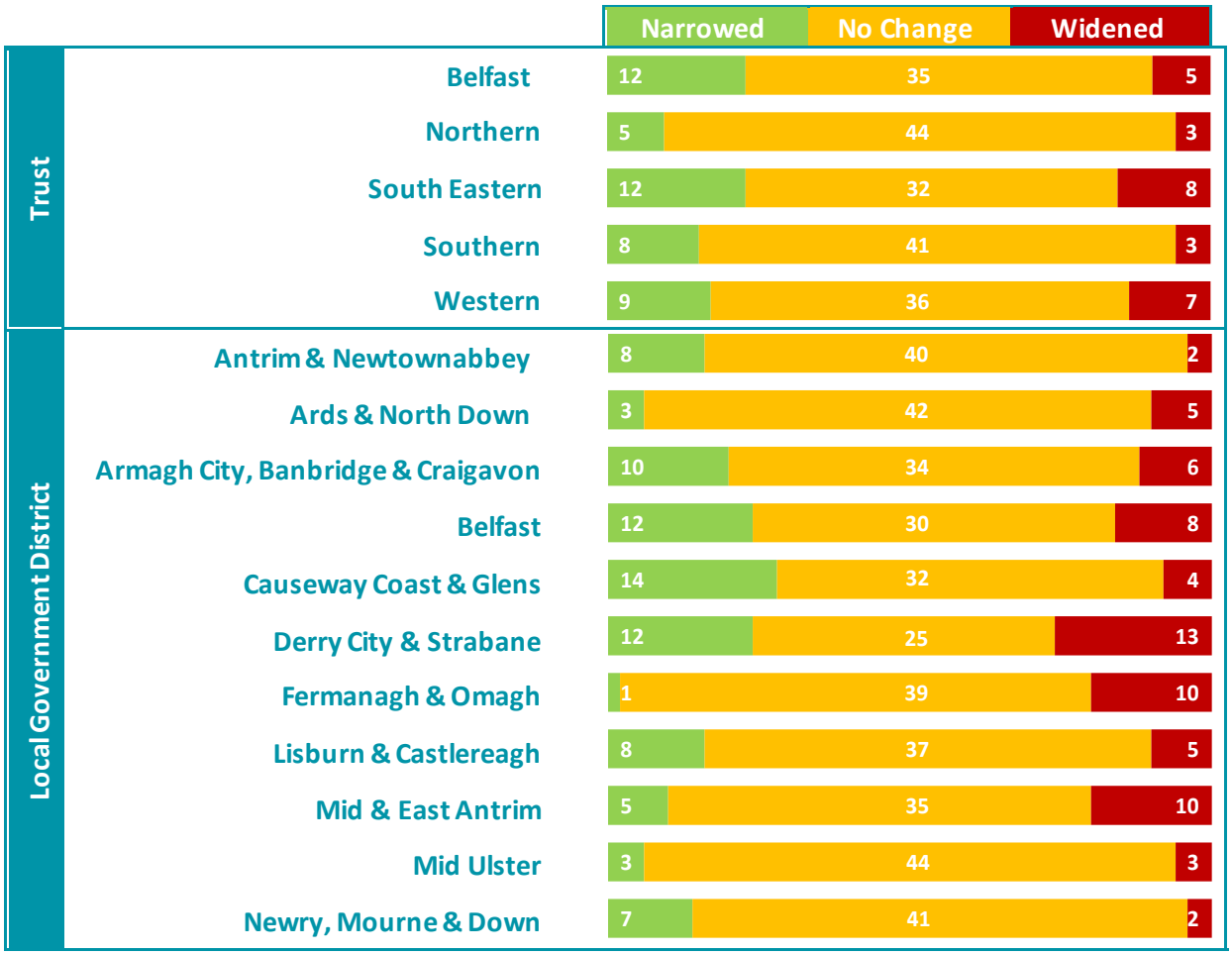


SUMMARY OF CHANGES IN SUB-REGIONAL INEQUALITY GAPS OVER THE LAST 5 YEARS[36]

Changes in Deprivation Related Inequality Gaps

Over the period analysed, there were more inequality gaps that narrowed than widened in the each HSC Trust. Changes in the inequality gaps varied across LGDs with 13 indicators widening in Derry City & Strabane, whilst 14 indicators narrowed in Causeway Coast & Glens.

For each area analysed, the chart below shows the number of indicators that widened, narrowed or did not show a notable 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.

[36] Several indicators are have not been included here as an assessment of change was not be concluded due to an incomplete time series. The indicators not included in the summary are 'Small for Gestational Age', 'Crude Suicide Rate', and 'Standardised Death Rate – COVID'.

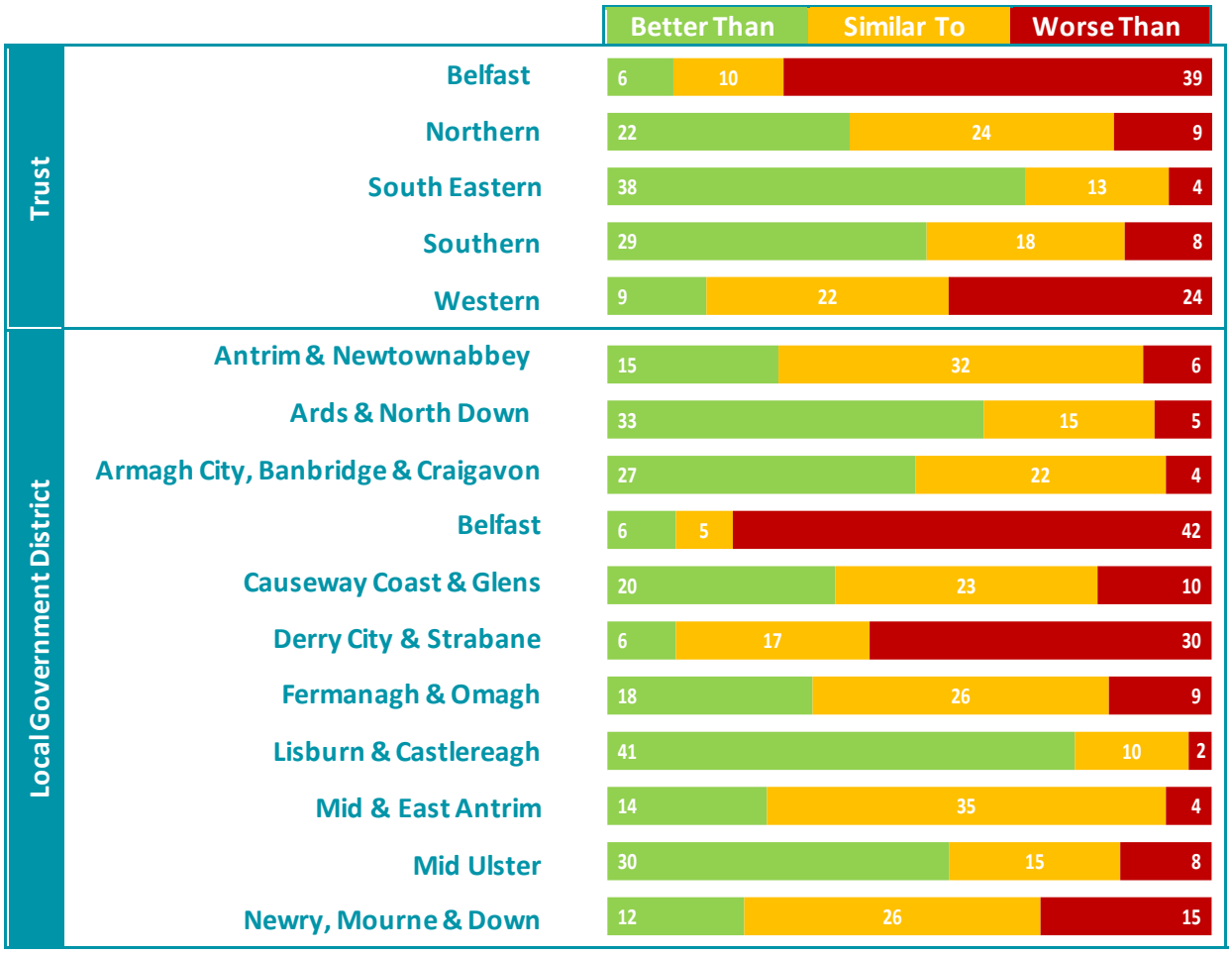
COMPARISON OF SUB-REGIONAL HEALTH OUTCOMES AGAINST THE REGIONAL AVERAGE

The following areas had a majority of health outcomes that were better than the NI average:

- South Eastern HSC Trust
- Southern HSC Trust
- Ards & North Down LGD
- Lisburn & Castlereagh LGD
- Mid Ulster LGD

The following areas had a majority of health outcomes that were worse than the NI average:

- Belfast HSC Trust
- Belfast LGD
- Derry City & Strabane LGD



Largest Deprivation Inequality Gaps in Each Area

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

Belfast HSCT	SDR Drug Misuse (117%)	SDR Drug Related (108%)	SAR Alcohol Related (106%)	SDR Alcohol Specific (104%)	Teenage Birth Rate (U20) (103%)
Northern HSCT	SDR Drug Misuse (153%)	SDR Drug Related (136%)	Smoking During Pregnancy (107%)	SAR Drug Related (102%)	SAR Self Harm (94%)
South Eastern HSCT	SDR Drug Misuse (113%)	Teenage Birth Rate (U20) (104%)	SDR Drug Related (101%)	SDR Alcohol Specific (100%)	SAR Alcohol Related (100%)
Southern HSCT	Teenage Birth Rate (U20) (103%)	SAR Alcohol Related (99%)	SAR Drug Related (93%)	SDR Alcohol Specific (83%)	Smoking During Pregnancy (81%)
Western HSCT	SDR Drug Misuse (169%)	SDR Drug Related (145%)	SAR Alcohol Related (118%)	SDR Alcohol Specific (114%)	Teenage Birth Rate (U20) (112%)
Antrim & Newtownabbey LGD	SDR Alcohol Specific (134%)	Smoking During Pregnancy (130%)	Teenage Birth Rate (U20) (124%)	SDR Drug Related (103%)	SAR Drug Related (94%)
Ards & North Down LGD	Smoking During Pregnancy (101%)	SAR Drug Related (81%)	SAR Alcohol Related (81%)	SDR Alcohol Specific (74%)	CDR Suicide (71%)
Armagh City, Banbridge & Craigavon LGD	Teenage Birth Rate (U20) (130%)	SAR Drug Related (108%)	Smoking During Pregnancy (106%)	SAR Alcohol Related (102%)	SDR Alcohol Specific (93%)
Belfast LGD	Teenage Birth Rate (U20) (99%)	SAR Alcohol Related (99%)	SDR Alcohol Specific (91%)	Smoking During Pregnancy (82%)	SDR Preventable (79%)
Causeway Coast & Glens LGD	SDR Alcohol Specific (132%)	Smoking During Pregnancy (124%)	SDR Drug Related (112%)	SAR Alcohol Related (102%)	SAR Drug Related (70%)
Derry City & Strabane LGD	SDR Drug Related (152%)	SDR Alcohol Specific (148%)	SAR Alcohol Related (121%)	Teenage Birth Rate (U20) (112%)	SAR Drug Related (101%)
Fermanagh & Omagh LGD	Teenage Birth Rate (U20) (121%)	SDR Drug Related (84%)	SDR Alcohol Specific (64%)	SAR Self-Harm (63%)	SDR Lung Cancer (60%)
Lisburn & Castlereagh LGD	Smoking During Pregnancy (174%)	Teenage Birth Rate (U20) (162%)	SDR Alcohol Specific (116%)	SAR Alcohol Related (85%)	SIR Lung Cancer (83%)
Mid & East Antrim LGD	SDR Drug Related (220%)	SAR Drug Related (155%)	SAR Self-Harm (140%)	SAR Alcohol Related (134%)	Teenage Birth Rate (U20) (117%)
Mid Ulster LGD	SAR Alcohol Related (61%)	Teenage Birth Rate (U20) (57%)	SAR Drug Related (49%)	SDR Alcohol Specific (45%)	SAR Self-Harm (38%)
Newry, Mourne & Down LGD	SDR COVID-19 (71%)	Teenage Birth Rate (U20) (65%)	SDR Drug Related (63%)	SDR Alcohol Specific (55%)	SAR Alcohol Related (53%)

Belfast

Health & Social Care Trust (HSCT)

Comparison with NI

39 Health Outcomes were **Worse Than** the NI Average

Most notably:

Male & Female Life Expectancy at Birth
Drug Related & Drug Misuse Mortality
Teenage Birth Rate U20

10 Health Outcomes were **Similar To** the NI Average

6 Health Outcomes were **Better Than** the NI Average

Most notably:

Circulatory Admissions

Comparison with Most Deprived Areas

Inequality gaps between the Belfast Trust and its 20% most deprived areas:

Life Expectancy

- Male life expectancy in the Trust's most deprived areas was 70.3 years, **5.9 years** less than the HSCT average (76.1 years). **No Change in Male Inequality Gap**
- Female life expectancy in the Trust's most deprived areas was 76.5 years, **4.3 years** less than the HSCT average (80.8 years). **Female Inequality Gap Widened**

Largest Inequality Gaps

SDR Drug Misuse (117%)	SDR Drug Related (108%)	SAR Alcohol Related (106%)	SDR Alcohol Specific (104%)	Teenage Birth Rate (U20) (103%)

Changes in Inequality Gaps

Most Notable **Narrowed** Deprivation Inequality Gaps	Most Notable **Widened** Deprivation Inequality Gaps
Elective Inpatient Admissions Circulatory & U75 Circulatory Admissions Dental Fillings	Female Life Expectancy at Birth Alcohol Specific Mortality Potential Years of Life Lost

This is a summary of findings only. For a full assessment and all figures see downloadable tables at:
https://www.health-ni.gov.uk/articles/health-inequalities-statistics

Northern

Health & Social Care Trust (HSCT)

Comparison with NI

9	Health Outcomes were **Worse Than** the NI Average	Most notably: Self-Harm Admissions; Drug Related Admissions
24	Health Outcomes were **Similar To** the NI Average	
22	Health Outcomes were **Better Than** the NI Average	Most notably: Suicide Deaths; Small for Gestational Age; Alcohol Specific Mortality

Comparison with Most Deprived Areas

Inequality gaps between the Northern Trust and its 20% most deprived areas:

Life Expectancy

- Male life expectancy in the Trust's most deprived areas was 75.4 years, **3.6 years** less than the HSCT average (79.0 years). — **No Change in Male Inequality Gap**
- Female life expectancy in the Trust's most deprived areas was 80.4 years, **2.3 years** less than the HSCT average (82.7 years). — **No Change in Female Inequality Gap**

Largest Inequality Gaps

SDR Drug Misuse (153%)	SDR Drug Related (136%)	Smoking During Pregnancy (107%)	SAR Drug Related (102%)	SAR Self-Harm (94%)

Changes in Inequality Gaps

Most Notable **Narrowed** Deprivation Inequality Gaps	Most Notable **Widened** Deprivation Inequality Gaps
Lung Cancer Mortality	U75 Circulatory Admissions
Alcohol Related Admissions	U75 Respiratory Mortality
Self-Harm Admissions	Drug Misuse 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/articles/health-inequalities-statistics

South Eastern

Health & Social Care Trust (HSCT)

Comparison with NI

4 Health Outcomes were **Worse Than** the NI Average

Most notably: Circulatory & U75 Circulatory Admissions

13 Health Outcomes were **Similar To** the NI Average

38 Health Outcomes were **Better Than** the NI Average

Most notably: Male Life Expectancy at Birth; COVID-19 Mortality; Alcohol Specific Mortality

Comparison with Most Deprived Areas

Inequality gaps between the South Eastern Trust and its 20% most deprived areas:

Life Expectancy

- Male life expectancy in the Trust's most deprived areas was 75.0 years, **4.4 years** less than the HSCT average (79.4 years). **No Change in Male Inequality Gap**
- Female life expectancy in the Trust's most deprived areas was 80.7 years, **2.1 years** less than the HSCT average (82.8 years). **No Change in Female Inequality Gap**

Largest Inequality Gaps

SDR Drug Misuse (113%)	Teenage Birth Rate (U20) (104%)	SDR Drug Related (101%)	SDR Alcohol Specific (100%)	SAR Alcohol Related (100%)

Changes in Inequality Gaps

Most Notable **Narrowed** Deprivation Inequality Gaps	Most Notable **Widened** Deprivation Inequality Gaps
Drug Related & Drug Misuse Mortality	Low Birth Weight
Lung Cancer Mortality	Teenage Birth Rate U20
Alcohol Specific Mortality	U75 Respiratory Mortality
Dental Fillings	

This is a summary of findings only. For a full assessment and all figures see downloadable tables at:
https://www.health-ni.gov.uk/articles/health-inequalities-statistics

Southern

Health & Social Care Trust (HSCT)

Comparison with NI

8	Health Outcomes were **Worse Than** the NI Average	Most notably: COVID-19 Mortality, Emergency Admissions, U75 Circulatory Admissions
18	Health Outcomes were **Similar To** the NI Average	
29	Health Outcomes were **Better Than** the NI Average	Most notably: Drug Related & Drug Misuse Mortality, Drug Related Admissions, Elective Inpatient Admissions

Comparison with Most Deprived Areas

Inequality gaps between the Southern Trust and its 20% most deprived areas:

Life Expectancy

- Male life expectancy in the Trust's most deprived areas was 75.8 years, **3.2 years** less than the HSCT average (79.0 years). **No Change in Male Inequality Gap**
- Female life expectancy in the Trust's most deprived areas was 81.3 years, **1.6 years** less than the HSCT average (82.9 years). **No Change in Female Inequality Gap**

Largest Inequality Gaps

Teenage Birth Rate (U20) (103%)	SAR Alcohol Related (99%)	SAR Drug Related (93%)	SDR Alcohol Specific (83%)	Smoking During Pregnancy (81%)

Changes in Inequality Gaps

Most Notable **Narrowed** Deprivation Inequality Gaps	Most Notable **Widened** Deprivation Inequality Gaps
Elective Inpatient Admissions Lung Cancer Mortality Self-Harm Admissions	Low Birth Weight Mortality - All Deaths

This is a summary of findings only. For a full assessment and all figures see downloadable tables at:
https://www.health-ni.gov.uk/articles/health-inequalities-statistics

Western

Health & Social Care Trust (HSCT)

Comparison with NI

24 Health Outcomes were **Worse Than** the NI Average

Most notably:

Day Case Admissions
Elective Inpatient Admissions
Alcohol Specific Mortality

22 Health Outcomes were **Similar To** the NI Average

9 Health Outcomes were **Better Than** the NI Average

Most notably:

Teenage Birth Rate U20
Drug Related Admissions
Self-Harm Admissions

Comparison with Most Deprived Areas

Inequality gaps between the Western Trust and its 20% most deprived areas:

Life Expectancy

- Male life expectancy in the Trust's most deprived areas was 73.3 years, **4.8 years** less than the HSCT average (78.1 years). **No Change in Male Inequality Gap**
- Female life expectancy in the Trust's most deprived areas was 79.0 years, **2.7 years** less than the HSCT average (81.7 years). **Female Inequality Gap Narrowed**

Largest Inequality Gaps

SDR Drug Misuse (169%)	SDR Drug Related (145%)	SAR Alcohol Related (118%)	SDR Alcohol Specific (114%)	Teenage Birth Rate (U20) (112%)

Changes in Inequality Gaps

Most Notable **Narrowed** Deprivation Inequality Gaps	Most Notable **Widened** Deprivation Inequality Gaps
Male Life Expectancy at 65	U75 Circulatory Admissions
Self-Harm Admissions	Alcohol Specific Mortality
U75 Respiratory Mortality	Lung Cancer Incidence

This is a summary of findings only. For a full assessment and all figures see downloadable tables at:
https://www.health-ni.gov.uk/articles/health-inequalities-statistics

Antrim & Newtownabbey

Local Government District (LGD)

Comparison with NI

6	Health Outcomes were **Worse Than** the NI Average	Most notably: Self-Harm Admissions, Drug Related Admissions
32	Health Outcomes were **Similar To** the NI Average	
15	Health Outcomes were **Better Than** the NI Average	Most notably: Suicide Deaths, U75 Respiratory Admissions, Potential Years of Life Lost

Comparison with Most Deprived Areas

Inequality gaps between the Antrim & Newtownabbey LGD and its 20% most deprived areas:

Life Expectancy

- Male life expectancy in the LGD's most deprived areas was 74.9 years, **3.6 years** less than the LGD average (78.6 years). **No Change in Male Inequality Gap**
- Female life expectancy in the LGD's most deprived areas was 80.1 years, **2.6 years** less than the LGD average (82.7 years). **Female Inequality Gap Narrowed**

Largest Inequality Gaps

SDR Alcohol Specific (134%)	Smoking During Pregnancy (130%)	Teenage Birth Rate (U20) (124%)	SDR Drug Related (103%)	SAR Drug Related (94%)

Changes in Inequality Gaps

Most Notable **Narrowed** Deprivation Inequality Gaps	Most Notable **Widened** Deprivation Inequality Gaps
Potential Years of Life Lost U75 Cancer Mortality Drug Related Mortality	Teenage Birth Rate U20 Alcohol Specific 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/articles/health-inequalities-statistics

Ards & North Down

Local Government District (LGD)

Comparison with NI

5	Health Outcomes were **Worse Than** the NI Average	Most notably: Low Birth Weight; Circulatory & U75 Circulatory Admissions
15	Health Outcomes were **Similar To** the NI Average	
33	Health Outcomes were **Better Than** the NI Average	Most notably: Male Life Expectancy at Birth & at 65; COVID-19 Mortality; Alcohol Specific Mortality

Comparison with Most Deprived Areas

Inequality gaps between the Ards & North Down LGD and its 20% most deprived areas:

Life Expectancy

- Male life expectancy in the LGD's most deprived areas was 76.1 years, **3.6 years** less than the LGD average (79.7 years). **No Change in Male Inequality Gap**
- Female life expectancy in the LGD's most deprived areas was 80.2 years, **2.5 years** less than the LGD average (82.7 years). **No Change in Female Inequality Gap**

Largest Inequality Gaps

Smoking During Pregnancy (101%)	SAR Drug Related (81%)	SAR Alcohol Related (81%)	SDR Alcohol Specific (74%)	CDR Suicide (71%)

Changes in Inequality Gaps

Most Notable **Narrowed** Deprivation Inequality Gaps	Most Notable **Widened** Deprivation Inequality Gaps
Drug Related Mortality	U75 Circulatory Admissions
Teenage Birth Rate U20	U75 Cancer Mortality
Self-Harm Admissions	Avoidable 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/articles/health-inequalities-statistics

Armagh City, Banbridge & Craigavon

Local Government District (LGD)

Comparison with NI

4	Health Outcomes were **Worse Than** the NI Average	Most notably: COVID-19 Mortality, Emergency Admissions
22	Health Outcomes were **Similar To** the NI Average	
27	Health Outcomes were **Better Than** the NI Average	Most notably: Male & Female Life Expectancy at Birth, Drug Related Mortality, Elective Inpatient Admissions

Comparison with Most Deprived Areas

Inequality gaps between the Armagh City, Banbridge & Craigavon LGD and its 20% most deprived areas:

Life Expectancy

- Male life expectancy in the LGD's most deprived areas was 75.9 years, **3.2 years** less than the LGD average (79.1 years). **No Change in Male Inequality Gap**
- Female life expectancy in the LGD's most deprived areas was 81.7 years, **1.3 years** less than the LGD average (83.0 years). **No Change in Female Inequality Gap**

Largest Inequality Gaps

Teenage Birth Rate (U20) (130%)	SAR Drug Related (108%)	Smoking During Pregnancy (106%)	SAR Alcohol Related (102%)	SDR Alcohol Specific (93%)

Changes in Inequality Gaps

Most Notable **Narrowed** Deprivation Inequality Gaps	Most Notable **Widened** Deprivation Inequality Gaps
U75 Cancer Mortality Treatable Mortality	Low Birth Weight U75 Circulatory 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/articles/health-inequalities-statistics

Belfast

Local Government District (LGD)

Comparison with NI

42	Health Outcomes were **Worse Than** the NI Average	Most notably: Male & Female Life Expectancy at Birth & at 65 Drug Related Mortality Alcohol Related Admissions
5	Health Outcomes were **Similar To** the NI Average	
6	Health Outcomes were **Better Than** the NI Average	Most notably: Circulatory Admissions

Comparison with Most Deprived Areas

Inequality gaps between the Belfast LGD and its 20% most deprived areas:

Life Expectancy

- Male life expectancy in the LGD's most deprived areas was 70.0 years, **5.6 years** less than the LGD average (75.6 years). **Male Inequality Gap Widened**
- Female life expectancy in the LGD's most deprived areas was 76.7 years, **3.8 years** less than the LGD average (80.5 years). **No Change in Female Inequality Gap**

Largest Inequality Gaps

Teenage Birth Rate (U20) (99%)	SAR Alcohol Related (99%)	SDR Alcohol Specific (91%)	Smoking During Pregnancy (82%)	SDR Preventable (79%)

Changes in Inequality Gaps

Most Notable **Narrowed** Deprivation Inequality Gaps	Most Notable **Widened** Deprivation Inequality Gaps
U75 Circulatory Admissions Drug Related Admissions Dental Fillings	Male Life Expectancy Alcohol Specific Mortality Potential Years of Life Lost

This is a summary of findings only. For a full assessment and all figures see downloadable tables at:
https://www.health-ni.gov.uk/articles/health-inequalities-statistics

Causeway Coast & Glens

Local Government District (LGD)

Comparison with NI

10 Health Outcomes were **Worse Than** the NI Average	Most notably:	Elective Inpatient Admissions
23 Health Outcomes were **Similar To** the NI Average		
20 Health Outcomes were **Better Than** the NI Average	Most notably:	Male Life Expectancy at Birth Alcohol Related Admissions Drug Related Admissions

Comparison with Most Deprived Areas

Inequality gaps between the Causeway Coast & Glens LGD and its 20% most deprived areas:

Life Expectancy

- Male life expectancy in the LGD's most deprived areas was 76.6 years, **2.8 years** less than the LGD average (79.4 years). **No Change in Male Inequality Gap**
- Female life expectancy in the LGD's most deprived areas was 80.1 years, **2.3 years** less than the LGD average (82.4 years). **No Change in Female Inequality Gap**

Largest Inequality Gaps

SDR Alcohol Specific (132%)	Smoking During Pregnancy (124%)	SDR Drug Related (112%)	SAR Alcohol Related (102%)	SAR Drug Related (70%)

Changes in Inequality Gaps

Most Notable **Narrowed** Deprivation Inequality Gaps	Most Notable **Widened** Deprivation Inequality Gaps
Male Life Expectancy at 65	U75 Circulatory Admissions
Treatable Mortality	Smoking During Pregnancy
U75 Circulatory Mortality	Alcohol Specific Mortality
Dental Fillings	

This is a summary of findings only. For a full assessment and all figures see downloadable tables at:
https://www.health-ni.gov.uk/articles/health-inequalities-statistics

Derry City & Strabane

Local Government District (LGD)

Comparison with NI

30 Health Outcomes were **Worse Than** the NI Average	Most notably:	Male & Female Life Expectancy at Birth Alcohol Specific Mortality Elective Inpatient Admissions
17 Health Outcomes were **Similar To** the NI Average		
6 Health Outcomes were **Better Than** the NI Average	Most notably:	Circulatory & U75 Circulatory Admissions Self-Harm Admissions

Comparison with Most Deprived Areas

Inequality gaps between the Derry City & Strabane LGD and its 20% most deprived areas:

Life Expectancy

- Male life expectancy in the LGD's most deprived areas was 71.1 years, **6.2 years** less than the LGD average (77.3 years). **Male Inequality Gap Widened**
- Female life expectancy in the LGD's most deprived areas was 78.1 years, **3.0 years** less than the LGD average (81.1 years). **No Change in Female Inequality Gap**

Largest Inequality Gaps

SDR Drug Related (152%)	SDR Alcohol Specific (148%)	SAR Alcohol Related (121%)	Teenage Birth Rate (U20) (112%)	SAR Drug Related (101%)

Changes in Inequality Gaps

Most Notable **Narrowed** Deprivation Inequality Gaps	Most Notable **Widened** Deprivation Inequality Gaps
Lung Cancer Mortality	Male Life Expectancy
Self-Harm Admissions	Drug Related Mortality
Alcohol Related Admissions	U75 Circulatory Admissions
Dental Fillings	

This is a summary of findings only. For a full assessment and all figures see downloadable tables at:
https://www.health-ni.gov.uk/articles/health-inequalities-statistics

Fermanagh & Omagh

Local Government District (LGD)

Comparison with NI

9 Health Outcomes were **Worse Than** the NI Average	Most notably:	Day Case Admissions All Admissions Statins Prescribed
26 Health Outcomes were **Similar To** the NI Average		
18 Health Outcomes were **Better Than** the NI Average	Most notably:	Teenage Birth Rate U20 Smoking During Pregnancy Drug Related Admissions

Comparison with Most Deprived Areas

Inequality gaps between the Fermanagh & Omagh LGD and its 20% most deprived areas:

Life Expectancy

- Male life expectancy in the LGD's most deprived areas was 77.5 years, **1.4 years** less than the LGD average (78.9 years). **No Change in Male Inequality Gap**
- Female life expectancy in the LGD's most deprived areas was 79.8 years, **2.8 years** less than the LGD average (82.6 years). **No Change in Female Inequality Gap**

Largest Inequality Gaps

Teenage Birth Rate (U20) (121%)	SDR Drug Related (84%)	SDR Alcohol Specific (64%)	SAR Self-Harm (63%)	SDR Lung Cancer (60%)

Changes in Inequality Gaps

Most Notable **Narrowed** Deprivation Inequality Gaps	Most Notable **Widened** Deprivation Inequality Gaps
Alcohol Related Admissions	Teenage Birth Rate U20 Respiratory Admissions U75 Circulatory 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/articles/health-inequalities-statistics

Lisburn & Castlereagh

Local Government District (LGD)

Comparison with NI

2	Health Outcomes were **Worse Than** the NI Average
10	Health Outcomes were **Similar To** the NI Average
41	Health Outcomes were **Better Than** the NI Average

Most notably:

Smoking During Pregnancy
Drug Related Admissions
Drug Related Mortality

Comparison with Most Deprived Areas

Inequality gaps between the Lisburn & Castlereagh LGD and its 20% most deprived areas:

Life Expectancy

- Male life expectancy in the LGD's most deprived areas was 77.0 years, **3.2 years** less than the LGD average (80.2 years). **Male Inequality Gap Narrowed**
- Female life expectancy in the LGD's most deprived areas was 80.3 years, **2.9 years** less than the LGD average (83.2 years). **No Change in Female Inequality Gap**

Largest Inequality Gaps

Smoking During Pregnancy (174%)	Teenage Birth Rate (U20) (162%)	SDR Alcohol Specific (116%)	SAR Alcohol Related (85%)	SIR Lung Cancer (83%)

Changes in Inequality Gaps

Most Notable **Narrowed** Deprivation Inequality Gaps	Most Notable **Widened** Deprivation Inequality Gaps
Drug Related Mortality	Teenage Birth Rate U20
U75 Circulatory Mortality	U75 Cancer Mortality
Alcohol Related Admissions	U75 Respiratory 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/articles/health-inequalities-statistics

Mid and East Antrim

Local Government District (LGD)

Comparison with NI

4	Health Outcomes were **Worse Than** the NI Average	Most notably: Self-Harm Admissions, Drug Related Admissions
35	Health Outcomes were **Similar To** the NI Average	
14	Health Outcomes were **Better Than** the NI Average	Most notably: Respiratory & U75 Respiratory Admissions, Emergency Care Attendances, Lung Cancer Mortality

Comparison with Most Deprived Areas

Inequality gaps between the Mid and East Antrim LGD and its 20% most deprived areas:

Life Expectancy

- Male life expectancy in the LGD's most deprived areas was 72.8 years, **5.7 years** less than the LGD average (78.5 years). **Male Inequality Gap Widened**
- Female life expectancy in the LGD's most deprived areas was 78.4 years, **3.9 years** less than the LGD average (82.3 years). **No Change in Female Inequality Gap**

Largest Inequality Gaps

SDR Drug Related (220%)	SAR Drug Related (155%)	SAR Self-Harm (140%)	SAR Alcohol Related (134%)	Teenage Birth Rate (U20) (117%)

Changes in Inequality Gaps

Most Notable **Narrowed** Deprivation Inequality Gaps	Most Notable **Widened** Deprivation Inequality Gaps
U75 Cancer Mortality	Low Birth Weight
Lung Cancer Mortality	U75 Circulatory Admissions
Smoking Attributable Mortality	Drug Related Mortality

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

Local Government District (LGD)

Comparison with NI

8	Health Outcomes were **Worse Than** the NI Average	Most notably: COVID-19 Mortality, Emergency Care Attendances
15	Health Outcomes were **Similar To** the NI Average	
30	Health Outcomes were **Better Than** the NI Average	Most notably: Drug Related Mortality, Alcohol Specific Mortality, Teenage Birth Rate U20

Comparison with Most Deprived Areas

Inequality gaps between the Mid Ulster LGD and its 20% most deprived areas:

Life Expectancy

- Male life expectancy in the LGD's most deprived areas was 77.8 years, **1.4 years** less than the LGD average (79.2 years). **No Change in Male Inequality Gap**
- Female life expectancy in the LGD's most deprived areas was 82.2 years, **0.8 years** less than the LGD average (83.1 years). **No Change in Female Inequality Gap**

Largest Inequality Gaps

SAR Alcohol Related (61%)	Teenage Birth Rate (U20) (57%)	SAR Drug Related (49%)	SDR Alcohol Specific (45%)	SAR Self-Harm (38%)

Changes in Inequality Gaps

Most Notable **Narrowed** Deprivation Inequality Gaps	Most Notable **Widened** Deprivation Inequality Gaps
Drug Related Mortality Smoking Attributable Mortality	Low Birth Weight

This is a summary of findings only. For a full assessment and all figures see downloadable tables at:
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Newry, Mourne and Down

Local Government District (LGD)

Comparison with NI

15 Health Outcomes were **Worse Than** the NI Average

Most notably:

Emergency Admissions
Circulatory & U75 Circulatory Admissions
U75 Respiratory Admissions

26 Health Outcomes were **Similar To** the NI Average

12 Health Outcomes were **Better Than** the NI Average

Most notably:

Drug Related Mortality
Drug Related Admissions
Self-Harm Admissions

Comparison with Most Deprived Areas

Inequality gaps between the Newry, Mourne & Down LGD and its 20% most deprived areas:

Life Expectancy

- Male life expectancy in the LGD's most deprived areas was 76.3 years, **2.6 years** less than the LGD average (78.9 years). **No Change in Male Inequality Gap**
- Female life expectancy in the LGD's most deprived areas was 82.1 years, **0.6 years** less than the LGD average (82.7 years). **No Change in Female Inequality Gap**

Largest Inequality Gaps

SDR COVID-19 (71%)	Teenage Birth Rate (U20) (65%)	SDR Drug Related (63%)	SDR Alcohol Specific (55%)	SAR Alcohol Related (53%)

Changes in Inequality Gaps

Most Notable **Narrowed** Deprivation Inequality Gaps	Most Notable **Widened** Deprivation Inequality Gaps
U75 Respiratory Admissions Preventable Mortality Avoidable Mortality	Dental Extractions (Under 18s)

This is a summary of findings only. For a full assessment and all figures see downloadable tables at:
https://www.health-ni.gov.uk/articles/health-inequalities-statistics

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 Review[37] 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 earlier 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

[37] *Fair Society, Healthy Lives: The Marmot Review* can be accessed at http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review

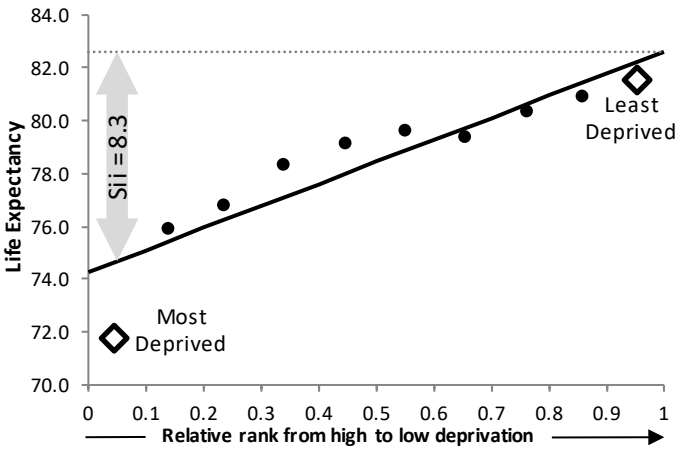
RESULTS

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. An explanatory interpretation of SII results[38] is provided for life expectancy at birth below (it is not appropriate to look at relative gaps for life expectancy and therefore SII is used instead of RII), with a time series for the Absolute Gap (most-least deprived). It should be noted that in this report the SII value tends to be larger when compared with the absolute gap. This is due to the SII calculating across deprivation deciles whereas the absolute gap is calculated across deprivation quintiles. An explanatory interpretation of RII results is also provided for all cause mortality (U75), with RII then presented for all other indicators provided in Table 4. Symbols indicating the direction of change in RII and the inequality gap from the absolute gap analysis are also provided in table 4 for each indicator.

Male Life Expectancy at Birth – SII

Year	2015-17	2016-18	2017-19	2018-20	2019-21
Absolute Gap (Most-Least Deprived)	7.1	7.1	7.0	6.9	7.3
Slope Index of Inequality (SII)	8.2	8.1	8.0	7.8	8.3

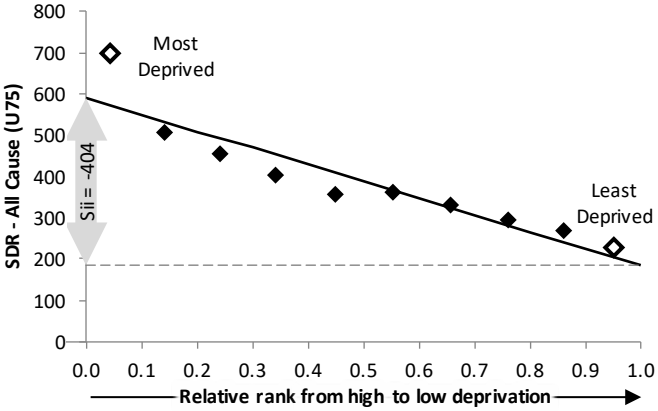
For life expectancy values, the Slope Index of Inequality (SII) indicates the absolute gap across the deprivation scale, represented by the gradient of the linear best fit line shown. In 2019-21, male life expectancy at birth indicates a SII gap of 8.3 years. This is higher than that indicated by the absolute gap between the most and least deprived quintiles (7.3 years). Both the absolute gap and SII showed no change in the male life expectancy deprivation gap between 2015-17 and 2019-21.



SDR – All Cause Mortality (U75) - RII

Year	2017	2018	2019	2020	2021
Absolute Gap (Most-Least Deprived)	124%	115%	122%	117%	141%
Slope Index of Inequality (SII)	-347	-336	-345	-367	-404
Relative Index of Inequality (RII)	-0.95	-0.94	-0.99	-0.96	-1.06

The Relative Index of Inequality (RII) indicates the relative gap across the deprivation scale. In 2017, mortality rates among those aged below 75 years indicated a deprivation gap of -0.95, meaning that the SII value of -347 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.



[38] 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				
Male Life Expectancy at Birth		2015-17	2016-18	2017-19	2018-20	2019-21
Absolute Gap (Most–Least Deprived)	—	7.1	7.1	7.0	6.9	7.3
Slope Index of Inequality (SII)	—	8.2	8.1	8.0	7.8	8.3
Female Life Expectancy at Birth		2015-17	2016-18	2017-19	2018-20	2019-21
Absolute Gap (Most–Least Deprived)	◄►	4.5	4.4	4.8	5.0	5.1
Slope Index of Inequality (SII)	◄►	5.2	5.1	5.5	5.5	5.8
Male Life Expectancy at Age 65		2015-17	2016-18	2017-19	2018-20	2019-21
Absolute Gap (Most–Least Deprived)	—	3.0	3.2	3.0	3.0	3.0
Slope Index of Inequality (SII)	—	3.3	3.5	3.3	3.2	3.2
Female Life Expectancy at Age 65		2015-17	2016-18	2017-19	2018-20	2019-21
Absolute Gap (Most–Least Deprived)	◄►	2.3	2.4	2.5	2.6	2.7
Slope Index of Inequality (SII)	—	2.6	2.6	2.7	2.6	2.8
SDR-All Deaths		2015-17	2016-18	2017-19	2018-20	2019-21
Absolute Gap (Most–Least Deprived)	◄►	36%	48%	44%	39%	52%
Relative Index of Inequality (RII)	◄►	-0.38	-0.45	-0.42	-0.37	-0.50
Potential Years of Life Lost		2015-17	2016-18	2017-19	2018-20	2019-21
Absolute Gap (Most–Least Deprived)	—	131%	127%	130%	125%	134%
Relative Index of Inequality (RII)	—	-1.01	-0.99	-1.01	-1.01	-1.06
SDR- Treatable		2013-17	2014-18	2015-19	2016-20	2017-21
Absolute Gap (Most–Least Deprived)	►◄	103%	90%	92%	87%	90%
Relative Index of Inequality (RII)	►◄	-0.85	-0.78	-0.78	-0.76	-0.78
SDR – Preventable		2013-17	2014-18	2015-19	2016-20	2017-21
Absolute Gap (Most–Least Deprived)	◄►	177%	184%	195%	193%	201%
Relative Index of Inequality (RII)	—	-1.27	-1.29	-1.31	-1.30	-1.32
SDR – Avoidable		2013-17	2014-18	2015-19	2016-20	2017-21
Absolute Gap (Most–Least Deprived)	—	150%	148%	156%	153%	160%
Relative Index of Inequality (RII)	—	-1.13	-1.12	-1.14	-1.13	-1.15
SDR - Circulatory (U75)		2013-17	2014-18	2015-19	2016-20	2017-21
Absolute Gap (Most–Least Deprived)	—	141%	136%	143%	137%	138%
Relative Index of Inequality (RII)	—	-1.06	-1.01	-1.04	-1.03	-1.05
SDR - Respiratory (U75)		2013-17	2014-18	2015-19	2016-20	2017-21
Absolute Gap (Most–Least Deprived)	—	264%	258%	249%	279%	254%
Relative Index of Inequality (RII)	—	-1.49	-1.53	-1.52	-1.53	-1.52
SDR - Cancer (U75)		2013-17	2014-18	2015-19	2016-20	2017-21
Absolute Gap (Most–Least Deprived)	—	72%	70%	72%	71%	74%
Relative Index of Inequality (RII)	—	-0.70	-0.68	-0.66	-0.66	-0.67
SDR - All Cause Mortality (U75)		2017	2018	2019	2020	2021
Absolute Gap (Most–Least Deprived)	—	124%	115%	122%	117%	141%
Relative Index of Inequality (RII)	—	-0.95	-0.94	-0.99	-0.96	-1.06
SAR - Circulatory		2015/16-2017/18	2016/17-2018/19	2017/18-2019/20	2018/19-2020/21	2019/20-2021/22
Absolute Gap (Most–Least Deprived)	►◄	26%	24%	22%	20%	19%
Relative Index of Inequality (RII)	►◄	-0.25	-0.24	-0.22	-0.21	-0.19

SAR - Circulatory (U75)		2015/16-2017/18	2016/17-2018/19	2017/18-2019/20	2018/19-2020/21	2019/20-2021/22
Absolute Gap (Most–Least Deprived)	—	37%	35%	34%	35%	36%
Relative Index of Inequality (RII)	—	-0.39	-0.37	-0.36	-0.37	-0.36
SPR - Antihypertensive		2017	2018	2019	2020	2021
Absolute Gap (Most–Least Deprived)	—	24%	23%	21%	24%	24%
Relative Index of Inequality (RII)	—	-0.25	-0.25	-0.23	-0.26	-0.25
SPR - Statin		2017	2018	2019	2020	2021
Absolute Gap (Most–Least Deprived)	◄►	31%	33%	34%	35%	34%
Relative Index of Inequality (RII)	—	-0.34	-0.35	-0.36	-0.37	-0.35
SAR - Respiratory		2015/16-2017/18	2016/17-2018/19	2017/18-2019/20	2018/19-2020/21	2019/20-2021/22
Absolute Gap (Most–Least Deprived)	◄►	93%	94%	95%	101%	103%
Relative Index of Inequality (RII)	◄►	-0.75	-0.75	-0.76	-0.81	-0.84
SAR - Respiratory (U75)		2015/16-2017/18	2016/17-2018/19	2017/18-2019/20	2018/19-2020/21	2019/20-2021/22
Absolute Gap (Most–Least Deprived)	◄►	113%	113%	112%	122%	123%
Relative Index of Inequality (RII)	◄►	-0.88	-0.89	-0.88	-0.95	-0.97
SIR - Cancer		2010-16	2011-17	2012-18	2013-19	2014-20
Absolute Gap (Most–Least Deprived)	—	21%	22%	22%	19%	21%
Relative Index of Inequality (RII)	—	-0.23	-0.23	-0.23	-0.21	-0.23
SDR - COVID-19					2020	2021
Absolute Gap (Most–Least Deprived)					25%	90%
Relative Index of Inequality (RII)					-0.23	-0.63
SAR - All Admissions		2017/18	2018/19	2019/20	2020/21	2021/22
Absolute Gap (Most–Least Deprived)	—	39%	39%	35%	39%	39%
Relative Index of Inequality (RII)	—	-0.38	-0.39	-0.37	-0.41	-0.40
SAR - Emergency Admissions		2017/18	2018/19	2019/20	2020/21	2021/22
Absolute Gap (Most–Least Deprived)	—	64%	64%	60%	62%	62%
Relative Index of Inequality (RII)	—	-0.57	-0.58	-0.56	-0.58	-0.58
SAtR - Emergency Care Attendances		2017/18	2018/19	2019/20	2020/21	2021/22
Absolute Gap (Most–Least Deprived)	—	57%	56%	55%	59%	57%
Relative Index of Inequality (RII)	—	-0.52	-0.51	-0.50	-0.54	-0.52
SAR - Elective Inpatient Admissions		2017/18	2018/19	2019/20	2020/21	2021/22
Absolute Gap (Most–Least Deprived)	—	26%	36%	28%	27%	21%
Relative Index of Inequality (RII)	—	-0.26	-0.36	-0.30	-0.31	-0.22
SAR - Day Case Admissions		2017/18	2018/19	2019/20	2020/21	2021/22
Absolute Gap (Most–Least Deprived)	—	24%	23%	19%	22%	26%
Relative Index of Inequality (RII)	—	-0.26	-0.26	-0.22	-0.28	-0.29
SAR – Self-Harm Admissions		2013/14-2017/18	2014/15-2018/19	2015/16-2019/20	2016/17-2020/21	2017/18-2021/22
Absolute Gap (Most–Least Deprived)	►◄	251%	239%	215%	188%	169%
Relative Index of Inequality (RII)	►◄	-1.56	-1.51	-1.43	-1.31	-1.21
Crude Suicide Rate		2015-17	2016-18	2017-19	2018-20	2019-21
Absolute Gap (Most–Least Deprived)	—	162%	173%	127%	97%	114%
Relative Index of Inequality (RII)	—	-1.17	-1.26	-1.08	-0.94	-1.00
SPR - Mood & Anxiety		2017	2018	2019	2020	2021
Absolute Gap (Most–Least Deprived)	—	67%	67%	66%	67%	66%
Relative Index of Inequality (RII)	—	-0.62	-0.62	-0.62	-0.63	-0.62

SAR - Alcohol Related Causes		2015/16-2017/18	2016/17-2018/19	2017/18-2019/20	2018/19-2020/21	2019/20-2021/22
Absolute Gap (Most–Least Deprived)	►◄	338%	300%	277%	276%	272%
Relative Index of Inequality (RII)	►◄	-1.91	-1.82	-1.75	-1.72	-1.68
SDR - Alcohol Specific		2013-17	2014-18	2015-19	2016-20	2017-21
Absolute Gap (Most–Least Deprived)	—	353%	316%	319%	306%	342%
Relative Index of Inequality (RII)	—	-1.85	-1.83	-1.84	-1.87	-1.89
SDR - Smoking Attributable Causes		2013-17	2014-18	2015-19	2016-20	2017-21
Absolute Gap (Most–Least Deprived)	◄►	91%	94%	96%	97%	98%
Relative Index of Inequality (RII)	◄►	-0.76	-0.78	-0.79	-0.79	-0.80
SIR - Lung Cancer		2010-16	2011-17	2012-18	2013-19	2014-20
Absolute Gap (Most–Least Deprived)	—	150%	160%	162%	150%	155%
Relative Index of Inequality (RII)	—	-1.12	-1.16	-1.17	-1.16	-1.18
SDR - Lung Cancer		2013-17	2014-18	2015-19	2016-20	2017-21
Absolute Gap (Most–Least Deprived)	—	154%	161%	159%	151%	151%
Relative Index of Inequality (RII)	—	-1.19	-1.22	-1.18	-1.16	-1.16
SAR - Drug Related Causes		2015/16-2017/18	2016/17-2018/19	2017/18-2019/20	2018/19-2020/21	2019/20-2021/22
Absolute Gap (Most–Least Deprived)	►◄	282%	260%	239%	226%	215%
Relative Index of Inequality (RII)	►◄	-1.66	-1.60	-1.50	-1.45	-1.43
SDR - Drug Related Causes		2013-17	2014-18	2015-19	2016-20	2017-21
Absolute Gap (Most–Least Deprived)	—	334%	385%	398%	362%	306%
Relative Index of Inequality (RII)	—	-2.00	-2.12	-2.09	-2.02	-1.87
SDR - Drug Misuse		2013-17	2014-18	2015-19	2016-20	2017-21
Absolute Gap (Most–Least Deprived)	◄►	372%	424%	460%	411%	439%
Relative Index of Inequality (RII)	—	-2.03	-2.13	-2.14	-2.09	-2.16
Smoking During Pregnancy		2017	2018	2019	2020	2021
Absolute Gap (Most–Least Deprived)	—	376%	458%	340%	374%	440%
Relative Index of Inequality (RII)	—	-1.75	-1.77	-1.69	-1.72	-1.84
Teenage Birth Rate (U20)		2017	2018	2019	2020	2021
Absolute Gap (Most–Least Deprived)	—	310%	404%	519%	611%	358%
Relative Index of Inequality (RII)	—	-1.67	-1.97	-1.99	-2.04	-1.71
Breastfeeding on Discharge		2017	2018	2019	2020	2021
Absolute Gap (Most–Least Deprived)	—	49%	48%	46%	48%	47%
Relative Index of Inequality (RII)	—	0.76	0.73	0.73	0.73	0.74
Low Birth Weight		2017	2018	2019	2020	2021
Absolute Gap (Most–Least Deprived)	◄►	32%	38%	44%	50%	55%
Relative Index of Inequality (RII)	◄►	-0.33	-0.42	-0.53	-0.62	-0.63
Small for Gestational Age				2019	2020	2021
Absolute Gap (Most–Least Deprived)				78%	65%	65%
Relative Index of Inequality (RII)				-0.74	-0.63	-0.66
Primary 1 BMI: Obese		2015/16-2017/18	2016/17-2018/19	2017/18-2019/20	2018/19-2020/21	2019/20-2021/22
Absolute Gap (Most–Least Deprived)	◄►	45%	60%	64%	62%	93%
Relative Index of Inequality (RII)	◄►	-0.43	-0.50	-0.56	-0.56	-0.76
Primary 1 BMI: Overweight or Obese		2015/16-2017/18	2016/17-2018/19	2017/18-2019/20	2018/19-2020/21	2019/20-2021/22
Absolute Gap (Most–Least Deprived)	◄►	21%	31%	32%	30%	34%
Relative Index of Inequality (RII)	—	-0.89	-1.17	-1.42	-1.17	-1.33

Standardised Dental Filling Rate - Total		2017/18	2018/19	2019/20	2020/21	2021/22
Absolute Gap (Most–Least Deprived)	—	46%	48%	50%	22%	30%
Relative Index of Inequality (RII)	—	-0.44	-0.44	-0.46	-0.23	-0.31
Standardised Dental Filling Rate - Total (U18)		2017/18	2018/19	2019/20	2020/21	2021/22
Absolute Gap (Most–Least Deprived)	—	60%	64%	55%	26%	39%
Relative Index of Inequality (RII)	—	-0.53	-0.55	-0.49	-0.23	-0.35
Standardised Dental Filling Rate - Individuals		2017/18	2018/19	2019/20	2020/21	2021/22
Absolute Gap (Most–Least Deprived)	—	18%	20%	21%	8%	13%
Relative Index of Inequality (RII)	—	-0.18	-0.19	-0.20	-0.08	-0.13
Standardised Dental Filling Rate - Individuals (U18)		2017/18	2018/19	2019/20	2020/21	2021/22
Absolute Gap (Most–Least Deprived)	—	40%	40%	37%	15%	23%
Relative Index of Inequality (RII)	—	-0.36	-0.36	-0.33	-0.11	-0.21
Standardised Dental Extraction Rate - Total		2017/18	2018/19	2019/20	2020/21	2021/22
Absolute Gap (Most–Least Deprived)	—	98%	104%	105%	96%	109%
Relative Index of Inequality (RII)	—	-0.82	-0.82	-0.83	-0.78	-0.85
Standardised Dental Extraction Rate - Total (U18)		2017/18	2018/19	2019/20	2020/21	2021/22
Absolute Gap (Most–Least Deprived)	—	12%	16%	11%	1%	11%
Relative Index of Inequality (RII)	—	-0.17	-0.20	-0.10	0.05	-0.09
Standardised Dental Extraction Rate - Individuals		2017/18	2018/19	2019/20	2020/21	2021/22
Absolute Gap (Most–Least Deprived)	◄►	74%	75%	77%	82%	86%
Relative Index of Inequality (RII)	◄►	-0.64	-0.64	-0.66	-0.69	-0.72
Standardised Dental Extraction Rate - Individuals (U18)		2017/18	2018/19	2019/20	2020/21	2021/22
Absolute Gap (Most–Least Deprived)	—	17%	15%	16%	8%	18%
Relative Index of Inequality (RII)	—	-0.20	-0.18	-0.13	-0.04	-0.16
Standardised Dental Crowning Rate - Total		2017/18	2018/19	2019/20	2020/21	2021/22
Absolute Gap (Most–Least Deprived)	►◄	49%	54%	54%	7%	19%
Relative Index of Inequality (RII)	►◄	-0.43	-0.45	-0.48	-0.09	-0.20
Standardised Dental Crowning Rate - Individuals		2017/18	2018/19	2019/20	2020/21	2021/22
Absolute Gap (Most–Least Deprived)	►◄	37%	39%	41%	-1%	9%
Relative Index of Inequality (RII)	►◄	-0.33	-0.34	-0.37	-0.01	-0.10
Standardised Dental Registration Rate		2017/18	2018/19	2019/20	2020/21	2021/22
Absolute Gap (Most–Least Deprived)	—	3%	3%	3%	2%	1%
Relative Index of Inequality (RII)	—	0.05	0.05	0.05	0.04	0.03
Standardised Dental Registration Rate (U18)		2017/18	2018/19	2019/20	2020/21	2021/22
Absolute Gap (Most–Least Deprived)	—	10%	11%	12%	11%	11%
Relative Index of Inequality (RII)	—	0.14	0.15	0.16	0.16	0.15

Changes in Inequality Gaps

In the majority of indicators, there was an agreement in the assessment of change between the absolute gap and the slope index of inequality or relative index of inequality.

The absolute deprivation gap of the following indicators widened while the social gradient analysis showed that the inequality remained constant:

- Female Life Expectancy at 65
- SDR – Preventable
- SPR – Statin
- SDR – Drug Misuse
- Primary 1 BMI: Overweight or Obese

Ranking of Inequality Gaps

The table below displays, in rank order from largest to smallest, the eight indicators with the largest inequality gaps as identified by RII and absolute gap analysis. As can be seen, all eight indicators identified in each analysis were the same, with a few differences in the rank order of these inequality gaps. The 'Rank Change' column in the below table refers to how the ranking of gaps changes when analysed by RII. For example, in the below table SDR – Drug Misuse has the second largest absolute gap, but the first largest RII gap. Therefore, its rank change is 1 with the '^' symbol indicating the RII rank is increased compared to the absolute gap rank.

Rank	Absolute Gap	RII	Rank Change
1	Smoking During Pregnancy	SDR - Drug Misuse	1 ^
2	SDR - Drug Misuse	SDR - Alcohol Specific	2 ^
3	Teenage Birth Rate (U20)	SDR - Drug Related Causes	2 ^
4	SDR - Alcohol Specific	Smoking During Pregnancy	3 v
5	SDR - Drug Related Causes	Teenage Birth Rate (U20)	2 v
6	SAR - Alcohol Related Causes	SAR - Alcohol Related Causes	
7	SDR - Respiratory (U75)	SDR - Respiratory (U75)	
8	SAR - Drug Related Causes	SAR - Drug Related Causes	

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 priority. [39]

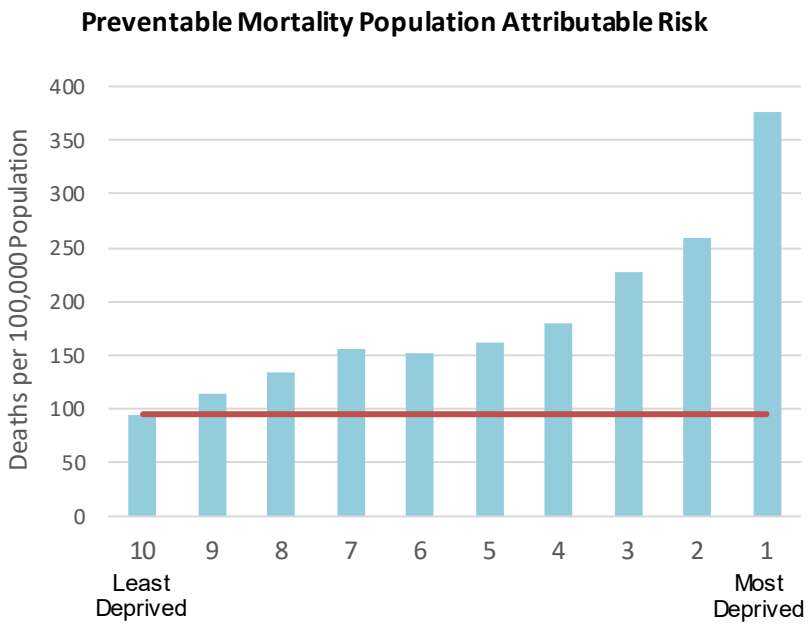
[39] Life expectancy inequality gaps are included as key overarching indicators of the public health strategic framework 'Making Life Better' www.health-ni.gov.uk/articles/making-life-better-strategic-framework-public-health

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 deprivation were eliminated. This allows us to determine the proportional decrease in alcohol-related admissions in the population for example, 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 preventable mortality in 2017-21 was 48% which indicates that almost half of preventable deaths in Northern Ireland were attributable to deprivation. This is reflected in the chart below showing the standardised death rate for preventable mortality by deprivation decile, with the proportion of deaths above the red line totalling the 48% of preventable deaths attributable to deprivation.

Indicator	%PAR
Teenage Birth Rate (U20)	72%
SDR - Alcohol Related Causes (U75)	61%
SDR - Preventable	48%
SAR - Alcohol Related Causes	48%
SAR - Self-Harm Admissions	47%
SDR - Respiratory (U75)	45%
SDR - Avoidable	42%
SIR - Lung Cancer	41%
SDR - Circulatory (U75)	40%
SDR - Cancer (U75)	26%
CDR - Suicide	25%
SAR - Emergency	25%



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[40] Time (Minutes: Seconds)	2017/18 All	2018/19 All	2019/20 All	2020/21 All	2021/22 All
NI	00:08:11	00:08:23	00:08:15	00:08:39	00:08:41
Most Deprived	00:06:38	00:06:40	00:06:42	00:07:00	00:06:57
Least Deprived	00:08:07	00:08:13	00:08:09	00:08:32	00:08:55
Most-Least Deprived	-18%	-19%	-18%	-18%	-22%

Median Ambulance Response Times[40,41,42,43] Time (Minutes: Seconds)	2018 All	2019 All	2020 All	2021 All	2022 All
NI	00:13:36	00:15:36	00:17:14	00:24:37	00:23:11
Most Deprived	00:09:41	00:12:11	00:14:26	00:21:17	00:18:15
Least Deprived	00:14:48	00:16:21	00:17:51	00:27:33	00:24:32
Most-Least Deprived	-35%	-25%	-19%	-23%	-26%

Looked After Children Rate per 1,000 population under 18 years	2017 All	2018 All	2019 All	2020 All	2021 All
NI	5.3	5.5	6.0	6.3	6.3
Most Deprived	10.8	11.3	10.8	12.1	13.2
Least Deprived	1.6	1.8	1.6	2.0	1.8
Most-Least Deprived	555%	530%	581%	520%	640%

Autism Prevalence in School Age Children Rate per 100,000 population	2017/18 All	2018/19 All	2019/20 All	2020/21 All	2021/22 All
NI	2,909	3,331	4,237	4,490	4,675
Most Deprived	3,598	4,321	5,515	5,890	6,185
Least Deprived	2,861	3,223	4,154	4,399	4,405
Most-Least Deprived	26%	34%	33%	34%	40%

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

[41] In 2019/20, a new Clinical Response Model (CRM) programme was introduced along with a new set of ambulance categories in line with the national Ambulance Response Programme (ARP). Therefore, information from 2019/20 onwards is calculated differently and cannot be directly compared with previous years.

[42] COVID-19 surges may have influenced response times, through increased calls and/or greater staff absences rates.

[43] Please note that these statistics are presented for analysis of inequality gaps only and differ from the official statistics on Ambulance Response Times included within Department's annual 'Hospital Statistics: Emergency Care Activity' report. Please refer to the official statistics when assessing response times in line with the Clinical Response Model targets.

Changes to Avoidable Mortality Definitions: following an Office for National Statistics (ONS) consultation,[44] on the latest definition of avoidable mortality as proposed by the Organisation for Economic Co-operation and Development (OECD),[45] a new definition was implemented in 2020. The tables below provide figures based on the previous ONS definition, the full definition of which can be found in Table 13 within Appendix E.

SDR Amenable Mortality (Previous ONS Definition) Rate per 100,000 population	2013/17 All	2014/16 All	2015/19 All	2016/20 All	2017/21 All
NI	124	123	122	119	117
Most Deprived	196	193	189	185	181
Least Deprived	86	87	83	80	78
Most-Least Deprived	128%	121%	128%	130%	132%

SDR Preventable Mortality (Previous ONS Definition) Rate per 100,000 population	2013/17 All	2014/18 All	2015/19 All	2016/20 All	2017/21 All
NI	207	207	208	208	206
Most Deprived	335	333	336	336	336
Least Deprived	142	141	141	143	137
Most-Least Deprived	135%	136%	138%	136%	145%

SDR Avoidable Mortality (Previous ONS Definition) Rate per 100,000 population	2013/17 All	2014/18 All	2015/19 All	2016/20 All	2017/21 All
NI	244	244	244	243	241
Most Deprived	390	388	391	388	387
Least Deprived	168	169	167	168	162
Most-Least Deprived	132%	130%	135%	131%	139%

[44] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/methodologies/avoidablemortalityinenglandandwalesqmi#important-points

[45] http://www.oecd.org/health/health-systems/Avoidable-mortality-2019-Joint-OECD-Eurostat-List-preventable-treatable-causes-of-death.pdf

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 for all years up to and including 2015, due to data limitations. Further information regarding urban-rural classification can be found on the NISRA webpage at https://www.nisra.gov.uk/support/geography/urban-rural-classification.

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

Summary of findings

Compared with the rural areas, urban areas experienced worse outcomes across the majority of indicators analysed, however fire and ambulance response times continue to remain higher in rural areas.

Outcomes that were significantly worse in urban areas than rural areas

Male Life Expectancy at Birth	SPR Statin	SAR Drug Related
Female Life Expectancy at Birth	SAR Respiratory	SDR Drug Related
Male Healthy Life Expectancy	SAR Respiratory (U75)	SDR Drug Misuse
Female Healthy Life Expectancy	SIR Cancer	Infant Mortality
Male Disability Free Life Expectancy	SAR All	Smoking During Pregnancy
Male Life Expectancy at 65	SAR Emergency	Teenage Birth Rate
Female Life Expectancy at 65	SAtR Emergency Care	Breastfeeding on Discharge
SDR – All Deaths	SAR Elective Inpatient Admissions	Low Birth Weight
PYLL	SAR Day Case	Small for Gestational Age
SDR Treatable	SAR Self Harm	P1 Obese
SDR Preventable	CDR Suicide	P1 Overweight or Obese
SDR Avoidable	SPR Mood & Anxiety	Dental Extractions – Total
SDR Circulatory (U75)	SAR Alcohol Related	Dental Extractions – Individuals
SDR Respiratory (U75)	SDR Alcohol Specific	Dental Crownings –Total
SDR Cancer (U75)	SDR Smoking Attributable	Dental Crownings – Individuals
SDR All Cause (U75)	SIR Lung Cancer	Dental Registrations
SPR Antihypertensive	SDR Lung Cancer	Dental Registrations (U18)

Outcomes that were significantly better in urban areas than rural areas

Ambulance Response Times	Dental Fillings – Total (U18)	Dental Fillings – Individuals (U18)
Fire Response Times	Dental Fillings – Individuals	Dental Extractions – Total (U18)
	Dental Fillings – Total	

Outcomes that were similar (or not significantly different) in urban areas and rural areas

Female Disability Free Life Expectancy	SAR Circulatory (U75)	Healthy Birth Weight
SAR Circulatory	SDR – COVID-19	Dental Extractions - Individuals (U18)

Figures for each indicator for NI, Rural areas, Urban areas, Mixed Urban-Rural areas and the Urban-Rural Gap, are provided within the accompanying downloadable tables: https://www.health-ni.gov.uk/articles/health-inequalities-statistics

APPENDIX E: TECHNICAL NOTES & DEFINITIONS

Indicators

There are 62 indicators included in the Northern Ireland analyses for the current report. Not all indicators are assessed at each level of geography (see Table 5), and dependent on the number of years data available, or any potential quality issues, assessments may not be made on all aspects of an indicator.

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.

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 62 indicators examined at the regional level were deemed robust enough to be presented at the sub-regional level. Of these 62 indicators; 55 were found suitable to be published at the HSC Trust level, 53 at the LGD level and 44 at the DEA level. A full list of indicators and the level analysed can be found in Table 5.

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'.

Review of Suicide Statistics in Northern Ireland

Suicide deaths in Northern Ireland are defined as deaths from Self-inflicted Injury (also referred to as intentional self-harm) as well as Events of Undetermined Intent. This is consistent with the UK National Statistics definition. A death which is suspected to be suicide must be referred to the Coroner with the information provided by coroners at registration of the death used to code the underlying cause of death. In some instances, it can be difficult to establish whether the cause of death was suicide. If it is not clear, or the Coroner has not specifically stated that it is a suicide, these are coded as 'Undetermined'.

Following a quality exercise between NISRA Vital Statistics Unit and the Coroners' Service, to better understand drug related deaths and intent, improvements have been made in order to reduce the number of deaths coded as 'Undetermined'. This process highlighted that some deaths coded as 'Undetermined' would be better classified as 'Drug-related', 'Accidental' or 'Intentional self-harm and event of undetermined intent (Suicide)'. The review of suicide statistics was completed in autumn 2022. A statistical discontinuity now exists for these categories from 2015 onwards preventing comparisons with data that exists prior to the review. This limitation prevents complete sub-regional analysis over a five year period for the Suicide mortality indicator (CDR – Suicide) which uses five-year aggregated totals. Further information on this review and detailed statistics on the number of suicides registered each year in Northern Ireland can be accessed at the link below.

https://www.nisra.gov.uk/publications/suicide-statistics

Use of Suicide Statistics in this Publication

In this report, and other reports produced by PHIRB, mortality from suicide is calculated according to the UK National Statistics definition shown in the table below.

ICD-10 Underlying Cause Code	Description
X60-84, Y87.0	Self-inflicted Injury (Intentional self-harm)
Y10-Y34, Y87.2	Events of Undetermined Intent

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	●			
Standardised Death Rate – All Deaths	●	●	●	
Potential Years of Life Lost –All	●	●	●	●
Standardised Death Rate – Treatable	●	●	●	●
Standardised Death Rate – Preventable	●	●	●	●
Standardised Death Rate – Avoidable	●	●	●	●
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 Death Rate – COVID-19	●	●	●	●
Standardised Admission Rate - All Admissions	●	●	●	●
Standardised Admission Rate - Emergency Admissions	●	●	●	●
Standardised Attendance Rate - Emergency Care	●	●	●	●
Standardised Admission Rate - Elective Inpatient Admissions	●	●	●	●
Standardised Admission Rate - Day Case Admissions	●	●	●	●
Standardised Admission Rate – Self-Harm Admissions	●	●	●	
Crude Death Rate – Suicide	●	●	●	●
Standardised Prescription Rate - Mood & Anxiety	●	●	●	●
Standardised Admission Rate - Alcohol Related Causes	●	●	●	●
Standardised Death Rate - Alcohol Specific Causes	●	●	●	
Standardised Death Rate - Smoking Attributable 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)	●	●	●	
Breastfeeding on Discharge	●	●	●	●
Low Birth Weight	●	●	●	●
Healthy Birth Weight	●	●	●	●
Small for Gestational Age	●	●	●	●
Primary 1 BMI: Obese	●			
Primary 1 BMI: Obese & Overweight	●			
Standardised Dental Filling Rate - Total	●	●	●	●
Standardised Dental Filling Rate – Total (U18)	●	●	●	●
Standardised Dental Filling Rate - Individuals	●	●	●	●
Standardised Dental Filling Rate – Individuals (U18)	●	●	●	●

INDICATOR	NI	Trust	LGD	DEA
Standardised Dental Extraction Rate – Total	●	●	●	●
Standardised Dental Extraction Rate – Total (U18)	●	●	●	●
Standardised Dental Extraction Rate - Individuals	●	●	●	●
Standardised Dental Extraction Rate – Individuals (U18)	●	●	●	●
Standardised Dental Crowning Rate - Total	●	●	●	●
Standardised Dental Crowning Rate – Individuals	●	●	●	●
Standardised Dental Registration Rate	●	●	●	●
Standardised Dental Registration Rate (U18)	●	●	●	●

Methodology for Assessing Health Outcomes

In order to provide an assessment of the LGD to NI inequality gaps for the most recent year, analysis was performed to indicate whether the LGD average was better than, similar to, or worse than the NI average. If the LGD average of the health outcome had overlapping confidence intervals with the NI average, then the health outcome was reported as being similar to the NI average. Where confidence intervals did not overlap, the LGD average of the health outcome was reported as being either better or worse than the NI average. This methodology was employed for all standardised rates (i.e. death, admission, incidence, and prescription rates). For those health outcomes which did not have confidence intervals associated with them, such as teenage birth rate, a range of +/- 5% was calculated for each health outcome value and if the NI average fell within this range the health outcome was considered to be similar to the NI average. It should be noted that given the particular sensitivity around the health outcome 'crude suicide rate' and the relatively small numbers involved a range of +/- 2.5% was employed. This methodology allowed us to identify any health outcomes which were notably worse or better than the NI average and was used to provide an assessment of the health outcomes at DEA level, compared with the LGD average. As with all of our observations of differences between areas and assessments of changes over time, conclusions are open to interpretation.

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 death, there may be a delay in registering some deaths. Events such as infant death or suicide 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 14,204 and 17,614 from the turn of the century up to 2021, yet with the exception of 2020 and 2021 mortality rates had been generally been falling – this can be partially explaining by the growing and ageing Northern Ireland population. Between 2008 and 2021 for example, the population grew from 1,779,152 to 1,904,563; an increase of 125,411 persons (7.0%). During this time the proportion of the population aged 65 and over increased from 13.9% (247,500 persons) in 2008 to 17.3% (329,225 persons) in 2021.

Small Area Population Estimates

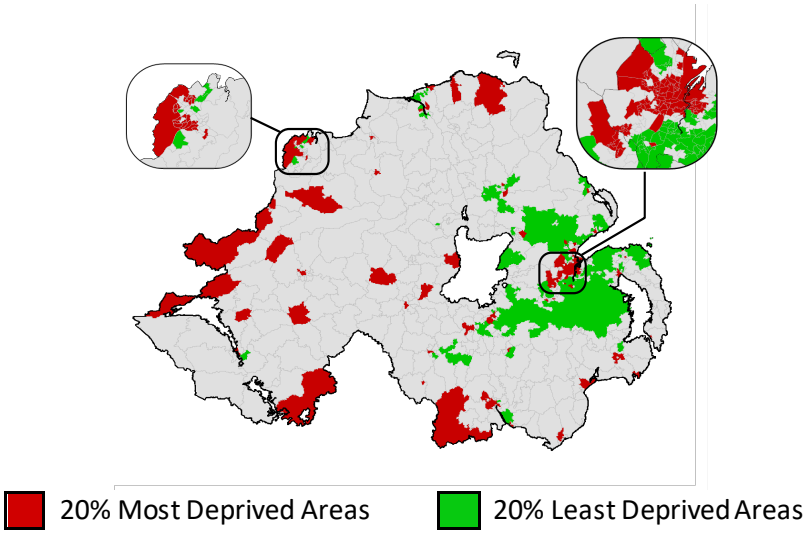
Population estimates disaggregated to a relatively small geographic area level (i.e. Super Output Area (SOA) and Small Area (SA)), by age and gender, are used to calculate many of the HSCIMS indicators for deprived and rural areas. However, as population estimates produced for NI are not available to 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 20% most and least deprived areas are defined according to the NIMDM 2017.[46]

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 the 2017 NIMDM



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Drug Related Admissions and Mortality

Please note that some observations may be due to changes in drug misuse behaviours among the population. There are ongoing concerns about polydrug misuse and the misuse of prescription drugs and new psychoactive substances. It appears that a significant cohort are engaging in increasingly risky behaviours, with an acute increase in related harms.

Childhood Obesity

The data cleansing parameters applied to the calculation of childhood obesity figures has been refined from 2017/18 onwards. Therefore figures should be treated with caution when making comparisons.

Year 8 BMI assessments have been temporarily removed from this report as year 8 data from 2018/19 to 2021/22 does not include measurements across all HSC Trusts and as a result, a regional assessment cannot be produced. In addition, sub-regional analysis for year 8 has also been removed as it is not possible to analyse all HSC Trust and LGD areas, nor can any comparison be made of sub-regional areas with the NI average. In addition, Primary 1 figures combine 3 years of data and are analysed at the regional level only. This is due to the school closures resulting from the COVID-19 pandemic which led to a reduction in the number of records in 2019/20 to 2021/22. As a result figures and assessments of change should be treated with caution due to excessively low BMI recording levels as a result of the pandemic.

[46] https://www.nisra.gov.uk/statistics/deprivation/northern-ireland-multiple-deprivation-measure-2017-nimdm2017

Sources of Information

Table 6: Indicators and Supplementary Information

Information	Source
Deaths and births	General Register Office, Vital Statistics & Administrative Research and Support Branch (VARS), NI Statistics and Research Agency (NISRA)
Hospital Admissions & Attendances	Hospital Information Branch, Information Analysis Directorate, DoH
Prescriptions	Business Services Organisation
Cancer Incidence	NI Cancer Registry
Smoking during pregnancy, breastfeeding, low birth weight, small for gestational age, healthy birth weight	NI Maternity System[47]
Childhood overweight/obesity	Child Health System
Dental Indicators	Business Services Organisation
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
NI Small Area Population Estimates	NI Statistics and Research Agency (NISRA)
European Standard Population (ESP) 2013	Eurostat
Deprivation classification	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

[47] Please note that prior to 2017, data used in the production of low birth weight statistics, as well as healthy birth weight, smoking during pregnancy and breastfeeding, were provided from each of the HSC Trust Child Health Systems (CHS). From 2017 onwards figures are produced directly from the Northern Ireland Maternity System (NIMATS) by Information & Analysis Directorate (IAD). Low birth weight data from NIMATs data is used to populate the Trust CHS so data from the two systems should be consistent. IAD have investigated historic data to ensure that previously published data obtained through CHS was wholly consistent with that held on NIMATS.

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 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)	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). HLE excludes communal establishments. All urban/rural analysis prior to 2016 is based on the 2005 urban-rural classification. Please note that due to the influence of the pandemic the HSNI has been conducted over the phone in 2020/21, as opposed to in person. This may have influenced the responses given by respondents. In addition, the sample size was lower as a result and children were not included in the survey.
Disability Free Life Expectancy (DFLE)	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. DFLE excludes communal establishments. All urban/rural analysis prior to 2016 is based on the 2005 urban-rural classification. It should be noted that the health survey question used to determine longstanding illness changed from 2012/13 onward by making specific reference to mental health conditions in addition to physical. The new question is based on the UK harmonised principle for long-lasting health conditions and illness. This change may have affected responses to the question and subsequently impacted on DFLE figures. For further information contact PHIRB (details on reverse of publication). Please note that due to the influence of the pandemic the HSNI was conducted over the phone in 2020/21, as opposed to in person. This may have influenced the responses given by respondents. In addition, the sample size was lower as a result and children were not included in the survey.

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, where the Health and Care Number (HCN) of the mother is recorded, that were to mothers that reported smoking during pregnancy. Data is based on smoking status as recorded at the earliest available antenatal booking appointment. As this indicator is self-reported, it may be subject to a degree of under-reporting. Figures for 2018 onwards have been revised due to a change in methodology and quality assurance processes, and therefore differ slightly from previous editions of this report.
Low Birth Weight	The proportion of all live births where the HCN of the mother is recorded and the birth weight of the child was less than 2,500g.
Healthy Birth Weight	The proportion of all live births, where the HCN of the mother is recorded, with a birth weight within a range appropriate for their gestational age and gender.
Breastfeeding on Discharge	The proportion of all live births, where the HCN of the mother is recorded, that were being breastfed on discharge from hospital. Figures include mothers' breastfeeding their child as well as using complementary feeding.
Small for Gestational Age	The proportion of all live births, where the HCN of the mother is recorded, that were small-for-gestational age (SGA). This is when an infant is born with a birth weight less than the 10th percentile, on a chart customised for maternal characteristics, for gestational age in body weight. Birth weight percentile is only available from 2019 onwards due to insufficient recording levels prior to 2019.

ADMISSIONS	
Hospital Inpatient System (HIS)	Admissions data used to calculate rates are provided by the Hospital Information Branch and are extracted from the Hospital Inpatient 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.[48]
- 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 8.
- Drug Related Causes	Drug related causes included in Table 10.
- 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. It should be noted that there have been a range of additional infrastructure provided to support people presenting with self-harm. These programmes may be contributing to the decrease in self-harm admissions.

ATTENDANCES	
SYMPHONY & EEMS	Attendance data used to calculate rates are provided by the Hospital Information Branch and are from the two administrative systems used by emergency departments in Northern Ireland (SYMPHONY & EEMS). Figures are based on number of attendances and not individuals. Further information on emergency care activity is available at https://www.health-ni.gov.uk/articles/emergency-care-and-ambulance-statistics.
Indicator Name	
- Emergency Care Attendances	New and unplanned review attendances at all Emergency Departments (Types 1 - 3). Data for RVH-RAES (Eye Casualty) not included prior to 2018/19. This relates to any patient who presents without appointment to an emergency care department. This differs from an emergency admission where a patient is admitted to an acute hospital by various routes, including through an emergency care department or via a General Practitioner. Rates for the Standardised Attendance Rate – Emergency Care have been revised in the current publication as a result of a quality assurance exercise. Values for previous years may therefore not match with earlier versions of the Health Inequalities Annual Report.

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.

[48] 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/2019/en#/II

Suicide (CDR) *Not age standardised as it was found to make little or no difference whilst introducing a new confidence interval*	The number of deaths by intentional self-harm and events of undetermined intent per 100,000 population ICD-10 codes X60-X84, Y87.0, Y10-Y34, Y87.2.
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 years of age
- All Age All Cause	All causes
- Treatable	Causes of death that can be mainly avoided through timely and effective health care interventions, including secondary prevention and treatment (i.e. after the onset of disease, to reduce case-fatality) – see Table 7 for full list of causes.
- Preventable	Causes of death that can be mainly avoided through effective public health and primary prevention interventions (i.e. before the onset of diseases/injuries, to reduce incidence) – see Table 7 for full list of causes.
- Avoidable	Avoidable deaths are all those defined as preventable and treatable – see Table 7 for full list of causes.
- Circulatory U75	ICD-10 codes I00-I99, under 75 years of age.
- Respiratory U75	ICD-10 codes J00-J99, under 75 years of age.
- Cancer U75	ICD-10 codes C00-C97, under 75 years of age.
- Lung Cancer	ICD-10 codes C33-C34.
- COVID-19	In this report deaths due to COVID-19 are defined as 'deaths due to COVID-19' and use the same International Classification of Disease Tenth Revision (ICD-10) codes as reported by NISRA within the Registrar General Annual Report i.e. ICD-10 codes U07.1, U07.2 and U10.9
- Alcohol Specific	Alcohol Specific causes – see Table 9 for full list of causes.
- Drug Related Causes	Drug related causes – see Table 10 for full list of causes.
- Drug Misuse	Deaths related to drug misuse – see Table 11 for full list of causes.
- Smoking Attributable Causes	Deaths due to Smoking attributable causes – see Table 12 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.
Northern Ireland Cancer Registry (NICR) Standardised Incidence Rate (SIR)	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. 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). As data is sourced from a live dataset that is subject to change, NICR annually provides the latest ten years of data to provide the latest picture. As a result, historical figures within this report are subject to change.

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 and Dental Health	
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 as determined by the International Obesity Taskforce (IOTF) 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 For data since 2017/18, additional data cleansing parameters have been applied.
Dental indicators	Data on the number of fillings, extractions, crownings and individuals registered with a dentist are supplied by Business Services Organisation (BSO). Dental indicators are age standardised using population data sourced from NISRA, as with the majority of other indicators used in this publication. Dental indicators for fillings, extractions and crownings only includes paid treatments carried out by General Dental Service (GDS) dentists. These indicators do not include private work or secondary care activity, including work carried out by the Community Dental Service. Please note that for each dental indicator there is a possibility that individuals may be counted in two age groups, if they had a birthday between two or more separate procedures within the same year. This occurs in only a small number of cases (typically around 2% or less), but should be considered when interpreting data.
Standardised dental indicator rate	This is calculated by standardising (using the direct method) the indicator value in NI (over a predefined period) to the 2013 ESP.

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.
Indicator Name	**BSO Data**
- Standardised Dental Filling Rate – Total	Total number of fillings per 100,000 population.
- Standardised Dental Filling Rate – Total (U18)	Total number of fillings in under 18s per 100,000 population.
- Standardised Dental Filling Rate – Individuals	Individuals receiving one or more fillings per 100,000 population.
- Standardised Dental Filling Rate – Individuals (U18)	Individuals aged under 18 receiving one or more fillings per 100,000 population.
- Standardised Dental Extraction Rate – Total	Total number of extractions per 100,000 population.
- Standardised Dental Extraction Rate – Total (U18)	Total number of extractions in under 18s per 100,000 population.
- Standardised Dental Extraction Rate – Individuals	Individuals receiving one or more extractions per 100,000 population.
- Standardised Dental Extraction Rate – Individuals (U18)	Individuals aged under 18 receiving one or more extractions per 100,000 population.
- Standardised Dental Crowning Rate – Total	Total number of crownings per 100,000 population.
- Standardised Dental Crowning Rate – Individuals	Individuals receiving one or more crownings per 100,000 population.
- Standardised Dental Registration Rate	Individuals registered with a dentist per 100,000 population
- Standardised Dental Registration Rate (U18)	Individuals aged under 18 registered with a dentist per 100,000 population

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. For consistency the methodology used in this report is the one used in previous years. However the measuring of response times has been revised for internal reports. When measuring performance internally the Data Hub removes any incidents were the response time is less than one minute or greater than one hour to avoid outliers skewing performance.
Median Ambulance Response Time	The median time taken by the appropriate response vehicle 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 CAT1, CAT1(T) and CAT2 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

The table below lists the revised ICD-10 classification codes of all causes of death considered avoidable, with indication as to which are considered treatable, preventable or both. This definition was implemented following an Office for National Statistics (ONS) consultation,[49] on the latest definition of avoidable mortality as proposed by the Organisation for Economic Co-operation and Development (OECD).[50] All avoidable mortality indicators, including the back series, are based on the new definition. The previous definition, for use with the additional indicators in Appendix C, can be found in Table 13. Within the OECD definition, recently COVID-19 has been added to the definition in the new category "Provisional assignment of new diseases".

Table 7: Treatable, Preventable & Avoidable Causes

Condition Group & Cause	ICD-10 Codes	Age	Treatable	Preventable
Infectious Diseases				
Intestinal Diseases	A00-A09	0-74		•
Diphtheria, Tetanus, Poliomyelitis	A35, A36, A80	0-74		•
Whooping cough	A37	0-74		•
Meningococcal infection	A39	0-74		•
Sepsis due to streptococcus pneumonia and sepsis due to haemophilus influenza	A40.3, A41.3	0-74		•
Haemophilus influenza infections	A49.2	0-74		•
Sexually transmitted infections (except HIV/AIDS)	A50-A60, A63, A64	0-74		•
Varicella	B01	0-74		•
Measles	B05	0-74		•
Rubella	B06	0-74		•
Viral Hepatitis	B15-B19	0-74		•
HIV/AIDS	B20-B24	0-74		•
Malaria	B50-B54	0-74		•
Haemophilus and pneumococcal meningitis	G00.0, G00.1	0-74		•
Tuberculosis	A15-A19, B90, J65	0-74	• (50%)	• (50%)
Scarlet fever	A38	0-74	•	
Sepsis	A40 (excl. A40.3), A41 (excl. A41.3)	0-74	•	
Cellulitis	A46, L03	0-74	•	
Legionnaires disease	A48.1	0-74	•	
Streptococcal and enterococci infection	A49.1	0-74	•	
Other meningitis	G00.2, G00.3, G00.8, G00.9	0-74	•	
Meningitis due to other and unspecified causes	G03	0-74	•	

[49] https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/methodologies/avoidablemortalityinenglandandwalesqmi#important-points

[50] http://www.oecd.org/health/health-systems/Avoidable-mortality-2019-Joint-OECD-Eurostat-List-preventable-treatable-causes-of-death.pdf

Condition Group & Cause	ICD-10 Codes	Age	Treatable	Preventable
Cancer				
Lip, oral cavity and pharynx cancer	C00-C14	0-74		•
Oesophageal cancer	C15	0-74		•
Stomach cancer	C16	0-74		•
Liver cancer	C22	0-74		•
Lung cancer	C33-C34	0-74		•
Mesothelioma	C45	0-74		•
Skin (melanoma) cancer	C43	0-74		•
Bladder cancer	C67	0-74		•
Cervical cancer	C53	0-74	• (50%)	• (50%)
Colorectal cancer	C18-C21	0-74	•	
Breast cancer (Female only)	C50	0-74	•	
Uterus cancer	C54,C55	0-74	•	
Testicular cancer	C62	0-74	•	
Thyroid cancer	C73	0-74	•	
Hodgkin's disease	C81	0-74	•	
Lymphoid leukaemia	C91.0, C91.1	0-74	•	
Benign neoplasm	D10-D36	0-74	•	
Endocrine and metabolic diseases				
Nutritional deficiency anaemia	D50-D53	0-74		•
Diabetes mellitus	E10-E14	0-74	• (50%)	• (50%)
Thyroid disorders	E00-E07	0-74	•	
Adrenal disorders	E24-E25 (except E24.4), E27	0-74	•	
Diseases of the nervous system				
Epilepsy	G40,G41	0-74	•	
Diseases of the circulatory system				
Aortic aneurysm	I71	0-74	• (50%)	• (50%)
Hypertensive diseases	I10-I13, I15	0-74	• (50%)	• (50%)
Ischaemic heart diseases	I20-I25	0-74	• (50%)	• (50%)
Cerebrovascular diseases	I60-I69	0-74	• (50%)	• (50%)
Other atherosclerosis	I70, I73.9	0-74	• (50%)	• (50%)
Rheumatic and other heart diseases	I00-I09	0-74	•	
Venous thromboembolism	I26, I80, I82.9	0-74	•	

Condition Group & Cause	ICD-10 Codes	Age	Treatable	Preventable
Diseases of the respiratory system				
Influenza	J09-J11	0-74		•
Pneumonia due to Streptococcus pneumonia or Haemophilus influenza	J13-J14	0-74		•
Chronic lower respiratory diseases	J40-J44	0-74		•
Lung diseases due to external agents	J60-J64, J66-J70, J82, J92	0-74		•
Upper respiratory infections	J00-J06, J30-J39	0-74	•	
Pneumonia, not elsewhere classified or organism unspecified	J12, J15, J16-J18	0-74	•	
Acute lower respiratory infections	J20-J22	0-74	•	
Asthma and bronchiectasis	J45-J47	0-74	•	
Adult respiratory distress syndrome	J80	0-74	•	
Pulmonary oedema	J81	0-74	•	
Abscess of lung and mediastinum pyothorax	J85, J86	0-74	•	
Other pleural disorders	J90, J93, J94	0-74	•	
Diseases of the digestive system				
Gastric and duodenal ulcer	K25-K28	0-74	•	
Appendicitis	K35-K38	0-74	•	
Abdominal hernia	K40-K46	0-74	•	
Cholelithiasis and cholecystitis	K80-K81	0-74	•	
Other diseases of gallbladder or biliary tract	K82-K83	0-74	•	
Acute pancreatitis	K85.0, K85.1, K85.3, K85.8, K85.9	0-74	•	
Other diseases of pancreas	K86.1, K86.2, K86.3, K86.8, K86.9	0-74	•	
Diseases of the genitourinary system				
Nephritis and nephrosis	N00-N07	0-74	•	
Obstructive uropathy	N13, N20-N21, N35	0-74	•	
Renal failure	N17-N19	0-74	•	
Renal colic	N23	0-74	•	
Disorders resulting from renal tubular dysfunction	N25	0-74	•	
Unspecified contracted kidney, small kidney of unknown cause	N26-N27	0-74	•	
Inflammatory diseases of genitourinary system	N34.1, N70-N73, N75.0, N75.1, N76.4, N76.6	0-74	•	
Prostatic hyperplasia	N40	0-74	•	

Condition Group & Cause	ICD-10 Codes	Age	Treatable	Preventable
Pregnancy, childbirth and perinatal period				
Tetanus neonatorum	A33	0-74		•
Obstetrical tetanus	A34	0-74		•
Pregnancy, childbirth and the puerperium	O00-O99	0-74	•	
Certain conditions originating in the perinatal period	P00-P96	0-74	•	
Congenital malformations				
Certain congenital malformations (neural tube defects)	Q00, Q01, Q05	0-74		•
Congenital malformations of the circulatory system (heart defects)	Q20-Q28	0-74	•	
Adverse effects of medical and surgical care				
Drugs, medicaments and biological substances causing adverse effects in therapeutic use	Y40-Y59	0-74	•	
Misadventures to patients during surgical and medical care	Y60-Y69,Y83-Y84	0-74	•	
Medical devices associated with adverse incidents in diagnostic and therapeutic use	Y70-Y82	0-74	•	
Injuries				
Transport Accidents	V01-V99	0-74		•
Accidental Injuries	W00-X39, X46-59	0-74		•
Intentional self-harm	X66-X84	0-74		•
Event of undetermined intent	Y16-Y34	0-74		•
Assault	X86-Y09	0-74		•
Alcohol related and drug-related deaths				
Alcohol specific disorders and poisonings	E24.4, F10, G31.2, G62.1, G72.1, I42.6, K29.2, K70, K85.2, K86.0, Q86.0, R78.0, X45, X65, Y15	0-74		•
Other alcohol related disorders	K73, K74.0-K74.2, K74.6	0-74		•
Drug disorders and poisonings	F11-F16, F18-F19, X40-X44, X85, Y10-Y14	0-74		•
Intentional self-poisoning by drugs	X60-X64	0-74		•
Provisional assignment of new diseases				
COVID-19	U07.1 - U07.2, U10.9	0-74		•

Table 8: Admissions – Alcohol Related Causes[51]

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
K85.2	Alcohol-induced acute pancreatitis
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

[51] The definition for admissions due to alcohol related causes was updated for 2017/18 to include ICD Code K85.2: alcohol-induced chronic pancreatitis.

Table 9: 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 10: 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 11: Deaths – Drugs Misuse

ICD-10 code	Description
F11-16, F18-F19	Mental and Behavioural disorders due to drug use (excluding alcohol, tobacco and volatile substances)
Deaths due to the following categories *and* 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 12: Deaths – Smoking Attributable Causes[52]

	ICD-10 Codes	Age	Attributable Proportion Male	Female
Cancers which can be caused by smoking				
Upper respiratory sites	C10	35+	36%	31%
Upper respiratory sites	C11 & C30-C31	35+	23%	19%
Upper respiratory sites	C14	35+	59%	54%
Oesophagus	C15	35+	38%	31%
Stomach	C16	35+	16%	13%
Colorectal	C18-C20	35+	9%	7%
Liver	C22	35+	11%	9%
Pancreas	C25	35+	17%	14%
Larynx	C32	35+	69%	63%
Trachea, Lung, Bronchus	C33-C34	35+	73%	68%
Breast	C50	35+		3%
Cervical	C53	35+		15%
Kidney and Renal Pelvis	C64	35+	15%	12%
Kidney and Renal Pelvis	C65-C66	35+	35%	30%
Bladder	C67	35+	39%	34%
Myeloid leukaemia	C92	35+	12%	9%
Malignant leukaemia	C43-C44	50+	21%	
Cardiovascular diseases				
Ischaemic heart disease	I20-I25	35 - 54	38%	37%
	I20-I25	55 - 64	38%	39%
	I20-I25	65 - 74	16%	18%
	I20-I25	75+	15%	14%
Venous thromboembolism	I26, I80-I82	35+	7%	5%
Stroke	I60-I67	35+	11%	14%
Aortic aneurysm	I71	35+	20%	18%
Peripheral arterial disease	I73.9	35+	34%	29%
Respiratory diseases				
Tuberculosis	A15-A19	35+	9%	8%
Obstructive sleep apnoea	G47.3	35+	15%	13%
Influenza - microbiologically confirmed	J09, J10	35+	46%	42%
Influenza - clinically diagnosed	J11	35+	6%	5%
Pneumonia	J12-J18	35+	17%	15%
Chronic obstructive pulmonary disease	J40-J44, J47	35+	55%	48%
Adult asthma	J45-J46	35+	10%	8%
Idopathic Pulmonary fibrosis	J84.1	35+	9%	8%

[52] It should be noted that this definition has changed from that used in previous reports which included the indicator 'Standardised Death Rate – Smoking Related Causes'. The 'Standardised Death Rate – Smoking Attributable Causes' is based on the latest Public Health England methodology (https://www.gov.uk/government/statistics/local-tobacco-control-profiles-for-england-july-2021/local-tobacco-control-profiles-for-england-short-statistical-commentary-july-2021#:~:text=admissions%20(new%20method)-,Main%20findings,period%20(2017%20to%202019)) and more accurately assesses the impact of the latest NI smoking trends on observed mortality. The attributable proportions presented are representative of 2021 and will vary to a degree each year based on smoking prevalence statistics for the year in question.

Mental health				
Alzheimer's disease	G30	35+	8%	7%
Vascular dementia	F01	35+	5%	5%
All-cause dementia	F02, F03	35+	5%	5%
Depression	F32, F33	35+	10%	9%
Psychosis	F28, F29	35+	17%	15%
Schizophrenia	F20-F25	35+	18%	16%
Bulimia	F50.2	35+	19%	17%
Binge-eating disorder	F50.81	35+	28%	23%
Other diseases				
Diabetes	E11	35+	10%	8%
Cataract	H25	35+	13%	10%
Age-related macular degeneration	H35.3-H52.4	35+	13%	12%
Hearing loss	H90, H91	35+	15%	13%
Barrett's oesophagus	K22.7	35+	17%	13%
Crohn's disease	K50	35+	12%	10%
Psoriasis	L40	35+	25%	20%
Rheumatoid arthritis	M05-M06	35+	15%	13%
Systemic lupus erythematosis	M32	35+	15%	12%
Low back pain	M54.5	35+	3%	2%
Chronic kidney disease	N18 (exc. N18.5)	35+	10%	8%
End-stage renal disease	N18.5	35+	23%	19%
Hip fracture	S72.0-S72.2	35+		5%
Surgical site infection	Y83, T81.4	35+	12%	11%

The table below lists the previous definition for all causes of death considered avoidable, with indication as to which are considered amenable, preventable or both. This list is for use with the additional indicators in Appendix C.

Table 13: Amenable, Preventable and Avoidable Mortality (Previous ONS Definition).

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	•	•

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https://www.health-ni.gov.uk/articles/life-expectancy-northern-ireland

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