



BELFAST

Profiling Health,
Wellbeing & Prosperity



THE DATA BEHIND THE PEOPLE & THE CITY

PEOPLE

Introduction

The core themes in Phase VII (2019 – 2025) of the World Health Organization's European Healthy Cities Network are:

- 1. investing in the people who make up our cities;**
- 2. designing urban places that improve health and wellbeing;**
- 3. fostering greater participation and partnerships for health and wellbeing;**
- 4. improving community prosperity and access to common goods and services;**
- 5. promoting peace and security through inclusive societies; and**
- 6. protecting the planet from degradation, including through sustainable consumption and production.**

These six themes are interdependent and mutually supportive. WHO advocate cities will achieve more in these areas by linking up policies, investments and services, and by focusing on leaving no one behind. Combining governance approaches to make health and wellbeing possible for everyone will foster innovation and orient investments towards promoting health and preventing disease.

Belfast was successfully designated to the WHO Phase VII Network in 2021 and, whilst developing a city health profile is a requirement of being a designated member of the WHO Network, the profile is an invaluable resource for agencies and citizens in the city.

A summary of the City Health Profile, 'BELFAST Profiling Health, Wellbeing & Prosperity', for the city of Belfast, provides data and analysis from an expanded range of sources according to this '6P' framework and, although a large amount of the comprehensive range of data provided are publicly available, the added value of the City Profile is the presentation in an accessible, concise, and integrated format.

In addition to the summary document, a full chapter is available on each of the six P themes. This chapter focuses on the theme of people and provides data and analysis from an expanded range of sources on the following:

- **Demography**
- **Population health**
- **Pregnancy and early years**
- **Adult health and wellbeing**
- **Mental health and wellbeing**
- **Use of health care services**

Where possible, trends over time are assessed, with an evaluation on whether those trends are favourable or unfavourable. The health inequalities potential for population groups is outlined, where feasible; this information provides the basis for targeted action to improve health and wellbeing and reduce inequalities across the many determinants affecting the lives of people in the city. Data on some issues referenced by WHO within the People theme are not routinely collected in Northern Ireland and are, therefore, not included in this chapter.

PEOPLE: INVESTING IN THE PEOPLE WHO MAKE UP OUR CITIES

A healthy city leads by example by emphasising a human focus in societal development and by prioritising investment in people to improve equity and inclusion through enhanced empowerment.

Priority issues

Under this theme, WHO identify a number of issues that are highly relevant to most cities and represent areas of promise for improving health and wellbeing. Data are available in these issues within the profile and analysis of the data highlights the potential inequalities.

Healthy early years, including positive early-childhood experiences.

A good start is the foundation for a healthy life, and physical, cognitive, social and emotional development from birth are crucial for all children. Those born into disadvantaged home and family circumstances have a higher risk of poor growth and development.

Healthy older people

The life course approach focuses on ensuring a good start in life and empowering people to adopt healthy lifestyles while adapting to age-associated changes. Age discrimination in access to high quality services is widespread, and inequities in the living conditions and well-being of older people are greater.

Mental health and well-being

A rights-based approach to health care requires that mental health services are safe and supportive and that every patient is treated with dignity and respect.

Healthy diet and weight

Tackling unhealthy diets, overweight and obesity requires systems thinking and analysis, collaboration among stakeholders within and beyond government, and governance mechanisms that facilitate working across sectors and levels. Integrated strategies require strong political leadership, good governance, and the commitment of all sectors to significantly reduce the burden of poor nutrition and obesity, preventing some of the non-communicable disease, especially among children.

Reduced harmful use of alcohol

Sustained political commitment, effective coordination, sustainable funding and appropriate engagement of various sectors at the local level as well as from civil society and economic operators are essential for reducing the harmful use of alcohol.

Tobacco control

Smoke-free cities can become a reality with strong political leadership and the adoption of the WHO Framework Convention on Tobacco Control and the six WHO MPOWER strategies.

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SECTION 1

Demography

1.1 Total Population

IMPORTANCE

An ability to understand recent trends and future projections of the number of people not only living in Belfast but also in the different parts of the city is essential when planning strategies and services to improve the health of Belfast's citizens.

DEFINITION

Information is from NISRA 2020 Mid-Year Population Estimates for Northern Ireland, based on national Census data.¹ National Census data are collected by place of residence on the night of the Census.

Mid-year population estimates relate to the usually resident population on 30 June of the reference year and ages relate to a person's age at this mid-year period.

PROFILE FINDINGS

In mid-2020, in Belfast local government district (LGD), the total population was 342,560, comprising 18.07% of the population of Northern Ireland.

Between mid-2010 and mid-2020, in Belfast LGD, the total population increased by 9,071, from 333,489 to 342,560, an increase of 2.72%.

1. <https://www.nisra.gov.uk/publications/2020-mid-year-population-estimates-northern-ireland>
(Last accessed 11 October 2021)

Differences by assembly area in Belfast

In mid-2020, there was variation in the total population in each of Belfast's assembly areas (see People Table 1).

- Belfast South had the largest total population, followed by Belfast North
- Belfast West had the smallest total population, followed by Belfast East

PEOPLE TABLE 1:

Total population in Belfast's assembly areas, mid-2010 and mid-2020

| Assembly area | Mid-2010 | Mid-2020 | Percentage change |
|---------------|----------|----------|-------------------|
| Belfast East | 91,795 | 96,228 | 4.82% increase |
| Belfast North | 102,484 | 105,625 | 3.06% increase |
| Belfast South | 110,704 | 115,865 | 4.66% increase |
| Belfast West | 94,626 | 94,402 | 0.23% decrease |

Source: NISRA: 2020 Mid-Year Population Estimates for Northern Ireland; All areas – Population totals (2001-2020; including historical NI 1821-2020)

Between mid- 2010 and mid-2020, the population in each of Belfast's assembly areas changed.

- The largest population increase was in Belfast East, closely followed by Belfast South and then Belfast North
- There was a small decrease in the population of Belfast West (see People Table 1)

KEY COMPARISONS

Comparison with Northern Ireland

Between mid-2010 and mid-2020, when compared with Northern Ireland, the percentage increase in population was lower in Belfast LGD by 2.30 percentage points, 2.72% compared with 5.02%.

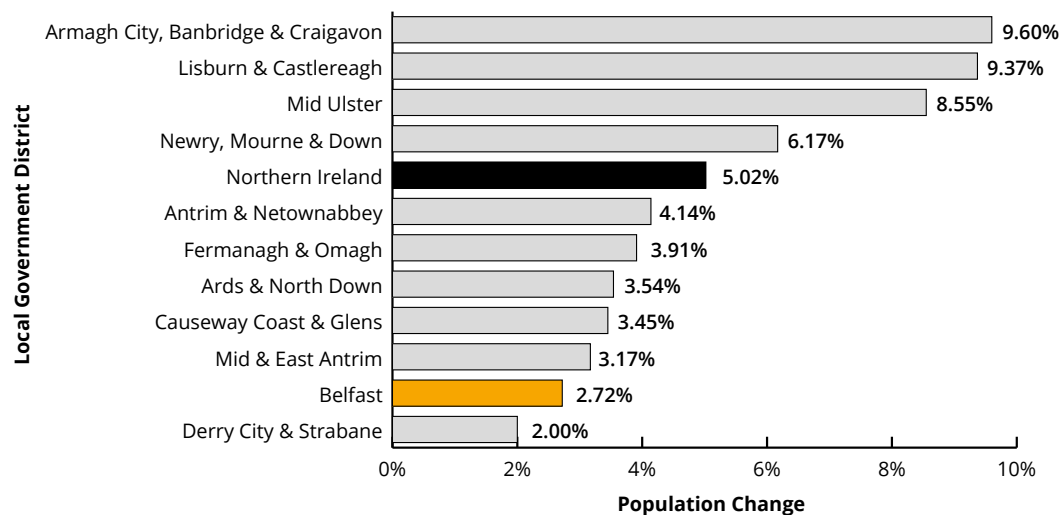
Comparison with other LGDs

Between mid-2010 and mid-2020, when compared with other LGDs, the percentage increase in population was:

- Second lowest in Belfast LGD at 2.72%
- Highest in Armagh City, Banbridge & Craigavon LGD at 9.60%
- Lowest in Derry City & Strabane LGD at 2.00% (see People Figure 1)

PEOPLE FIGURE 1:

Percentage population change (%) by LGD and Northern Ireland, mid-2010 to mid-2020 (shown in descending order of percentage population change)



Source: NISRA: 2020 Mid-Year Population Estimates; All areas – Population totals (2001-2020; including historical NI 1821-2020)

HIGHLIGHTS

In mid-2020, in Belfast, the mid-year population estimate was 342,560, with almost 2 out of every 10 people in Northern Ireland living in Belfast.

Between mid-2010 and mid-2020, in Belfast, the population increased by 2.72%, whereas the total Northern Ireland population increased by 5.02%. When compared with other LGDs, the population increase in Belfast was second lowest.

Population differences in Belfast

In mid-2020, among Belfast's assembly areas, Belfast South had the largest population followed by Belfast North, whereas Belfast West had the smallest population, followed by Belfast East.

Between mid-2010 and mid-2020, Belfast East had the largest percentage increase in population, closely followed by Belfast South, whereas Belfast West had a slight percentage decrease in population.

1.2 Age Distribution of the Population

IMPORTANCE

An understanding of the age distribution or age structure of a population and how it is changing is valuable when planning services not only to meet people's needs for services, such as education, transport, and housing, but also to improve people's health and wellbeing through these determinants of health.

DEFINITION

The age distribution of the population is the percentages of the population in specific age groups, based on the mid-year estimates of the population.

Information is from NISRA 2020 Mid-Year Population Estimates for Northern Ireland, based on national Census data.² National Census data are collected by place of residence on the night of the Census.

PROFILE FINDINGS

In mid-2020, in Belfast LGD, the age distribution of the population was:

- 19.90% in the 0-15 years age group
- 35.30% in the 16-39 years age group
- 29.82% in the 40-64 years age group
- 14.96% in the 65 years and over age group (see People Table 2)

Between mid-2001 and mid-2020, in Belfast LGD, the age distribution of the population changed. There was a decrease in the percentage of the population in the following age groups:

- 0-15 years
- 16-39 years
- 65 years and over

2. <https://www.nisra.gov.uk/publications/2020-mid-year-population-estimates-northern-ireland> (Last accessed 11 October 2021)

The greatest percentage decrease was in the 0-15 years age group, whereas the percentage decreases in the 16-39 years and the 65 years and over age groups were relatively small (see People Table 2).

There was an increase in the percentage of the population in the 40-64 years age group.

PEOPLE TABLE 2:

Age distribution (%) of the population in Belfast LGD, mid-2001 and mid-2020

| Age group | Mid-2001 | Mid-2020 | Percentage change |
|-------------------|----------|----------|-------------------|
| 0-15 years | 22.50% | 19.90% | 11.55% decrease |
| 16-39 years | 35.82% | 35.30% | 1.45% decrease |
| 40-64 years | 26.57% | 29.82% | 12.23% increase |
| 65 years and over | 15.09% | 14.96% | 0.86% decrease |

Source: NISRA 2020 Mid-Year Population Estimates for Northern Ireland; percentages calculated from All areas – Population by age and sex bands

Differences by assembly area in Belfast

In mid-2020 there were differences in the age distribution across Belfast's assembly areas.

- Belfast West had the highest percentage of people in the 0-15 years age group, whereas Belfast South had the lowest
- Belfast South had the highest percentage of population in the 16-39 years age group, whereas Belfast East had the lowest (although the percentage was similar to that in the two other assembly areas)
- Belfast East had the highest percentage of people in the 40-64 years age group, whereas Belfast South had the lowest (although percentages were relatively similar across the four assembly areas)
- Belfast East had the highest percentage of people in the 65 years and over age group, whereas Belfast South had the lowest (see People Table 3)

PEOPLE TABLE 3:

Age distribution (%) of the population in Belfast's assembly areas, mid-2001 and mid-2020

| Assembly area | 0-15 years | | 16-39 years | | 40-64 years | | 65 years and over | |
|---------------|------------|----------|-------------|----------|-------------|----------|-------------------|----------|
| | Mid-2001 | Mid-2020 | Mid-2001 | Mid-2020 | Mid-2001 | Mid-2020 | Mid-2001 | Mid-2020 |
| Belfast East | 20.06 | 18.95 | 31.79 | 31.32 | 29.67 | 32.51 | 18.43 | 17.20 |
| Belfast North | 23.35 | 21.30 | 32.23 | 31.47 | 27.98 | 31.05 | 16.42 | 16.16 |
| Belfast South | 17.96 | 16.56 | 42.18 | 40.85 | 25.48 | 28.42 | 14.36 | 14.15 |
| Belfast West | 28.70 | 23.24 | 34.81 | 32.67 | 25.06 | 29.75 | 11.40 | 14.32 |

Source: NISRA 2020 Mid-Year Population Estimates for Northern Ireland; percentages calculated from All areas – Population by age and sex bands

Between mid-2001 and mid-2020, across Belfast's assembly areas, there was:

- A decrease in the percentage of people aged 0-15 years
- A decrease in the percentage of people aged 16-39 years (although this was small in Belfast East and Belfast North)
- An increase in the percentage of people aged 40-64 years
- A decrease in people aged 65 years and over in Belfast East, Belfast North, and Belfast South, however, there was an increase in Belfast West

KEY COMPARISONS

Comparison with Northern Ireland

In mid-2020, when compared with Northern Ireland, the percentage of the population:

- Aged 0-15 years was slightly lower in Belfast LGD
- Aged 16-39 years was higher in Belfast LGD
- Aged 40-64 years was lower in Belfast LGD
- Aged 65 years and over was lower in Belfast LGD (see People Table 4)

PEOPLE TABLE 4:

Age distribution (%) of the population by Belfast LGD and Northern Ireland, mid-2001 and mid-2020

| Jurisdiction | 0-15 years | | 16-39 years | | 40-64 years | | 65 years and over | |
|------------------|------------|----------|-------------|----------|-------------|----------|-------------------|----------|
| | Mid-2001 | Mid-2020 | Mid-2001 | Mid-2020 | Mid-2001 | Mid-2020 | Mid-2001 | Mid-2020 |
| Belfast LGD | 22.50 | 19.90 | 35.82 | 35.30 | 26.57 | 29.82 | 15.09 | 14.96 |
| Northern Ireland | 23.82 | 20.88 | 35.03 | 30.16 | 28.91 | 32.07 | 13.42 | 16.87 |

Source: 2020 Mid-Year Population Estimates for Northern Ireland; percentages calculated from All areas – Population by age and sex bands

Between mid-2001 and mid-2020:

- There was a decrease in the percentage of the population aged 0-15 years in both Belfast LGD and Northern Ireland, although the change was greater in Northern Ireland
- There was a decrease in the percentage of the population aged 16-39 years in both Belfast LGD and Northern Ireland, although the difference was much greater in Northern Ireland, 4.87 percentage points compared with 0.52 percentage points in Belfast LGD
- There was an increase in the percentage of the population aged 40-64 years in both Belfast LGD and Northern Ireland

- There was a slight decrease of 0.13 percentage points in the percentage of the population aged 65 years and over in Belfast LGD, but an increase in Northern Ireland of 3.45 percentage points (see People Table 4)

HIGHLIGHTS

In mid-2020, in Belfast:

- 2 out of every 10 people were aged 0-15 years, the same as in Northern Ireland
- Between 3 and 4 people out of every 10 people were aged 16-39 years, compared with 3 out of every 10 people in Northern Ireland
- 3 in every 10 people were aged 40-64 years, compared with just over 3 out of every 10 people in Northern Ireland
- Between 1 and 2 in every 10 people were aged 65 years and over, a number similar to that in Northern Ireland

Between mid-2001 and mid-2020, in Belfast, there was:

- A decrease in the percentage of the population aged 0-15 years
- A slight decrease in the percentage of the population in the 16-39 years age group
- An increase in the percentage of the population aged 40-64 years
- A slight decrease in the percentage of the population aged 65 years and over

These changes in population age structure indicate that Belfast's population is ageing, however, when compared with Northern Ireland, Belfast has a younger population, particularly in the percentage of people in the 16-39 years age group.

Population differences in Belfast

In mid-2020:

- Over 2 in every 10 people in Belfast West and Belfast North were aged 0-15 years, compared with almost 2 out of every 10 in Belfast East and between 1 and 2 in every 10 people in Belfast South
- 4 out of every 10 people in Belfast South were aged 16-39 years compared with just over 3 out of every 10 people in Belfast East, Belfast North, and Belfast West
- Around 3 people in every 10 people were aged 40-64 years in all four assembly areas
- Belfast East, followed by Belfast North, had the highest percentage of people aged 65 years and over, whereas Belfast South, closely followed by Belfast West, had the lowest, although between 1 and 2 out of every 10 people were aged 65 years and over in all four assembly areas

Between mid-2001 and mid-2020, in all Belfast's assembly areas, the populations were ageing, with:

- Decreases in the percentage of people in the 0-15 years and 16-39 years age groups (although the decrease was relatively small for the latter in Belfast East and Belfast North)
- An increase in the percentage of people in the 40-64 years age group

Belfast West, however, was the only assembly area where there was an increase in the percentage of the population aged 65 years and over.

1.3 Median Age

IMPORTANCE

The median age is a summary of the age distribution of a population, which enables comparisons over time or across geographical areas. An increase in the median age of a population may indicate that a population is living longer with a higher percentage of older people. Positive net migration may reduce the median age of a population because migrants are generally of working age.

DEFINITION

To calculate the median age of a population, the population is divided into two equally sized groups: half the population are younger than the median age and half are older.

Information is from NISRA 2020 Mid-Year Population Estimates for Northern Ireland, based on national Census data.³ National Census data are collected by place of residence on the night of the Census.

PROFILE FINDINGS

In mid-2020, in Belfast LGD, the median age was 36.2 years.

Between mid-2001 and mid-2020, in Belfast LGD, the median age increased by 1.9 years, from 34.3 years to 36.2 years.

Differences by assembly area in Belfast

In mid-2020, there was variation in the median age in each of Belfast's assembly areas.

- Belfast East had the highest median age, followed by Belfast North
- Belfast South had the lowest median age, followed by Belfast West (see People Table 5)

3. <https://www.nisra.gov.uk/publications/2020-mid-year-population-estimates-northern-ireland> (Last accessed 1 November 2021)

PEOPLE TABLE 5:

Median age (years) in Belfast's assembly areas, mid-2001 and mid-2020

| Assembly area | Median age (years) | | Increase in median age (years) | Percentage increase |
|---------------|--------------------|----------|--------------------------------|---------------------|
| | Mid-2001 | Mid-2020 | | |
| Belfast East | 38.8 | 39.8 | 1.0 | 2.58% |
| Belfast North | 36.2 | 37.9 | 1.7 | 4.70% |
| Belfast South | 33.2 | 34.8 | 1.6 | 4.82% |
| Belfast West | 30.6 | 35.4 | 4.8 | 15.69% |

Source: NISRA: 2020 Mid-Year Population Estimates for Northern Ireland;
All areas – Median age (2001-2020)

Between mid-2001 and mid-2020, the median age increased in all of Belfast's assembly areas:

- The greatest increase in median age was in Belfast West, at 4.8 years
- The smallest increase was in Belfast East at 1.0 year (see People Table 5)

KEY COMPARISONS

Comparison with Northern Ireland

In mid-2020, when compared with Northern Ireland, the median age was lower in Belfast LGD by 3.0 years, 36.2 years compared with 39.2 years.

Between mid-2001 and mid-2020, the median age increased:

- In Belfast LGD by 1.9 years, from 34.3 years to 36.2 years (a percentage increase of 5.54%)
- In Northern Ireland by 4.5 years, from 34.7 years to 39.2 years (a percentage increase of 12.97%)

Comparison with other LGDs

In mid-2020, when compared with other LGDs:

- Belfast had the lowest median age at 36.2 years
- Ards & North Down LGD had the highest median age at 44.4 years
- The median value for the median age was 39.8 years in Antrim & Newtownabbey LGD (see People Table 6)

Between mid-2001 and mid-2020, the median age increased in all LGDs, ranging from 1.9 to 6.8 years.

- Belfast LGD had the smallest increase
- Derry City & Strabane LGD had the largest increase
- Newry, Mourne & Down LGD had the median value at 5.1 years for the increase in median age (see People Table 6)

PEOPLE TABLE 6:

Median age (years) by LGD and Northern Ireland, mid-2001 and mid-2020

| LGD | Median age (years) | |
|------------------------------------|--------------------|----------|
| | Mid-2001 | Mid-2020 |
| Antrim & Newtownabbey | 35.3 | 39.8 |
| Ards & North Down | 38.4 | 44.4 |
| Armagh City, Banbridge & Craigavon | 34.4 | 38.3 |
| Belfast | 34.3 | 36.2 |
| Causeway Coast & Glens | 34.9 | 41.5 |
| Derry City & Strabane | 31.5 | 38.3 |
| Fermanagh & Omagh | 34.1 | 40.1 |
| Lisburn & Castlereagh | 36.4 | 40.5 |
| Mid & East Antrim | 36.7 | 42.4 |
| Mid Ulster | 32.6 | 37.0 |
| Newry, Mourne & Down | 33.3 | 38.4 |
| Northern Ireland | 34.7 | 39.2 |

Source: NISRA: 2020 Mid-Year Population Estimates for Northern Ireland; All areas – Median age (2001-2020)

HIGHLIGHTS

In mid-2020, in Belfast, the median age was lower than that in Northern Ireland and was the lowest among all LGDs.

Between mid-2001 and mid-2020, the median age increased in Belfast, which indicates that the population is ageing; however, the increase in median age in Belfast was lower than that in Northern Ireland, and much lower than that in all other LGDs, indicating that the population in Belfast is not ageing at the same rate as that in Northern Ireland or in other LGDs.

Population differences in Belfast

In mid-2020, the highest median age was in Belfast East, and the lowest was in Belfast South, indicating that Belfast East had the oldest population of the four assembly areas and Belfast South the youngest.

Between mid-2001 and mid-2020, although it had the second lowest median age in mid-2001, Belfast West had the greatest increase in median age of almost 5 years compared with 1-2 years in Belfast East, Belfast North, and Belfast South.

1.4 Number of Live Births

IMPORTANCE

An understanding of birth trends, through indicators such as the number of live births is important when planning Belfast's health and care, and education services over the medium to long term.

DEFINITION

The number of live births is by place of residence of the mother.

Information is from NISRA, the Registrar General Annual Report 2020.⁴

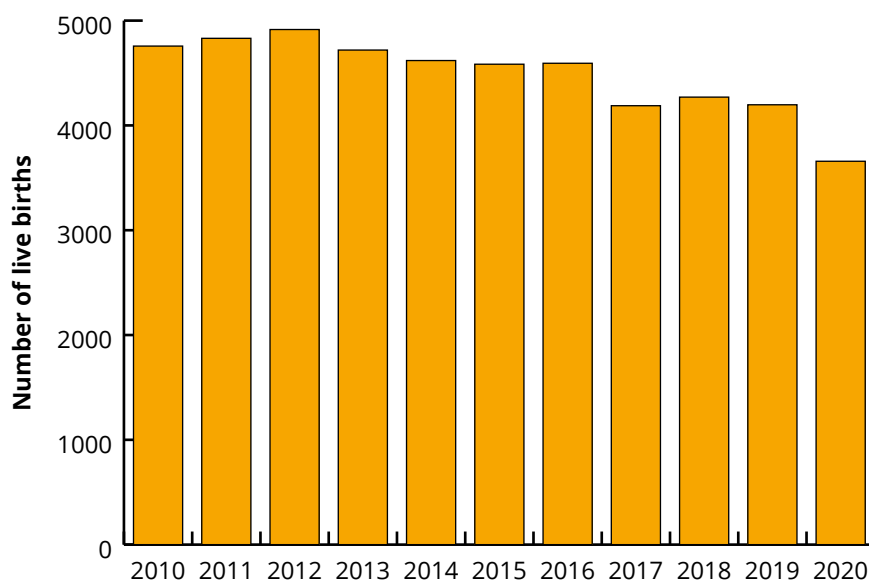
PROFILE FINDINGS

In 2020, in Belfast LGD, the total number of live births was 3,658.

Between 2010 and 2020, in Belfast LGD, the total number of live births decreased by 1,099, from 4,757 to 3,658 (see People Figure 2).

PEOPLE FIGURE 2:

Number of live births in Belfast LGD, 2010 to 2020⁵



Source: NISRA Registrar General Annual Report 2020 Section_3-Births_Tables_2020_Final.xlsx Table 3.8b

- <https://www.nisra.gov.uk/publications/registrars-general-annual-report-2020-births> (Last accessed 24 October 2021)
- Note: non-zero Y axis.

KEY COMPARISONS

Comparison with Northern Ireland

In 2020:

- In Northern Ireland, the total number of live births was 20,815
- Live births in Belfast LGD comprised 17.57% of the total live births in Northern Ireland

Between 2010 and 2020, the number of live births:

- In Belfast LGD decreased by 1,099, from 4,757 to 3,658 (a percentage decrease of 23.10%)
- In Northern Ireland decreased by 4,500, from 25,315 to 20,815 (a percentage decrease of 17.78%)

Comparison with other LGDs

In 2020, when compared with other LGDs:

- Belfast LGD was responsible for the largest percentage contribution to live births in Northern Ireland at 17.57%
- The lowest percentage contribution was in Fermanagh & Omagh LGD at 6.41%
- The median value was in Lisburn & Castlereagh LGD at 7.93%

Between 2010 and 2020, the number of live births decreased in all LGDs, with the percentage decrease ranging from 8.83% to 23.94%:

- Belfast LGD had the second largest percentage decrease at 23.10%
- Ards & North Down LGD had the largest percentage decrease at 23.94%
- Lisburn & Castlereagh LGD had the smallest percentage decrease at 8.83%
- Derry City & Strabane LGD had the median value at 16.68% (see People Table 7)

PEOPLE TABLE 7:

Number of live births by LGD and Northern Ireland, 2010 and 2020

| LGD | Number of live births | | Percentage decrease |
|------------------------------------|-----------------------|--------|---------------------|
| | 2010 | 2020 | |
| Antrim & Newtownabbey | 1,921 | 1,556 | 19.00% |
| Ards & North Down | 1,800 | 1,369 | 23.94% |
| Armagh City, Banbridge & Craigavon | 3,148 | 2,502 | 20.52% |
| Belfast | 4,757 | 3,658 | 23.10% |
| Causeway Coast & Glens | 1,748 | 1,457 | 16.65% |
| Derry City & Strabane | 2,116 | 1,763 | 16.68% |
| Fermanagh & Omagh | 1,614 | 1,335 | 17.29% |
| Lisburn & Castlereagh | 1,812 | 1,652 | 8.83% |
| Mid & East Antrim | 1,619 | 1,376 | 15.01% |
| Mid Ulster | 2,192 | 1,982 | 9.58% |
| Newry, Mourne & Down | 2,588 | 2,165 | 16.34% |
| Northern Ireland | 25,315 | 20,815 | 17.78% |

Source: Registrar General Annual Report 2020 Section_3-Births_Tables_2020_Final.xlsx Table 3.8b

HIGHLIGHTS

In 2020, almost 2 in every 10 live births in Northern Ireland were in Belfast, compared with about 1 in every 10 in Armagh City, Banbridge & Craigavon, Newry, Mourne & Down, Mid Ulster, and Derry City & Strabane, and less than 1 in every 10 live births for all other LGDs.

Between 2010 and 2020, the number of live births decreased not only in Belfast, but also in all other LGDs, and in Northern Ireland. The percentage decrease in Belfast was greater than that in other LGDs apart from Ards & North Down and was greater than that for Northern Ireland.

Between 2016 and 2017, and between 2019 and 2020, in Belfast, there were relatively large decreases in the number of live births, of 405 and 539, respectively.

1.5 General Fertility Rate

IMPORTANCE

An understanding of birth trends, through indicators such as the general fertility rate is important when planning Belfast's health and care, and education services over the medium to long term.

DEFINITION

The general fertility rate is the number of live births per 1,000 women of childbearing age, 15-49 years (sometimes referred to as the crude fertility rate). The number of live births is by place of residence of the mother.

Information is from NISRA, the Registrar General Annual Report 2020.⁶

PROFILE FINDINGS

In 2020, in Belfast LGD, the general fertility rate was 54.8 live births per 1,000 women of childbearing age.

Between 2010 and 2020, in Belfast LGD, the general fertility rate decreased by 8.7, from 63.5 to 54.8 live births per 1,000 women of childbearing age (see People Table 8).

KEY COMPARISONS

Comparison with Northern Ireland

In 2020, when compared with Northern Ireland, the general fertility rate was lower by 6.8 live births per 1,000 women of childbearing age in Belfast LGD, 54.8 compared with 61.6 live births per 1,000 women of childbearing age (see People Table 8).

Between 2010 and 2020, the general fertility rate:

- In Belfast LGD decreased by 8.7 live births per 1,000 women of childbearing age, from 63.5 to 54.8 live births per 1,000 women of childbearing age (a percentage decrease of 13.70%)
- In Northern Ireland decreased by 5.4 live births per 1,000 women of childbearing age, from 67.0 to 61.6 live births per 1,000 women of childbearing age (a percentage decrease of 8.06%; see People Table 8)

6. <https://www.nisra.gov.uk/publications/registrar-general-annual-report-2020-births>
(Last accessed 24 October 2021)

Comparison with other LGDs

In 2020, when compared with other LGDs:

- Belfast LGD had the second lowest general fertility rate
- Ards & North Down LGD had the lowest rate
- Mid Ulster LGD had the highest rate
- Derry City & Strabane LGD had the median value at 63.2 live births per 1,000 women of childbearing age (see People Table 8)

Between 2010 and 2020, the general fertility rate decreased in all LGDs, the decrease ranging from 1.7 to 8.7 live births per 1,000 women of childbearing age:

- Belfast LGD had the largest decrease in rate (a percentage decrease of 13.70%)
- Fermanagh & Omagh LGD had the smallest decrease in rate (2.44% percentage decrease)
- Causeway Coast & Glens LGD had the median value for the decrease in rate, at 4.2 live births per 1,000 women of childbearing age (see People Table 8)

PEOPLE TABLE 8:

General fertility rate (live births per 1,000 women of childbearing age) by LGD and Northern Ireland, 2010 and 2020

| LGD | General fertility rate (live births per 1,000 women of childbearing age) | |
|------------------------------------|--|------|
| | 2010 | 2020 |
| Antrim & Newtownabbey | 65.6 | 59.3 |
| Ards & North Down | 61.6 | 53.9 |
| Armagh City, Banbridge & Craigavon | 75.2 | 66.7 |
| Belfast | 63.5 | 54.8 |
| Causeway Coast & Glens | 62.0 | 57.8 |
| Derry City & Strabane | 67.4 | 63.2 |
| Fermanagh & Omagh | 69.7 | 68.0 |
| Lisburn & Castlereagh | 67.2 | 64.7 |
| Mid & East Antrim | 60.5 | 58.2 |
| Mid Ulster | 73.3 | 71.5 |
| Newry, Mourne & Down | 72.5 | 67.3 |
| Northern Ireland | 67.0 | 61.6 |

Source: Registrar General Annual Report 2020 Section_3-Births_Tables_2020_Final.xlsx Table 3.8b

HIGHLIGHTS

In 2020, in Belfast, the general fertility rate in women of childbearing age was lower than that for Northern Ireland and it was the second lowest among all LGDs.

Between 2010 and 2020, the decrease in the general fertility rate was greater in Belfast when compared with that in Northern Ireland, and greatest among all other LGDs.

1.6 Total Period Fertility Rate

IMPORTANCE

An understanding of birth trends, through indicators such as the total period fertility rate (TPFR), is important when planning Belfast's health and care, and education services over the medium to long term.

If the TPFR for a population decreases to below a threshold of 2.1, it is generally considered that, in the absence of migration to the area, the number of births will not be sufficient to sustain the size of the total population over the long term; this is known as the estimated population replacement level.

DEFINITION

The TPFR is the average number of children per woman that would be born to a group of women if they experienced the current year's age-specific fertility rates for each of their childbearing years. Thus, it is the average number of children a woman would have if she was to survive for all her childbearing years (15-49 years).

Information is from NISRA: Registrar General Annual Report 2020 Births.⁷

PROFILE FINDINGS

In 2018-2020, in Belfast LGD, the TPFR was 1.57 children per woman of childbearing age.

Between 2010-2012 and 2018-2020, in Belfast LGD, the TPFR decreased by 0.28, from 1.85 to 1.57 children per woman of childbearing age (see People Table 9).

KEY COMPARISONS

Comparison with Northern Ireland

In 2018-2020, when compared with Northern Ireland, the TPFR in Belfast LGD was lower by 0.23, 1.57 compared with 1.80 children per woman of childbearing age (see People Table 9).

7. <https://www.nisra.gov.uk/publications/registrar-general-annual-report-2020-births>
(Last accessed 24 October 2021)

Between 2010-2012 and 2018-2020, the TPF_R:

- In Belfast LGD decreased by 0.28, from 1.85 to 1.57 children per woman of childbearing age (a percentage decrease of 15.14%)
- In Northern Ireland decreased by 0.22, from 2.02 to 1.80 children per woman of childbearing age (a percentage decrease of 10.89% (see People Table 9)

Comparison with other LGDs

In 2018-2020, when compared with other LGDs:

- Belfast LGD had the lowest TPF_R
- Mid Ulster LGD had the highest TPF_R
- Lisburn & Castlereagh LGD had the median value TPF_R at 1.85 children per woman of childbearing age (see People Table 9)

Between 2010-2012 and 2018-2020, the TPF_R decreased in all LGDs, ranging from 0.09 to 0.30 children per woman of childbearing age.

- Belfast LGD had one of the largest decreases in TPF_R at 0.28 children per woman of childbearing age
- Armagh City, Banbridge & Craigavon LGD had the largest decrease
- Fermanagh & Omagh LGD and Mid Ulster LGD had the smallest decrease
- Lisburn & Castlereagh LGD had the median value for a decrease in TPF_R at 0.21 children per woman of childbearing age (see People Table 9)

PEOPLE TABLE 9:

Total period fertility rate (children per woman of childbearing age) by LGD and Northern Ireland, 2010-2012 and 2018-2020

| LGD | TPFR (children per woman of childbearing age) | |
|------------------------------------|---|-----------|
| | 2010-2012 | 2018-2020 |
| Antrim & Newtownabbey | 1.99 | 1.76 |
| Ards & North Down | 1.90 | 1.61 |
| Armagh City, Banbridge & Craigavon | 2.24 | 1.94 |
| Belfast | 1.85 | 1.57 |
| Causeway Coast & Glens | 1.95 | 1.76 |
| Derry City & Strabane | 2.07 | 1.87 |
| Fermanagh & Omagh | 2.10 | 2.01 |
| Lisburn & Castlereagh | 2.06 | 1.85 |
| Mid & East Antrim | 1.89 | 1.73 |
| Mid Ulster | 2.16 | 2.07 |
| Newry, Mourne & Down | 2.21 | 1.96 |
| Northern Ireland | 2.02 | 1.80 |

Source: Registrar General Annual Report 2020 Section_3-Births_Tables_2020_Final.xlsx Table 3.8b

HIGHLIGHTS

In 2018-2020, in Belfast, there were between 1 and 2 children for every woman of childbearing age, compared with almost 2 children for every woman of childbearing age in Northern Ireland.

In 2018-2020, when compared with other LGDs, Belfast had the lowest TPFR, and between 2010-2012 and 2018-2020 Belfast had one of the largest decreases in TPFR.

In 2018-2020, in Belfast, in the absence of migration, the TPFR was 0.53 children per woman of childbearing age which is lower than the estimated population replacement threshold of 2.1 children per woman of childbearing age.

1.7 Internal and External Migration Flows

IMPORTANCE

Migration alters not only the size of a population but also its age structure and level of diversity, and thereby the population need for various services. People who come to live in Belfast can enrich its culture and prosperity, however, any specific health and social care needs of people who do come to live in Belfast require consideration during the design, planning, and delivery of services.

Changes in population flows can also affect a city's level of prosperity, which can then have a further impact not only on patterns of internal and external migration, but also on health and wellbeing.

DEFINITION

The net impact of migration on a population is based on estimates of flows of people into and out of a specified area. For Belfast LGD, the flows include people moving into and out of Belfast from:

- Other parts of Northern Ireland – internal migration
- Other parts of the UK, and other countries – external migration

Information is from NISRA. Official migration estimates are part of the Mid-Year Population Estimates for Northern Ireland.⁸ Data on 'rest of the world' migration flows includes citizens from the Republic of Ireland.

PROFILE FINDINGS

In mid-2019/mid-2020, in Belfast LGD:

- Net internal migration resulted in a loss of 727 people
- Net migration within the UK resulted in a loss of 571 people
- Net migration with the rest of the world resulted in a loss of 1,191 people
- Total net migration resulted in a loss of 2,489 people (see People Table 10)

8. NISRA Statistical Bulletin: 2020 Mid-Year Population Estimates for Northern Ireland: NISRA, 25 June 2021. <https://www.nisra.gov.uk/publications/2020-mid-year-population-estimates-northern-ireland> (Last accessed 12 October 2021)

In Belfast LGD, a comparison of migration flows in mid-2009/mid-2010 and mid-2019/mid-2020 shows that:

- Net internal migration resulted in a greater loss in mid-2009/mid-2010
- Net migration within the UK resulted in a population gain in 2009/10 but a population loss in mid-2019/mid-2020
- Net migration for the rest of the world also resulted in a population gain in mid-2009/mid-2010 but a population loss in mid-2019/mid-2020 (see People Table 10)

PEOPLE TABLE 10:
Components of population change in Belfast LGD, mid-2009/mid-2010 and mid-2019/mid-2020

| Components of population change | Mid-2009/mid-2010 | Mid-2019/mid-2020 |
|-------------------------------------|-------------------|-------------------|
| Starting population | 331,763 | 341,542 |
| Natural change: births minus deaths | 1,636 | 602 |
| Internal inflows | 9,741 | 13,210 |
| Internal outflows | 10,781 | 13,937 |
| Internal net | -1,040 | -727 |
| UK inflows | 2,476 | 2,455 |
| UK outflows | 2,300 | 3,026 |
| UK net | 176 | -571 |
| Rest of world inflows | 4,373 | 4,584 |
| Rest of world outflows | 4,024 | 5,775 |
| Rest of world net | 349 | -1,191 |
| Total inflows | 16,590 | 20,249 |
| Total outflows | 17,105 | 22,738 |
| Total net | -515 | -2,489 |
| Other changes | 605 | 905 |
| Migration and other changes | 90 | -1,584 |
| End population | 333,489 | 342,560 |

Source: 2020 Mid-Year Population Estimates for Northern Ireland: All areas – Components of population change

KEY COMPARISONS

Comparison with other LGDs: migration flows

In mid-2019/mid-2020, when compared with other LGDs:

- Belfast LGD had the largest numerical net loss of population arising from both net internal and net external migration
- Belfast LGD also had the largest percentage decrease as a proportion of the mid-year estimate for Belfast LGD's population, at 0.72%
- 6 other LGDs had a numerical net loss of population arising from both net internal and net external migration, with percentage decreases ranging from 0.06% to 0.48%
- 4 LGDs had a numerical net gain in population arising from net migration, with percentage increases as a proportion of the mid-year estimates for their population, ranging from 0.007% to 0.33%
- Only Armagh City, Banbridge & Craigavon LGD had a numerical net population gain arising from both net internal and net external migration, the other three LGDs achieved net migration gain through net internal migration (see People Table 11)

PEOPLE TABLE 11:

Net migration flow as a component of population change by LGD, mid-2019/mid-2020

| LGD | Component of population change | | |
|------------------------------------|--------------------------------|------------------------|---------------|
| | Net internal migration | Net external migration | Net migration |
| Antrim & Newtownabbey | -29 | -83 | -112 |
| Ards & North Down | 824 | -280 | 544 |
| Armagh City, Banbridge & Craigavon | 128 | 195 | 323 |
| Belfast | -727 | -1,762 | -2,489 |
| Causeway Coast & Glens | -268 | -280 | -548 |
| Derry City & Strabane | -357 | -374 | -731 |
| Fermanagh & Omagh | -218 | -129 | -347 |
| Lisburn & Castlereagh | 561 | -167 | 394 |
| Mid & East Antrim | 192 | -181 | 11 |
| Mid Ulster | -18 | -184 | -202 |
| Newry, Mourne & Down | -88 | -31 | -120 |

Source: NINIS: Components of Population Change (administrative geographies) Pivot Table

HIGHLIGHTS

Belfast has experienced relatively high levels of migration, not only to and from other parts of Northern Ireland, but also to and from other parts of the UK, and to and from other countries.

Overall, there was a much larger loss of people to the population of Belfast in mid-2019/mid-2020 than there was in mid-2009/mid-2010.

In mid-2019/mid-2020, when compared with 6 other LGDs, Belfast had the largest percentage decrease in population resulting from net migration, although all percentage decreases were less than 1%; the remaining 4 LGDs had a percentage increase in population because of net migration, all these increases were less than 0.5%.

1.8 Long-term International Migration Inflows

IMPORTANCE

Migration alters not only the size of a population but also its age structure and level of diversity, and thereby the population need for various services. People who come to live in Belfast can enrich its culture and prosperity, however, any specific health and social care needs of people who do come to live in Belfast require consideration during the design, planning, and delivery of services.

The WHO Europe Region recommends that a good response to the needs of migrant groups requires preparedness as the basis for building adequate capacity in the medium and long term, especially in terms of robust epidemiological data, careful planning, training, and ensuring access for vulnerable groups such as young children to health and care services. Health care professionals need to learn to communicate with people who speak other languages and are from other cultural backgrounds (through interpreter services or other means). High-quality care for migrant groups, however, cannot be ensured by health systems alone: education, employment, social security, and housing all have a role in supporting the health of migrants.⁹

DEFINITION

International migration inflows are based on the Health and Social Care Business Services Organisation (BSO) Medical Card Register.¹⁰

Information is from NISRA Long-Term International Migration Statistics for Northern Ireland.¹¹

PROFILE FINDINGS

In 2020, 3,586 of the people who were international migrants to Northern Ireland came to Belfast LGD, representing 40.78% of the total number of international migrants in that year (n=8,793; see People Table 12).

9. <https://www.euro.who.int/en/health-topics/health-determinants/migration-and-health/migration-and-health-in-the-european-region/migration-and-health-key-issues> (Last accessed 25 October 2021)
10. Demographic information derived from the Medical Card Register can be affected by the problem of 'list inflation'. NISRA 2020 Mid-Year Population Estimates Methodology Paper. <https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/Methodology-2020.pdf> (Last accessed 25 October 2021)
11. <https://www.nisra.gov.uk/publications/long-term-international-migration-statistics-northern-ireland-2020> (Last accessed 25 October 2021)

Between 2010 and 2020:

- The number of people who were international migrants to Northern Ireland who came to Belfast LGD decreased slightly by 14 people, from 3,600 to 3,586
- The percentage of people who were international migrants to Northern Ireland who came to Belfast LGD increased by 10.30 percentage points, from 30.48% to 40.78% (see People Table 12)

This percentage increase was due to the number of international migrants to Northern Ireland decreasing by 3,015 during this time-period, from 11,808 to 8,793 people (see People Table 12).

KEY COMPARISONS

Comparison with other LGDs

In 2020, when compared with other LGDs:

- Belfast LGD received the highest percentage of international migrants to Northern Ireland
- Causeway Coast & Glens LGD received the lowest percentage
- Fermanagh & Omagh LGD had the median value at 5.02% (see People Table 12)

Between 2010 and 2020, the percentage of international migrants to Northern Ireland increased in 4 LGDs and decreased in 7 LGDs.

- The increase in international migrants was greatest for those who went to Belfast LGD at 10.30 percentage points
- In the three other LGDs, the increase in international migrants who went to those LGDs was only slight, ranging from 0.06 to 1.27 percentage points
- In the 7 LGDs where there was a decrease in international migrants who went to those LGDs, the decrease was slight, ranging from 0.25 to 4.46 percentage points (see People Table 12)

PEOPLE TABLE 12:

Number of people who were international migrants to Northern Ireland by LGD, 2010 and 2020

| LGD | Number of international migrants to Northern Ireland coming to LGD | | Percentage (%) of Northern Ireland total, 2020 |
|------------------------------------|--|-------|--|
| | 2010 | 2020 | |
| Antrim & Newtownabbey | 687 | 361 | 4.10% |
| Ards & North Down | 476 | 333 | 3.78% |
| Armagh City, Banbridge & Craigavon | 1,453 | 1,194 | 13.57% |
| Belfast | 3,600 | 3,586 | 40.78% |
| Causeway Coast & Glens | 647 | 245 | 2.78% |
| Derry City & Strabane | 635 | 376 | 4.27% |
| Fermanagh & Omagh | 808 | 442 | 5.02% |
| Lisburn & Castlereagh | 511 | 386 | 4.38% |
| Mid & East Antrim | 600 | 508 | 5.77% |
| Mid Ulster | 1,384 | 639 | 7.26% |
| Newry, Mourne & Down | 1,006 | 723 | 8.22% |
| Northern Ireland | 11,808 ¹² | 8,793 | 100.00% |

Source: NISRA Long Term International Migration 2020 – administrative data relating to migration into Northern Ireland (inflows) Table 2.2 (Mig1920-In.xlsx)

HIGHLIGHTS

In 2020, 4 out of every 10 international migrants to Northern Ireland went to Belfast, compared with over 1 in every 10 who went to Armagh City, Banbridge and Craigavon, and less than 1 out of every 10 who went to the other LGDs.

Between 2010 and 2020, the percentage share of international migrants to Northern Ireland who went to Belfast increased from 3 out of every 10 to 4 out of every 10. Belfast was the only LGD to see such a marked increase, with the majority of LGDs seeing a slight decrease.

12. In 2010, the number unknown was 1

1.9 Population Projections

IMPORTANCE

Population projections are used to inform the development of local policies and service planning.

DEFINITION

Population projections are estimates of the future size and age distribution or age structure of a population, based on an extrapolation of trends in fertility, mortality, and migration.

Information is from NISRA.¹³

PROFILE FINDINGS

From mid-2018 to mid-2028, in Belfast LGD, the population is projected to increase by 4,400 people (1.3%) from 341,900 to 346,300 (figures have been rounded to the nearest 100), comprising:

- A natural growth of 10,000 people (births minus deaths)
- A net loss of 5,600 people due to migration flows
- A decrease in the number of children aged 0-15 years by 3,000, from 68,000 to 65,000
- A decrease in the number of people aged 16 to 64 years by 1,400, from 223,800 to 222,400
- An increase in the number of people aged 65 years and over by 8,700 from 50,100 to 58,800¹⁴

13. 2018-based Population Projections for Northern Ireland. <https://www.nisra.gov.uk/news/2018-based-population-projections-northern-ireland> (Last accessed 7 January 2021)

14. <https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/SNPP18-Factsheets.pdf> (Last accessed 4 May 2022)

KEY COMPARISONS

Comparison with Northern Ireland

From mid-2018 to mid-2028, the projected population increase:

- In Belfast LGD is 1.3%
- In Northern Ireland is 3.7%

Comparison with other LGDs

From mid-2018 to mid-2028, when compared with other LGDs:

- The projected percentage increase in population in Belfast LGD is second lowest
- Causeway Coast & Glens LGD has the lowest projected percentage increase
- Lisburn & Castlereagh LGD has the highest projected percentage increase
- Ards & North Down LGD and Fermanagh & Omagh LGD have the median value at a population increase of 2.5%
- Derry City & Strabane LGD is the only LGD with a projected percentage decrease in population at -0.2% (see People Table 13)

In addition, between mid-2018 and mid-2028, there is estimated to be:

- A decrease in the percentage of the population aged 0-15 years in 10 LGDs, including Belfast, but there will be a slight increase in this age group in Lisburn & Castlereagh LGD
- An increase in the percentage of the population aged 65 years and over in all LGDs, although this increase will be smallest in Belfast LGD (see People Table 13)

PEOPLE TABLE 13:**Projected changes in population (%) by LGD, mid-2018 to mid-2028**

| LGD | Percentage change (%) | | | |
|------------------------------------|-----------------------|------------|-------------|-------------------|
| | Population | 0-15 years | 16-64 years | 65 years and over |
| Antrim & Newtownabbey | 2.9% | -8.0% | 1.2% | 23.1% |
| Ards & North Down | 2.5% | -9.0% | -1.1% | 23.1% |
| Armagh City, Banbridge & Craigavon | 8.1% | -1.0% | 6.5% | 28.3% |
| Belfast | 1.3% | -4.4% | -0.6% | 17.4% |
| Causeway Coast & Glens | 0.7% | -8.2% | -4.0% | 26.8% |
| Derry City & Strabane | -0.2% | -6.5% | -3.9% | 24.9% |
| Fermanagh & Omagh | 2.5% | -5.8% | -1.5% | 28.0% |
| Lisburn & Castlereagh | 9.5% | 1.2% | 7.0% | 28.5% |
| Mid & East Antrim | 1.9% | -6.5% | -1.7% | 22.4% |
| Mid Ulster | 7.0% | -1.9% | 5.0% | 30.3% |
| Newry, Mourne & Down | 5.4% | -3.2% | 2.2% | 31.0% |

Source: NISRA 2018-based Population Projections for Areas in Northern Ireland: 2018-based sub-national projections – LGD factsheets¹⁵

HIGHLIGHTS

From mid-2018 to mid-2028, in Belfast, it is estimated that:

- The population will increase by 4,400 people
- The number of children will decrease by 3,000
- The number of people aged 65 years and over will increase by 8,700

These projections indicate that the population in Belfast is likely to age.

From mid-2018 to mid-2028, the projected percentage population increase for Belfast is lower than that for Northern Ireland and is one of the lowest percentage increases among LGDs.

Although the population in Belfast is ageing, the projected percentage increase for people aged 65 years and over is lower than that for all other LGDs.

15. <https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/SNPP18-Factsheets.pdf>
(Last accessed 25 October 2021)

1.10 Ethnic Groups

IMPORTANCE

People from different ethnic groups can enrich the culture of Belfast as a city. There are important relationships between ethnicity and health. Minority ethnic groups can experience poorer health than that experienced by the rest of the population. Minority ethnic groups can experience difficulties in accessing services due to language and cultural barriers.

DEFINITION

Information on ethnicity is provided for five main ethnic groups – White, Asian, Black, Mixed, and Other – which can be broken down into 12 ethnic subgroups. Information on ethnicity is collected during the Census. At the time of writing, the most recent Census for which data are available was carried out in 2011.

Information is from NINIS.

PROFILE FINDINGS

The 2011 Census reported that in Belfast LGD:

- 96.69% of the population (322,813) identified as White
- 0.08% (277) of the population identified as Irish Travellers
- 2.16% of the population (7,208) identified as Asian – the two largest Asian communities were Chinese (2,378 people) and Indian (2,330 people)
- 0.40% of the population (1,334 people) identified as Black – the largest community was people of African origin (1,074 people)
- 0.48% of the population (1,599 people) identified as Mixed
- 0.19% of the population (640 people) identified as Other

Differences by assembly area in Belfast

In the 2011 Census, there was some variation in ethnic groups among Belfast's assembly areas:

- Belfast West had the highest percentage of people who identified as White, closely followed by Belfast North and Belfast East, whereas Belfast South had the lowest percentage
- Belfast South had the highest percentages of people who identified as from Asian, Black, Mixed and Other ethnic groups, whereas Belfast West had the lowest percentages of people who identified as from these ethnic groups (see People Table 14)

PEOPLE TABLE 14:

Percentage (%) of five main ethnic groups in the population of Belfast's assembly areas, 2011

| Assembly area | Ethnic group | | | | | |
|---------------|--------------|-----------------|-------|-------|-------|-------|
| | White | Irish traveller | Asian | Black | Mixed | Other |
| Belfast East | 97.11% | 0.03% | 1.91% | 0.32% | 0.46% | 0.18% |
| Belfast North | 97.79% | 0.04% | 1.40% | 0.29% | 0.37% | 0.12% |
| Belfast South | 94.17% | 0.06% | 4.13% | 0.62% | 0.69% | 0.33% |
| Belfast West | 98.23% | 0.17% | 1.04% | 0.19% | 0.31% | 0.07% |

Source: NINIS: Ethnic Group: KS201NI (administrative geographies) Pivot Table

KEY COMPARISONS

Comparison with Northern Ireland

In the 2011 Census, when compared with Northern Ireland, the population in Belfast LGD was more ethnically diverse:

- The percentage of the population who identified as White was lower in Belfast LGD by 1.52 percentage points, 96.69% compared with 98.21%
- The percentage of the population who identified as from Asian, Black, Mixed and Other ethnic groups was higher in Belfast LGD, 3.23% compared with 1.72% (see People Table 15)

Comparison with England & Wales

In the 2011 Census, when compared with England & Wales, the population in Belfast LGD was less ethnically diverse:

- The percentage of the population who identified as White was higher in Belfast LGD by 10.79 percentage points, 96.69% compared with 85.9%
- The percentage of the population who identified as from Asian, Black, Mixed and Other ethnic groups was lower in Belfast LGD by 10.77 percentage points, 3.23% compared with 14.0% (see People Table 15)

PEOPLE TABLE 15:

Percentage (%) of different ethnic groups in the populations of Belfast LGD, Northern Ireland, and England & Wales, 2011

| Jurisdiction | Ethnic group | | | | | |
|------------------|---------------------|-----------------|-------|-------|-------|-------|
| | White | Irish Traveller | Asian | Black | Mixed | Other |
| Belfast LGD | 96.69 | 0.08% | 2.16% | 0.40% | 0.48% | 0.19% |
| Northern Ireland | 98.21 | 0.07% | 1.06% | 0.20% | 0.33% | 0.13% |
| England & Wales | 85.9% ¹⁶ | 0.1% | 7.5% | 3.3% | 2.2% | 1.0% |

Source for Belfast LGD and Northern Ireland: NINIS: Ethnic Group KS201NI (administrative geographies) Pivot Table; for England & Wales: [GOV.UK](https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/national-and-regional-populations/population-of-england-and-wales/latest) Population of England and Wales 2011 Census data Ethnicity facts and figures¹⁷

16. For England & Wales, the category "White" includes White British, White Irish, and White Other.

17. <https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/national-and-regional-populations/population-of-england-and-wales/latest> (Last accessed 26 October 2021)

HIGHLIGHTS

From the 2011 Census, in Belfast, as for Northern Ireland, more than 9 out of every 10 people identified as White, whereas less than 1 in every 10 people identified as from an Asian, Black, Mixed or Other ethnic group. In England & Wales between 8 and 9 out of every 10 people identified as White.

In the 2011 Census:

- Belfast had slightly higher percentages of people from Asian, Black, Mixed and Other ethnic groups when compared with Northern Ireland
- Belfast had lower percentages of people from Asian, Black, Mixed and Other ethnic groups when compared with England & Wales

Population differences in Belfast

From the 2011 Census, Belfast South had the greatest ethnic diversity among Belfast's assembly areas, whereas Belfast West had the lowest.

SECTION 2

Population Health

2.1 Life Expectancy at Birth

IMPORTANCE

Life expectancy at birth is one of the most important summary measures to gauge the overall health of a population. It reflects the health status of all age groups and can be used to compare health outcomes across time and geographical areas.

DEFINITION

Life expectancy is 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 men and women.

Information sources

- Information for men and women by LGD and by deprivation for Belfast LGD is from the 'Health inequalities annual report 2021' published by the DoH¹⁸
- Information for men and women by assembly area is from NINIS

NB: data from NINIS are reported to two decimal points, whereas data from the Health Inequalities Annual Report 2021 have been rounded to whole numbers.

PROFILE FINDINGS

In 2017-2019, in Belfast LGD, life expectancy at birth:

- For men was 76.08 years
- For women was 80.96 years

18. <https://www.health-ni.gov.uk/publications/health-inequalities-annual-report-2021>
(Last accessed 26 October 2021)

From 2013-2015 to 2017-2019, in Belfast LGD, life expectancy at birth:

- for men increased by 0.21 years, from 75.87 years to 76.08 years
- for women decreased by 0.08 years from 81.04 to 80.96 years

Differences by deprivation

In 2017-2019, in the most-deprived areas in Belfast LGD, life expectancy at birth:

- for men was 71.3 years, 4.78 years lower than that for men in Belfast LGD
- for women was 77.0 years, 3.96 years lower than that for women in Belfast LGD

From 2013-2015 to 2017-2019, in the most-deprived areas in Belfast LGD, life expectancy at birth:

- for men decreased by 0.1 years, from 71.4 years to 71.3 years
- for women decreased by 0.7 years, from 77.7 years to 77.0 years

Differences by sex and assembly area

In 2017-2019, there were differences in life expectancy at birth for men and women in Belfast's assembly areas (see People Table 16).

- Life expectancy at birth, for both men and women, was highest in Belfast South, and lowest for both men and women in Belfast West
- Life expectancy at birth for men in Belfast South was more than 5 years higher than that for men in Belfast West
- Life expectancy at birth for women in Belfast South was more than 4 years higher than that for women in Belfast West

PEOPLE TABLE 16:

Life expectancy (years) at birth in men and women in Belfast's assembly areas, 2017-2019

| Assembly area | Life expectancy at birth (years) | |
|------------------|----------------------------------|-------|
| | Men | Women |
| Belfast East | 77.94 | 81.67 |
| Belfast North | 74.39 | 80.55 |
| Belfast South | 79.67 | 83.67 |
| Belfast West | 73.91 | 79.33 |
| Northern Ireland | 78.76 | 82.55 |

Source: NINIS: Life Expectancy at Birth (administrative geographies) Pivot Table

KEY COMPARISONS

Comparison with Northern Ireland

In 2017-2019, when compared with Northern Ireland, life expectancy at birth:

- For men in Belfast LGD was 2.68 years lower, 76.08 years compared with 78.76 years
- For men in Belfast's most-deprived areas was 7.46 years lower, 71.3 years compared with 78.76 years
- For women in Belfast LGD was 1.59 years lower, 80.96 years compared with 82.55 years
- For women in Belfast's most-deprived areas was 5.55 years lower, 77.0 years compared with 82.55 years

Between 2013-2015 and 2017-2019, life expectancy at birth:

- In men in Belfast LGD increased by 0.21 years, from 75.87 years to 76.08 years (a percentage increase of 0.28%), compared with an increase of 0.44 years in men in Northern Ireland, from 78.32 to 78.76 years (a percentage increase of 0.56%)
- In women in Belfast LGD decreased by 0.08 years, from 81.04 to 80.96 years (a percentage decrease of 0.10%), whereas it increased by 0.25 years in women in Northern Ireland, from 82.30 to 82.55 years (a percentage increase of 0.30%)

Comparison with other LGDs

In 2017-2019, when compared with other LGDs:

- Belfast LGD had the lowest life expectancy at birth for both men and women
- Lisburn & Castlereagh LGD had the highest life expectancy at birth for both men and women
- Armagh City, Banbridge & Craigavon LGD had the median value for men, whereas Ards & North Down LGD and Causeway Coast & Glens LGD had the median value for women (see People Table 17)

PEOPLE TABLE 17:

Life expectancy (years) at birth for men and women by LGD and Northern Ireland, 2017-2019

| LGD | Life expectancy at birth (years) | |
|------------------------------------|----------------------------------|-------|
| | Men | Women |
| Antrim & Newtownabbey | 79.52 | 82.67 |
| Ards & North Down | 79.53 | 82.86 |
| Armagh City, Banbridge & Craigavon | 79.46 | 83.11 |
| Belfast | 76.08 | 80.96 |
| Causeway Coast & Glens | 79.47 | 82.86 |
| Derry City & Strabane | 77.79 | 81.40 |
| Fermanagh & Omagh | 79.34 | 83.18 |
| Lisburn & Castlereagh | 80.14 | 83.49 |
| Mid & East Antrim | 79.10 | 82.71 |
| Mid Ulster | 79.65 | 83.16 |
| Newry, Mourne & Down | 79.24 | 83.30 |
| Northern Ireland | 78.76 | 82.55 |

Source: NINIS: Life Expectancy at Birth (administrative geographies) Pivot Table

HIGHLIGHTS

In 2017-2019, in Belfast LGD, life expectancy at birth was lower for men and women when compared with that for men and women in Northern Ireland, and for men and women in all other LGDs.

Between 2013-2015 and 2017-2019, in Belfast LGD, life expectancy at birth increased slightly for men and decreased slightly for women, whereas in Northern Ireland it increased for both men and women. Overall, the gap in life expectancy at birth between men and women in Belfast and that in men and women in Northern Ireland widened.

In Belfast LGD, when compared with Northern Ireland, a shorter life expectancy at birth:

- In men has been attributed to higher rates of death from cancer, circulatory disease, respiratory disease, digestive disorders, and other causes
- In women has been attributed to higher rates of death from cancer, circulatory disease, respiratory disease, nervous system conditions, and digestive disorders¹⁹

Inequalities and the potential for inequity

In 2017-2019, in Belfast LGD, life expectancy at birth was lower in men by around 5 years when compared with that in women.

In 2017-2019, life expectancy at birth:

- For men in Belfast's most-deprived areas was lower by almost 5 years when compared with that for men in Belfast LGD
- For women in Belfast's most-deprived areas was lower by almost 4 years when compared with that for women in Belfast LGD

Between 2013-2015 and 2017-2019, in Belfast's most-deprived areas, life expectancy at birth decreased slightly in both men and women, thereby widening the gap in life expectancy at birth between men and women in Belfast LGD and men and women in Belfast's most-deprived areas.

Of Belfast's assembly areas, for both men and women, Belfast West had the lowest life expectancy at birth, whereas Belfast South had the highest.

19. Life expectancy in Northern Ireland 2017-19 – Tables: LGDs vs NI Males and LGDs vs NI Females. <https://www.health-ni.gov.uk/publications/life-expectancy-northern-ireland-2017-19> (Last accessed 26 October 2021)

2.2 Life Expectancy at 65 Years

IMPORTANCE

Life expectancy at age 65 years is a summary measure to compare the health experience of older people over time or across geographical areas. The Organisation for Economic Co-operation and Development (OECD) reports that life expectancy in all OECD countries has increased considerably in both men and women over the last several decades due to advances in medical care combined with greater access to healthcare, healthier lifestyles, and improved living conditions before and after people reach the age of 65 years.²⁰

DEFINITION

Life expectancy at 65 years is 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 men and women.

Information is from the 'Health inequalities annual report 2021' published by DoH.²¹

PROFILE FINDINGS

In 2017-2019, in Belfast LGD, life expectancy at age 65 years was:

- 17.4 years in men
- 20.1 years in women

Between 2013-2015 and 2017-2019, in Belfast LGD, life expectancy at age 65 years:

- increased in men by 0.6 years, from 16.8 years to 17.4 years (see People Figure 3)
- increased in women by 0.2 years, from 19.9 years to 20.1 years (see People Figure 4)

20. https://www.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance-2009/life-expectancy-at-age-65_health_glance-2009-4-en (Last accessed 26 October 2021)

21. <https://www.health-ni.gov.uk/publications/health-inequalities-annual-report-2021> (Last accessed 26 October 2021)

Differences by deprivation

In 2017-2019, in the most-deprived areas of Belfast LGD, life expectancy at age 65 years was:

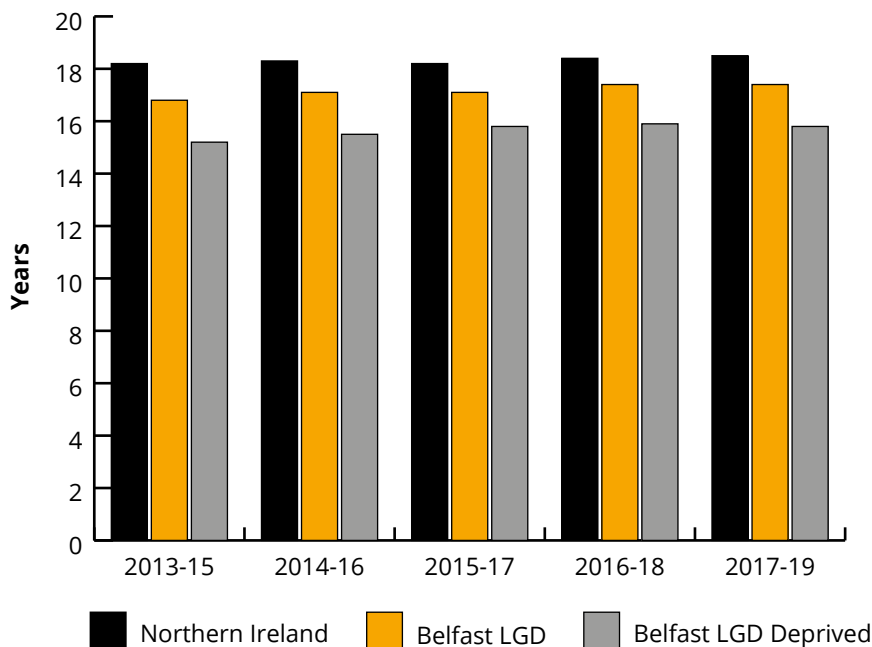
- 15.8 years in men, 1.6 years lower than that for men in Belfast LGD
- 17.9 years in women, 2.2 years lower than that for women in Belfast LGD

Between 2013-2015 and 2017-2019, in the most-deprived areas of Belfast LGD, life expectancy at age 65 years:

- increased in men by 0.6 years, from 15.2 years to 15.8 years (see People Figure 3)
- decreased in women by 0.2 years, from 18.1 years to 17.9 years (see People Figure 4)

PEOPLE FIGURE 3:

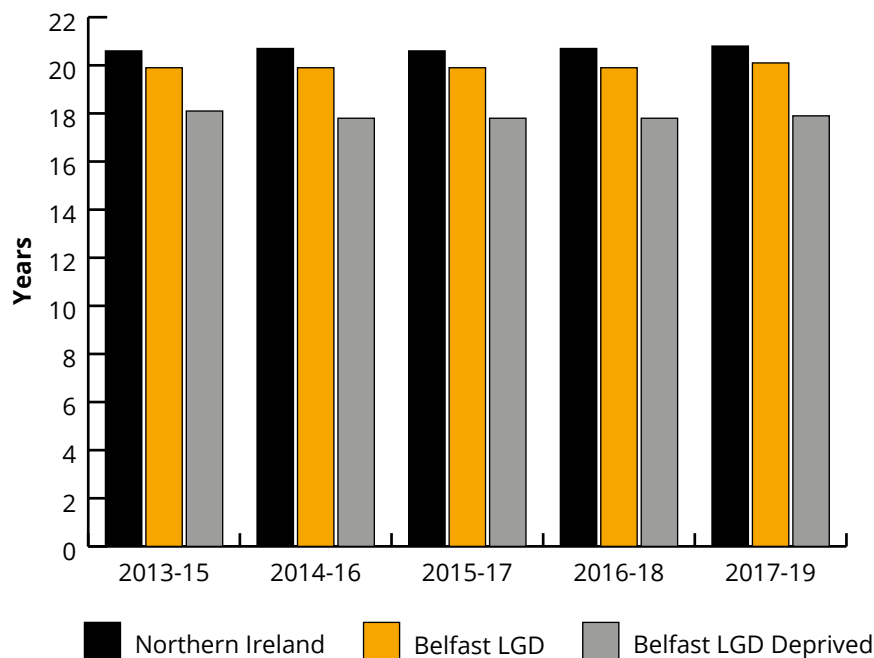
Life expectancy (years) at age 65 years in men in Northern Ireland, Belfast LGD, and the most-deprived areas in Belfast LGD, 2013-2015 to 2017-2019



Source: DoH Health Inequalities Annual Report 2021: Data Tables

PEOPLE FIGURE 4:

Life expectancy (years) at age 65 years in women in Northern Ireland, Belfast LGD, and the most-deprived areas in Belfast LGD, 2013-2015 to 2017-2019



Source: DoH Health Inequalities Annual Report 2021: Data Tables

KEY COMPARISONS

Comparison with Northern Ireland

In 2017-2019, when compared with Northern Ireland, life expectancy at age 65 years:

- For men in Belfast LGD was 1.1 years lower, 17.4 years compared with 18.5 years (see People Figure 3)
- For men in Belfast's most-deprived areas was 2.7 years lower, 15.8 years compared with 18.5 years (see People Figure 3)
- For women in Belfast LGD was 0.7 years lower, 20.1 years compared with 20.8 years (see People Figure 4)
- For women in Belfast's most-deprived areas was 2.9 years lower, 17.9 years compared with 20.8 years (see People Figure 4)

Between 2013-2015 and 2017-2019, life expectancy at age 65 years increased:

- In men in Belfast LGD by 0.6 years, from 16.8 years to 17.4 years (a percentage increase of 3.57%)
- In men in Belfast's most-deprived areas by 0.6 years, from 15.2 years to 15.8 years (a percentage increase of 3.95%; see People Figure 3)
- In men in Northern Ireland by 0.3 years, from 18.2 years to 18.5 years (a percentage increase of 1.65%)
- In women in Belfast LGD by 0.2 years, from 19.9 years to 20.1 years (a percentage increase of 1.01%)
- In women in Northern Ireland by 0.2 years, from 20.6 years to 20.8 years (a percentage increase of 0.97%; see People Figure 4)

In women in Belfast's most-deprived areas, however, life expectancy at age 65 years decreased by 0.2 years, from 18.1 years to 17.9 years (a percentage decrease of 1.10%; see People Figure 4).

Comparison with other LGDs

In 2017-2019, when compared with other LGDs, life expectancy at 65 years:

- In men was lowest in Belfast LGD and highest in Ards & North Down LGD
- In women was second lowest in Belfast LGD, lowest in Derry City & Strabane LGD, and highest in Lisburn & Castlereagh LGD (see People Table 18)

PEOPLE TABLE 18:

Life expectancy at 65 years (years) for men and women by LGD and Northern Ireland, 2017-2019

| LGD | Life expectancy at 65 years (years) | |
|------------------------------------|-------------------------------------|-------|
| | Men | Women |
| Antrim & Newtownabbey | 18.5 | 20.9 |
| Ards & North Down | 19.2 | 21.2 |
| Armagh City, Banbridge & Craigavon | 18.7 | 21.1 |
| Belfast | 17.4 | 20.1 |
| Causeway Coast & Glens | 19.0 | 21.0 |
| Derry City & Strabane | 18.0 | 19.9 |
| Fermanagh & Omagh | 18.8 | 21.1 |
| Lisburn & Castlereagh | 19.1 | 21.4 |
| Mid & East Antrim | 18.5 | 20.9 |
| Mid Ulster | 18.8 | 21.1 |
| Newry, Mourne & Down | 18.4 | 21.1 |
| Northern Ireland | 18.5 | 20.8 |

Source: DoH Health Inequalities Annual Report 2021: Data Tables

HIGHLIGHTS

In 2017-2019, life expectancy at age 65 years:

- For both men and women was lower in Belfast than it was in Northern Ireland
- For men it was the lowest among all LGDs
- For women it was second lowest among all LGDs

Between 2013-2015 and 2017-2019, in Belfast, there was an increase in life expectancy at age 65 years for both men and women, although the increase was only slight in women; however, the net effect when compared with Northern Ireland, was that the gap between men in Belfast and men in Northern Ireland narrowed slightly but between women in Belfast and women in Northern Ireland it remained the same.

Inequalities and the potential for inequity

In 2017-2019, life expectancy at age 65 years was lower by almost 3 years in men than it was in women, not only in Belfast but also in Belfast's most-deprived areas.

In 2017-2019, life expectancy at age 65 years for both men and women in Belfast's most-deprived areas was lower than that for men and women in Belfast LGD and that for men and women in Northern Ireland.

Between 2013-2015 and 2017-2019, although life expectancy at 65 years in Belfast's most-deprived areas increased in men, it decreased slightly in women.

2.3 Old Age Dependency Ratio

IMPORTANCE

The old age dependency ratio (OADR) is a traditional measure of the age structure of the population. It shows the proportion of people of pensionable age²² in relation to the size of the working-age population. Changes in the OADR show changes in the balance between these population groups. An increase in the OADR can indicate that a population is ageing.

The WHO, however, emphasises that older people have a wide range of needs and experiences, which arise in part due to their physical and social environments and the way these environments affect their health behaviour and personal characteristics, such as sex and ethnicity. Older people can be perceived as frail, dependent, and a burden on society; however, such ageist attitudes can lead to discrimination, can affect policy development, and can influence the opportunities available to older people to experience healthy ageing. It is important to understand current and projected trends in ageing and to frame policies accordingly.²³

DEFINITION

This indicator is the number of dependents per 1,000 working-age population.

Information for the OADR in 2019, and for the comparison of OADR in 2019 and 2029, is from ONS Local Authority Ageing Statistics;^{24 25} however, the two datasets are based on different population estimates (see footnotes), which gives rise to slight discrepancies in the 2019 data for 3 LGDs (Antrim & Newtownabbey, Ards & North Down, and Causeway Coast & Glens) by 1-2 dependents per 1,000 working-age population.

22. Under legislation current at the time of writing, the State Pension age will gradually increase to 67 years for everyone by 2028.

23. <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health> (Last accessed 25 October 2021)

24. <https://www.ons.gov.uk/datasets/ageing-population-projections/editions/time-series/versions/1> (Last accessed 20 October 2021)

25. These data are from a beta site; beta testing is a type of user acceptance testing where a nearly finished product is given to users to evaluate product performance in the real world. For this site, it is a novel method of data extraction that is being tested.

PROFILE FINDINGS

In mid-2019, in Belfast LGD, the OADR was 220 dependents per 1,000 working-age population.²⁶

From mid-2019 to mid-2029²⁷, in Belfast LGD, it is estimated that the OADR will increase by 8 dependents per 1,000 working-age population, from 220 to 228 dependents per 1,000 working-age population.

KEY COMPARISONS

Comparison with Northern Ireland

In mid-2019, when compared with Northern Ireland, the OADR in Belfast LGD was lower by 38 dependants per 1,000 working-age population, 220 compared with 258 dependants per working-age population.

From mid-2019 to mid-2029, when compared with Northern Ireland, the OADR is estimated to increase:

- In Belfast LGD by 8 dependents per 1,000 working-age population, from 220 to 228 dependents per 1,000 working-age population (a percentage increase of 3.64%)
- In Northern Ireland by 22 dependents per 1,000 working-age population, from 258 to 280 dependents per 1,000 working-age population (a percentage increase of 8.53%; see People Table 19)

Comparison with other LGDs

In mid-2019, when compared with other LGDs:

- Belfast LGD had the lowest OADR
- Ards & North Down LGD had the highest OADR
- Antrim & Newtownabbey LGD had the median value for the OADR at 261 dependents per 1,000 working-age population

26 Information for the OADR in 2019 is from ONS Local Authority Ageing Statistics based on annual mid-year population estimates for 2019.

27 Information for the comparison of OADR in 2019 and 2029 is from ONS Local Authority Ageing Statistics population projections for older people based on 2018-based sub-national population projections.

From mid-2019 to mid-2029, the OADR is projected to increase in all LGDs.

- Belfast LGD has the lowest projected increase at 3.64%
- Causeway Coast & Glens LGD has the highest projected increase at 14.83%
- Mid & East Antrim LGD has the median value for the projected increase at 8.70% (see People Table 19)

PEOPLE TABLE 19:

Old age dependency ratio (dependents per 1,000 working-age population) by LGD and Northern Ireland, mid-2019 and mid-2029

| LGD | OADR (dependents per 1,000 working-age population) | |
|------------------------------------|--|----------|
| | Mid-2019 | Mid-2029 |
| Antrim & Newtownabbey | 261 | 278 |
| Ards & North Down | 346 | 376 |
| Armagh City, Banbridge & Craigavon | 243 | 256 |
| Belfast | 220 | 228 |
| Causeway Coast & Glens | 290 | 333 |
| Derry City & Strabane | 232 | 262 |
| Fermanagh & Omagh | 270 | 306 |
| Lisburn & Castlereagh | 272 | 287 |
| Mid & East Antrim | 299 | 325 |
| Mid Ulster | 227 | 246 |
| Newry, Mourne & Down | 247 | 276 |
| Northern Ireland | 258 | 280 |

Source: ONS Local authority ageing statistics, population projections for older people

HIGHLIGHTS

In mid-2019, Belfast had a lower OADR than that for Northern Ireland, and it was the lowest of all LGDs, which reflects the greater percentage of working-age people in Belfast.

By mid-2029, it is estimated that the percentage increase in the OADR for Belfast will be relatively small when compared with the projected percentage increases for Northern Ireland and the majority of LGDs; the projected percentage increase for Northern Ireland and for 7 LGDs is expected to be between 2 and 4 times greater than the percentage increase projected for Belfast.

2.4 Standardised Death Rate – Avoidable Deaths

IMPORTANCE

Avoidable death rates highlight the potential for the prevention and treatment of conditions to improve population health. Differences in rates across geographical areas can indicate health inequalities. The Population Attributable Risk (PAR) of Deprivation measures the proportion of a disease or outcome, such as mortality, in the population that can be attributed to deprivation and could be eliminated if deprivation were to be eliminated. In Northern Ireland, the PAR of deprivation for the standardised death rate for avoidable deaths is 35%.²⁸

Identification of the conditions leading to higher avoidable death rates can focus attention on where there is a need for intervention.

DEFINITION

For this indicator, information on avoidable deaths is based on a new definition proposed by the OECD and implemented by the ONS in 2020.²⁹

Avoidable deaths are all those defined as preventable and treatable:

- **Preventable deaths are causes of death that can be mainly avoided through effective public health and primary prevention interventions (before the onset of diseases/injuries, to reduce incidence)**
- **Treatable (or amenable) deaths are causes of death that can be mainly avoided through timely and effective health care interventions, including secondary prevention and treatment (after the onset of disease, to reduce case-fatality)³⁰**

Standardised death rates are calculated by directly age standardising the average death rate in Northern Ireland over a given period, due to specific causes of death (selected according to ICD-10 classification) to the 2013 European Standard Population (ESP). Standardised rates enable a comparison of rates over time and across geographical areas with different age distributions in the population.

28. Appendix B. [Health inequalities annual report 2021 | Department of Health \(health-ni.gov.uk\)](#) (Last accessed 9 May 2022)

29. <https://consultations.ons.gov.uk/health-and-life-events/avoidable-mortality-definition/> (Last accessed 8 November 2021)

30. <https://www.oecd.org/health/health-systems/Avoidable-mortality-2019-Joint-OECD-Eurostat-List-preventable-treatable-causes-of-death.pdf> (Last accessed 8 November 2021)

Information sources

- Information for the LGD data and the deprivation data is from the 'Health inequalities annual report 2021' published by the DoH³¹
- Information for men and women by assembly area is from NINIS

NB: data from NINIS are reported to two decimal points, whereas data from the Health Inequalities Annual Report 2021 have been rounded to whole numbers.

PROFILE FINDINGS

In 2015-2019, in Belfast LGD, the standardised death rate for avoidable deaths was 347 deaths per 100,000 population.

Between 2011-2015 and 2015-2019, in Belfast LGD, the standardised death rate for avoidable deaths decreased by 12 deaths per 100,000 population, from 359 to 347 deaths per 100,000 population (see People Figure 5).

Differences by deprivation

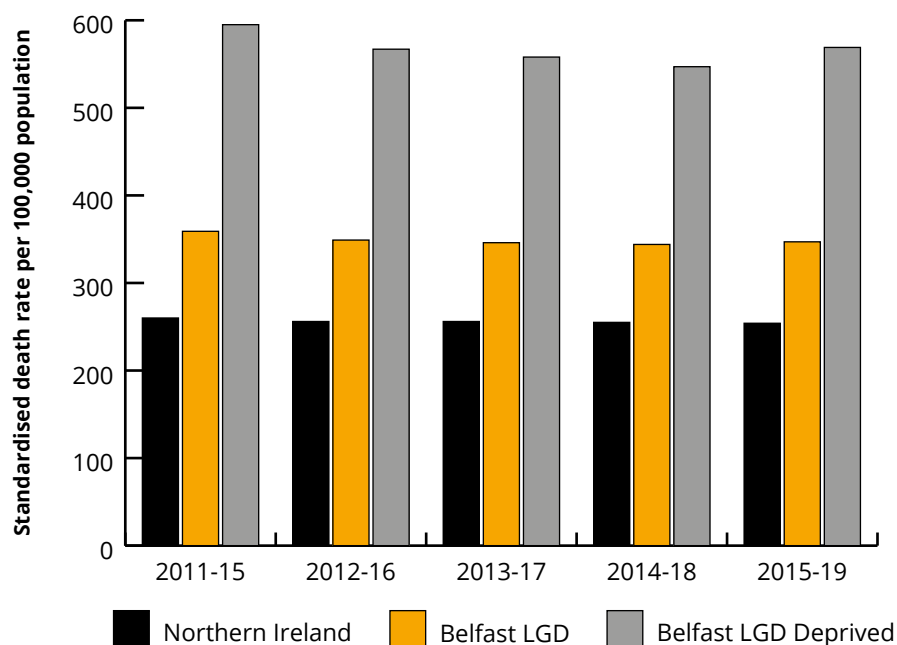
In 2015-2019, in the most-deprived areas of Belfast LGD, the standardised death rate for avoidable deaths was 569 deaths per 100,000 population, 222 deaths per 100,000 population higher than that in Belfast LGD.

From 2011-2015 to 2015-2019, the standardised death rate for avoidable deaths decreased in the most-deprived areas of Belfast LGD by 26 deaths per 100,000 population, from 595 to 569 per 100,000 population (see People Figure 5).

31. <https://www.health-ni.gov.uk/publications/health-inequalities-annual-report-2021>
(Last accessed 26 October 2021)

PEOPLE FIGURE 5:

Standardised death rate (per 100,000 population) for avoidable deaths in Northern Ireland, Belfast LGD, and the most-deprived areas in Belfast LGD, 2011-2015 to 2015-2019



Source: DoH Health Inequalities Annual Report 2021: Data Tables

Differences by sex

In 2015-2019, in Belfast LGD, there were differences in the standardised death rate for avoidable deaths according to sex:

- For men, it was 426.04 per 100,000 population
- For women, it was 248.49 per 100,000 population

Differences by sex and assembly area

In 2015-2019, there were differences in the standardised death rate for avoidable deaths for men and women in Belfast's assembly areas.

- The rates for men and women were highest in Belfast West, followed by Belfast North
- The rates for men and women were lowest in Belfast South (see People Table 20)

PEOPLE TABLE 20:

Standardised death rate (per 100,000 population) for avoidable deaths in Belfast's assembly areas and Northern Ireland, 2015-2019

| Assembly area | Standardised death rate (per 100,000 population) | |
|------------------|--|--------|
| | Men | Women |
| Belfast East | 357.03 | 218.48 |
| Belfast North | 465.81 | 275.25 |
| Belfast South | 296.44 | 169.12 |
| Belfast West | 502.37 | 295.85 |
| Northern Ireland | 304.56 | 189.57 |

Source: NINIS: Standardised Death Rate - Avoidable (administrative geographies) Pivot Table

KEY COMPARISONS

Comparison with Northern Ireland

In 2015-2019, when compared with Northern Ireland, the standardised death rate for avoidable deaths:

- In Belfast LGD was higher by 93 avoidable deaths per 100,000 population, 347 compared with 254 avoidable deaths per 100,000 population
- In the most-deprived areas of Belfast LGD was higher by 315 avoidable deaths per 100,000 population, 569 compared with 254 avoidable deaths per 100,000 population

Between 2011-2015 and 2015-2019, the standardised death rate for avoidable deaths:

- In Belfast LGD decreased by 12 per 100,000 population, from 359 to 347 per 100,000 population (a percentage decrease of 3.34%)
- In the most-deprived areas of Belfast LGD decreased by 26 per 100,000 population, from 595 to 569 per 100,000 population (a percentage decrease of 4.36%)
- In Northern Ireland decreased by 6 per 100,000 population, from 260 to 254 per 100,000 population (a percentage decrease of 2.30%)

Comparison with other LGDs

In 2015-2019, when compared with other LGDs:

- Belfast LGD had the standardised death rate for avoidable deaths
- Lisburn & Castlereagh LGD had the lowest death rate for avoidable deaths
- Mid & East Antrim had the median value at 237 per 100,000 population (see People Table 21)

Between 2011-2015 and 2015-2019, when compared with other LGDs:

- The largest numerical decrease in the standardised death rate for avoidable deaths was in Belfast LGD
- The smallest numerical decrease was in Mid & East Antrim LGD (see People Table 21)

PEOPLE TABLE 21:

Standardised death rate (per 100,000 population) for avoidable deaths by LGD and Northern Ireland, 2011-2015 and 2015-2019

| LGD | Standardised death rate (per 100,000 population) | |
|------------------------------------|--|-----------|
| | 2011-2015 | 2015-2019 |
| Antrim & Newtownabbey | 239 | 233 |
| Ards & North Down | 226 | 219 |
| Armagh City, Banbridge & Craigavon | 258 | 251 |
| Belfast | 359 | 347 |
| Causeway Coast & Glens | 230 | 228 |
| Derry City & Strabane | 289 | 285 |
| Fermanagh & Omagh | 248 | 241 |
| Lisburn & Castlereagh | 209 | 207 |
| Mid & East Antrim | 238 | 237 |
| Mid Ulster | 230 | 224 |
| Newry, Mourne & Down | 245 | 234 |
| Northern Ireland | 260 | 254 |

Source: DoH Health Inequalities Annual Report 2021: Data Tables

HIGHLIGHTS

In 2015-2019, in Belfast, the standardised avoidable death rate was higher than that in Northern Ireland, and it was the highest among all other LGDs.

Between 2011-2015 and 2015-2019, the standardised avoidable death rate decreased in Belfast, and in Northern Ireland. Although the decrease was larger in Belfast, and the gap between Belfast and Northern Ireland narrowed slightly, Belfast had consistently higher rates of avoidable deaths when compared with those of Northern Ireland.

Inequalities and the potential for inequity

In 2015-2019, the avoidable death rate was particularly high in the most-deprived areas of Belfast when compared with those in both Belfast and Northern Ireland; the rate in the most-deprived areas of Belfast was more than twice that in Northern Ireland.

Between 2011-2015 and 2015-2019, there was a larger percentage decrease in the avoidable death rate in the most-deprived areas of Belfast than that in Belfast and that in Northern Ireland, thereby narrowing the gap between Belfast's most-deprived areas and Belfast, and Belfast's most-deprived areas and Northern Ireland slightly.

In 2015-2019, the avoidable death rate was highest for both men and women in Belfast West, followed by Belfast North. It was lowest in men and women in Belfast South.

In 2015-2019, in Belfast, and in all Belfast's assembly areas, the avoidable death rate was markedly higher in men than in women. Although this pattern was also seen in other LGDs and Northern Ireland, it was most marked in Belfast, particularly in Belfast West and Belfast North.

2.5 Standardised Death Rate for Circulatory Diseases: People Under 75 Years

IMPORTANCE

Death rates relating to people under the age of 75 years are indicators of premature mortality for specific diseases, such as circulatory diseases.

Circulatory diseases include conditions that affect the heart and/or blood vessels, such as hypertension, stroke, and coronary heart disease, and are major causes of disability and death. Circulatory diseases can contribute to health inequalities. The Population Attributable Risk (PAR) of Deprivation measures the proportion of a disease or outcome, such as mortality, in the population that can be attributed to deprivation and could be eliminated if deprivation were to be eliminated. In Northern Ireland, the PAR of deprivation for the standardised death rate for circulatory diseases in people aged under 75 years is 40%.³²

According to the Global Burden of Disease Study, in 2019, in Northern Ireland, ischaemic heart disease caused the highest number of total deaths (all ages combined), and stroke caused the second highest; moreover, ischaemic heart disease caused the highest burden of death and disability combined (measured in disability-adjusted life years, DALYs) and stroke caused the fifth highest burden.³³

DEFINITION

This indicator is the number of deaths to people aged under 75 years from circulatory disease³⁴ per 100,000 population.

A standardised death rate is calculated by directly age-standardising the average death rate in Northern Ireland over a given period, due to specific causes of death (selected according to ICD-10 classification) to the 2013 ESP.

Standardised rates enable a comparison of rates over time and across geographical areas with different age distributions in the population.

32. Appendix B. [Health inequalities annual report 2021 | Department of Health \(health-ni.gov.uk\)](#) (Last accessed 9 May 2022)

33. Institute of Health Metrics and Evaluation. [United Kingdom - Northern Ireland | Institute for Health Metrics and Evaluation \(healthdata.org\)](#) (Last accessed 23 April 2021)

34. ICD-10 codes I00-I99, under 75 years of age.

Information sources

- Information for the LGD data and the deprivation data is from the 'Health inequalities annual report 2021' published by the DoH³⁵
- Information for men and women by assembly area is from NINIS

NB: data from NINIS are reported to two decimal points, whereas data from the Health Inequalities Annual Report 2021 have been rounded to whole numbers.

PROFILE FINDINGS

In 2015-2019, in Belfast LGD, the standardised death rate for circulatory disease in people aged under 75 years was 91 per 100,000 population (see People Figure 6).

Between 2011-2015 and 2015-2019, in Belfast LGD, the standardised death rate for circulatory disease in people aged under 75 years: decreased by 12 per 100,000 population, from 103 to 91 per 100,000 population (see People Figure 6).

Differences by deprivation

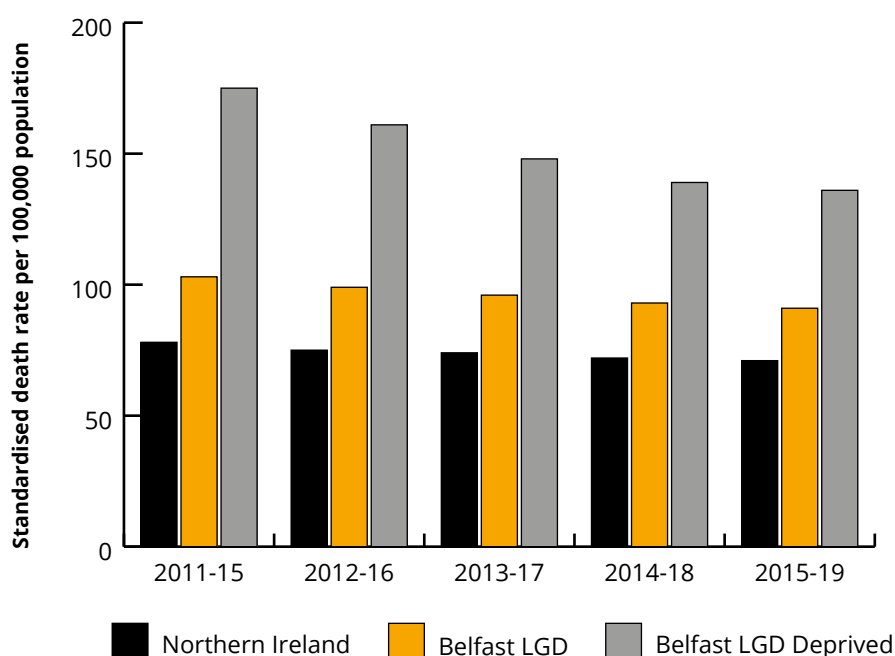
In 2015-2019, in the most-deprived areas of Belfast LGD, the standardised death rate for circulatory disease in people aged under 75 years was 136 per 100,000 population (see People Figure 6).

Between 2011-2015 and 2015-2019, in the most-deprived areas of Belfast LGD, the standardised death rate for circulatory disease in people aged under 75 years decreased by 39 per 100,000 population, from 175 to 136 per 100,000 population (see People Figure 6).

35. <https://www.health-ni.gov.uk/publications/health-inequalities-annual-report-2021>
(Last accessed 26 October 2021)

PEOPLE FIGURE 6:

Standardised death rate (per 100,000 population) for circulatory diseases in people aged under 75 years in Northern Ireland, Belfast LGD, and the most-deprived areas of Belfast LGD, 2011-2015 to 2015-2019



Source: DoH Health Inequalities Annual Report 2021: Data Tables

Differences by sex

In 2015-2019, in Belfast LGD, there were differences in the standardised death rate for circulatory disease in people aged under 75 years according to sex.

- For men, it was 125.00 per 100,000 population
- For women, it was 60.09 per 100,000 population

Differences by sex and assembly area

In 2015-2019, there were differences in the standardised death rate for circulatory disease in people aged under 75 years for men and women in Belfast's assembly areas (see People Table 22).

- The rates for men and women were highest in Belfast West, and lowest for men and women in Belfast South
- The rates for men were more than twice as high as those in women in Belfast North, Belfast South, and Belfast West (see People Table 22)

PEOPLE TABLE 22:

Standardised death rate (per 100,000 population) for circulatory disease in people aged under 75 years in Belfast's assembly areas and Northern Ireland, 2015-2019

| Assembly area | Standardised death rate (per 100,000 population) | |
|------------------|--|-------|
| | Men | Women |
| Belfast East | 108.35 | 60.61 |
| Belfast North | 127.38 | 55.71 |
| Belfast South | 94.31 | 42.67 |
| Belfast West | 155.23 | 72.35 |
| Northern Ireland | 97.46 | 45.65 |

Source: NINIS: Standardised Death Rate – Circulatory Under 75 (administrative geographies) Pivot Table

KEY COMPARISONS

Comparison with Northern Ireland

In 2015-2019, when compared with Northern Ireland, the standardised death rate for circulatory disease in people aged under 75 years:

- In Belfast LGD was higher by 20 per 100,000 population, 91 compared with 71 per 100,000 population
- In the most-deprived areas of Belfast LGD was higher by 65 per 100,000 population, 136 compared with 71 per 100,000

Between 2011-2015 and 2015-2019, the standardised death rate for circulatory disease in people aged under 75 years:

- In Belfast LGD, decreased by 12 per 100,000 population, from 103 to 91 per 100,000 population (a percentage decrease of 11.65%)
- In the most-deprived areas of Belfast LGD decreased by 39 per 100,000 population, from 175 to 136 per 100,000 population (a percentage decrease of 22.29%)
- In Northern Ireland decreased by 7 per 100,000 population, from 78 to 71 per 100,000 population (a percentage decrease of 8.97%)

Comparison with other LGDs

In 2015-2019, when compared with other LGDs:

- Belfast LGD had the highest standardised death rate for circulatory disease in people aged under 75 years
- Three LGDs had the lowest rate – Ards & North Down, Fermanagh & Omagh, and Lisburn & Castlereagh
- Causeway Coast & Glens LGD had the median value (see People Table 23)

Between 2011-2015 and 2015-2019, the standardised death rate for circulatory disease in people aged under 75 years decreased in 10 LGDs and increased in 1 LGD (Derry City & Strabane). Although Belfast LGD had the largest numerical decrease in rate (see People Table 23), it had only the fourth highest percentage decrease. The highest percentage decrease was in Fermanagh & Omagh LGD.

PEOPLE TABLE 23:

Standardised death rate (per 100,000 population) for circulatory disease in people aged under 75 years by LGD and Northern Ireland, 2011-2015 and 2015-2019

| LGD | Standardised death rate per 100,000 population | |
|------------------------------------|--|-----------|
| | 2011-2015 | 2015-2019 |
| Antrim & Newtownabbey | 73 | 64 |
| Ards & North Down | 67 | 60 |
| Armagh City, Banbridge & Craigavon | 77 | 71 |
| Belfast | 103 | 91 |
| Causeway Coast & Glens | 73 | 69 |
| Derry City & Strabane | 79 | 81 |
| Fermanagh & Omagh | 71 | 60 |
| Lisburn & Castlereagh | 70 | 60 |
| Mid & East Antrim | 76 | 72 |
| Mid Ulster | 72 | 70 |
| Newry, Mourne & Down | 69 | 63 |
| Northern Ireland | 78 | 71 |

Source: DoH Health Inequalities Annual Report 2021: Data Tables

HIGHLIGHTS

In 2015-2019, Belfast LGD had a higher standardised death rate from circulatory disease in people under 75 years than that in Northern Ireland and the highest rate among all LGDs.

Between 2011-2015 and 2015-2019, the standardised death rate from circulatory disease in people under 75 years decreased in Belfast and in Northern Ireland. Although the rate in Belfast has been consistently higher than that in Northern Ireland, the gap between the two rates has narrowed slightly. This is a positive trend that needs to be maintained.

Inequalities and the potential for inequity

In 2015-2019, the death rate from circulatory disease in people aged under 75 years was higher in Belfast's most-deprived areas than that in Belfast and that in Northern Ireland; indeed, the rate in Belfast's most-deprived areas was almost twice as high as that for Northern Ireland.

Between 2011-2015 and 2015-2019, in Belfast's most-deprived areas, the death rate from circulatory disease in people aged under 75 years decreased. Although the rate in Belfast's most-deprived areas has been consistently higher than that in Belfast and in Northern Ireland, the gap between Belfast's most-deprived areas and Belfast and that between Belfast's most-deprived areas and Northern Ireland narrowed. This is a positive trend that needs to be maintained.

In 2015-2019, in Belfast LGD, and all Belfast's assembly areas, the death rate from circulatory disease in people aged under 75 years was higher in men than in women. For Belfast, and in Belfast North, Belfast South and Belfast West, the rate in men was twice as high as that in women. This pattern was also seen in other LGDs and in Northern Ireland.

2.6 Standardised Death Rates for Cancer: People Under 75 Years

IMPORTANCE

Death rates relating to people under the age of 75 years are indicators of premature mortality for specific diseases, such as cancer.

The Population Attributable Risk (PAR) of Deprivation measures the proportion of a disease or outcome, such as mortality, in the population that can be attributed to deprivation and could be eliminated if deprivation were to be eliminated. In Northern Ireland, the PAR of deprivation for the standardised death rate for cancer for people aged under 75 years is 24%.³⁶

In 2019, according to the Global Burden of Disease, of all cancers, lung cancer was responsible for the third highest total number of deaths in Northern Ireland (all ages combined), colorectal cancer for the seventh highest total, breast cancer for the eighth highest total, prostate cancer for the ninth highest total, and pancreatic cancer for the tenth highest total.³⁷ Moreover, in 2019, lung cancer was the third highest cause of death and disability combined (measured in disability-adjusted life years, DALYs) in Northern Ireland.

Around one-third of deaths from cancer are due to the five leading behavioural and dietary risks: high body mass index (BMI), low fruit and vegetable intake, lack of physical activity, tobacco use, and alcohol use.³⁸

DEFINITION

This indicator is the number of deaths to people aged under 75 years from cancer³⁹ per 100,000 population.

A standardised death rate is calculated by directly age-standardising the average death rate in Northern Ireland over a given period, due to specific causes of death (selected according to ICD-10 classification) to the 2013 ESP.

Standardised rates enable a comparison of rates over time and across geographical areas with different age distributions in the population.

36. Appendix B. [Health inequalities annual report 2021 | Department of Health \(health-ni.gov.uk\)](#) (Last accessed 9 May 2022)

37. Institute of Health Metrics and Evaluation (IHME) [United Kingdom - Northern Ireland | Institute for Health Metrics and Evaluation \(healthdata.org\)](#) (Last accessed 23 April 2021)

38. [Cancer \(who.int\)](#)

39. ICD-10 codes C00-C97, under 75 years of age.

Information sources

- Information for the LGD data and the deprivation data is from the 'Health inequalities annual report 2021' published by the DoH⁴⁰
- Information for men and women by assembly area is from NINIS

NB: data from NINIS are reported to two decimal points, whereas data from the Health Inequalities Annual Report 2021 have been rounded to whole numbers.

PROFILE FINDINGS

In 2015-2019, in Belfast LGD, the standardised death rate for cancer in people aged under 75 years was 176 per 100,000 population.

Between 2011-2015 and 2015-2019, in Belfast LGD, the standardised death rate for cancer in people aged under 75 years decreased by 15 per 100,000 population, from 191 to 176 per 100,000 population.

Differences by deprivation

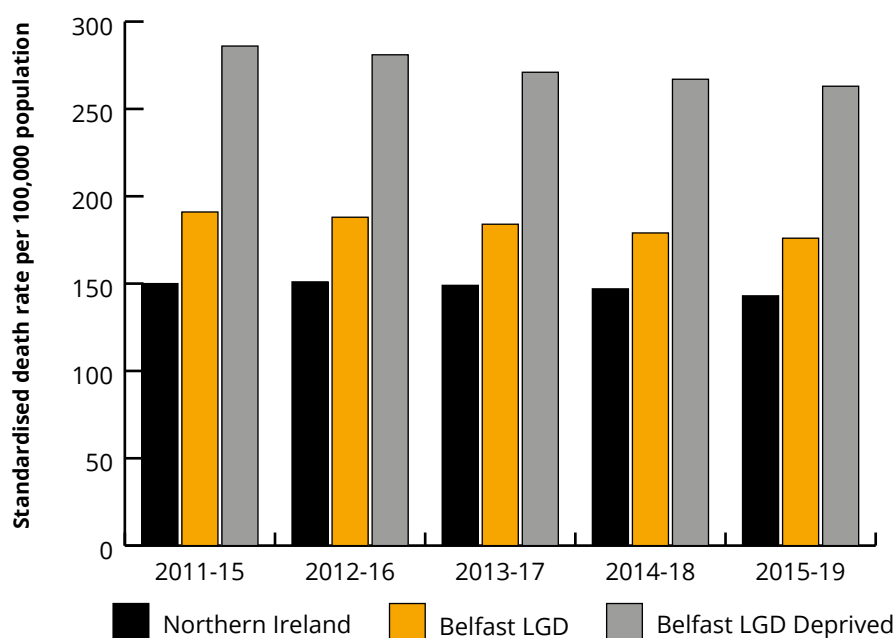
In 2015-2019, in the most-deprived areas of Belfast LGD, the standardised death rate for cancer in people aged under 75 years was 263 per 100,000 population, 87 per 100,000 population higher than that in Belfast LGD (see People Figure 7).

Between 2011-2015 and 2015-2019, in the most-deprived areas of Belfast LGD, the standardised death rate for cancer in people aged under 75 years decreased by 23 per 100,000 population, from 286 to 263 per 100,000 population (see People Figure 7).

40. <https://www.health-ni.gov.uk/publications/health-inequalities-annual-report-2021>
(Last accessed 26 October 2021)

PEOPLE FIGURE 7:

Standardised death rate (per 100,000 population) for cancer in people aged under 75 years in Northern Ireland, Belfast LGD, and the most-deprived areas of Belfast LGD, 2011-2015 to 2015-2019



Source: DoH Health Inequalities Annual Report 2021: Data Tables

Differences by sex

In 2015-2019, in Belfast LGD, there were differences in the standardised death rate for cancer in people aged under 75 years according to sex.

- For men, it was 199.67 per 100,000 population
- For women, it was 155.85 per 100,000 population

Differences by sex and assembly area

In 2015-2019, there were differences in the standardised death rate for cancer in people aged under 75 years for men and women in Belfast's assembly areas.

- The rates for both men and women were highest in Belfast West, followed by Belfast North
- The rates for both men and women were lowest in Belfast South
- In all Belfast's assembly areas, the rates were higher in men than in women (see People Table 24)

PEOPLE TABLE 24:

Standardised death rate (per 100,000 population) for cancer in people aged under 75 years in Belfast's assembly areas and Northern Ireland, 2015-2019

| Assembly area | Standardised death rate (per 100,000 population) | |
|------------------|--|--------|
| | Men | Women |
| Belfast East | 169.63 | 138.60 |
| Belfast North | 219.31 | 171.01 |
| Belfast South | 144.06 | 117.78 |
| Belfast West | 238.57 | 176.74 |
| Northern Ireland | 158.13 | 129.47 |

Source: NINIS: Standardised Death Rate – Cancer Under 75 (administrative geographies) Pivot Table

KEY COMPARISONS

Comparison with Northern Ireland

In 2015-2019, when compared with Northern Ireland, the standardised death rate for cancer in people aged under 75 years:

- In Belfast LGD was higher by 33 per 100,000 population, 176 compared with 143 per 100,000
- In the most-deprived areas in Belfast LGD was higher by 120 per 100,000 population, 263 compared with 143 per 100,000 population (see People Figure 7)

Between 2011-2015 and 2015-2019, the standardised death rate for cancer in people aged under 75 years:

- In Belfast LGD decreased by 15 per 100,000 population, from 191 to 175 per 100,000 population (a percentage decrease of 7.85%)
- In the most-deprived areas in Belfast LGD decreased by 23 per 100,000 population, from 286 to 263 per 100,000 population (a percentage decrease of 8.04%)
- In Northern Ireland decreased by 7 per 100,000 population, from 150 to 143 per 100,000 population (a percentage decrease of 4.67%)

Comparison with other LGDs

In 2015-2019, when compared with other LGDs:

- Belfast LGD had the highest standardised death rate for cancer in people aged under 75 years at 176 per 100,000 population
- Lisburn & Castlereagh LGD had the lowest rate at 123 per 100,000 population
- Ards & North Down LGD had the median value at 133 per 100,000 population (see People Table 25)

Between 2011-2015 and 2015-2019, the standardised death rate for cancer in people aged under 75 years decreased in 9 LGDs, increased in 1 LGD and remained the same in 1 LGD. Although Belfast LGD had the largest numerical decrease in rate (see People Table 25), it had only the third highest percentage decrease. Armagh City, Banbridge & Craigavon LGD had the highest percentage decrease at 8.39%.

PEOPLE TABLE 25:

Standardised death rate (per 100,000 population) for cancer in people aged under 75 years by LGD and Northern Ireland, 2011-2015 and 2015-2019

| LGD | Standardised death rate (per 100,000 population) | |
|------------------------------------|--|-----------|
| | 2011-2015 | 2015-2019 |
| Antrim & Newtownabbey | 152 | 149 |
| Ards & North Down | 140 | 133 |
| Armagh City, Banbridge & Craigavon | 143 | 131 |
| Belfast | 191 | 176 |
| Causeway Coast & Glens | 136 | 132 |
| Derry City & Strabane | 167 | 153 |
| Fermanagh & Omagh | 139 | 139 |
| Lisburn & Castlereagh | 128 | 123 |
| Mid & East Antrim | 138 | 131 |
| Mid Ulster | 125 | 129 |
| Newry, Mourne & Down | 154 | 151 |
| Northern Ireland | 150 | 143 |

Source: DoH Health Inequalities Annual Report 2021: Data Tables

HIGHLIGHTS

In 2015-2019, the standardised death rate for cancer in people aged under 75 years was higher in Belfast than that in Northern Ireland, and it was the highest among all LGDs.

Between 2011-2015 and 2015-2019, the death rate for cancer in people aged under 75 years decreased in both Belfast and Northern Ireland. Although the rate in Belfast was consistently higher than that in Northern Ireland, the gap between the two narrowed due to a greater decrease in the rate for Belfast, a positive trend that needs to be maintained.

Inequalities and the potential for inequity

In 2015-2019, the death rate from cancer for people under the age of 75 years in Belfast's most-deprived areas was markedly higher than that in Belfast or that in Northern Ireland.

Between 2011-2015 and 2015-2019, however, the death rate from cancer for people under the age of 75 years in Belfast's most-deprived areas decreased markedly, and to a much greater extent than that in Belfast or that in Northern Ireland; as such, the gap between Belfast's most-deprived areas and Belfast and that between Belfast's most-deprived areas and Northern Ireland have narrowed.

In 2015-2019, in Belfast LGD, and in all Belfast's assembly areas, the death rate from cancer in people aged under 75 years was higher in men than in women. This pattern was also seen in other LGDs and Northern Ireland, but the differences were marked in Belfast, Derry City & Strabane, and Newry, Mourne & Down, and for Belfast's assembly areas Belfast North, and Belfast West.

SECTION 3

Pregnancy and Healthy Early Years

3.1 Breastfeeding on Discharge from Hospital

IMPORTANCE

According to the WHO, breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants; it is also an integral part of the reproductive process with important implications for the health of mothers. A review of evidence showed that, on a population basis, exclusive breastfeeding for 6 months is the optimal way of feeding infants. Thereafter infants should receive complementary foods with continued breastfeeding up to 2 years of age or beyond.⁴¹

The aim of the Northern Ireland policy 'Breastfeeding – A Great Start. A strategy for Northern Ireland 2013-2023' is to improve the health and wellbeing of mothers and babies through breastfeeding. It provides the strategic direction to protect, promote, support, and normalise breastfeeding in Northern Ireland.⁴²

In January 2021, ARK published a report on 'Public Attitudes to Breastfeeding'.⁴³ One of the key messages was that knowledge of the health benefits associated with breastfeeding is limited, and one of the conclusions is that there is a need for greater clarity and focus on how information about breastfeeding is disseminated. In addition, age, gender, socioeconomic status, and experience of breastfeeding were found to be influential determinants in attitudes to and perceptions of breastfeeding, and in the awareness of the health benefits to mothers and babies.

DEFINITION

This indicator is the proportion of mothers who were breastfeeding their child on discharge from hospital. Information includes mothers who were breastfeeding their child as well as using complementary feeding.

-
41. [WHO | Breastfeeding](#) (Last accessed 18 January 2021)
 42. <https://www.health-ni.gov.uk/publications/breastfeeding-strategy> (Last accessed 29 October 2021)
 43. <https://www.ark.ac.uk/ARK/sites/default/files/2021-02/breastfeeding.pdf> (Last accessed 29 October 2021)

Information sources

- Information for the deprivation data is from the 'Health inequalities annual report 2021' published by the DoH⁴⁴
- Information for the LGD data is from NINIS

NB: data from NINIS are reported to two decimal points, whereas data from the Health Inequalities Annual Report 2021 have been rounded to whole numbers.

PROFILE FINDINGS

In 2019, in Belfast LGD, the percentage of mothers breastfeeding on discharge from hospital was 46.77%.

Between 2015 and 2019, in Belfast LGD the percentage of mothers breastfeeding on discharge from hospital increased by 3.57 percentage points, from 43.20% to 46.77%.

Differences by deprivation

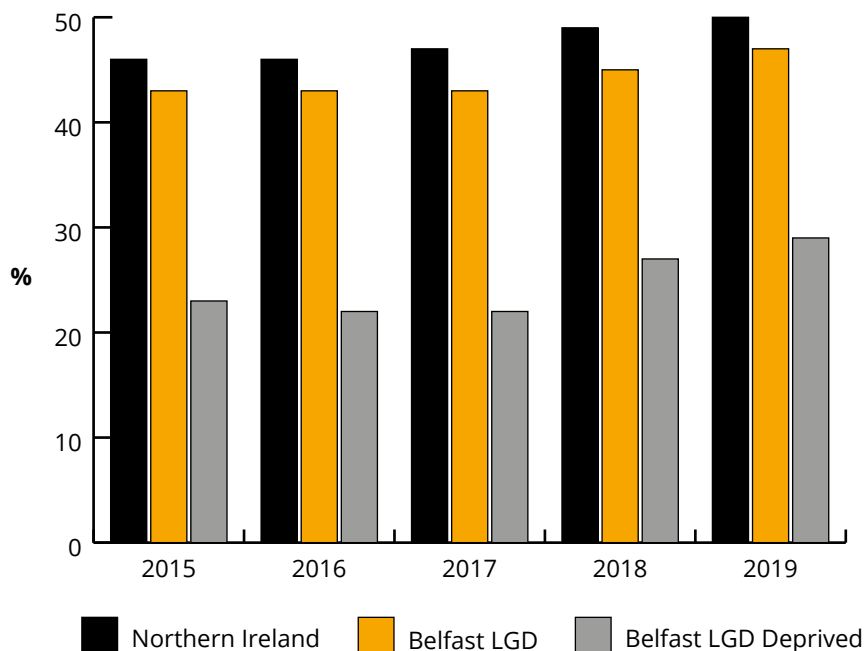
In 2019, in the most-deprived areas of Belfast LGD, the percentage of mothers breastfeeding on discharge from hospital was 29%, 17.77 percentage points lower than that in Belfast LGD.

Between 2015 and 2019, in the most-deprived areas of Belfast LGD, the percentage of mothers breastfeeding on discharge from hospital increased by 6 percentage points, from 23% to 29% (see People Figure 8).

44. <https://www.health-ni.gov.uk/publications/health-inequalities-annual-report-2021>
(Last accessed 29 October 2021)

PEOPLE FIGURE 8:

Percentage (%) of mothers breastfeeding on discharge from hospital in Northern Ireland, Belfast LGD and the most-deprived areas in Belfast LGD, 2015 to 2019



Source: DoH Health Inequalities Annual Report 2021: Data Tables

KEY COMPARISONS**Comparison with Northern Ireland**

In 2019, when compared with Northern Ireland, the percentage of mothers breastfeeding on discharge from hospital:

- In Belfast LGD was lower by 2.94 percentage points, 46.77% compared with 49.71%
- In the most-deprived areas in Belfast LGD was lower by 20.71 percentage points, 29% compared with 49.71%

Between 2015 and 2019, the percentage of mothers breastfeeding on discharge from hospital:

- In Belfast LGD increased by 3.57 percentage points, from 43.20% to 46.77% (a percentage increase of 8.26%)

- In the most-deprived areas increased by 6 percentage points, from 23% to 29% (a percentage increase of 26.09%)
- In Northern Ireland increased by 3.94 percentage points, from 45.77% to 49.71% (a percentage increase of 8.61%)

Comparison with other LGDs

In 2019, when compared with other LGDs:

- Belfast LGD had the second lowest percentage of mothers breastfeeding on discharge from hospital
- Derry City & Strabane LGD had the lowest percentage
- Lisburn & Castlereagh had the highest percentage
- Mid Ulster LGD and Newry, Down and Mourne LGD had the median value of 50.47% (see People Table 26)

Between 2015 and 2019, the percentage of mothers breastfeeding on discharge from hospital increased in ten LGDs, and it decreased slightly in one LGD (Fermanagh & Omagh LGD).

- Belfast had the sixth largest percentage increase at 8.26%
- The largest percentage increase was in Causeway Coast & Glens LGD at 19.39%
- The smallest percentage increase was in Ards & North Down LGD at 3.92%
- The median value percentage increase was 8.99%

PEOPLE TABLE 26:

Percentage (%) of mothers breastfeeding on discharge from hospital by LGD and Northern Ireland, 2015 and 2019

| LGD | Mothers breastfeeding on discharge from hospital (%) | |
|------------------------------------|--|-------|
| | 2015 | 2019 |
| Antrim & Newtownabbey | 45.55 | 49.98 |
| Ards & North Down | 50.90 | 52.90 |
| Armagh City, Banbridge & Craigavon | 47.24 | 50.42 |
| Belfast | 43.20 | 46.77 |
| Causeway Coast & Glens | 39.86 | 47.59 |
| Derry City & Strabane | 34.18 | 38.01 |
| Fermanagh & Omagh | 52.82 | 51.86 |
| Lisburn & Castlereagh | 56.05 | 60.02 |
| Mid & East Antrim | 47.28 | 53.31 |
| Mid Ulster | 45.84 | 50.47 |
| Newry, Mourne & Down | 46.99 | 50.47 |
| Northern Ireland | 45.77 | 49.71 |

Source: NINIS: Breastfeeding on Discharge (administrative geographies) Pivot Table

HIGHLIGHTS

In 2019, the percentage of mothers breastfeeding on discharge from hospital was lower in Belfast when compared with Northern Ireland and Belfast had one of the lowest percentages among LGDs. In Belfast, almost 5 out of every 10 mothers were breastfeeding on discharge from hospital, compared with 5 out of every 10 in Northern Ireland, and 6 out of every 10 in Lisburn & Castlereagh.

Between 2015 and 2019, the percentage of mothers breastfeeding on discharge from hospital increased in Belfast and in Northern Ireland to a similar extent, with a very slight widening of the gap between them.

Inequalities and the potential for inequity

In 2019, in Belfast's most-deprived areas, the percentage of mothers breastfeeding on discharge from hospital was much lower than that for both Belfast and Northern Ireland.

Between 2015 and 2019, in Belfast's most-deprived areas, the percentage of mothers breastfeeding on discharge from hospital increased and the gap narrowed between Belfast's most-deprived areas and Belfast, and between Belfast's most-deprived areas and Northern Ireland. This is a positive trend that needs to be maintained.

3.2 Smoking during Pregnancy

IMPORTANCE

Smoking during pregnancy can harm babies in the womb because tobacco smoke reduces the amount of oxygen and nutrients that pass through the placenta to the baby. Smoking during pregnancy increases the risk of:

- Miscarriage
- Ectopic pregnancy
- Stillbirth or the baby's death shortly after birth
- The baby being born with abnormalities, such as cleft lip and palate
- Impacts on the baby's growth and health, not only when young but also later in life
- Bleeding during the last months of pregnancy, known as an abruption, when the placenta comes away from the wall of the womb
- Premature birth (birth before 37 weeks)

Babies and children whose mothers smoked during pregnancy are also at greater risk of:

- Sudden and unexplained death, known as sudden infant death syndrome (SIDS)
- Asthma, chest and ear infections, and pneumonia
- Behaviour problems, such as attention deficit hyperactivity disorder (ADHD)
- Performing poorly at school⁴⁵

DEFINITION

This indicator is the proportion of all live births that were to mothers who reported smoking during pregnancy. Information is gathered at the 'booking in' appointment and therefore represents mothers at the end of the first trimester.

45. [Smoking and pregnancy patient information leaflet | RCOG](#) (Last accessed 5 May 2022)

This indicator may be subject to under-reporting for two reasons:

1. The data on smoking during pregnancy are self-reported
2. In 2018/19, almost one in every 10 pregnancies (8.3%) in Northern Ireland were booked at 15 weeks or later, which is after the end of the first trimester when the data on smoking during pregnancy are collected⁴⁶

Information sources

- Information for the deprivation data is from the 'Health inequalities annual report 2021' published by the DoH⁴⁷
- Information for LGD data is from NINIS

NB: data from NINIS are reported to two decimal points, whereas data from the Health Inequalities Annual Report 2021 have been rounded to whole numbers.

PROFILE FINDINGS

In 2019, in Belfast LGD, the percentage of women who reported smoking during pregnancy was 17.31%.

Between 2015 and 2019, in Belfast LGD, the percentage of women who reported smoking during pregnancy decreased by 3.30 percentage points, from 20.61% to 17.31% (see People Figure 9).

Differences by deprivation

In 2019, in the most-deprived areas in Belfast LGD, the percentage of women who reported smoking during pregnancy was 30%, 13 percentage points higher than that in Belfast LGD (see People Figure 9).

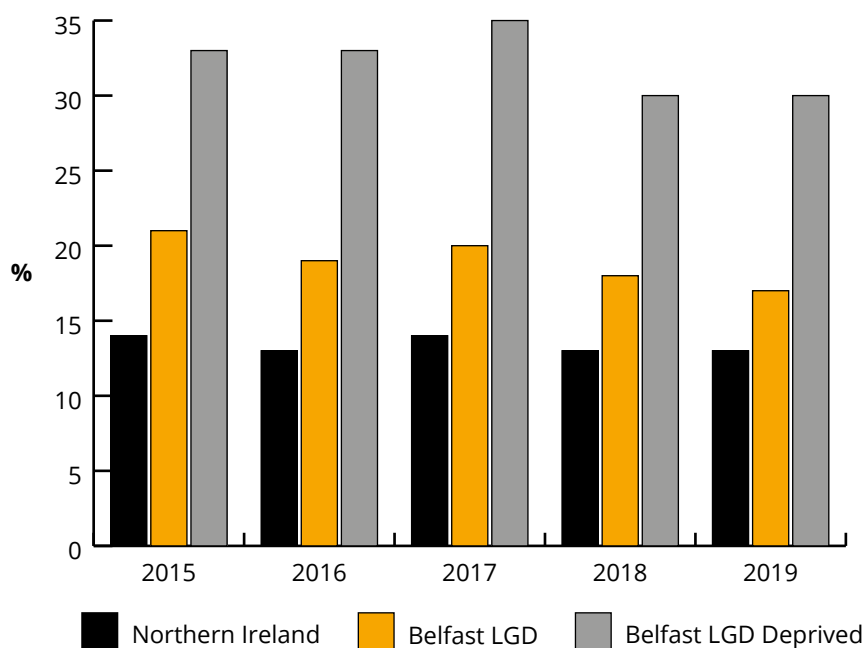
Between 2015 and 2019, in the most-deprived areas of Belfast LGD, the percentage of women who reported smoking during pregnancy decreased by 3 percentage points, from 33% to 30% (see People Figure 9).

46. <https://www.publichealth.hscni.net/sites/default/files/2019-12/RUAG%20Childrens%20Health%20in%20NI%20-%202018-19%20-%20Dec%202019.pdf> (Last accessed 5 May 2022)

47. <https://www.health-ni.gov.uk/publications/health-inequalities-annual-report-2021> (Last accessed 26 October 2021)

PEOPLE FIGURE 9:

Percentage (%) of women who reported smoking during pregnancy in Northern Ireland, Belfast LGD, and the most-deprived areas of Belfast LGD, 2015 to 2019



Source: DoH Health Inequalities Annual Report 2021: Data Tables

KEY COMPARISONS

Comparison with Northern Ireland

In 2019, when compared with Northern Ireland, the percentage of women who reported smoking during pregnancy:

- In Belfast LGD was 4.69 percentage points higher, 17.31% compared with 12.62%
- In the most-deprived areas of Belfast LGD was 17.38 percentage points higher, 30% compared with 12.62%

Between 2015 and 2019, the percentage of women who reported smoking during pregnancy:

- In Belfast LGD decreased by 3.30 percentage points, from 20.61% to 17.31% (a percentage decrease of 16.01%)
- In the most-deprived areas in Belfast LGD decreased by 3 percentage points, from 33% to 30% (a percentage decrease of 9.09%)
- In Northern Ireland decreased by 1.52 percentage points, from 14.14% to 12.62% (a percentage decrease of 10.75%)

Comparison with other LGDs

In 2019, when compared with other LGDs:

- Belfast LGD had the highest percentage of women who reported smoking during pregnancy
- Lisburn & Castlereagh LGD had the lowest percentage
- Ards & North Down LGD had the median value at 13.13% (see People Table 27)

Between 2015 and 2019, the percentage of women who reported smoking during pregnancy decreased in ten LGDs and increased slightly in one LGD (Ards & North Down LGD).

- The largest percentage decrease was in Belfast LGD at 16.01%
- The smallest percentage decrease was in Mid & East Antrim LGD at 2.69%

PEOPLE TABLE 27:

Percentage (%) of women smoking during pregnancy by LGD and Northern Ireland, 2015 and 2019

| LGD | Women smoking during pregnancy (%) | |
|------------------------------------|------------------------------------|-------|
| | 2015 | 2019 |
| Antrim & Newtownabbey | 14.68 | 13.93 |
| Ards & North Down | 12.87 | 13.13 |
| Armagh City, Banbridge & Craigavon | 13.23 | 11.19 |
| Belfast | 20.61 | 17.31 |
| Causeway Coast & Glens | 14.89 | 14.22 |
| Derry City & Strabane | 15.90 | 14.07 |
| Fermanagh & Omagh | 10.19 | 8.87 |
| Lisburn & Castlereagh | 9.18 | 7.92 |
| Mid & East Antrim | 14.87 | 14.47 |
| Mid Ulster | 10.64 | 9.98 |
| Newry, Mourne & Down | 10.42 | 9.44 |
| Northern Ireland | 14.14 | 12.62 |

Source: NINIS: Smoking During Pregnancy (administrative geographies) Pivot Table

HIGHLIGHTS

In 2019, in Belfast, almost 2 out of every 10 women reported smoking during pregnancy, compared with over 1 out of every 10 in Northern Ireland. Belfast also had the highest percentage of women reporting smoking during pregnancy when compared with other LGDs.

Between 2015 and 2019, in Belfast, the percentage of women who reported smoking during pregnancy decreased, and although the percentage was consistently higher than that in Northern Ireland the gap narrowed.

Inequalities and the potential for inequity

In 2019, in Belfast's most-deprived areas, 3 out of every 10 women reported smoking during pregnancy, compared with almost 2 out of every 10 in Belfast, and over 1 out of every 10 in Northern Ireland.

From 2015 to 2019, the percentage of women who reported smoking during pregnancy in Belfast's most-deprived areas decreased, a positive trend that needs to be maintained. The percentage in Belfast's most-deprived areas, however, was consistently much higher than that in Belfast and that in Northern Ireland, and the gap between Belfast's most-deprived areas and Belfast, and that between Belfast's most-deprived areas and Northern Ireland, increased due to a greater percentage decrease for women in Belfast and women in Northern Ireland.

3.3 Children Treated for a Filling, Crown, or Extraction

IMPORTANCE

Tooth decay is largely preventable, but it remains a serious problem. Oral health is an important aspect of a child's overall health status and can be a marker of wider health and social care issues including poor nutrition and obesity.⁴⁸

Children from disadvantaged family socioeconomic backgrounds have a higher risk of dental caries and periodontal disease. In the Children's Dental Health Survey in England, Wales, and Northern Ireland of children aged 5, 8, 12, and 15 years,⁴⁹ poorer family socioeconomic position and greater area deprivation were associated with higher rates of decay in children aged 5 and 12 years. The socioeconomic gap in dental decay among children was significantly smaller among children aged 15 years when compared with children aged 5 years; however, the association between higher levels of area deprivation and higher levels of dental decay was similar across all the age groups, showing that community levels of deprivation are important.

DEFINITION

This indicator is limited to treatment for fillings, crowns, and extractions⁵⁰ in children aged under 18 years. A child's age is calculated at the time of the start of treatment. Analysis by area is based on where the child currently lives according to their GP registration. The financial year relates to when the claim was paid, not necessarily the same year in which treatment took place. The indicator excludes private work, and work undertaken in hospitals.

Information is from the HSC BSO.⁵¹

PROFILE FINDINGS

In 2019/20, in Belfast LGD, the rate of children aged under 18 years treated for a filling, crown, or extraction was 260 per 1,000 registered with a dentist.

48. [Health Matters: Child dental health - Public health matters \(blog.gov.uk\)](#)

49. <https://onlinelibrary.wiley.com/doi/full/10.1111/cdoe.12390> (Last accessed 3 November 2021)

50. Treatment codes for fillings: all 14 codes except 1422-1425, 1431, 1451, 1499 and codes 4401, 5811, 5812, 5813, 5814, 5821, 5825, 5826, 5836, 6001. Treatment codes for crowns: 1711, 1712, 1716, 1721, 1722, 1723, 1726 and 1751. Treatment codes for extractions: all 21, 22 and 52 codes except 2121 and 5206.

51. <https://hscbusiness.hscni.net/services/3173.htm> (Last accessed 29 October 2021)

KEY COMPARISONS

Comparison with Northern Ireland

In 2019/20, when compared with Northern Ireland, the rate of children treated for a filling, crown, or extraction per 1,000 registered with a dentist was higher in Belfast LGD by 14 children treated per 1,000 registered, 260 compared with 246 children treated per 1,000 registered with a dentist.

Comparison with other LGDs

In 2019/20, when compared with other LGDs:

- Belfast LGD had the fourth highest rate of children treated for a filling, crown, or extraction per 1,000 registered with a dentist
- Derry City & Strabane LGD had the highest rate
- Ards & North Down LGD had the lowest rate
- Armagh City, Banbridge & Craigavon LGD had the median value at 245 children treated for a filling, crown, or extraction per 1,000 registered with a dentist (see People Table 28)

PEOPLE TABLE 28:

Rate of children treated (per 1,000 registered with a dentist) for a filling, crown, or extraction by LGD and Northern Ireland, 2019/20

| LGD | Rate of children treated for a filling, crown, or extraction (per 1,000 registered with a dentist) |
|------------------------------------|--|
| Antrim & Newtownabbey | 235 |
| Ards & North Down | 203 |
| Armagh City, Banbridge & Craigavon | 245 |
| Belfast | 260 |
| Causeway Coast & Glens | 250 |
| Derry City & Strabane | 282 |
| Fermanagh & Omagh | 267 |
| Lisburn & Castlereagh | 217 |
| Mid & East Antrim | 225 |
| Mid Ulster | 264 |
| Newry, Mourne & Down | 243 |
| Northern Ireland | 246 |

Source: HSC BSO General Dental Services Statistics, Table 1.29 in the Annual Dental Statistics Tables

HIGHLIGHTS

In 2019/20, the rate of children aged under 18 years treated for a filling, crown, or extraction per 1,000 registered with a dentist was higher in Belfast than that in Northern Ireland and in 7 of the other LGDs.

Inequalities and the potential for inequity

The information presented for this indicator reflects the situation for children registered with a dentist; therefore, it does not cover the oral health status and unmet need in children who are not registered with a dentist. In the UK, there are marked socioeconomic inequalities in the use of dental services: all the major disadvantaged socioeconomic groups are less likely to visit the dentist, but more likely to visit due to problems with their teeth.⁵²

52. <https://onlinelibrary.wiley.com/doi/full/10.1111/cdoe.12390> (Last accessed 3 November 2021)

3.4 Primary 1 and Year 8 Children BMI: Overweight or Obese

IMPORTANCE

The WHO Regional Office for Europe states that obesity is one of the greatest public health challenges of the 21st century. In addition to causing various physical disabilities and psychological problems, excess weight increases a person's risk of developing several non-communicable diseases (NCDs), including cardiovascular disease, cancer, and diabetes.⁵³

Children who are overweight or obese are more likely to be overweight or obese as adults and to develop NCDs, such as diabetes and cardiovascular diseases, at a younger age.

The WHO states that the increasing prevalence of childhood obesity results from changes in society. Although childhood obesity is associated with unhealthy eating and low levels of physical activity, the problem is increasingly being linked to socioeconomic development and the policy areas of agriculture, transport, urban planning, the environment, food processing, distribution and marketing, and education.⁵⁴ It is important, therefore, that tackling childhood obesity involves action across all these sectors.

DEFINITION

These indicators are:

- the proportion of children in Primary 1 classified as overweight or obese
- the proportion of children in Year 8 classified as overweight or obese

Overweight and obesity are defined as abnormal or excessive fat accumulation that may impair health.⁵⁵

The BMI is an indicator of body fat levels calculated by dividing a person's weight (kg) by the square of height (m²). Height and weight information are extracted from the Child Health System (CHS) and converted into a Body Mass Index (BMI) score for each pupil. The BMI can be categorised 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.⁵⁶

53. [WHO/Europe | Obesity](#)

54. [Noncommunicable diseases: Childhood overweight and obesity \(who.int\)](#)

55. [Obesity and overweight \(who.int\)](#)

56. NINIS: Childhood BMI (administrative geographies) Pivot Table: Metadata

Information sources

- Information for the LGD data and the deprivation data is from the 'Health inequalities annual report 2021' published by the DoH⁵⁷
- Information for boys and girls in Belfast LGD and Northern Ireland is from NINIS

NB: data from NINIS are reported to two decimal places, whereas data from the Health Inequalities Annual Report 2021 are rounded to whole numbers.

PROFILE FINDINGS

In 2017/18-2019/20, in Belfast LGD, the percentage of children who were overweight or obese:

- In Primary 1 was 22% (see People Figure 10)
- In Year 8 was 29% (see People Figure 11)

Between 2013/14-2015/16 and 2017/18-2019/20, in Belfast LGD, the percentage of children who were overweight or obese:

- In Primary 1, increased by 1 percentage point, from 21% to 22% (see People Figure 10)
- In Year 8, increased by 2 percentage points, from 27% to 29% (see People Figure 11)

Differences by deprivation

In 2017/18-2019/20, in the most-deprived areas of Belfast LGD:

- 25% of Primary 1 children were overweight or obese (see People Figure 10)
- 37% of Year 8 children were overweight or obese (see People Figure 11)

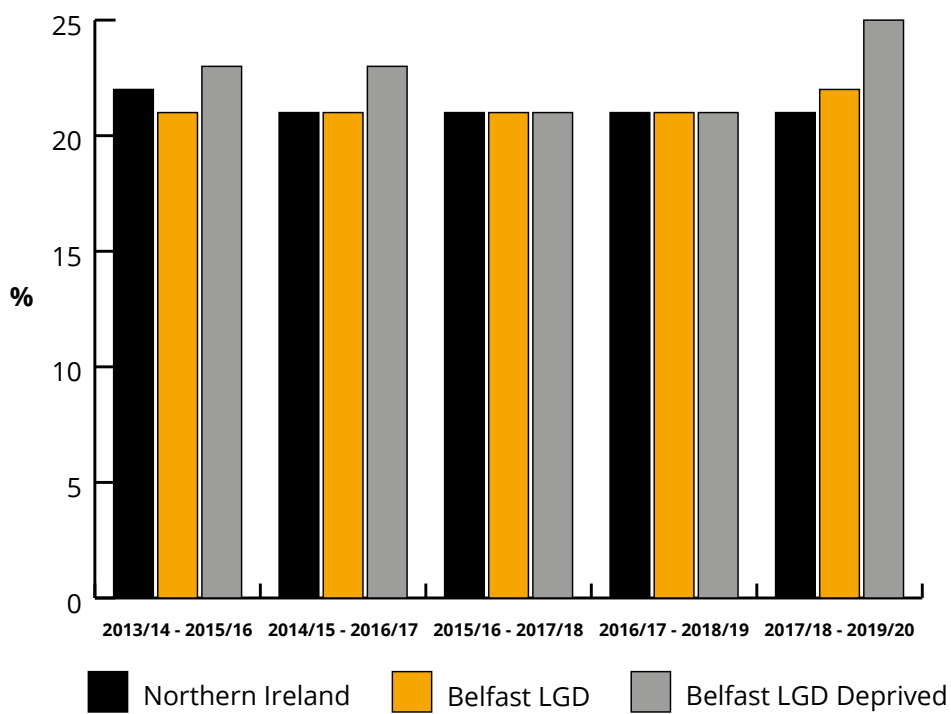
In 2017/18-2019/20, a higher percentage of Primary 1 and Year 8 children were overweight or obese in the most-deprived areas of Belfast LGD when compared with Belfast LGD, although the difference between Belfast's most-deprived areas and Belfast LGD was greater for Year 8 children.

57. <https://www.health-ni.gov.uk/publications/health-inequalities-annual-report-2021>
(Last accessed 26 October 2021)

Between 2013/14-2015/16 and 2017/18-2019/20, in the most-deprived areas of Belfast LGD, the percentage of children who were overweight or obese:

- In Primary 1, increased by 2 percentage points, from 23% to 25% (see People Figure 10)
- In Year 8, increased by 6 percentage points, from 31% to 37% (see People Figure 11)

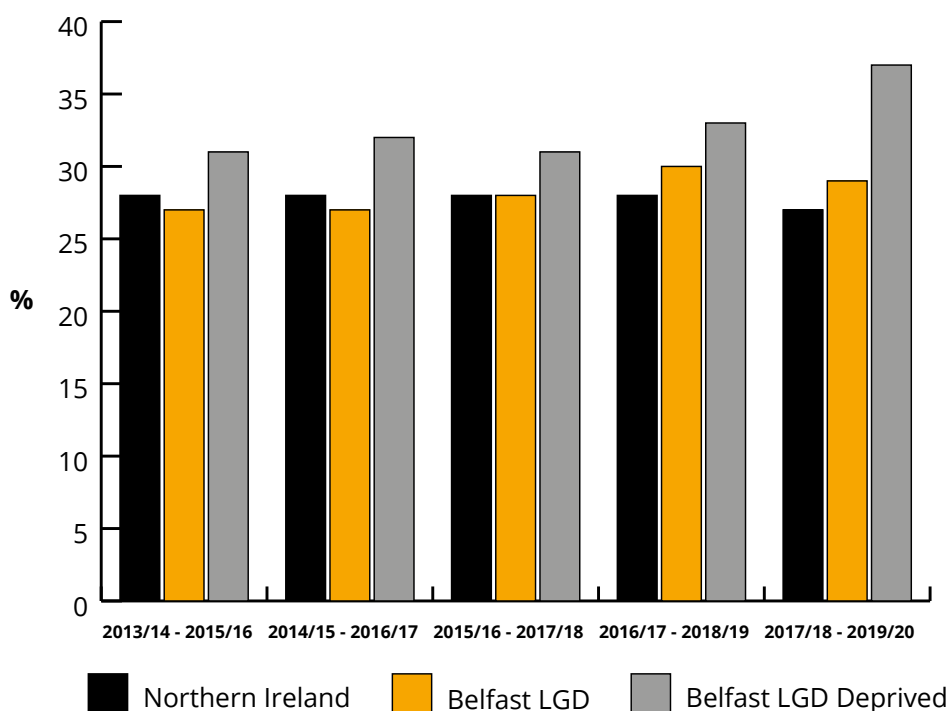
PEOPLE FIGURE 10:
Percentage (%) of Primary 1 children who were overweight or obese in Northern Ireland, Belfast LGD, and the most-deprived areas in Belfast LGD, from 2013/14-2015/16 to 2017/18-2019/20



Source: DoH Health Inequalities Annual Report 2021: Data Tables

PEOPLE FIGURE 11:

Percentage (%) of Year 8 children who were overweight or obese in Northern Ireland, Belfast LGD, and the most-deprived areas in Belfast LGD, from 2013/14-2015/16 to 2017/18-2019/20



Source: DoH Health Inequalities Annual Report 2021: Data Tables

Differences by sex

In 2017-2019, in Belfast LGD:

- In Primary 1 children, the percentage of boys who were overweight or obese was lower than that in girls by 6.36 percentage points
- In Year 8 children, the percentage of boys who were overweight or obese was lower than that in girls by 1.18 percentage points (see People Table 29)

In 2017-2019, in Belfast LGD, although there was a lower percentage of Primary 1 boys who were overweight or obese when compared with Primary 1 girls, by Year 8 this difference was less marked, and the percentages were relatively similar between boys and girls (see People Table 29).

PEOPLE TABLE 29:

Percentage (%) of boys and girls in Primary 1 and Year 8 who were overweight or obese in Belfast LGD and Northern Ireland, 2017-2019

| Jurisdiction | Obese or overweight (%) | | | |
|------------------|-------------------------|-------|--------|-------|
| | Primary 1 | | Year 8 | |
| | Boys | Girls | Boys | Girls |
| Belfast LGD | 18.52 | 24.88 | 28.52 | 29.70 |
| Northern Ireland | 17.81 | 25.16 | 27.16 | 27.07 |

Source: NINIS: Childhood BMI (administrative geographies) Pivot Table

KEY COMPARISONS

Comparison with Northern Ireland

In 2017/18-2019/20, when compared with Northern Ireland, the percentage of Primary 1 children who were overweight or obese:

- In Belfast LGD was 1 percentage point higher, 22% compared with 21% in Northern Ireland
- In the most-deprived areas of Belfast LGD was 4 percentage points higher, 25% compared with 21% in Northern Ireland

In 2017/18-2019/20, when compared with Northern Ireland, the percentage of Year 8 children who were overweight or obese:

- In Belfast LGD was 2 percentage points higher, 29% compared with 27% in Northern Ireland
- In the most-deprived areas of Belfast LGD was 10 percentage points higher, 37% compared with 27%

Between 2013/14-2015/16 and 2017/18-2019/20, the percentage of children who were overweight or obese in Primary 1:

- In Belfast LGD increased by 1 percentage point, from 21% to 22% (a percentage increase of 4.76%)
- In the most-deprived areas of Belfast LGD increased by 2 percentage points, from 23% to 25% (a percentage increase of 8.70%)

- In Northern Ireland decreased by 1 percentage point, from 22% to 21% (a percentage decrease of 4.55%)

Between 2013/14-2015/16 and 2017/18-2019/20, the percentage of children who were overweight or obese in Year 8:

- In Belfast LGD increased by 2 percentage points, from 27% to 29% (a percentage increase of 7.41%)
- In the most-deprived areas of Belfast LGD increased by 6 percentage points, from 31% to 37% (a percentage increase of 19.35%)
- In Northern Ireland decreased by 1 percentage point, from 28% to 27% (a percentage decrease of 3.57%)

Comparison with other LGDs

In 2017/18-2019/20, when compared with other LGDs, for Primary 1 children:

- Belfast LGD had the fourth equal highest percentage who were overweight or obese, together with Mid & East Antrim LGD
- Antrim & Newtownabbey LGD had the highest percentage
- Ards & North Down had the lowest percentage
- Mid Ulster LGD and Newry Mourne & Down LGD had the median value at 21% (see People Table 30).

In 2017/18-2019/20, when compared with other LGDs, for Year 8 children:

- Belfast LGD had the second equal highest percentage who were overweight or obese, together with Mid & East Antrim LGD
- Derry City & Strabane LGD had the highest percentage
- Ards & North Down had the lowest percentage
- Antrim & Newtownabbey LGD and Mid Ulster LGD had the median value at 27% (see People Table 30)

PEOPLE TABLE 30:

Percentage (%) of children in Primary 1 and Year 8 who were overweight or obese by LGD and Northern Ireland, 2017/18-2019/20

| LGD | Children who were overweight or obese (%) | |
|------------------------------------|---|--------|
| | Primary 1 | Year 8 |
| Antrim & Newtownabbey | 25 | 27 |
| Ards & North Down | 18 | 24 |
| Armagh City, Banbridge & Craigavon | 19 | 26 |
| Belfast | 22 | 29 |
| Causeway Coast & Glens | 23 | 28 |
| Derry City & Strabane | 24 | 31 |
| Fermanagh & Omagh | 20 | 26 |
| Lisburn & Castlereagh | 19 | 25 |
| Mid & East Antrim | 22 | 29 |
| Mid Ulster | 21 | 27 |
| Newry, Mourne & Down | 21 | 26 |
| Northern Ireland | 21 | 27 |

Source: DoH Health Inequalities Annual Report 2021: [hscims-report-2021-data-tables-by-area_0.xlsx](#)

HIGHLIGHTS

In 2017/18-2019/20, in Belfast, 2 out of every 10 Primary 1 children and 3 out of every 10 Year 8 children were overweight or obese. Although the percentage of Primary 1 children who were overweight or obese in Belfast was relatively similar to that in Northern Ireland, the percentage of Year 8 children who were overweight or obese in Belfast was slightly higher than that for Northern Ireland.

Between 2013/14-2015/16 and 2017/18-2019/20, in Belfast, the percentages of children in Primary 1 and Year 8 who were overweight or obese increased, whereas the percentages decreased in Northern Ireland, and the gaps between Belfast and Northern Ireland widened slightly. Over the same time-period, there was only one other LGD in which the percentages increased – Newry, Mourne & Down for Primary 1 children, and Lisburn & Castlereagh for Year 8 children – for all other LGDs, the percentages either decreased or remained the same.

Inequalities and the potential for inequity

In 2017/18-2019/20, in Belfast's most-deprived areas:

- **Between 2 and 3 out of every 10 Primary 1 children were overweight or obese**
- **Almost 4 out of every 10 Year 8 children were overweight or obese**

In Belfast's most-deprived areas, the percentages of Primary 1 and Year 8 children who were overweight or obese were higher than those in Belfast and in Northern Ireland, although the differences were greater for Year 8 children than for Primary 1 children.

Between 2013/14-2015/16 and 2017/18-2019/20, in Belfast's most-deprived areas, there was a greater increase in the percentages of Primary 1 and Year 8 children who were overweight or obese than there was in Belfast, particularly between 2016/17-2018/19 and 2017/18-2019/20, and the gap widened for both Primary 1 and Year 8 children. When compared with Northern Ireland, where there was a decrease in overweight and obesity, the increase in overweight and obesity in Belfast's most-deprived areas meant that the gap between the two widened.

In 2017/18-2019/20, in Belfast LGD:

- **In Primary 1 children, between 2 and 3 out of every 10 girls were overweight or obese compared with almost 2 out of every 10 boys**
- **In Year 8 children, 3 out of every 10 girls were overweight or obese compared with almost 3 out of every 10 boys**

Thus, there was a marked difference between the percentages of Primary 1 boys and girls who were overweight or obese, which was not as marked in Year 8 boys and girls where the percentages are relatively similar. There would appear to be a greater problem of overweight and obesity in Primary 1 girls, but by Year 8 the magnitude of the problem is similar for boys and girls.

SECTION 4

Adult Health and Wellbeing

4.1 Adults BMI: Overweight or Obese

IMPORTANCE

Overweight and obesity are defined as abnormal or excessive fat accumulation that may impair health.⁵⁸ The WHO Regional Office for Europe states that obesity is one of the greatest public health challenges of the 21st century. In addition to causing various physical disabilities and psychological problems, excess weight increases a person's risk of developing several NCDs, including cardiovascular disease, cancer, and diabetes.⁵⁹

According to the Global Burden of Disease Study 2019, in Northern Ireland, a high body mass index (BMI), indicating overweight or obesity, was the third most important risk factor causing death and disability combined.⁶⁰

DEFINITION

The BMI is an indicator of body fat levels calculated by dividing a person's weight (kg) by the square of their height (m²).

As part of the annual Health Survey Northern Ireland, height and weight measurements are sought from individuals in participating households.⁶¹ Adults (aged 16 years or over) are categorised into BMI groups.

Information is from the Health Survey Northern Ireland.⁶²

58. [Obesity and overweight \(who.int\)](https://www.who.int)

59. [WHO/Europe | Obesity](https://www.who.int/europe/obesity)

60. Institute of Health Metrics and Evaluation. [United Kingdom - Northern Ireland | Institute for Health Metrics and Evaluation \(healthdata.org\)](https://www.healthdata.org) (Last accessed 23 April 2021)

61. [Health survey Northern Ireland: first results 2019/20 | Department of Health \(health-ni.gov.uk\)](https://www.health-ni.gov.uk)

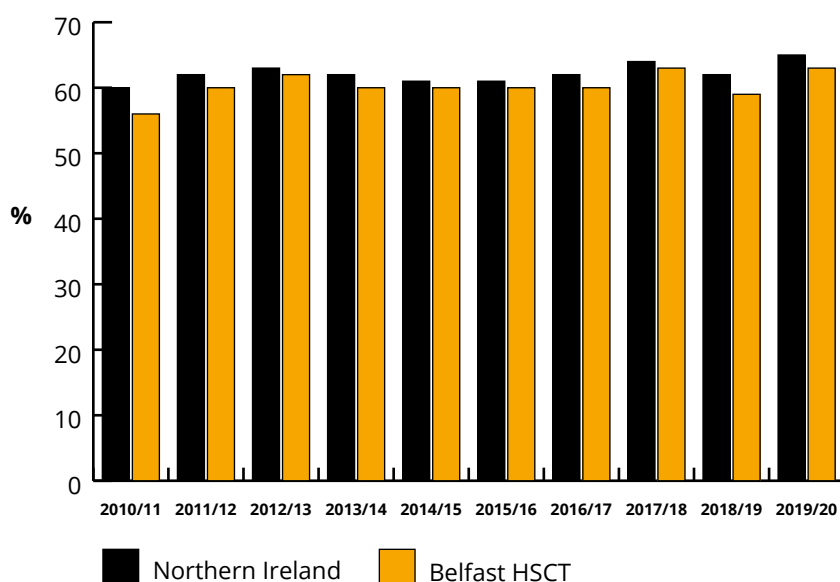
62. [Health Survey Northern Ireland 2019/20: First Results - \(www.gov.uk\)](https://www.gov.uk) (Last accessed 4 November 2021)

PROFILE FINDINGS

In 2019/20, in Belfast HSCT, the percentage of people aged 16 years and over who were overweight or obese was 63%.

Between 2010/11 and 2019/20, in Belfast HSCT, the percentage of people aged 16 years and over who were overweight or obese increased by 7 percentage points, from 56% to 63% (see People Figure 12).

PEOPLE FIGURE 12:
Percentage (%) of people aged 16 years and over who were overweight or obese in Belfast HSCT and Northern Ireland, 2010/11 to 2019/20



Source: Health Survey Northern Ireland: first results 2019/20; Health Survey Northern Ireland Trend Tables 'BMI - adults'

KEY COMPARISONS

Comparison with Northern Ireland

In 2019/20, when compared with Northern Ireland, the percentage of people aged 16 years and over who were overweight or obese was 2 percentage points lower in Belfast HSCT (63% compared with 65%; see People Table 31).

Between 2010/11 and 2019/20, the percentage of people aged 16 years and over who were overweight or obese:

- In Belfast HSCT increased by 7 percentage points, from 56% to 63% (a percentage increase of 12.50%)
- In Northern Ireland increased by 5 percentage points, from 60% to 65% (a percentage increase of 8.33%; see People Table 31)

Comparison with other HSCTs

In 2019/20, when compared with other HSCTs:

- Belfast HSCT had the equal lowest percentage of adults who were overweight or obese together with Northern HSCT
- Western HSCT had the highest percentage
- South Eastern HSCT had the median value at 64% (see People Table 31).

Between 2010/11 and 2019/20, the percentage of people who were overweight or obese increased in all HSCTs, ranging from 1 to 13 percentage points (see People Table 31).

- Belfast HSCT had the median value percentage point increase at 7 percentage points, and the median value percentage increase of 12.50%
- Western HSCT had the greatest value percentage point increase at 13 percentage points, and the highest percentage increase at 22.41%
- Northern HSCT had the smallest percentage point increase at 1 percentage point, and the smallest percentage increase at 1.61% (see People Table 31)

PEOPLE TABLE 31:

Percentage (%) of people aged 16 years and over who were overweight or obese by HSCT and Northern Ireland, 2010/11 and 2019/20

| HSCT | People aged 16 years and over who were overweight or obese (%) | |
|------------------|--|---------|
| | 2010/11 | 2019/20 |
| Belfast | 56 | 63 |
| Northern | 62 | 63 |
| South Eastern | 62 | 64 |
| Southern | 59 | 67 |
| Western | 58 | 71 |
| Northern Ireland | 60 | 65 |

Source: Health Survey Northern Ireland: first results 2019/20; Health Survey Northern Ireland Trend Tables 'BMI - adults'

Differences by deprivation in Northern Ireland

In 2019/20, in Northern Ireland, there were differences in the percentage of people aged 16 years and over who were overweight or obese across the deprivation quintiles.

- The highest percentage of people who were overweight or obese was in Quintile 2, closely followed by Quintile 1, the two most-deprived quintiles
- The lowest percentage was in Quintile 5, the least-deprived quintile (see People Table 32)

Between 2010/11 and 2019/20, the percentage of people aged 16 years and over in Northern Ireland increased in all deprivation quintiles, ranging 4 to 9 percentage points.

- Quintile 1, the most-deprived quintile had the median value percentage point increase at 5 percentage points, although the percentage increase was second lowest at 7.93%
- Quintile 3 had the largest percentage point increase at 9 percentage points and the largest percentage increase at 16.36%
- Quintile 4 (the second least-deprived quintile) had the lowest percentage point increase at 4 percentage points and the lowest percentage increase at 6.66%

PEOPLE TABLE 32:

Percentage (%) of people aged 16 years and over who were overweight or obese by deprivation quintile in Northern Ireland, 2010/11 and 2019/20

| Deprivation quintile | People aged 16 years and over who were overweight or obese (%) | |
|-----------------------------|--|---------|
| | 2010/11 | 2019/20 |
| Quintile 1 – most deprived | 63 | 68 |
| Quintile 2 | 63 | 69 |
| Quintile 3 | 55 | 64 |
| Quintile 4 | 60 | 64 |
| Quintile 5 – least deprived | 57 | 62 |
| Northern Ireland | 60 | 65 |

Source: Health Survey Northern Ireland: first results 2019/20; Health Survey Northern Ireland Trend Tables 'BMI – adults'

Differences by sex in Northern Ireland

In 2019/20, there were differences in the percentage of men and women aged 16 years and over who were overweight or obese: the percentage was higher by 11 percentage points in men when compared with women, 71% compared with 60% (People Table 33).

Between 2010/11 and 2019/20, the percentage of people aged 16 years and over increased:

- In men by 4 percentage points, from 67% to 71% (a percentage increase of 5.97%)
- In women by 7 percentage points, from 53% to 60% (a percentage increase of 13.20%; see People Table 33)

PEOPLE TABLE 33:

Percentage (%) of men and women aged 16 years and over who were overweight or obese in Northern Ireland, 2010/11 and 2019/20

| Sex | People aged 16 years and over who were overweight or obese (%) | |
|-------|--|---------|
| | 2010/11 | 2019/20 |
| Men | 67 | 71 |
| Women | 53 | 60 |

Source: Health Survey Northern Ireland: first results 2019/20; Health Survey Northern Ireland Trend Tables 'BMI – adults'

HIGHLIGHTS

In 2019/20, in Belfast HSCT, over 6 out of every 10 people aged 16 years and over were overweight or obese, compared with between 6 and 7 out of every 10 in Northern Ireland, and 7 out of every 10 in Western HSCT.

Between 2010/11 and 2019/20, although the percentage of people aged 16 years and over who were overweight or obese increased in both Belfast HSCT and Northern Ireland, the increase was greater in Belfast HSCT, and the gap between the two narrowed with Belfast approaching the value for Northern Ireland.

Inequalities and the potential for inequity

In 2019/20, in Northern Ireland:

- **Almost 7 out of every 10 people in the most-deprived areas of Northern Ireland were overweight or obese compared with just over 6 out of every 10 in the least-deprived areas**
- **7 out of every 10 men were overweight or obese compared with 6 out of every 10 women**

Between 2010/11 and 2019/20:

- **There was a complex pattern of percentage increases across the deprivation quintiles – the highest percentage increases occurred in Quintile 3 and Quintile 2, whereas there was a relatively low percentage increase in Quintile 1, the most-deprived quintile**
- **The percentages of men and women who were overweight or obese increased, however, there was a greater percentage increase in the percentage of women when compared with men, and the gap between the two narrowed with the value for women approaching the value for men**

4.2 Smoking Status: Current Cigarette Smoking

IMPORTANCE

Tobacco smoking is a major public health issue. In the Global Burden of Disease Study 2019, in Northern Ireland, tobacco use was identified as the most important risk factor causing death and disability combined.⁶³

In February 2012, the Department of Health published a ten-year tobacco control strategy for Northern Ireland.⁶⁴ A review of progress against the strategy was published in February 2020,⁶⁵ reporting a decrease in the percentage of adults smoking from 24% in 2010/11 to 18% in 2018/19.

It was concluded, however, that the 2020 target of 15% in adults was unlikely to be met. Challenges remained in relation to smoking among pregnant women (14% in 2018/19) and manual workers (27% in 2018/19). Smoking cessation services in Northern Ireland, however, compared favourably with those in other parts of the UK in terms of service uptake and 4-week quit rates.

DEFINITION

Information on smoking status is from the Health Survey Northern Ireland.⁶⁶ The survey collects information about current cigarette smoking with the following questions:

- “Have you ever smoked a tobacco cigarette, a cigar or a pipe?”
- “Do you smoke cigarettes at all nowadays?”
- “Have you ever smoked cigarettes regularly?”

63. [United Kingdom - Northern Ireland | Institute for Health Metrics and Evaluation \(healthdata.org\)](https://www.healthdata.org) (Last accessed 29 October 2021)

64. [Ten year tobacco control strategy for Northern Ireland \(health-ni.gov.uk\)](https://www.health-ni.gov.uk) (Last accessed 29 October 2021)

65. [Mid Term Review Tobacco Control Strategy | Department of Health \(health-ni.gov.uk\)](https://www.health-ni.gov.uk) (Accessed 24 February 2021)

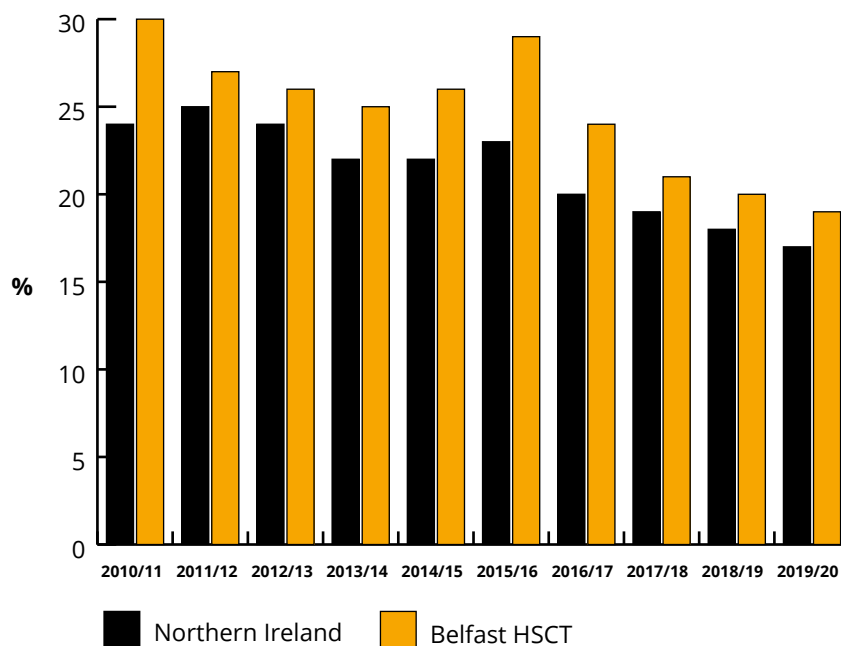
66. [Health survey Northern Ireland: first results 2019/20 | Department of Health \(health-ni.gov.uk\)](https://www.health-ni.gov.uk) (Last accessed 20 October 2021)

PROFILE FINDINGS

In 2019/20, in Belfast HSCT, the percentage of people aged 16 years and over who reported current cigarette smoking was 19%.

Between 2010/11 and 2019/20, in Belfast HSCT, the percentage of people aged 16 years and over who reported current cigarette smoking decreased overall by 11 percentage points from 30% to 19% (see People Figure 13).

PEOPLE FIGURE 13:
Percentage (%) of people aged 16 years and over who reported current cigarette smoking in Belfast HSCT and Northern Ireland, 2010/11 to 2019/20



Source: Health Survey Northern Ireland: first results 2019/20; Health Survey Northern Ireland Trend Tables 'Cigarette Smoking'

KEY COMPARISONS

Comparison with Northern Ireland

In 2019/20, when compared with Northern Ireland, the percentage of people aged 16 years and over who reported current cigarette smoking was 2 percentage points higher in Belfast HSCT, 19% compared with 17%.

Between 2010/11 and 2019/20, the percentage of people aged 16 years and over who reported current cigarette smoking:

- In Belfast HSCT decreased by 11 percentage points, from 30% to 19% (a percentage decrease of 36.66%)
- In Northern Ireland decreased by 7 percentage points, from 24% to 17% (a percentage decrease of 29.17%; see People Figure 13)

Comparison with other HSCTs

In 2019/20, when compared with other HSCTs:

- Belfast HSCT had the highest percentage of people aged 16 years and over who reported current cigarette smoking
- Western HSCT had the lowest percentage
- Northern HSCT and Southern HSCT had the median value at 18% (see People Table 34)

Between 2010/11 and 2019/20, the percentage of people aged 16 years and over who reported current cigarette smoking decreased in all HSCTs, ranging from 3 to 11 percentage points:

- Belfast HSCT had the largest percentage point decrease
- South Eastern HSCT had the smallest percentage point decrease (see People Table 34)

PEOPLE TABLE 34:

Percentage (%) of people aged 16 years and over who reported current cigarette smoking by HSCT and Northern Ireland, 2010/11 and 2019/20

| HSCT | People aged 16 years and over reporting current cigarette smoking (%) | |
|------------------|---|---------|
| | 2010/11 | 2019/20 |
| Belfast | 30 | 19 |
| Northern | 24 | 18 |
| South Eastern | 20 | 17 |
| Southern | 23 | 18 |
| Western | 24 | 15 |
| Northern Ireland | 24 | 17 |

Source: Health Survey Northern Ireland: first results 2019/20; Health Survey Northern Ireland Trend Tables 'Cigarette Smoking'

Differences by deprivation in Northern Ireland

In 2019/20, there were differences in smoking status across the deprivation quintiles in Northern Ireland.

- The highest percentage of people aged 16 years and over who reported current cigarette smoking was in Quintile 1, the most-deprived quintile
- The lowest percentage was in Quintile 5, the least-deprived quintile (see People Table 35)

The percentage of people aged 16 years and over who reported current cigarette smoking was 17 percentage points higher in the most-deprived areas of Northern Ireland when compared with the least-deprived areas, 27% compared with 10%.

Between 2010/11 and 2019/20, the percentage of people aged 16 years and over decreased across the deprivation quintiles in Northern Ireland, ranging from 4 to 13 percentage points.

- The largest decrease was in Quintile 1, the most-deprived quintile, both in terms of the percentage point decrease and the percentage decrease at 32.50%
- The smallest percentage point decrease was in Quintile 5, the least-deprived quintile, whereas the smallest percentage decrease was in Quintile 3 at 22.72%

PEOPLE TABLE 35:

Percentage (%) of people aged 16 years and over who reported current cigarette smoking by deprivation quintile in Northern Ireland, 2010/11 and 2019/20

| Deprivation quintile | People aged 16 years and over who reported current cigarette smoking (%) | |
|-----------------------------|--|---------|
| | 2010/11 | 2019/20 |
| Quintile 1 – most deprived | 40 | 27 |
| Quintile 2 | 26 | 20 |
| Quintile 3 | 22 | 17 |
| Quintile 4 | 20 | 15 |
| Quintile 5 – least deprived | 14 | 10 |
| Northern Ireland | 24 | 17 |

Source: Health Survey Northern Ireland: first results 2019/20; Health Survey Northern Ireland Trend Tables 'Cigarette Smoking'

Differences by sex in Northern Ireland

In 2019/20, in Northern Ireland, there were differences between men and women aged 16 years and over who reported current cigarette smoking: the percentage was higher by 2 percentage points in men when compared with women, 18% compared with 16% (see People Table 36).

Between 2010/11 and 2019/20, the percentage of people aged 16 years and over who reported current cigarette smoking decreased:

- In men, by 7 percentage points, from 25% to 18% (a percentage decrease of 28.00%)
- In women, by 7 percentage points, from 23% to 16% (a percentage decrease of 30.43%; see People Table 36)

PEOPLE TABLE 36:

Percentage (%) of men and women aged 16 years and over who reported current cigarette smoking in Northern Ireland, 2010/11 and 2019/20

| Sex | People aged 16 years and over who reported current cigarette smoking (%) | |
|-------|--|---------|
| | 2010/11 | 2019/20 |
| Men | 25 | 18 |
| Women | 23 | 16 |

Source: Health Survey Northern Ireland: first results 2019/20; Health Survey Northern Ireland Trend Tables 'Cigarette Smoking'

HIGHLIGHTS

In 2019/20, in Belfast HSCT, 2 out of every 10 people aged 16 years and over were current cigarette smokers, compared with between 1 and 2 out of every 10 in Northern Ireland.

Between 2010/11 and 2019/20, the percentage of people aged 16 years and over who reported smoking in Belfast HSCT decreased, and, although the percentage remained higher than that for Northern Ireland, the gap between the two narrowed due to a greater decrease in Belfast HSCT than that in Northern Ireland.

A similar pattern can be seen when comparing percentages of people reporting current smoking among the other HSCTs: although the level was highest in Belfast HSCT, the decrease in Belfast HSCT between 2010/11 and 2019/20 was greatest, and, therefore, the gap narrowed between Belfast HSCT and the other HSCTs.

Inequalities and the potential for inequity

In 2019/20, in the most-deprived areas of Northern Ireland, nearly 3 people out of every 10 people aged 16 years and over were current cigarette smokers compared with 1 out of every 10 in the least-deprived areas; however, between 2010/11 and 2019/20, the percentage decrease was greatest in the most-deprived areas, and, therefore, the gap between the most-deprived and least-deprived areas in Northern Ireland narrowed.

In 2019/20, in Northern Ireland, nearly 2 out of every 10 men reported current cigarette smoking compared with between 1 and 2 out of every 10 women. Between 2010/11 and 2019/20, although the percentage of men and women who reported current cigarette smoking decreased, the percentage decrease was slightly lower for men than it was for women.

4.3 Smoking Status: Current Use of E-Cigarettes

IMPORTANCE

An e-cigarette is a device that allows users to inhale nicotine in a vapour rather than smoke. E-cigarettes work by heating a liquid that typically contains nicotine, propylene glycol and/or vegetable glycerine, and flavourings. Using an e-cigarette is known as vaping. E-cigarettes do not burn tobacco and do not produce tar or carbon monoxide, two of the most damaging elements in tobacco smoke. In the UK, e-cigarettes are regulated for safety and quality, and their use is associated with a small fraction of the risk of cigarette smoking. Although the liquid and vapour of e-cigarettes contain some potentially harmful chemicals also found in cigarette smoke, these chemicals are at much lower levels.⁶⁷

The use of e-cigarettes can help people to quit cigarette smoking. In a large trial of NHS stop smoking services, people were almost twice as likely to quit smoking for a year when they used e-cigarettes compared with nicotine replacement therapy products (all participants in the study were also offered 4 weeks of one-to-one behavioural support from a clinician).⁶⁸

DEFINITION

Information is from the Health Survey Northern Ireland.⁶⁹ Participants are asked the following questions about e-cigarette use:

- Have you ever used an electronic cigarette?
- Do you use electronic cigarettes at all nowadays?
- Have you ever used electronic cigarettes regularly?

67. <https://www.nhs.uk/live-well/quit-smoking/using-e-cigarettes-to-stop-smoking/>
(Last accessed 4 November 2021)

68. <https://evidence.nihr.ac.uk/alert/e-cigarettes-helped-more-smokers-quit-than-nicotine-replacement-therapy/> (Last accessed 4 November 2021)

69. [Health Survey Northern Ireland 2019/20: First Results - \(www.gov.uk\)](https://www.gov.uk/government/statistics/health-survey-northern-ireland-2019-20-first-results)
(Last accessed 4 November 2021)

PROFILE FINDINGS

In 2019/20, in Belfast HSCT, the percentage of people aged 16 years and over who reported current use of e-cigarettes was 8%.

Between 2014/15 and 2019/20, in Belfast HSCT, the percentage of people aged 16 years and over who reported current use of e-cigarettes increased by 1 percentage point, from 7% to 8%.

KEY COMPARISONS

Comparison with Northern Ireland

In 2019/20, when compared with Northern Ireland, the percentage of people aged 16 years and over who reported current use of e-cigarettes was higher by 2 percentage points in Belfast HSCT, 8% compared with 6%.

Between 2014/15 and 2019/20, the percentage of people aged 16 years and over who reported current use of e-cigarettes increased:

- In Belfast HSCT, by 1 percentage point, from 7% to 8% (a percentage increase of 14%)
- In Northern Ireland, by 1 percentage point, from 5% to 6% (a percentage increase of 20%)

Comparison with other HSCTs

In 2019/20, when compared with other HSCTs:

- Belfast HSCT had the highest percentage of people aged over 16 years who reported current use of e-cigarettes
- South Eastern HSCT and Western HSCT had the equal lowest percentage
- Northern HSCT had the median value at 6% (see People Table 37)

Between 2014/15 and 2019/20, the percentage of people aged 16 years and over who reported current use of e-cigarettes increased in all HSCTs, ranging from 1 to 2 percentage points.

- Belfast HSCT had the equal lowest percentage point increase, and the lowest percentage increase at 14%
- Northern HSCT had the highest percentage point increase, and the highest percentage increase at 50% (see People Table 37)

PEOPLE TABLE 37:

Percentage (%) of people aged 16 years and over who reported current use of e-cigarettes by HSCT and Northern Ireland, 2014/15 and 2019/20

| HSCT | People aged 16 years and over reporting current use of e-cigarettes (%) | |
|------------------|---|---------|
| | 2014/15 | 2019/20 |
| Belfast | 7 | 8 |
| Northern | 4 | 6 |
| South Eastern | 4 | 5 |
| Southern | 6 | 7 |
| Western | 4 | 5 |
| Northern Ireland | 5 | 6 |

Source: Health Survey Northern Ireland: first results 2019/20; Health Survey Northern Ireland Trend Tables 'Electronic cigarette use'

Differences by deprivation in Northern Ireland

In 2019/20, there were differences in the percentage of people aged 16 years and over who reported current use of e-cigarettes across deprivation quintiles in Northern Ireland.

- The highest percentage of people aged 16 years and over who reported current use of e-cigarettes was in Quintile 1, the most-deprived quintile
- The lowest percentage was in Quintile 2, the second most-deprived quintile, and Quintile 5, the least-deprived quintile (see People Table 38)

The percentage of people aged 16 years and over who reported current use of e-cigarettes was 3 percentage points higher in the most-deprived areas of Northern Ireland when compared with the least-deprived areas, 8% compared with 5%.

Between 2014/15 and 2019/20, the percentage of people aged 16 years and over who reported current use of e-cigarettes increased by 1-2 percentage points in Quintiles 3-5, and remained the same in Quintiles 1 and 2, the most-deprived quintiles (see People Table 38).

PEOPLE TABLE 38:

Percentage (%) of people aged 16 years and over who reported current use of e-cigarettes by deprivation quintile in Northern Ireland, 2014/15 and 2019/20

| Deprivation quintile | People aged 16 years and over who reported current use of e-cigarettes (%) | |
|-----------------------------|--|---------|
| | 2014/15 | 2019/20 |
| Quintile 1 – most deprived | 8 | 8 |
| Quintile 2 | 5 | 5 |
| Quintile 3 | 4 | 6 |
| Quintile 4 | 4 | 6 |
| Quintile 5 – least deprived | 4 | 5 |
| Northern Ireland | 4 | 6 |

Source: Health Survey Northern Ireland: first results 2019/20; Health Survey Northern Ireland Trend Tables 'Electronic cigarette use'

Differences by sex in Northern Ireland

In 2019/20, in Northern Ireland, there were differences between men and women aged 16 years and over who reported current use of e-cigarettes: the percentage was higher by 2 percentage points in men when compared with women, 7% compared with 5% (see People Table 39).

Between 2014/15 and 2019/20, the percentage of people aged 16 years and over who reported current use of e-cigarettes in Northern Ireland increased:

- In men, by 1 percentage point, from 6% to 7% (a percentage increase of 17%)
- In women, by 1 percentage point, from 4% to 5% (a percentage increase of 25%; see People Table 39)

PEOPLE TABLE 39:

Percentage (%) of men and women aged 16 years and over who reported current use of e-cigarettes in Northern Ireland, 2014/15 and 2019/20

| Sex | People aged 16 years and over who reported current use of e-cigarettes (%) | |
|-------|--|---------|
| | 2014/15 | 2019/20 |
| Men | 6 | 7 |
| Women | 4 | 5 |

Source: Health Survey Northern Ireland: first results 2019/20; Health Survey Northern Ireland Trend Tables 'Electronic cigarette use'

HIGHLIGHTS

In 2019/20, in Belfast HSCT, almost 1 in every 10 people aged 16 years and over reported current use of e-cigarettes.

In 2019/20, the percentage of people reporting current use of e-cigarettes was higher in Belfast HSCT than it was in Northern Ireland, and it was highest among all HSCTs.

Between 2014/15 and 2019/20, the percentage of people reporting current use of e-cigarettes increased not only in Belfast HSCT but also in Northern Ireland and all other HSCTs, however, Belfast had the equal-lowest percentage increase in e-cigarette use when compared with the other HSCTs.

Inequalities with the potential for inequity

In 2019/20, the lowest percentages of people who reported current use of e-cigarettes in Northern Ireland were:

- People in the second most-deprived areas (Quintile 2)
- People in the least-deprived areas (Quintile 5)
- Women

According to the evidence from the large trial of NHS stop smoking services in which it was found that people were almost twice as likely to quit smoking for a year if they used e-cigarettes when compared with nicotine replacement therapy products, should people in these population groups want to quit smoking they may not experience the same likelihood of success due to lower rates of e-cigarette use.

4.4 Alcohol Status: Drinking Alcohol, and Drinking Alcohol Above Recommended Weekly Limits

IMPORTANCE

According to the Global Burden of Disease Study 2019, in Northern Ireland, the sixth most important risk factor for death and disability combined was alcohol.⁷⁰ The harmful use of alcohol causes death and disability relatively early in life.

Long-term alcohol misuse causes damage to the brain and nervous system, heart, liver, and pancreas. It also increases blood pressure and blood cholesterol levels, which are major risk factors for heart attacks and strokes. In addition, it can weaken the immune system, increasing the risk of infections, and bone strength, increasing the risk of fractures and breaks. Other risks of alcohol misuse include:

- Accidents and injury
- Violence and antisocial behaviour
- Unsafe sex
- Unplanned time off work or education⁷¹

Thus, the harmful use of alcohol can cause considerable social and economic losses not only to individuals but also to society at large.⁷²

The Department of Health recommendation for regular drinking is not to exceed 14 units weekly for men and women.

DEFINITION

Information is from the Health Survey Northern Ireland.⁷³ Each year, the survey collects information about current use of alcohol with the question, 'Do you ever drink alcohol nowadays, including drinks you brew or make at home?'

In alternate years, information is also collected about the number of units of alcohol consumed each week.

70. <http://www.healthdata.org/united-kingdom-northern-ireland> (Last accessed 29 October 2021)

71. <https://www.nhs.uk/conditions/alcohol-misuse/risks/> (Last accessed 29 October 2021)

72. [Alcohol \(who.int\)](https://www.who.int) Accessed 26 January 2021

73. [Health Survey Northern Ireland 2019/20: First Results - \(www.gov.uk\)](https://www.gov.uk) (Last accessed 4 November 2021)

PROFILE FINDINGS

In 2019/20, in Belfast HSCT:

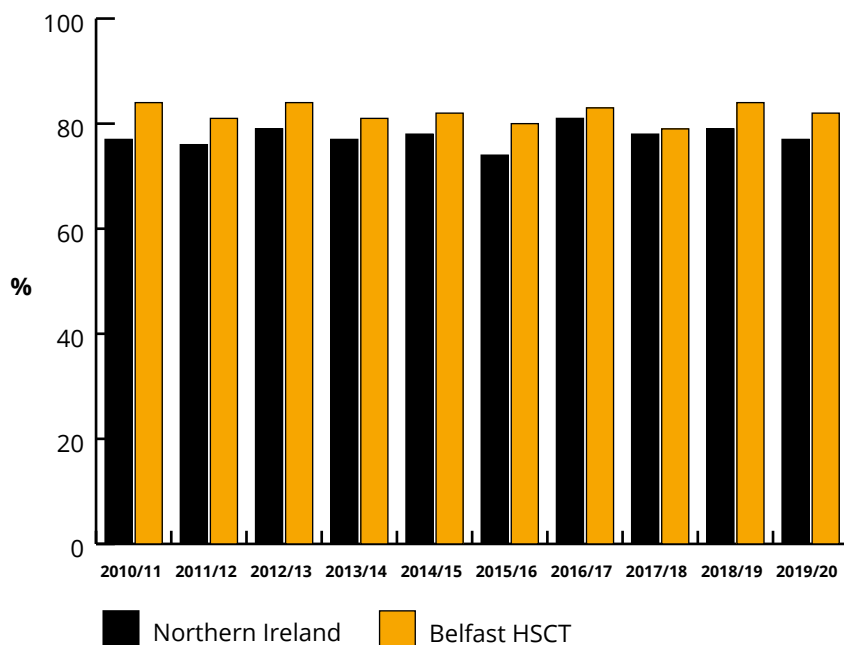
- 82% of people aged 18 years and over reported drinking alcohol (see People Figure 14)
- 20% of people aged 18 years and over reported drinking alcohol above the recommended weekly limit (see People Figure 15)

Between 2010/11 and 2019/20, in Belfast HSCT, the percentage of people aged 18 years and over who reported:

- Drinking alcohol decreased by 2 percentage points, from 84% to 82% (see People Figure 14)
- Drinking alcohol above the recommended weekly limit decreased by 16 percentage points, from 36% to 20% (see People Figure 15)

PEOPLE FIGURE 14:

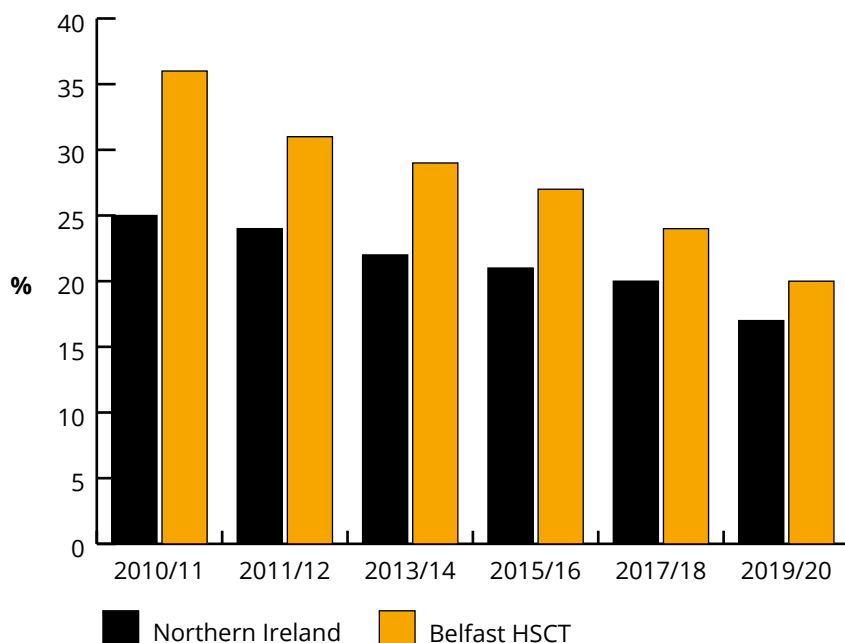
Percentage (%) of people aged 18 years and over who reported drinking alcohol in Belfast HCST and Northern Ireland (drinking prevalence), 2010/11 to 2019/20



Source: Health Survey Northern Ireland: first results 2019/20; Health Survey Northern Ireland Trend Tables 'Alcohol'

PEOPLE FIGURE 15:

Percentage (%) of people aged 18 years and over who reported drinking alcohol above the recommended weekly limit in Belfast HSCT and Northern Ireland, 2010/11 to 2019/20



Source: Health Survey Northern Ireland: first results 2019/20; Health Survey Northern Ireland Trend Tables 'Alcohol'

KEY COMPARISONS**Comparison with Northern Ireland**

In 2019/20, when compared with Northern Ireland:

- The percentage of people aged 18 years and over who reported drinking alcohol was 5 percentage points higher in Belfast HSCT, 82% compared with 77%
- The percentage of people aged 18 years and over who reported drinking alcohol above the recommended weekly limit was 3 percentage points higher in Belfast HSCT, 20% compared with 17% (see People Table 40)

Between 2010/11 and 2019/20, the percentage of people aged 18 years and over who reported drinking alcohol:

- Decreased in Belfast HSCT by 2 percentage points, from 84% to 82% (a percentage decrease of 2.38%)
- Remained the same in Northern Ireland at 77%

Between 2010/11 and 2019/20, the percentage of people aged 18 years and over who reported drinking alcohol above the recommended weekly limit:

- Decreased in Belfast HSCT by 16 percentage points, from 36% to 20% (a percentage decrease of 44.44%)
- Decreased in Northern Ireland by 8 percentage points, from 25% to 17% (a percentage decrease of 32.00%)

Comparison with other HSCTs

In 2019/20, when compared with other HSCTs:

- Belfast HSCT had the highest percentage of people aged 18 years and over who reported drinking alcohol, and of people who reported drinking above the recommended weekly limit
- Northern HSCT had the lowest percentage of people aged 18 years and over who reported drinking alcohol
- Southern HSCT had the lowest percentage of people aged 18 years and over who reported drinking alcohol above the recommended weekly limit (see People Table 40)

PEOPLE TABLE 40:

Percentage (%) of people aged 18 years and over who reported drinking alcohol and who reported drinking alcohol above the recommended weekly limit by HSCT and Northern Ireland, 2010/11 and 2019/20

| HSCT | Drinking alcohol (%) | | Drinking alcohol above the weekly limit (%) | |
|------------------|----------------------|---------|---|---------|
| | 2010/11 | 2019/20 | 2010/11 | 2019/20 |
| Belfast | 84 | 82 | 36 | 20 |
| Northern | 74 | 72 | 22 | 17 |
| South Eastern | 77 | 79 | 25 | 19 |
| Southern | 73 | 75 | 21 | 14 |
| Western | 81 | 75 | 25 | 16 |
| Northern Ireland | 77 | 77 | 25 | 17 |

Source: Health Survey Northern Ireland: first results 2019/20; Health Survey Northern Ireland Trend Tables 'Alcohol'

DIFFERENCES BY DEPRIVATION IN NORTHERN IRELAND

In 2019/20, there were differences in the percentage of people aged 18 years and over who reported drinking alcohol across the deprivation quintiles in Northern Ireland.

- The highest percentage of people who reported drinking alcohol was in Quintile 5, the least-deprived quintile
- The lowest percentage was in Quintile 1, the most-deprived quintile (see People Table 41)

The percentage of people aged 18 years and over who reported drinking alcohol was 9 percentage points higher in the least-deprived areas of Northern Ireland when compared with the most-deprived areas, 82% compared with 73%.

In 2019/20, there were differences in the percentage of people aged 18 years and over who reported drinking alcohol above the recommended weekly limit across the deprivation quintiles in Northern Ireland.

- The highest percentage of people who reported drinking alcohol above the weekly limit was in Quintile 5, the least-deprived quintile
- The lowest percentage was in Quintile 1, the most-deprived quintile (see People Table 41)

The percentage of people aged 18 years and over who reported drinking alcohol above the recommended weekly limit was 7 percentage points higher in the least-deprived areas of Northern Ireland when compared with the most-deprived areas, 21% compared with 14%.

Between 2010/11 and 2019/20, the percentage of people aged 18 years and over who reported drinking decreased in deprivation Quintiles 1 and 2 (the most deprived) and increased in Quintiles 3-5 (including the least deprived).

- The largest decrease was in Quintile 1, the most-deprived quintile, both in terms of the percentage point decrease and the percentage decrease at 7.59%
- The largest increase was in Quintile 5, the least-deprived quintile, both in terms of the percentage point increase and the percentage increase at 2.50% (see People Table 41)

Between 2010/11 and 2019/20, the percentage of people aged 18 years and over who reported drinking above the recommended weekly limit decreased across all deprivation quintiles in Northern Ireland.

- The largest decrease was in Quintile 1, the most-deprived quintile, both in terms of the percentage point decrease and the percentage decrease at 46.15%
- The smallest decrease was in Quintile 4, the second least-deprived quintile, both in terms of the percentage point decrease and the percentage decrease at 23.07%

PEOPLE TABLE 41:

Percentage (%) of people aged 18 years and over who reported drinking alcohol and who reported drinking alcohol above the recommended weekly limit by deprivation quintile in Northern Ireland, 2010/11 and 2019/20

| Deprivation quintile | Drinking alcohol (%) | | Drinking alcohol above the weekly limit (%) | |
|-----------------------------|----------------------|---------|---|---------|
| | 2010/11 | 2019/20 | 2010/11 | 2019/20 |
| Quintile 1 – most deprived | 79 | 73 | 26 | 14 |
| Quintile 2 | 78 | 76 | 23 | 15 |
| Quintile 3 | 74 | 75 | 25 | 16 |
| Quintile 4 | 76 | 77 | 26 | 20 |
| Quintile 5 – least deprived | 80 | 82 | 28 | 21 |
| Northern Ireland | 77 | 77 | 25 | 17 |

Source: Health Survey Northern Ireland: first results 2019/20; Health Survey Northern Ireland Trend Tables 'Alcohol'

Differences by sex in Northern Ireland

In 2019/20, there were differences in alcohol status between men and women aged 18 years and over in Northern Ireland.

- Of the percentage who reported drinking alcohol, it was higher by 7 percentage points in men when compared with women, 80% compared with 73%
- Of the percentage who reported drinking alcohol above the recommended weekly limit, it was higher by 17 percentage points in men when compared with women, 26% compared with 9% (see People Table 42)

Between 2010/11 and 2019/20, in Northern Ireland, the percentage of men and women aged 18 years and over who reported drinking decreased:

- In men, by 1 percentage point, representing a percentage decrease of 1.23%
- In women, by 1 percentage point, representing a percentage decrease of 1.35% (see People Table 42)

Between 2010/11 and 2019/20, in Northern Ireland, the percentage of men and women aged 18 years and over who reported drinking above the recommended weekly limit decreased:

- In men, by 11 percentage points, from 37% to 26% (a percentage decrease of 29.72%)
- In women, by 6 percentage points, from 15% to 9% (a percentage decrease of 40.00%; see People Table 42)

PEOPLE TABLE 42:

Percentage (%) of men and women aged 18 years and over who reported drinking alcohol, and who reported drinking alcohol above the recommended weekly limit, in Northern Ireland, 2010/11 and 2019/20

| Sex | Drinking alcohol (%) | | Drinking alcohol above the weekly limit (%) | |
|------------------|----------------------|---------|---|---------|
| | 2010/11 | 2019/20 | 2010/11 | 2019/20 |
| Men | 81 | 80 | 37 | 26 |
| Women | 74 | 73 | 15 | 9 |
| Northern Ireland | 77 | 77 | 25 | 17 |

Source: Health Survey Northern Ireland: first results 2019/20; Health Survey Northern Ireland Trend Tables 'Alcohol'

HIGHLIGHTS

In 2019/20, in Belfast HSCT:

- Just over 8 out of every 10 people aged 18 years and over reported drinking alcohol compared with almost 8 out of every 10 in Northern Ireland
- 2 out of every 10 people aged 18 years and over reported drinking alcohol above the recommended weekly limit compared with almost 2 out of every 10 people in Northern Ireland

In 2019/20, when compared with other HSCTs, Belfast HSCT had the highest percentage of people aged 18 years and over who reported drinking alcohol, and of people who reported drinking alcohol above the recommended weekly limit.

Between 2010/11 and 2019/20:

- The percentage of people aged 18 years and over in Belfast HSCT who reported drinking alcohol was consistently higher than that in Northern Ireland and has not changed much over this time-period
- The percentage of people who reported drinking alcohol above the recommended weekly limit decreased in Belfast HSCT and Northern Ireland, but the decrease was greater in Belfast HSCT than that in Northern Ireland, and the gap between Belfast HSCT and Northern Ireland narrowed considerably

Inequalities and the potential for inequity

In 2019/20, in Northern Ireland:

- Over 8 out of every 10 people in the least-deprived areas reported drinking alcohol compared with over 7 out of every 10 people in the most-deprived areas
- 2 out of every 10 people in the least-deprived areas reported drinking alcohol above the recommended weekly limit compared with between 1 and 2 out of every 10 people in the most-deprived areas

Between 2010/11 and 2019/20, in Northern Ireland, the percentage of people who reported:

- Drinking in the least-deprived areas increased whereas it decreased in the most-deprived areas, and the gap widened in favour of the most-deprived areas

- Drinking above the recommended weekly limit decreased in the least-deprived and in the most-deprived areas, but the decrease was greater in the most-deprived areas, and the gap widened in favour of the most-deprived areas

In 2019/20, in Northern Ireland:

- 8 out of every 10 men aged 18 years and over reported drinking alcohol compared with over 7 out of every 10 women aged 18 years and over
- Between 2 and 3 out of every 10 men aged 18 years and over reported drinking alcohol above the recommended weekly limit compared with 1 out of every 10 women aged 18 years and over

Between 2010/11 and 2019/20, in Northern Ireland, the percentage of men and women aged 18 years and over who reported:

- Drinking alcohol decreased slightly by a similar percentage decrease
- Drinking alcohol above the recommended weekly limit decreased, but the decrease was greater in women, and the gap widened in favour of women

Across various population groups and geographical areas, differences in alcohol status were most marked for the percentage of people who reported drinking alcohol above the recommended weekly limit when compared with drinking alcohol.

4.5 Standardised Admission Rate – Alcohol-Related Causes

IMPORTANCE

Alcohol consumption causes death and disability relatively early in life. The harmful use of alcohol is a major cause of death and disability and of social and economic problems in society. Admissions to hospital for alcohol-related causes is an indicator of the scale of the health problems related to the harmful use of alcohol.

The Population Attributable Risk (PAR) of Deprivation measures the proportion of a disease or outcome, such as admissions to hospital, in the population that can be attributed to deprivation and could be eliminated if deprivation were to be eliminated. In Northern Ireland, the PAR of deprivation for the standardised admission rate for alcohol-related causes is 50%.⁷⁴

Beyond health consequences, the harmful use of alcohol can cause considerable social and economic losses not only to individuals but also to society at large.⁷⁵

DEFINITION

This indicator is the number of alcohol-related admissions per 100,000 population. Alcohol-related causes for admission are extracted from the database according to specific ICD-10 codes.⁷⁶

Standardised admission rates (SARs) are calculated by standardising (using the direct method) the average admission rate in Northern Ireland (over a predefined period) due to specified ICD-10 classification codes (may also be age specific) to the 2013 ESP. Standardised rates enable a comparison of rates over time and across geographical areas.

74. Appendix B. [Health inequalities annual report 2021 | Department of Health \(health-ni.gov.uk\)](#) (Last accessed 9 May 2022)

75. [Alcohol \(who.int\)](#) (Accessed 26 January 2021)

76. Alcohol related admissions are classified using the ICD-10 codes E24.4, E51.2, F10, G31.2, G62.1, G72.1, I42.6, K29.2, K70, K85.2, K86.0, O35.4, P04.3, Q86.0, T51.0-1, T51.9, X45, X65, Y15, Y57.3, Y90-91, Z50.2, Z71.4, Z72.1. The definition for admissions due to alcohol related causes was updated for 2017/18 to include ICD Code K85.2: alcohol induced chronic pancreatitis.

Information sources

- Information for the LGD data and the deprivation data is from the 'Health inequalities annual report 2021' published by the DoH⁷⁷
- Information for men and women in Belfast's assembly areas and Northern Ireland is from NINIS

NB: data from NINIS are reported to two decimal places, whereas data from the Health Inequalities Annual Report 2021 are rounded to whole numbers.

PROFILE FINDINGS

In 2017/18-2019/20, in Belfast LGD, the standardised admission rate (SAR) due to alcohol-related causes was 1,009 per 100,000 population.

Between 2013/14-2015/16 and 2017/18-2019/20, the SAR due to alcohol-related causes decreased by 199 per 100,000 population, from 1,208 to 1,009 per 100,000 population, a percentage decrease of 16.47% (see People Table 43).

Differences by deprivation

In 2017/18-2019/20, in the most-deprived areas of Belfast LGD, the SAR due to alcohol-related causes was 1,973 per 100,000 population, higher than that in Belfast LGD by 964 per 100,000 population (see People Table 43).

Between 2013/14-2015/16 and 2017/18-2019/20, in the most-deprived areas of Belfast LGD, the SAR due to alcohol-related causes decreased by 316 per 100,000 population, from 2,289 to 1,973 per 100,000 population (a percentage decrease of 13.80%; see People Table 43).

77. [Health Survey Northern Ireland 2019/20: First Results - \(www.gov.uk\)](https://www.gov.uk)
(Last accessed 4 November 2021)

PEOPLE TABLE 43:

Standardised admission rate (per 100,000 population) due to alcohol-related causes in the most-deprived areas of Belfast LGD, Belfast LGD, and Northern Ireland, 2013/14-2015/16 and 2017/18-2019/20

| Population | SAR due to alcohol-related causes (per 100,000 population) | |
|------------------------------------|---|-----------------|
| | 2013/14-2015/16 | 2017/18-2019/20 |
| Most-deprived areas of Belfast LGD | 2,289 | 1,973 |
| Belfast LGD | 1,208 | 1,009 |
| Northern Ireland | 728 | 662 |

Source: DoH Health Inequalities Annual Report 2021: Data Tables hscmims-report-2021-data-tables-by-area-0.xlsx

Differences by sex⁷⁸

In 2016/17-2018/2019, in Belfast LGD, the SAR for alcohol-related causes was:

- 1,527.69 per 100,000 population for men
- 541.46 per 100,000 population for women

Between 2013/14-2015/16 and 2016/17-2018/19, in Belfast LGD, the SAR due to alcohol-related causes decreased:

- in men by 227.41 per 100,000 population, from 1,755.10 to 1,527.69 per 100,000 population (a percentage decrease of 12.96%)
- in women by 102.91 per 100,000 population, from 644.37 to 541.46 per 100,000 population (a percentage decrease of 15.97%)

Differences by sex and assembly area⁷⁹

In 2016/17-2018/19, there were marked differences in the SARs due to alcohol-related causes per 100,000 population among Belfast's assembly areas (see People Table 44).

- For men, the highest SAR for alcohol-related causes was in Belfast North, followed by Belfast West

78. Different timeframe than that for deprivation data.

79. Different timeframe than that for deprivation data.

- For women, the highest SAR was in Belfast West, closely followed by Belfast North
- Belfast South had the lowest SARs for both men and women

In all Belfast's assembly areas, the SARs in men were at least twice as high as those for women.

The SARs due to alcohol-related causes in both men and women were higher in Belfast North and Belfast West than those in Belfast LGD, whereas those in Belfast East and Belfast South were lower.

Between 2013/14-2015/16 and 2016/17-2018/19, the SAR for alcohol-related causes for both men and women decreased in three of Belfast's assembly areas and increased very slightly in one (see People Table 44).

- The largest decreases in the SAR for alcohol-related causes in both men and women were in Belfast East and Belfast West, with percentage decreases in men of 20.15% and 17.82%, respectively, and percentage decreases for women of 24.43% and 17.95%, respectively
- The very slight increases in the SAR for men and women were in Belfast South

PEOPLE TABLE 44:

Standardised admission rate (per 100,000 population) for alcohol-related causes in men and women by Belfast assembly area and Northern Ireland, 2013/14-2015/16 and 2016/17-2018/19

| Assembly area | SAR for alcohol-related causes (per 100,000 population) | | | |
|------------------|---|--------|-----------------|--------|
| | 2013/14-2015/16 | | 2016/17-2018/19 | |
| | Men | Women | Men | Women |
| Belfast East | 1,368.46 | 573.87 | 1,092.63 | 433.67 |
| Belfast North | 2,241.67 | 642.64 | 2,182.26 | 621.66 |
| Belfast South | 916.14 | 432.41 | 922.92 | 432.67 |
| Belfast West | 2,044.31 | 762.46 | 1,679.99 | 625.58 |
| Northern Ireland | 1,024.03 | 434.00 | 949.75 | 389.53 |

Source: NINIS: Standardised Admission Rate for Alcohol Related Admissions (administrative geographies) Pivot Table

KEY COMPARISONS

Comparison with Northern Ireland

In 2017/18-2019/20, when compared with Northern Ireland, the SAR for alcohol-related causes:

- In Belfast LGD was higher by 347 per 100,000 population, 1009 compared with 662 per 100,000 population
- In the most-deprived areas of Belfast LGD was higher by 1,311 per 100,000 population, 1,973 compared with 662 per 100,000 population (see People Table 43)

Between 2013/14-2015/16 and 2017/18-2019/20, the SAR due to alcohol-related causes decreased:

- In Belfast LGD by 199 per 100,000 population, from 1,208 to 1,009 per 100,000 population (a percentage decrease of 16.47%)
- In the most-deprived areas of Belfast LGD by 316 per 100,000 population, from 2,289 to 1,973 per 100,000 population (a percentage decrease of 13.80%)
- In Northern Ireland by 66 per 100,000 population, from 728 to 662 per 100,000 population (a percentage decrease of 9.07%)

In 2016/17-2018/19, when compared with Northern Ireland, the SAR due to alcohol-related causes:

- in men in Belfast LGD was higher by 577.94 per 100,000 population, 1,527.69 compared with 949.75 per 100,000 population
- in women in Belfast LGD was higher by 151.93 per 100,000 population, 541.46 compared with 389.53 per 100,000 population

Between 2013/14-2015/16 and 2016/17-2018/19, the SAR due to alcohol-related causes decreased:

- In men in Belfast LGD by 227.41 per 100,000 population, a percentage decrease of 12.95%, compared with a decrease of 74.55 per 100,000 population in men in Northern Ireland, a percentage decrease of 7.28%

- In women in Belfast LGD by 102.91 per 100,000 population, a percentage decrease of 15.97%, compared with a decrease of 44.47 per 100,000 population in women in Northern Ireland, a percentage decrease of 10.24%

Comparison with other LGDs

In 2017/18-2019/20, when compared with other LGDs:

- Belfast LGD had the highest SAR due to alcohol-related causes at 1,009 per 100,000 population
- Causeway Coast & Glens LGD had the lowest at 455 per 100,000 population
- Mid & East Ulster LGD had the median value at 598 per 100,000 population (see People Table 45)

Between 2013/14-2015/16 and 2017/18-2019/20, the SAR due to alcohol-related causes decreased in six LGDs and increased in five LGDs.

- The second largest decrease in the SAR was in Belfast LGD by 199 per 100,000 population (a percentage decrease of 16.47%)
- The largest decrease in the SAR was in Derry City & Strabane LGD at 348 per 100,000 population (a percentage decrease of 30.79%)
- The smallest decrease in SAR was in Mid Ulster LGD by 20 per 100,000 population (a percentage decrease of 3.85%; see People Table 45)

PEOPLE TABLE 45:

Standardised admission rate (per 100,000 population) for alcohol-related causes by LGD and Northern Ireland, 2013/14-2015/16 and 2017/18-2019/20

| LGD | SAR for alcohol-related causes (per 100,000 population) | |
|------------------------------------|--|-----------------|
| | 2013/14-2015/16 | 2017/18-2019/20 |
| Antrim & Newtownabbey | 548 | 673 |
| Ards & North Down | 638 | 583 |
| Armagh City, Banbridge & Craigavon | 603 | 607 |
| Belfast | 1,208 | 1,009 |
| Causeway Coast & Glens | 420 | 455 |
| Derry City & Strabane | 1,130 | 782 |
| Fermanagh & Omagh | 692 | 546 |
| Lisburn & Castlereagh | 463 | 516 |
| Mid & East Antrim | 585 | 598 |
| Mid Ulster | 519 | 499 |
| Newry, Mourne & Down | 682 | 646 |
| Northern Ireland | 728 | 662 |

Source: DoH Health Inequalities Annual Report 2021: Data Tables hscmims-report-2021-data-tables-by-area-0.xlsx

HIGHLIGHTS

In 2017/18-2019/20, the SAR for alcohol-related causes was higher in Belfast than in Northern Ireland and it was the highest among all LGDs.

Between 2013/14-2015/16 and 2017/18-2019/20, the SAR due to alcohol-related causes decreased in both Belfast and Northern Ireland; however, the decrease in Belfast was numerically almost three times greater than that in Northern Ireland, and the gap narrowed between the two.

In 2016/17-2018/19, men and women in Belfast had higher SARs due to alcohol-related causes than men and women in Northern Ireland.

Inequalities and the potential for inequity

In 2017/18-2019/20, the SAR due to alcohol-related causes in Belfast's most-deprived areas was higher than that for Belfast, and that for Northern Ireland. Indeed, the rate in Belfast's most-deprived areas was three times higher than that in Northern Ireland.

Between 2013/14-2015/16 and 2017/18-2019/20, the SAR for alcohol-related causes decreased in Belfast's most-deprived areas, Belfast, and Northern Ireland.

- **The gap between Belfast's most-deprived areas and Belfast widened, due to a greater percentage decrease in Belfast**
- **The gap between Belfast's most-deprived areas and Northern Ireland narrowed slightly due to a greater percentage decrease in Belfast's most-deprived areas**

Despite this, the decrease in the SAR for Belfast's most-deprived areas has been marked at 316 per 100,000 population, a positive trend that needs to be maintained.

In 2016/17-2018/19, in Belfast, the SAR due to alcohol-related causes for men was almost three times higher than that for women.

In 2016/17-2018/19, within Belfast, there was also marked variation in the SARs due to alcohol-related causes in men and women.

- **The highest SARs for both men and women were in Belfast North and Belfast West, whereas Belfast South and Belfast East had the lowest**
- **In Belfast North, the SAR for men was 3.5 times higher than that for women, whereas in Belfast South it was less than 2 times higher**

Three of the four assembly areas – Belfast North, Belfast West, and Belfast East – had higher SARs for both men and women than those in Northern Ireland. Although Belfast South had a lower SAR for men than that in Northern Ireland, the SAR for women was higher.

4.6 Standardised Admission Rate – Drug-Related Causes

IMPORTANCE

Admissions to hospital due to drug-related causes include both illegal and legal drugs, and cover various reasons for admission according to the following WHO ICD-10 categories:

- Mental and behavioural disorders due to drug use (excluding alcohol and tobacco)
- Accidental poisoning by drugs, medicaments, and biological substances
- Intentional poisoning by drugs, medicaments, and biological substances
- Poisoning by drugs, medicaments, and biological substances⁸⁰

In a study of the incidence and type of drug-related admissions in an English teaching hospital, 10.1% of all admissions were drug related. Of these:

- 18% related to drug therapy failures, most frequently because of non- or poor compliance by the person prescribed the drug/s
- 52% related to adverse drug reactions (ADRs) almost all of which were from expected side-effects and drug-related toxicity
- 30% related to drug overdose or abuse⁸¹

In the Global Burden of Disease Study 2019, one of the largest increases in risk exposure globally between 2010 and 2019 was found to be drug use.⁸²

The WHO states that drug abuse is a global problem, which requires international cooperation and interdisciplinary and multisectoral action, and WHO Europe supports the development of national policies and action plans to reduce the demand for drugs.⁸³

80. Table 10: Admissions and Deaths – Drug Related Causes (ICD-10 codes F11-F16, F18, F19, X40-X44, X60-X64, X85, and Y10-Y14) in DoH Health Inequalities Annual Report 2021. [Health Survey Northern Ireland 2019/20: First Results - \(www.gov.uk\)](#) (Last accessed 6 May 2022)

81. <https://uhra.herts.ac.uk/handle/2299/10946> (Last accessed 8 November 2021)

82. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30752-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30752-2/fulltext) (Last accessed 7 November 2021)

83. [WHO/Europe | Illicit drugs](#)

DEFINITION

This indicator is the number of drug-related admissions per 100,000 population. Drug-related causes for admission are extracted from the database according to specific ICD-10 codes (see footnote 80).

Standardised admission rates are calculated by standardising (using the direct method) the average admission rate in Northern Ireland (over a predefined period) due to specified ICD-10 classification codes (may also be age specific) to the 2013 ESP. Standardised rates enable a comparison of rates over time and across geographical areas.

Information is from the 'Health inequalities annual report 2021' published by the DoH.⁸⁴

PROFILE FINDINGS

In 2017/18-2019/20, in Belfast LGD, the SAR due to drug-related causes was 242 admissions per 100,000 population (see People Figure 16).

Between 2013/14-2015/16 and 2017/18-2019/20, in Belfast LGD, the SAR for drug-related causes decreased by 95 per 100,000 population, from 337 to 242 per 100,000 population (see People Figure 16).

Differences by deprivation

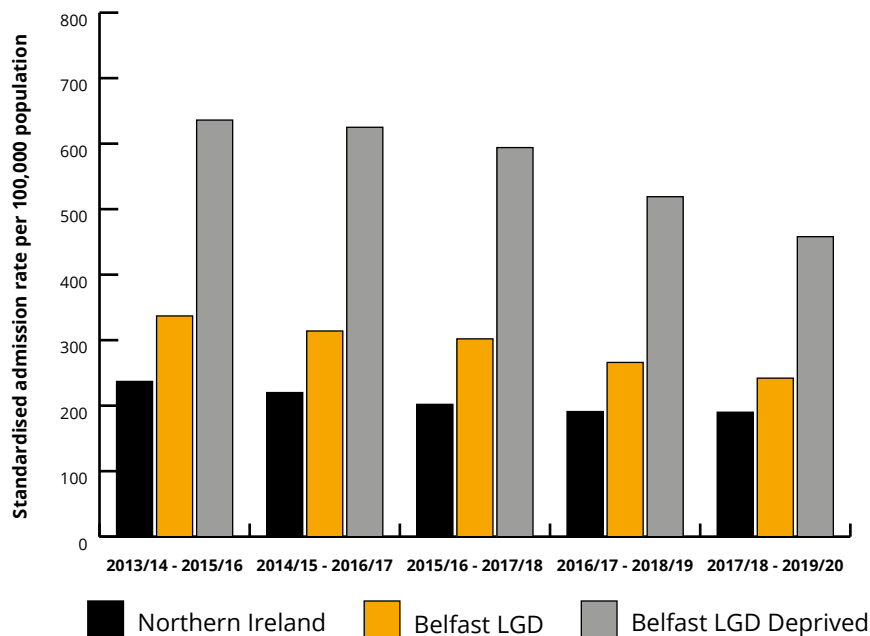
In 2017/18-2019/20, In the most-deprived areas in Belfast LGD, the SAR due to drug-related causes was 458 per 100,000 population, a higher SAR than that in Belfast LGD by 216 per 100,000 population (see People Figure 16).

Between 2013/14-2015/16 and 2017/18-2019/20, in the most-deprived areas in Belfast LGD, the SAR due to drug-related causes decreased by 178 per 100,000 population, from 636 to 458 per 100,000 population (see People Figure 16).

84. [Health inequalities annual report 2021 | Department of Health \(health-ni.gov.uk\)](#)
(Last accessed 7 November 2021)

PEOPLE FIGURE 16:

Standardised admission rate (per 100,000 population) due to drug-related causes in Northern Ireland, Belfast LGD and the most-deprived areas of Belfast LGD, 2013/14-2015/16 to 2017/18-2019/20



Source: DoH Health Inequalities Annual Report 2021: Data Tables hscmims-report-2021-data-tables-by-area-0.xlsx

KEY COMPARISONS

Comparison with Northern Ireland

In 2017/18-2019/20, when compared with Northern Ireland, the SAR for drug-related causes:

- In Belfast LGD, was higher by 52 per 100,000 population, 242 compared with 190 per 100,000 population
- In the most-deprived areas in Belfast LGD was higher by 268 per 100,000 population, 458 compared with 190 per 100,000 population

Between 2013/14-2015/16 and 2017/18-2019/20, the SAR due to drug-related causes:

- In Belfast LGD decreased by 95 per 100,000 population, from 337 to 242 per 100,000 population (a percentage decrease of 28.19%)
- In most-deprived areas of Belfast LGD decreased by 178 per 100,000 population, from 636 to 458 per 100,000 population (a percentage decrease of 27.99%)
- In Northern Ireland decreased by 47 per 100,000 population, from 237 to 190 per 100,000 population (a percentage decrease of 19.83%)

Comparison with other LGDs

In 2017/18-2019/20, when compared with other LGDs:

- Belfast LGD had the third highest SAR due to drug-related causes
- Mid & East Antrim LGD had the highest SAR
- Lisburn & Castlereagh LGD had the lowest SAR
- Armagh City, Banbridge & Craigavon LGD had the median value SAR at 164 per 100,000 population (see People Table 46)

Between 2013/14-2015/16 and 2017/18-2019/20, the SAR due to drug-related causes decreased in nine LGDs and increased in two LGDs.

- The largest percentage decrease in the SAR occurred in Derry City & Strabane LGD, a percentage decrease of 36.24%
- Belfast LGD had the fifth highest percentage decrease at 28.19%
- The smallest percentage decrease was in Mid Ulster LGD 8.39%

PEOPLE TABLE 46:

Standardised admission rate for drug-related causes by LGD and Northern Ireland, 2013/14-2015/16 and 2017/18-2019/20

| LGD | SAR for drug-related causes (per 100,000 population) | |
|------------------------------------|--|-----------------|
| | 2013/14-2015/16 | 2017/18-2019/20 |
| Antrim & Newtownabbey | 222 | 258 |
| Ards & North Down | 223 | 179 |
| Armagh City, Banbridge & Craigavon | 236 | 164 |
| Belfast | 337 | 242 |
| Causeway Coast & Glens | 175 | 144 |
| Derry City & Strabane | 287 | 183 |
| Fermanagh & Omagh | 190 | 145 |
| Lisburn & Castlereagh | 183 | 129 |
| Mid & East Antrim | 231 | 293 |
| Mid Ulster | 143 | 131 |
| Newry, Mourne & Down | 228 | 162 |
| Northern Ireland | 237 | 190 |

Source: DoH Health Inequalities Annual Report 2021 hscmims-report-2021-data-tables-by-area-0.xlsx

HIGHLIGHTS

In 2017/18-2019/20, the SAR for drug-related causes was higher in Belfast than that in Northern Ireland and it was the third highest among LGDs.

Between 2013/14-2015/16 and 2017/18-2019/20, although the SAR for drug-related causes decreased in both Belfast and Northern Ireland, the decrease in Belfast was greater than in Northern Ireland and the gap between the two narrowed, which is a positive trend that needs to be maintained.

Between 2013/14-2015/16 and 2017/18-2019/20, when compared with other LGDs, the decrease in the SAR for drug-related causes in Belfast was one of the largest.

Inequalities and the potential for inequity

In 2017/18-2019/20, the SAR due to drug-related causes in Belfast's most-deprived areas was almost twice as high as that for Belfast, and 2.4 times as high as that for Northern Ireland.

Between 2013/14-2015/16 and 2017/18-2019/20, the SAR for drug-related causes decreased in Belfast's most-deprived areas, and although the gap has not narrowed between Belfast's most-deprived areas and Belfast the reduction in the SAR for Belfast's most-deprived areas was marked at 178 per 100,000 population.

4.7 Standardised Admission Rate – Emergency Admissions

IMPORTANCE

According to a Northern Ireland Audit Office (NIAO) report published in 2016, the demand for emergency care in Northern Ireland has increased steadily, largely due to an ageing and increasing population together with an increase in long-term illnesses.⁸⁵

There is a social gradient in emergency admissions: the rate of emergency admissions increases with increasing deprivation. The Population Attributable Risk (PAR) of Deprivation measures the proportion of a disease or outcome, such as admissions to hospital, in the population that can be attributed to deprivation and could be eliminated if deprivation were to be eliminated. In Northern Ireland, the PAR of deprivation for the standardised admission rate for emergency admissions is 26%.⁸⁶

Rates of emergency admission to hospital can be seen as an indicator not only of the burden of illness in the population but also of the level of availability of alternative services to hospital admission such as home-based care.

DEFINITION

This indicator is the number of people admitted to hospital as an emergency per 100,000 population. An emergency admission is defined as a patient for whom admission is unpredictable and at short notice because of clinical need. The information includes all non-elective acute admissions, but excludes acute admissions for maternity, other and not known.

Standardised admission rates are 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 ESP. Standardised rates enable comparisons over time or across geographical areas.

85. <https://www.niauditoffice.gov.uk/sites/niao/files/media-files/Emergency%20Admissions%20Report.pdf> (Last accessed 9 November 2021)

86. Appendix B. [Health inequalities annual report 2021 | Department of Health \(health-ni.gov.uk\)](#) (Last accessed 9 May 2022)

Information sources

- Information for the LGD data and the deprivation data is from the 'Health inequalities annual report 2021' published by the DoH⁸⁷
- Information for men and women in Belfast's assembly areas and Northern Ireland is from NINIS.

NB: data from NINIS are reported to two decimal places, whereas data from the Health Inequalities Report 2021 are rounded to whole numbers.

PROFILE FINDINGS

In 2019/20, in Belfast LGD, the SAR for emergency admissions was 8,716 per 100,000 population.

Between 2015/16 and 2019/20, in Belfast LGD, the SAR for emergency admissions decreased by 1,229 per 100,000 population, from 9,945 to 8,716 per 100,000 population.

Differences by deprivation

In 2019/20, in the most-deprived areas of Belfast LGD, the SAR for emergency admissions was 11,749 per 100,000 population, which was higher by 3,033 per 100,000 population than that in Belfast LGD.

Between 2015/16 and 2019/20, in the most-deprived areas of Belfast LGD, the SAR for emergency admissions decreased by 2,202 per 100,000 population, from 13,951 to 11,749 per population.

Differences by sex⁸⁸

In 2018/19, in Belfast LGD, the SAR for emergency admissions:

- For men was 9,621.21 per 100,000 population
- For women was 8,406.05 per 100,000 population
- In 2018/19, in Belfast LGD, the SAR was higher by 1,215.16 per 100,000 population in men when compared with that in women.

87. [Health inequalities annual report 2021 | Department of Health \(health-ni.gov.uk\)](#)
(Last accessed 9 November 2021)

88. Different timeframe for the data.

Between 2008/09 and 2018/19, the SAR for emergency admissions decreased:

- In men by 1,351.40 per 100,000 population, from 10,972.61 to 9,621.21 per 100,000 population (a percentage decrease of 12.31%)
- In women by 582.32 per 100,000 population, from 8,988.37 to 8,406.05 per population (a percentage decrease of 6.47%)

Differences by sex and assembly area⁸⁹

In 2018/19, there was variation in the SARs in emergency admissions in men and women among Belfast's assembly areas (see People Figure 17). In 2018/19, the highest SAR for emergency admissions:

- For men was in Belfast North, followed by Belfast West
- For women was in Belfast West, relatively closely followed by Belfast North
- Belfast South had the lowest SARs for emergency admissions for both men and women (see People Table 47)

Between 2008/09 and 2018/19, the SAR for emergency admissions decreased in both men and women in all Belfast's assembly areas.

- The largest percentage decreases in the SARs in men and women were in Belfast South
- The smallest percentage decreases in the SARs in men and women were in Belfast North
- In Belfast East, Belfast South and Belfast West, the percentage decrease in SAR in men was greater than that in women, although the difference in percentage decrease in SARs was greater in Belfast West and Belfast East
- The percentage decrease in SARs in men and women in Belfast North was similar but very slightly higher in women

89. Different timeframe for the data.

PEOPLE TABLE 47:

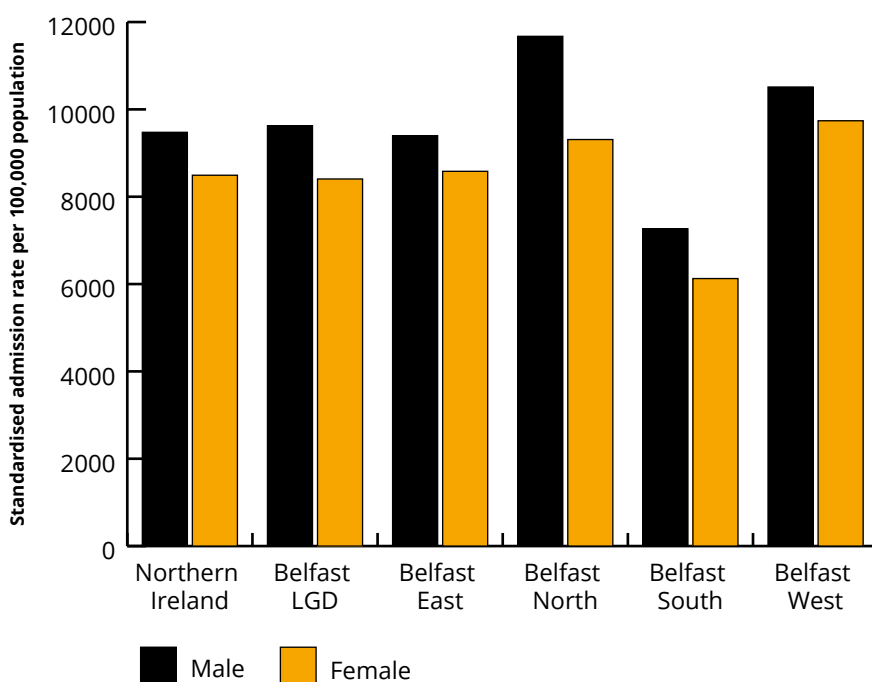
Standardised admission rate (per 100,000 population) for emergency admissions in men and women in Belfast’s assembly areas, Belfast LGD, and Northern Ireland, 2008/09 and 2018/19

| Assembly area | Standardised admission rate for emergency admissions (per 100,000 population) | | | |
|------------------|---|-----------|-----------|----------|
| | Men | | Women | |
| | 2008/09 | 2018/19 | 2008/09 | 2018/19 |
| Belfast East | 11,068.16 | 9,395.63 | 9,421.26 | 8,581.90 |
| Belfast North | 11,835.62 | 11,672.99 | 9,486.68 | 9,309.50 |
| Belfast South | 8,743.84 | 7,264.42 | 7,159.95 | 6,125.84 |
| Belfast West | 12,002.59 | 10,512.29 | 10,092.79 | 9,739.15 |
| Belfast LGD | 10,972.61 | 9,621.21 | 8,988.37 | 8,406.05 |
| Northern Ireland | 10,158.95 | 9,475.25 | 8,790.84 | 8,492.07 |

Source NINIS: Standardised Admission Rate for Emergency Admissions (administrative geographies) Pivot Table

PEOPLE FIGURE 17:

Standardised admission rate (per 100,000 population) for emergency admissions in men and women in Northern Ireland, Belfast LGD and Belfast assembly areas, 2018/19



Source: NINIS: Standardised Admission Rate for Emergency Admissions (administrative geographies) Pivot Table

KEY COMPARISONS

Comparison with Northern Ireland

In 2019/20, when compared with Northern Ireland, the SAR for emergency admissions:

- In Belfast LGD was lower by 69 per 100,000 population, 8,716 compared with 8,785 per 100,000 population
- In the most-deprived areas of Belfast LGD, was higher by 2,964 per 100,000 population, 11,749 compared with 8,785 per 100,000 population

Between 2015/16 and 2019/20, the SAR for emergency admissions decreased:

- In Belfast LGD by 1,229 per 100,000 population, from 9,945 to 8,716 per 100,000 population (a percentage decrease of 12.35%)
- In Belfast's most-deprived areas by 2,202 per 100,000 population, from 13,951 to 11,749 per population (a percentage decrease of 15.78%)
- In Northern Ireland by 710 per 100,000 population, from 9,495 to 8,785 per 100,000 population (a percentage decrease of 7.47%)

Differences by sex⁹⁰

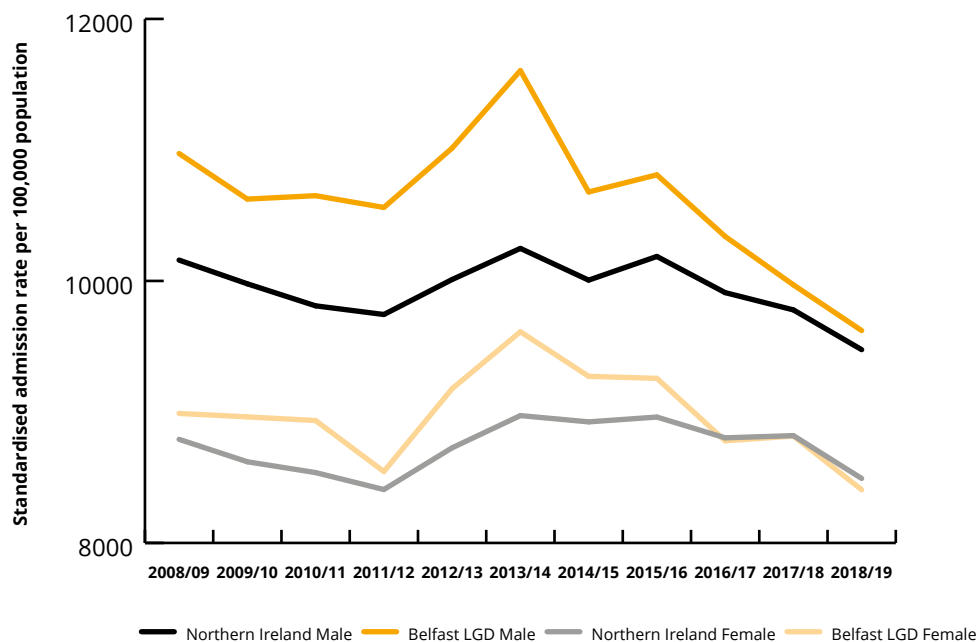
From 2008/09 to 2018/19, when compared with Northern Ireland, the SAR for emergency admissions for men in Belfast LGD was consistently higher, however, the decrease for men in Belfast LGD was greater than that for men in Northern Ireland, and the gap between Belfast LGD and Northern Ireland has narrowed since 2013/14 (see People Figure 18).

From 2008/09 to 2018/19, when compared with Northern Ireland, the SAR for emergency admissions for women in Belfast LGD was higher, however, the decrease for women in Belfast LGD was greater than that for women in Northern Ireland such that by 2018/19 it was slightly lower (8,396 compared with 8,492 per 100,000 population; see People Figure 18).

90. Different timeframe for the data.

PEOPLE FIGURE 18:

Standardised admission rate (per 100,000 population) for emergency admissions in men and women in Belfast LGD and Northern Ireland, 2008/09 to 2018/19



Source: NINIS: Standardised Admission Rate for Emergency Admissions (administrative geographies) Pivot Table

Comparison with other LGDs

In 2019/20, when compared with other LGDs:

- Belfast LGD had the median value SAR for emergency admissions at 8,716 per 100,000 population
- Fermanagh & Omagh had the highest SAR
- Causeway Coast & Glens LGD had the lowest SAR (see People Table 48)

Between 2015/16 and 2019/20, the SAR for emergency admissions decreased in all LGDs, ranging from 15 to 2,497 per 100,000 population.

- Belfast LGD had the third largest percentage decrease at 12.35%
- Derry City & Strabane LGD had the largest percentage decrease at 22.49%
- Lisburn & Castlereagh LGD had the smallest percentage decrease at 0.19%
- Mid & East Antrim had the median value percentage decrease at 3.53% (see People Table 48)

PEOPLE TABLE 48:

Standardised admission rate (per 100,000 population) for emergency admissions by LGD, 2015/16 and 2019/20

| LGD | SAR for emergency admissions (per 100,000 population) | |
|------------------------------------|--|---------|
| | 2015/16 | 2019/20 |
| Antrim & Newtownabbey | 9,124 | 9,007 |
| Ards & North Down | 9,034 | 8,531 |
| Armagh City, Banbridge & Craigavon | 9,490 | 9,463 |
| Belfast | 9,945 | 8,716 |
| Causeway Coast & Glens | 8,890 | 7,768 |
| Derry City & Strabane | 11,100 | 8,603 |
| Fermanagh & Omagh | 11,396 | 10,142 |
| Lisburn & Castlereagh | 7,864 | 7,849 |
| Mid & East Antrim | 8,677 | 8,370 |
| Mid Ulster | 9,154 | 8,867 |
| Newry, Mourne & Down | 9,742 | 9,594 |
| Northern Ireland | 9,495 | 8,785 |

Source: DoH Health Inequalities Annual Report 2021: Data Tables hscmims-report-2021-data-tables-by-area-0.xlsx

HIGHLIGHTS

In 2019/20, the SAR for emergency admissions was lower in Belfast LGD when compared with that in Northern Ireland.

In 2019/20, when compared with other LGDs, Belfast LGD had the median value for the SAR for emergency admissions, where it was lower than five LGDs and higher than five LGDs.

Between 2015/16 and 2019/20, the SAR for emergency admissions decreased in both Belfast LGD and Northern Ireland, but the decrease was greater in Belfast, and the gap narrowed.

Since 2008/09, the SARs of emergency admissions for men in Belfast have been higher than those in men in Northern Ireland, but from 2013/14 onwards the SAR in men in Belfast has decreased and the gap has narrowed. Since 2016/17, the SAR of emergency admissions for women in Belfast has decreased to a lower level than that for women in Northern Ireland.

Inequalities and the potential for inequity

In 2019/20, the SAR for emergency admissions was markedly higher in Belfast's most-deprived areas than that in both Belfast LGD and Northern Ireland. Between 2015/16 and 2019/20, however, the SAR for emergency admissions decreased to a greater extent in Belfast's most-deprived areas when compared with Belfast LGD and Northern Ireland, and the gaps between Belfast's most-deprived areas and Belfast LGD and Belfast's most-deprived areas and Northern Ireland narrowed, positive trends that need to be maintained.

In 2018/19, in Belfast, men had a higher SAR for emergency admissions than that for women, a pattern seen in Northern Ireland and in all other LGDs. Between 2008/09 and 2018/19, however, in Belfast, the percentage decrease in the SAR was almost twice as great in men as in women, narrowing the gap between them.

In 2018/19, within Belfast:

- **The highest SARs for emergency admissions were in men and women in Belfast North and then Belfast West**
- **The highest SAR of all was in men in Belfast North**

In 2018/19, the SARs for emergency admissions:

- **In men and women in Belfast North and Belfast West were higher than those for men and women in Belfast LGD and in Northern Ireland**
- **In women in Belfast East was higher than that for women in Belfast LGD and in Northern Ireland**

Between 2008/09 and 2018/19, the percentage decreases in the SAR for emergency admissions in men and women in Belfast North were very small when compared with those for men and women in most of the other Belfast assembly areas (apart from that for women in Belfast West), with the percentage decrease being smallest in men in Belfast North.

SECTION 5

Mental Health and Wellbeing

5.1 Mean Score for People Feeling the Things They Do in Life Are Worthwhile

IMPORTANCE

The sense that life is worthwhile and meaningful is central to human flourishing and subjective wellbeing. In wave 6 of the English Longitudinal Study of Ageing (ELSA; 7,304 participants aged 50 years and older), the extent to which people felt life was worthwhile was positively associated with social relationships and broader social engagement, economic prosperity, and mental and physical health, including health-related behaviours.⁹¹

The sense that one is living a meaningful life is associated with positive health outcomes. In ELSA, health, emotional wellbeing, greater physical activity, social factors, and economic factors at baseline were associated with two-year increases in worthwhile ratings. Conversely, increases in worthwhile ratings over two years were related to more favourable health, emotional, behavioural, and social changes independently of baseline levels. These bidirectional relationships highlight the importance of maintaining worthwhile activities at older ages.⁹²

DEFINITION

The ONS has a national Measuring National Wellbeing Programme. NISRA has participated in the Programme since its inception in 2010, and several of NISRA's household surveys incorporate personal wellbeing questions. Following user feedback and to make data more accessible and comparable for each of the Wellbeing metrics, NISRA teams within The Executive Office and Department of Finance collaborated to produce the Wellbeing in Northern Ireland report, which provides estimates for Northern Ireland across four areas which reflect wellbeing, including 'Personal wellbeing' – how satisfied people are with their lives, their levels of happiness and anxiety, and whether they think the things that they do are worthwhile.⁹³

91. <https://www.pnas.org/content/pnas/116/4/1207.full.pdf> (Last accessed 6 September 2021)

92. <https://www.nature.com/articles/s41598-020-63600-9> (Last accessed 6 September 2021)

93. <https://www.nisra.gov.uk/statistics/people-places-and-culture/personal-wellbeing> (Last accessed 9 November 2021)

The information for this indicator is from responses to the question “Overall, to what extent do you feel the things you do in your life are worthwhile?”, where 0 is ‘not at all worthwhile’ and 10 is ‘completely worthwhile’. A higher score indicates better wellbeing.

Information is published by The Executive Office.⁹⁴

PROFILE FINDINGS

In 2019/20, in Belfast LGD, the mean (average) score for people feeling the things they do in life are worthwhile was 7.68 out of a score of 10.

KEY COMPARISONS

Comparison with Northern Ireland

In 2019/20, when compared with Northern Ireland, the mean (average) score for people feeling the things they do in life are worthwhile was 0.37 points lower in Belfast LGD, 7.68 compared with 8.05 out of a score of 10.

Comparison with other LGDs

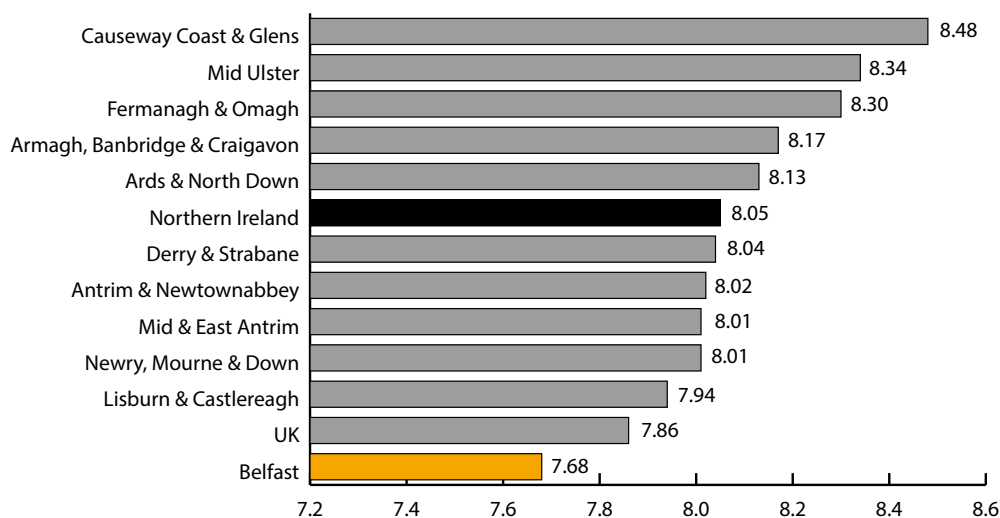
In 2019/20, when compared with other LGDs:

- Belfast LGD had the lowest value of 7.68 for the mean (average) score of people feeling the things they do in life are worthwhile
- Causeway Coast & Glens LGD had the highest mean (average) score of 8.48 (see People Figure 19)

94. [Personal Wellbeing in Northern Ireland: 2019/20 | Northern Ireland Statistics and Research Agency \(nisra.gov.uk\)](#) (Last accessed 9 May 2022)

PEOPLE FIGURE 19:

Mean (average) score for people feeling the things they do in life are worthwhile in LGDs and Northern Ireland, 2020/21



Source: The Executive Office, Personal Wellbeing in Northern Ireland: 2019/20 Tables (Personal Wellbeing Estimates NI 201920 TABLES Excel; 'Worthwhile-Characteristics' tab)

Differences by deprivation in Northern Ireland

In 2019/20, in Northern Ireland, the mean (average) score for people feeling the things they do in life are worthwhile:

- In Quintile 1, the most-deprived areas, was lowest at 7.76
- In Quintile 3 was highest at 8.21 (see People Table 49)
- The gap between Quintile 1, the most-deprived areas, and Quintile 5, the least-deprived areas, was 0.37 points, a score of 7.76 compared with 8.13 (see People Table 49)

PEOPLE TABLE 49:

Mean (average) score for people feeling the things they do in life are worthwhile by deprivation quintile in Northern Ireland, 2019/20

| Deprivation quintile | Mean (average) score (out of 10) for people feeling the things they do in life are worthwhile |
|----------------------------------|---|
| Quintile 1, most-deprived areas | 7.76 |
| Quintile 2 | 8.00 |
| Quintile 3 | 8.21 |
| Quintile 4 | 8.15 |
| Quintile 5, least-deprived areas | 8.13 |

Source: The Executive Office, Personal Wellbeing in Northern Ireland: 2019/20 Tables (Personal Wellbeing Estimates NI 201920 TABLES Excel; 'Worthwhile-Characteristics' tab)

Differences by sex in Northern Ireland

In 2019/20, in Northern Ireland, the mean (average) score for people feeling the things they do in life are worthwhile was higher in women than men by 0.20 points, 8.15 compared with 7.95, with worse wellbeing for men.

Differences by age in Northern Ireland

In 2019/20, in Northern Ireland, the mean (average) score for people feeling the things they do in life are worthwhile:

- Was highest in people aged 35-44 years at 8.24
- Was lowest in people aged 55-64 years at 7.90 (see People Table 50)
- Wellbeing was worse for people aged 45-64 years

PEOPLE TABLE 50:

Mean (average) score for people feeling the things they do in life are worthwhile by adult age-group in Northern Ireland, 2019/20

| Age-group (years) | Mean (average) score (out of 10) for people feeling the things they do in life are worthwhile |
|-------------------|---|
| 16-24 | 8.00 |
| 25-34 | 8.16 |
| 35-44 | 8.24 |
| 45-54 | 7.93 |
| 55-64 | 7.90 |
| 65 years and over | 8.08 |

Source: The Executive Office, Personal Wellbeing in Northern Ireland: 2019/20 Tables (Personal Wellbeing Estimates NI 201920 TABLES Excel; 'Worthwhile-Characteristics' tab)

Differences by general health in Northern Ireland

In 2019/20, in Northern Ireland, the mean (average) score for people feeling the things they do in life are worthwhile:

- Was highest in people with "very good" health at 8.48
- Was lowest in people with "very bad" health at 6.13 (see Table 51)

The difference in mean score between people who reported their health as “very good” and people who reported their health as “very bad” was 2.35 points, with much worse wellbeing for people whose health was very bad.

PEOPLE TABLE 51:

Mean (average) score for people feeling the things they do in life are worthwhile by general health in Northern Ireland, 2019/20

| General health | Mean (average) score (out of 10) for whether things that people do are worthwhile |
|----------------|---|
| Very good | 8.48 |
| Good | 8.25 |
| Fair | 7.56 |
| Bad | 6.91 |
| Very bad | 6.13 |

Source: The Executive Office, Personal Wellbeing in Northern Ireland: 2019/20 Tables (Personal Wellbeing Estimates NI 201920 TABLES Excel; ‘Worthwhile-Characteristics’ tab)

HIGHLIGHTS

In 2019/20, the mean score for people feeling the things they do in life are worthwhile was lower in Belfast than that in Northern Ireland, and the lowest among all LGDs.

Inequalities and the potential for inequity

In 2019/20, the following population groups in Northern Ireland had mean scores for feeling the things they do in life are worthwhile that were below the mean score for Northern Ireland:

- People in the most-deprived and second most-deprived areas
- Men
- People aged 16-24 years
- People aged 45-64 years
- People who reported their health as “fair”, “bad” or “very bad”
- People with disability

- Unemployed people
- People who were economically inactive
- Single (never married) people
- Married people separated from husband/wife
- Divorced people
- Widowed people
- People in urban areas

People in “very bad” health had the lowest mean score for feeling the things they do in life are worthwhile at 6.13.

HISTORICAL DATA

This historical information is from the Annual Population Survey (APS), a continuous household survey of a representative sample of adults aged 16 years and over living in private residential households across the UK. In the APS, people were asked to respond to the question “Overall, to what extent do you feel the things you do in your life are worthwhile?” using a scale of 0 to 10, where 0 is “Not at all” and 10 is “Completely”.

This historical information has been superseded by the information presented above.

- In 2019/20, in Belfast LGD, the estimated mean average rating for the extent to which people felt the things they do in life are worthwhile was 7.68 out of a scale of 10
- Between 2012/13 and 2019/20, in Belfast LGD, the estimated mean average rating for the extent to which people felt the things they do in life are worthwhile increased overall by 0.21 points, from 7.47 to 7.68 out of a scale of 10

In 2019/20, when compared with Northern Ireland:

- The estimated mean average rating for the extent to which people felt the things they do in life are worthwhile was lower by 0.37 points in Belfast LGD, 7.68 compared with 8.05 out of a scale of 10

- The percentage of respondents reporting a “very high” rating that the things they do in life are worthwhile was lower by 9.93 percentage points in Belfast LGD, 30.91% compared with 40.84%

In 2019/20, when compared with other LGDs:

- Belfast LGD had the lowest estimated mean average rating for the extent to which people felt the things they do in life are worthwhile
- Causeway Coast & Glens LGD had the highest rating
- Derry City & Strabane had the median value at 8.04

In 2019/20, the rating for whether people felt the things they do in in their life are worthwhile was lower in Belfast than in Northern Ireland and was the lowest when compared with other LGDs.

Between 2012/13 and 2019/20, in Belfast, the rating for whether people felt the things that they do in their life are worthwhile increased slightly overall.

5.2 Mean Score for Level of Anxiety

IMPORTANCE

Anxiety is a feeling of unease, such as worry or fear, that can be mild or severe. Feelings of anxiety can be experienced at various point in a person's life, for example, sitting an exam, or having a medical test or a job interview, when feeling anxious can be normal. For some people, however, their feelings of anxiety are more constant and can often affect their daily lives.⁹⁵

Anxiety is the main symptom of several conditions, including panic disorders, phobias, post-traumatic stress disorder (PTSD), and social anxiety disorder.

DEFINITION

The ONS has a national Measuring National Wellbeing Programme. NISRA has participated in the Programme since its inception in 2010, and several of NISRA's household surveys incorporate personal wellbeing questions. Following user feedback and to make data more accessible and comparable for each of the Wellbeing metrics, NISRA teams within The Executive Office and Department of Finance collaborated to produce the Wellbeing in Northern Ireland report, which provides estimates for Northern Ireland across four areas which reflect wellbeing, including 'Personal wellbeing' – how satisfied people are with their lives, their levels of happiness and anxiety, and whether they think the things that they do are worthwhile.⁹⁶

The information for this indicator is from responses to the question "Overall, how anxious did you feel yesterday?", where 0 is 'not at all anxious' and 10 is 'completely anxious'. A lower score indicates better wellbeing.

Information is published by The Executive Office.

PROFILE FINDINGS

In 2019/20, in Belfast LGD, the mean (average) score for people's level of anxiety was 3.21 out of 10.

95. <https://www.nhs.uk/mental-health/conditions/generalised-anxiety-disorder/overview/>
(Last accessed 8 November 2021)

96. <https://www.nisra.gov.uk/statistics/people-places-and-culture/personal-wellbeing>
(Last accessed 9 November 2021)

KEY COMPARISONS

Comparison with Northern Ireland

In 2019/20, when compared with Northern Ireland, the mean (average) score for level of anxiety was 0.21 points higher in Belfast LGD, 3.21 compared with 3.00 out of a score of 10.

Comparison with other LGDs

In 2019/20, when compared with other LGDs:

- Belfast LGD had the second highest mean (average) score for level of anxiety at 3.21
- Derry City & Strabane LGD had the highest mean (average) score at 3.40
- Mid Ulster LGD had the lowest mean average score at 2.41 (see People Table 52)

PEOPLE TABLE 52:

Mean (average) score for level of anxiety in LGDs and Northern Ireland, 2019/20

| LGD | Mean (average) score (out of 10) for level of anxiety |
|------------------------------------|---|
| Antrim & Newtownabbey | 3.13 |
| Ards & North Down | 3.04 |
| Armagh City, Banbridge & Craigavon | 2.81 |
| Belfast | 3.21 |
| Causeway Coast & Glens | 2.85 |
| Derry City & Strabane | 3.40 |
| Fermanagh & Omagh | 2.91 |
| Lisburn & Castlereagh | 3.12 |
| Mid & East Antrim | 3.16 |
| Mid Ulster | 2.41 |
| Newry, Mourne & Down | 2.82 |
| Northern Ireland | 3.00 |

Source: The Executive Office, Personal Wellbeing in Northern Ireland: 2019/20 Tables (Personal Wellbeing Estimates NI 201920 TABLES Excel; 'Anxiety-Characteristics' tab)

Differences by deprivation in Northern Ireland

In 2019/20, in Northern Ireland, the mean (average) score for level of anxiety varied across deprivation quintiles.

- It was highest in Quintile 1, the most-deprived areas, at 3.35
- It was lowest in Quintile 5, the least-deprived areas, at 2.75 (see People Table 53)

The gap between Quintile 1, the most-deprived areas, and Quintile 5, the least-deprived areas, was 0.60 points with worse wellbeing for people in the most-deprived areas (Quintile1).

PEOPLE TABLE 53:

Mean (average) score for level of anxiety by deprivation quintile in Northern Ireland, 2019/20

| Deprivation quintile | Mean (average) score (out of 10) for level of anxiety |
|----------------------------------|---|
| Quintile 1, most-deprived areas | 3.35 |
| Quintile 2 | 3.15 |
| Quintile 3 | 2.89 |
| Quintile 4 | 2.90 |
| Quintile 5, least-deprived areas | 2.75 |

Source: The Executive Office, Personal Wellbeing in Northern Ireland: 2019/20 Tables (Personal Wellbeing Estimates NI 201920 TABLES Excel; 'Anxiety-Characteristics' tab)

Differences by sex in Northern Ireland

In 2019/20, in Northern Ireland, the mean (average) score for level of anxiety was higher in women than men by 0.57 points, 3.28 compared with 2.71, with worse wellbeing for women.

Differences by age in Northern Ireland

In 2019/20, in Northern Ireland, the mean (average) score for people's level of anxiety varied across adult age-groups.

- It was highest in people aged 45-54 years at 3.21
- It was lowest in people aged 65 years and over at 2.68 (see People Table 54)
- Wellbeing was worse for people aged 45-64 years

PEOPLE TABLE 54:

Mean (average) score for people's level of anxiety by adult age-group in Northern Ireland, 2019/20

| Age-group (years) | Mean (average) score (out of 10) for level of anxiety |
|-------------------|---|
| 16-24 | 3.11 |
| 25-34 | 2.96 |
| 35-44 | 3.00 |
| 45-54 | 3.21 |
| 55-64 | 3.16 |
| 65 years and over | 2.68 |

Source: The Executive Office, Personal Wellbeing in Northern Ireland: 2019/20 Tables (Personal Wellbeing Estimates NI 201920 TABLES Excel; 'Anxiety-Characteristics' tab)

Differences by general health in Northern Ireland

In 2019/20, in Northern Ireland, the mean (average) score for level of anxiety:

- Was lowest in people with "very good" health at 2.38
- Was highest in people with "very bad" health at 5.83 (see Table 55)

The difference in mean score between people who reported their health as "very good" and people who reported their health as "very bad" was 3.45 points, with much worse wellbeing for people whose health was "very bad".

PEOPLE TABLE 55:

Mean (average) score for level of anxiety by general health in Northern Ireland, 2019/20

| General health | Mean (average) score (out of 10) for whether things that people do are worthwhile |
|----------------|---|
| Very good | 2.38 |
| Good | 2.75 |
| Fair | 3.73 |
| Bad | 4.47 |
| Very bad | 5.83 |

Source: The Executive Office, Personal Wellbeing in Northern Ireland: 2019/20 Tables (Personal Wellbeing Estimates NI 201920 TABLES Excel; 'Anxiety-Characteristics' tab)

HIGHLIGHTS

In 2019/20, the mean score for level of anxiety was higher in Belfast LGD than that in Northern Ireland and it was second highest among LGDs

Inequalities and the potential for inequity

In 2019/20, the following population groups in Northern Ireland had mean scores for level of anxiety which were higher than that for Northern Ireland:

- People in the most-deprived and second most-deprived areas
- Women
- People aged 16-24 years
- People aged 45-64 years
- People who reported their health as “fair”, “bad” or “very bad”
- People with disability
- People who were economically inactive
- Single (never married) people
- Married people separated from husband/wife
- Divorced people
- People in urban areas

People who reported their health as “very bad” had the highest mean score for level of anxiety of all the population groups in Northern Ireland at 5.83.

HISTORICAL DATA

This historical information is from the APS, a continuous household survey of a representative sample of adults aged 16 years and over living in private residential households across the UK. In the APS, people were asked to respond to the question: "Overall, how anxious did you feel yesterday?" using a scale of 0 to 10, where 0 is "Not at all anxious" and 10 is "Completely anxious".

This historical information has been superseded by the information presented above.

- In 2019/20, in Belfast LGD, the estimated mean average rating for the extent to which people felt anxious was 3.21 out of a scale of 10
- Between 2012/13 and 2019/20, in Belfast LGD, the estimated mean average rating for the extent to which people felt anxious decreased overall by 0.71 points, from 3.92 to 3.21 out of a scale of 10

In 2019/20, when compared with Northern Ireland:

- The estimated mean average rating for the extent to which people said they felt anxious was higher by 0.21 points in Belfast LGD, 3.21 compared with 3.00 out of a scale of 10
- The percentage of respondents reporting a "high" rating of anxiety was higher by 0.53 percentage points in Belfast LGD when compared with Northern Ireland, 22.01% compared with 21.48%

In 2019/20, when compared with other LGDs:

- Belfast LGD had the second highest estimated mean average rating for the extent to which people felt anxious at 3.21
- Derry City & Strabane LGD had the highest rating at 3.40
- Mid Ulster LGD had the lowest rating at 2.41

In 2019/20, the rating for people feeling anxious was higher in Belfast when compared with Northern Ireland and all other LGDs except for Derry City & Strabane.

Between 2012/13 and 2019/20, in Belfast, the extent to which people said they felt anxious decreased overall.

5.3 Standardised Prescription Rate – Mood and Anxiety

IMPORTANCE

The prescription rate for drugs related to mood and anxiety is an indicator of the level of mental health problems being experienced by the population.

In the Northern Ireland Study of Health and Stress (NISHS), a face-to-face survey of 4,340 participants aged 18 years and over:

- The 12-month prevalence rate for mood disorders was 14.6%
- The 12-month prevalence rate for anxiety disorders was 9.6%
- Women were more likely than men to have mood and anxiety disorders⁹⁷

DEFINITION

This indicator is the number of people prescribed drugs for mood and anxiety disorders dispensed in primary care⁹⁸ per 1,000 population.

Standardised prescription rates are calculated by standardising (using the direct method) the average prescription rate (over one year) in Northern Ireland for people dispensed predefined prescription drugs, to the 2013 ESP. Rates refer to number of persons prescribed a drug and does not include multiple prescription. Standardised rates enable comparisons over time and across geographical areas.

Prescription data are extracted from the Electronic Prescribing and Eligibility System (EPES) which is maintained by the BSO. The data provided cover 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.⁹⁹

This indicator may be subject to under-reporting of levels of mood and anxiety in the population: it reflects the prescription rate for people who have accessed primary care services for problems with mood and anxiety; it does not reflect the unmet need

97. Bunting B et al. Prevalence and treatment of DSM-IV disorders in the Northern Ireland Study of Health and Stress. *Social Psychiatry and Psychiatric Epidemiology* 2013; 48(1): 81-93. DOI: [10.1007/s00127-012-0518-5](https://doi.org/10.1007/s00127-012-0518-5)

98. Drugs included are coded 4.1.2 and 4.3 under the British National Formulary (BNF) Code.

99. NINIS Standardised Mood & Anxiety Prescription Rate (administrative geographies) Pivot Table Metadata.

of people unable, or lacking the capacity, to access primary care services for these problems, nor does it include the prescription rates in non-primary care services, such as secondary care.

Information sources

- Information for the LGD data and the deprivation data is from the 'Health inequalities annual report 2021' published by the DoH¹⁰⁰
- Information for men and women in Belfast's assembly areas and Northern Ireland is from NINIS

NB: data from NINIS are reported to two decimal places, whereas data from the Health Inequalities Annual Report 2021 are rounded to whole numbers.

PROFILE FINDINGS

In 2017-2019, in Belfast LGD, the standardised prescription rate for mood and anxiety was 253 per 1,000 population.

Between 2013-2015 and 2017-2019, in Belfast LGD, the standardised prescription rate for mood and anxiety increased by 13 per 1,000 population, from 240 to 253 per 1,000 population.

Differences by deprivation

In 2017-2019, in the most-deprived areas of Belfast LGD, the standardised prescription rate for mood and anxiety was 349 per 1,000 population, which was higher than that in Belfast LGD by 96 per 1,000 population.

Between 2013-2015 and 2017-2019, in the most-deprived areas of Belfast LGD, the standardised prescription rate for mood and anxiety increased by 25 per 1,000 population, from 324 to 349 per 1,000 population.

Differences by sex¹⁰¹

In 2019, in Belfast LGD, the standardised mood and anxiety prescription rate:

- In men was 202.55 per 1,000 population
- In women was 297.59 per 1,000 population (see Figure 20)

100. [Health inequalities annual report 2021 | Department of Health \(health-ni.gov.uk\)](#)
(Last accessed 5 November 2021)

101. Different timeframe for data.

Between 2010 and 2019, in Belfast LGD, the standardised mood and anxiety prescription rate increased:

- In men by 40.86 per 1,000 population, from 161.69 to 202.55 per 1,000 population
- In women by 36.05 per 1,000 population, from 261.54 to 297.59 per 1,000 population (see People Table 56)

Differences by sex and assembly area¹⁰²

In 2019, there was variation in the standardised prescription rate for mood and anxiety in men and women among Belfast's assembly areas.

- The highest rates for both men and women were in Belfast West, followed by Belfast North
- The lowest rates for both men and women were in Belfast South (see People Table 56)

PEOPLE TABLE 56:

Standardised prescription rate (per 1,000 population) for mood and anxiety in men and women in Belfast's assembly areas, Belfast LGD, and Northern Ireland, 2010 and 2019

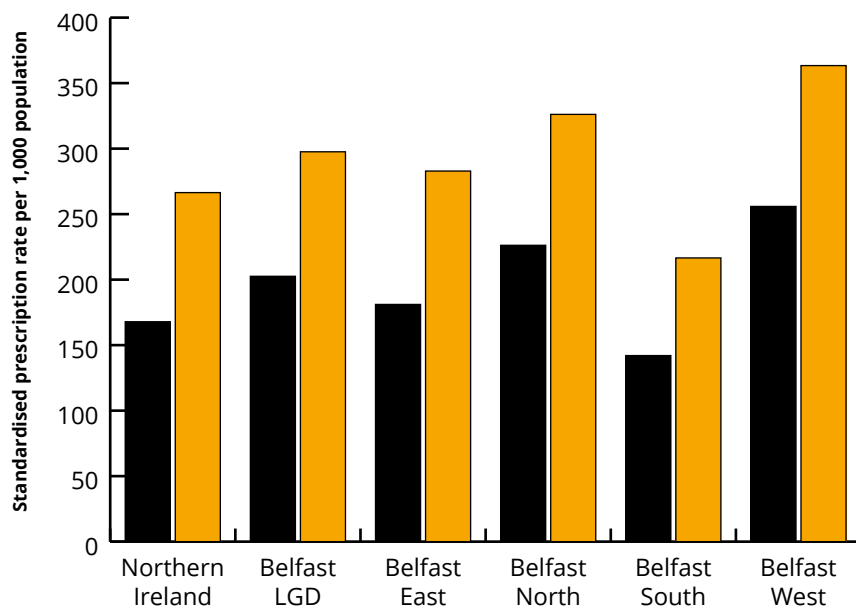
| Assembly area | Standardised prescription rate (per 1,000 population) | | | |
|------------------|---|--------|--------|--------|
| | Men | | Women | |
| | 2010 | 2019 | 2010 | 2019 |
| Belfast East | 151.49 | 181.07 | 256.82 | 282.88 |
| Belfast North | 177.10 | 226.21 | 280.77 | 326.14 |
| Belfast South | 121.62 | 142.03 | 197.31 | 216.57 |
| Belfast West | 188.10 | 255.87 | 307.48 | 363.39 |
| Belfast LGD | 161.69 | 202.55 | 261.54 | 297.59 |
| Northern Ireland | 131.90 | 167.87 | 228.69 | 266.43 |

Source: NINIS: Standardised Mood & Anxiety Prescription Rate (administrative geographies) Pivot Table

102 Different timeframe for data.

PEOPLE FIGURE 20:

Standardised prescription rate (per 1,000 population) for mood and anxiety in men and women in Northern Ireland, Belfast LGD, and Belfast's assembly areas, 2019



Source: NINIS: Standardised Mood & Anxiety Prescription Rate (administrative geographies) Pivot Table

KEY COMPARISONS

Comparison with Northern Ireland

In 2017-2019, when compared with Northern Ireland, the standardised prescription rate for mood and anxiety:

- In Belfast LGD was higher by 34 per 1,000 population, 253 compared with 219 per 1,000 population
- In the most-deprived areas of Belfast LGD was higher by 130 per 1,000 population, 349 compared with 219 per 1,000 population

Between 2013-2015 and 2017-2019, the standardised prescription rate for mood and anxiety:

- In Belfast LGD increased by 13 per 1,000 population, from 240 to 253 per 1,000 population (a percentage increase of 5.41%)
- In the most-deprived areas of Belfast LGD increased by 25 per 1,000 population, from 324 to 349 per 1,000 population (a percentage increase of 7.71%)
- In Northern Ireland increased by 11 per 1,000 population, from 208 to 219 per 1,000 population (a percentage increase of 5.28%)

Differences by sex¹⁰³

In 2019, when compared with Northern Ireland, the standardised prescription rate for mood and anxiety:

- In men in Belfast LGD was higher by 34.68 per 1,000 population, 202.55 compared with 167.87 per 1,000 population
- In women in Belfast LGD was higher by 31.16 per 1,000 population, 297.59 compared with 266.43 per 1,000 population (see People Table 56)

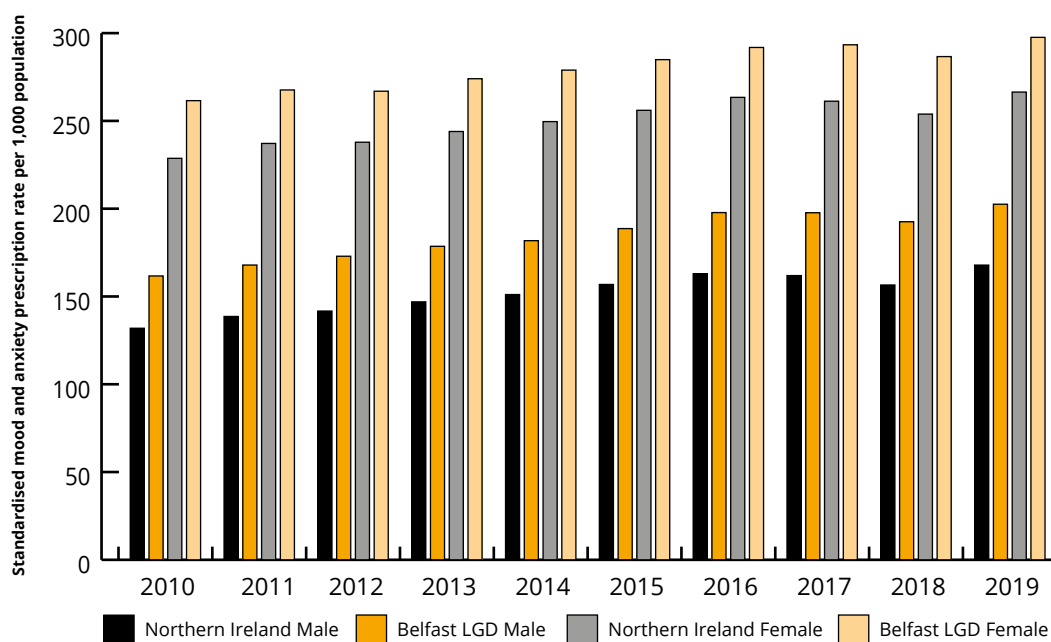
Between 2010 and 2019, when compared with Northern Ireland, the standardised prescription rate for mood and anxiety:

- In men in Belfast LGD increased by 40.86 per 1,000 population, a percentage increase of 25.27%, compared with 35.97 per 1,000 population, a percentage increase of 27.27%
- In women in Belfast LGD increased by 36.05 per 1,000 population, a percentage increase of 13.78%, compared with 37.74 per 1,000 population, a percentage increase of 16.50% (see People Figure 21)

103. Different timeframe for data.

PEOPLE FIGURE 21:

Standardised mood and anxiety prescription rates (per 1,000 population) in men and women in Northern Ireland and Belfast LGD, 2010-2019



Source: NINIS: Standardised Mood & Anxiety Prescription Rate (administrative geographies) Pivot Table

Comparison with other LGDs

In 2017-2019, when compared with other LGDs:

- Belfast LGD had the equal highest standardised prescription rate for mood and anxiety together with Derry City & Strabane LGD
- Fermanagh & Omagh LGD and Mid Ulster LGD had the equal lowest rate (see People Table 57)

Between 2013-2015 and 2017-2019, the standardised prescription rate for mood and anxiety increased in all LGDs, the increase ranging from 4 to 20 per 1,000 population.

- Belfast LGD had the median value for percentage increase at 5.42% even though it was the second highest numerical increase
- Derry City & Strabane LGD had the highest percentage increase at 8.58%
- Mid Ulster LGD had the lowest percentage increase at 2.08% (see People Table 57)

PEOPLE TABLE 57:

Standardised prescription rate (per 1,000 population) for mood and anxiety by LGD and Northern Ireland, 2013-2015 and 2017-2019

| LGD | Standardised prescription rate for mood and anxiety (per 1,000 population) | |
|------------------------------------|--|-----------|
| | 2013-2015 | 2017-2019 |
| Antrim & Newtownabbey | 209 | 221 |
| Ards & North Down | 196 | 209 |
| Armagh City, Banbridge & Craigavon | 205 | 211 |
| Belfast | 240 | 253 |
| Causeway Coast & Glens | 204 | 216 |
| Derry City & Strabane | 233 | 253 |
| Fermanagh & Omagh | 184 | 196 |
| Lisburn & Castlereagh | 189 | 197 |
| Mid & East Antrim | 205 | 217 |
| Mid Ulster | 192 | 196 |
| Newry, Mourne & Down | 201 | 210 |
| Northern Ireland | 208 | 219 |

Source: DoH Health Inequalities Annual Report 2021: Data Tables

HIGHLIGHTS

In 2017-2019, the prescription rate for mood and anxiety was higher in Belfast than in Northern Ireland and was the equal highest among LGDs together with Derry City & Strabane LGD.

Between 2013-2015 and 2017-2019, the prescription rate for mood and anxiety increased in Belfast and in Northern Ireland to a similar extent, but the gap between the two widened very slightly.

In 2019, the prescription rate for mood and anxiety was higher for both men and women in Belfast when compared with that for men and women in Northern Ireland.

Between 2010 and 2019, the prescription rate for mood and anxiety increased in men and women in Belfast and in Northern Ireland, although the increase for men and women in Northern Ireland was greater than that for men and women in Belfast, narrowing the gaps slightly.

Inequalities and the potential for inequity

In 2017-2019, the prescription rate for mood and anxiety was higher in Belfast's most deprived areas than in Belfast and in Northern Ireland.

Between 2013-2015 and 2017-2019, the prescription rate for mood and anxiety increased in Belfast's most deprived areas to a slightly greater extent than that in Belfast and that in Northern Ireland, and the gaps between Belfast's most-deprived areas and Belfast and Belfast's most-deprived areas and Northern Ireland widened.

In 2019, the mood and anxiety prescription rate for women was higher than that for men in each of Belfast's assembly areas, and in Belfast LGD.

In 2019, the highest prescription rates for mood and anxiety in men and women were in Belfast West, followed by Belfast North, whereas the lowest rates were in Belfast South, followed by Belfast East. Prescription rates for men and women in Belfast West and in Belfast North were also higher than those for men and women in Belfast LGD and for men and women in Northern Ireland.

5.4 Standardised Admission Rate – Self-Harm

IMPORTANCE

Self-harm occurs when somebody intentionally damages or injures their body. People can self-harm for various reasons:

- To express or cope with emotional distress
- To try to feel in control
- As a way of punishing themselves
- To relieve unbearable tension
- As a cry for help
- As a response to intrusive thoughts

Self-harm may be linked to bad experiences that are happening now or happened in the past. People's reasons for self-harm can change over time and are different for different people.¹⁰⁴

The Population Attributable Risk (PAR) of Deprivation measures the proportion of a disease or outcome, such as admissions to hospital, in the population that can be attributed to deprivation and could be eliminated if deprivation were to be eliminated. In Northern Ireland, the PAR of deprivation for the standardised admission rate for self-harm is 53%.¹⁰⁵

DEFINITION

This indicator is the number of admissions due to self-harm¹⁰⁶ per 100,000 population. This indicator, however, does not reflect the full extent of self-harm in the population because, in many instances, self-harm does not result in admission to hospital.

Standardised admission rates are calculated by standardising (using the direct method) the average admission rate in Northern Ireland (over a predefined period) due to specified ICD-10 classification codes (may also be age specific) to the 2013 ESP. Standardised rates enable a comparison of rates over time and across geographical areas.

104. [Why people self-harm - NHS \(www.nhs.uk\)](https://www.nhs.uk) (Last accessed 20 April 2022)

105. Appendix B. [Health inequalities annual report 2021 | Department of Health \(health-ni.gov.uk\)](https://www.health-ni.gov.uk) (Last accessed 10 May 2021)

106. ICD-10 codes X60-84 and Y87.0.

Information sources

- Information for the LGD data and the deprivation data is from the 'Health inequalities annual report 2021' published by the DoH¹⁰⁷
- Information for men and women in Belfast's assembly areas and Northern Ireland is from NINIS

NB: data from NINIS are reported to two decimal places, whereas data from the Health Inequalities Annual Report 2021 are rounded to whole numbers.

PROFILE FINDINGS

In 2015/16-2019/20, in Belfast LGD, the SAR for self-harm was 142 per 100,000 population.

Between 2011/12-2015/16 and 2015/16-2019/20, in Belfast LGD, the SAR for self-harm decreased by 132 per 100,000 population, from 274 to 142 per 100,000 population.

Differences by deprivation

In 2015/16-2019/20, in the most-deprived areas of Belfast LGD, the SAR for self-harm was 266 per 100,000 population, which was higher than that in Belfast LGD by 124 per 100,000 population.

Between 2011/12-2015/16 and 2015/16-2019/20, in the most-deprived areas of Belfast LGD, the SAR for self-harm decreased by 214 per 100,000 population, from 480 to 266 per 100,000 population.

Differences by sex¹⁰⁸

In 2014/15-2018/19, in Belfast LGD, the SAR for self-harm:

- For men was 165.92 per 100,000 population
- For women was 154.51 per 100,000 population

107. [Health inequalities annual report 2021 | Department of Health \(health-ni.gov.uk\)](#)
(Last accessed 5 November 2021)

108. Different timeframe for the data.

Between 2010/11-2014/15 and 2014/15-2018/19, in Belfast LGD, the SAR for self-harm decreased considerably in men and women (see People Table 48). The percentage decrease in men was only very slightly smaller than that in women, at 50.10% compared with 50.54%, maintaining the slight difference in SAR between men and women.

Differences by sex and assembly area¹⁰⁹

In 2014/15-2018/19, the SARs for self-harm were markedly different among Belfast's assembly areas.

- The highest rates for both men and women were in Belfast North
- The lowest rates for both men and women were in Belfast South
- In Belfast North and Belfast West, the SARs for self-harm were higher in men than in women, whereas in Belfast East and Belfast South the SARs were higher in women than in men, although the difference was small in Belfast South (see People Table 58)

Between 2010/11-2014/15 and 2014/15-2018/19, there were marked changes in the SARs for men and women in all Belfast's assembly areas.

- In Belfast East, the SAR decreased in men by 177.80 per 100,000 population, from 294.51 to 116.71 per 100,000 population (a percentage decrease of 60.37%), and it decreased in women by 150.70 per 100,000 population, from 299.47 to 148.77 per 100,000 population (a percentage decrease of 50.32%)
- In Belfast North, the SAR decreased in men by 114.65 per 100,000 population, from 370.90 to 256.25 per 100,000 population (a percentage decrease of 30.91%), and it decreased in women by 98.54 per 100,000 population, from 293.07 to 194.53 per 100,000 population (a percentage decrease of 33.62%)
- In Belfast South, the SAR decreased in men by 116.00 per 100,000 population, from 220.06 to 104.06 per 100,000 population (a percentage decrease of 52.71%), and it decreased in women by 117.26 per 100,000 population, from 223.91 to 106.65 per 100,000 population (a percentage decrease of 52.37%)

109 Different timeframe for the data.

- In Belfast West, the SAR decreased in men by 217.92 per 100,000 population, from 392.23 to 174.31 per 100,000 population (a percentage decrease of 55.56%), and it decreased in women by 212.56 per 100,000 population, from 381.13 to 168.87 per 100,000 population (a percentage decrease of 55.69%)

PEOPLE TABLE 58:

Standardised admission rate (per 100,000 population) for self-harm in men and women in Belfast's assembly areas, Belfast LGD, and Northern Ireland, 2010/11-2014/15 and 2014/15-2018/2019

| Assembly area | Standardised admission rate for self-harm (per 100,000 population) | | | |
|------------------|--|-----------------|-----------------|-----------------|
| | Men | | Women | |
| | 2010/11-2014/15 | 2014/15-2018/19 | 2010/11-2014/15 | 2014/15-2018/19 |
| Belfast East | 294.51 | 116.71 | 299.47 | 148.77 |
| Belfast North | 370.90 | 256.25 | 293.07 | 194.53 |
| Belfast South | 220.06 | 104.06 | 223.91 | 106.65 |
| Belfast West | 392.23 | 174.31 | 381.13 | 168.87 |
| Belfast LGD | 332.54 | 165.92 | 312.40 | 154.51 |
| Northern Ireland | 211.97 | 128.45 | 218.22 | 144.53 |

Source NINIS: Standardised Admission Rate for Self Harm Admissions (administrative geographies) Pivot Table

KEY COMPARISONS

Comparison with Northern Ireland

In 2015/16-2019/20, when compared with Northern Ireland, the SAR for self-harm:

- In Belfast LGD was higher by 19 per 100,000 population, 142 compared with 123 per 100,000 population
- In the most-deprived areas in Belfast LGD was higher by 143 per 100,000 population, 266 compared with 123 per 100,000 population

Between 2011/12-2015/16 and 2015/16-2019/20, the SAR for self-harm:

- In Belfast LGD, decreased by 132 per 100,000 population, from 274 to 142 per 100,000 population (a percentage decrease of 48.18%)
- In the most-deprived areas of Belfast LGD decreased by 214 per 100,000 population, from 480 to 266 per 100,000 population (a percentage decrease of 44.58%)
- In Northern Ireland decreased by 71 per 100,000 population, from 194 to 123 per 100,000 population (a percentage decrease 36.60%)

Comparison with other LGDs

In 2015/16-2019/20, when compared with other LGDs:

- Belfast LGD had the third highest SAR for self-harm
- Mid & East Antrim LGD had the highest SAR
- Lisburn & Castlereagh LGD had the lowest SAR
- Ards & North Down LGD had the median value at 114 per 100,000 population (see People Table 59).

Between 2011/12-2015/16 and 2015/16-2019/20, the SAR for self-harm decreased in nine LGDs, the decrease ranging from 24 to 132 per 100,000 population.

- Belfast LGD had the largest numerical and percentage decrease, although there were six LGDs including Belfast which had a percentage decrease of 40% or more, and two LGDs that had a percentage decrease of 30% or more
- Causeway Coast & Glens had the smallest numerical and percentage decrease (see People Table 59)

The SAR for self-harm increased in two LGDs – Antrim & Newtownabbey LGD and Mid & East Antrim LGD (see People Table 59).

PEOPLE TABLE 59:

Standardised admission rate (per 100,000 population) for self-harm by LGD and Northern Ireland, 2011/12-2015/16 and 2015/16-2019/20

| LGD | Standardised admission rate for self-harm (per 100,000 population) | |
|------------------------------------|---|-----------------|
| | 2011/12-2015/16 | 2015/16-2019/20 |
| Antrim & Newtownabbey | 164 | 168 |
| Ards & North Down | 193 | 114 |
| Armagh City, Banbridge & Craigavon | 207 | 108 |
| Belfast | 274 | 142 |
| Causeway Coast & Glens | 133 | 109 |
| Derry City & Strabane | 227 | 126 |
| Fermanagh & Omagh | 162 | 100 |
| Lisburn & Castlereagh | 161 | 87 |
| Mid & East Antrim | 168 | 183 |
| Mid Ulster | 130 | 91 |
| Newry, Mourne & Down | 193 | 112 |
| Northern Ireland | 194 | 123 |

Source: DoH Health Inequalities Annual Report 2021: Data Tables hscims-report-2021-data-tables-by-area_0.xlsx

HIGHLIGHTS

In 2015/16-2019/20, the SAR for self-harm was higher in Belfast than in Northern Ireland and was the third highest among LGDs.

Between 2011/12-2015/16 and 2015/16-2019/20, the SAR for self-harm decreased in both Belfast and Northern Ireland, but the decrease was greater in Belfast and the gap between the two narrowed, a positive trend that needs to be maintained.

Inequalities and the potential for inequity

In 2015/16-2019/20, the SAR for self-harm was higher in Belfast's most-deprived areas than that in Belfast and that in Northern Ireland. Indeed, the SAR in Belfast's most-deprived areas was more than twice as high as that in Northern Ireland.

Between 2011/12-2015/16 and 2015/16-2019/20, the SAR for self-harm decreased in Belfast's most deprived areas, a positive trend that needs to be maintained. Although the decrease in Belfast's most-deprived areas was greater than that for Northern

Ireland, and the gap between the two narrowed, the decrease was less than that in Belfast and the gap between the two widened.

In 2015/16-2019/20, in Belfast LGD, the admission rate for self-harm was slightly higher in men than that in women.

In 2014/15-2018/19:

- **The highest admission rates for self-harm in men and women were in Belfast North; the rate for women in Belfast North was almost twice as high as that for women in Belfast South**
- **In Belfast North and Belfast West, admission rates for men were higher than those in women, whereas in Belfast East the admission rate in women was higher than that in men**

Between 2010/11-2014/15 and 2014/15-2018/19, there was a marked decrease in the admission rates for self-harm in men and women across Belfast's assembly areas. The lowest decreases in rate and percentage decreases occurred in men and women in Belfast North

When compared with men and women in Northern Ireland, Belfast, and the other Belfast assembly areas, the highest admission rate for self-harm was for men in Belfast North, and the second highest admission rate was for women in Belfast North.

5.5 Crude Death Rate – Intentional Self-harm

IMPORTANCE

In high-income countries, there is a link between suicide and mental disorders, particularly depression and alcohol-use disorders; however, many suicides occur in moments of crisis with a breakdown in ability to deal with life stresses, such as financial problems, relationship break-up or long-term pain and illness. Experiencing conflict, disaster, violence, abuse, or loss and a sense of isolation are strongly associated with suicidal behaviour. Suicide rates are high among vulnerable groups who experience discrimination. The strongest risk factor for suicide is a previous suicide attempt.¹¹⁰

The Population Attributable Risk (PAR) of Deprivation measures the proportion of a disease or outcome, such as death, in the population that can be attributed to deprivation and could be eliminated if deprivation were to be eliminated. In Northern Ireland, the PAR of deprivation for the crude death rate for self-harm is 30%.¹¹¹

Although suicide is a serious public health problem, suicides are preventable with timely, evidence-based, and often low-cost interventions. The WHO advises that for national responses to be effective, a comprehensive multisectoral suicide prevention strategy is needed.

Suicide statistics provide an indicator of mental health and are important for monitoring trends in deaths resulting from intentional and probable self-harm. For every death from suicide, many more people attempt suicide each year.

DEFINITION

This indicator is the number of deaths caused by intentional self-harm¹¹² per 100,000 population.

In line with the review of 2015-2018 data and advice from the Vital Statistics Unit, the crude death rate indicator for suicide has been replaced by a crude death rate indicator for intentional self-harm. Only data on self-inflicted injury/intentional self-harm, and not on events of undetermined intent, have been extracted, thereby replacing the UK National Statistics definition for suicide. This will ensure comparability across years. It is envisaged that following the completion of the review reporting will revert to the original UK National Statistics definition of the indicator.¹¹³

110. <https://www.who.int/news-room/fact-sheets/detail/suicide> (Last accessed 5 November 2021)

111. Appendix B. [Health inequalities annual report 2021 | Department of Health \(health-ni.gov.uk\)](#) (Last accessed 10 May 2021)

112. Deaths from self-inflicted Injury (ICD-10 codes X60-X84, Y87.0).

113. Appendix E. [Health inequalities annual report 2021 | Department of Health \(health-ni.gov.uk\)](#) (Last accessed 10 May 2022)

Information is from the 'Health inequalities annual report 2021' published by the DoH.¹¹⁴

In general, it is necessary to be cautious when interpreting crude rates, however, a crude rate has been used for this indicator instead of an age-standardised rate because "it was found to make little or no difference whilst introducing a confidence interval".¹¹⁵

PROFILE FINDINGS

In 2015-2019, in Belfast LGD, the crude death rate for intentional self-harm was 13.7 per 100,000 population.

Between 2011-2015 and 2015-2019, in Belfast LGD, the crude death rate for intentional self-harm decreased by 3.2 per 100,000 population.

Differences by deprivation

In 2015-2019, in the most-deprived areas of Belfast LGD, the crude death rate for intentional self-harm was 21.7 per 100,000 population, which was higher than that in Belfast LGD by 8.0 per 100,000 population.

Between 2011-2015 and 2015-2019, in the most-deprived areas of Belfast, the crude death rate for intentional self-harm decreased by 6.9 per 100,000 population, from 28.6 to 21.7 per 100,000 population.

KEY COMPARISONS

Comparison with Northern Ireland

In 2015-2019, when compared with Northern Ireland, the crude death rate for intentional self-harm was higher:

- In Belfast LGD by 4.1 per 100,000 population, 13.7 compared with 9.6 per 100,000 population
- In the most-deprived areas of Belfast LGD by 12.1 per 100,000 population, 21.7 compared with 9.6 per 100,000 population

114. [Health inequalities annual report 2021 | Department of Health \(health-ni.gov.uk\)](#) (Last accessed 5 November 2021)

115. Metadata in Data Tables. [Health inequalities annual report 2021 | Department of Health \(health-ni.gov.uk\)](#) (Last accessed 6 May 2022)

Between 2011-2015 and 2015-2019, the crude death rate for intentional self-harm decreased:

- In Belfast LGD by 3.2 per 100,000 population, from 16.9 to 13.7 per 100,000 population (a percentage decrease of 18.93%)
- In the most-deprived areas of Belfast LGD by 6.9 per 100,000 population, from 28.6 to 21.7 per 100,000 population (a percentage decrease of 24.12%)
- In Northern Ireland by 2.0 per 100,000 population from 11.6 to 9.6 per population (a percentage decrease of 17.24%)

Comparison with other LGDs

In 2015-2019, when compared with other LGDs:

- Belfast LGD had the highest crude death rate for intentional self-harm
- Ards & North Down LGD had the lowest rate (see People Table 60)

Between 2011-2015 and 2015-2019, the crude death rate for intentional self-harm:

- Decreased in eight LGDs, ranging from 0.2 to 5.0 per 100,000 population – Belfast LGD had the fourth largest percentage decrease at 18.93%, Armagh City, Banbridge & Craigavon LGD had the largest percentage decrease at 41.47%, and Mid Ulster LGD had the smallest percentage decrease at 2.39%
- Increased in two LGDs – Fermanagh & Omagh LGD and Lisburn & Castlereagh LGD
- Remained the same in one LGD – Mid & East Antrim LGD

PEOPLE TABLE 60:

Crude death rate (per 100,000 population) for intentional self-harm by LGD and Northern Ireland, 2011-2015 and 2015-2019

| LGD | Crude death rate for intentional self-harm (per 100,000 population) | |
|------------------------------------|--|-----------|
| | 2011-2015 | 2015-2019 |
| Antrim & Newtownabbey | 11.4 | 8.2 |
| Ards & North Down | 7.4 | 6.9 |
| Armagh City, Banbridge & Craigavon | 12.0 | 7.0 |
| Belfast | 16.9 | 13.7 |
| Causeway Coast & Glens | 9.3 | 7.9 |
| Derry City & Strabane | 11.6 | 9.6 |
| Fermanagh & Omagh | 11.9 | 12.2 |
| Lisburn & Castlereagh | 9.2 | 10.5 |
| Mid & East Antrim | 10.3 | 10.3 |
| Mid Ulster | 9.2 | 9.0 |
| Newry, Mourne & Down | 11.4 | 7.7 |
| Northern Ireland | 11.6 | 9.6 |

Source: DoH Health Inequalities Annual Report 2021: Data Tables

HIGHLIGHTS

In 2015-2019, the crude death rate for intentional self-harm was higher in Belfast when compared with Northern Ireland, and it was the highest among LGDs.

Between 2011-2015 and 2015-2019, the crude death rate for intentional self-harm decreased in Belfast and Northern Ireland, although the decrease was slightly greater in Belfast than in Northern Ireland and the gap narrowed.

Inequalities and the potential for inequity

In 2015-2019, the crude death rate for intentional self-harm was higher in Belfast's most-deprived areas when compared with Belfast and Northern Ireland. Indeed, the rate in Belfast's most-deprived areas was more than twice that in Northern Ireland.

Between 2011-2015 and 2015-2019, the crude death rate for intentional self-harm decreased in Belfast's most-deprived areas to a greater extent than that in Belfast and in Northern Ireland, and the gap between Belfast's most-deprived areas and Belfast and that between Belfast's most-deprived areas and Northern Ireland narrowed.

SECTION 6

Use of Healthcare Services

6.1 Cervical Screening Coverage

IMPORTANCE

In Northern Ireland, women aged between 25 and 49 years are invited for screening every three years, and women aged between 50 and 64 years are invited every five years. Cervical screening helps to prevent cervical cancer from developing and saves thousands of lives every year in the UK.¹¹⁶

In 2014-2018, in Northern Ireland, on average, 81 women had cervical cancer and there were 20 deaths every year; however, the number of cases and the number of deaths decreased. In 2014-2018, the incidence of cervical cancer:

- In women in Belfast HSCT was 27% higher than that for women in Northern Ireland¹¹⁷
- In women in the 20% most-deprived areas of Northern Ireland was 66% higher than that for women in Northern Ireland

There are barriers, however, to the uptake of cervical screening by women in the UK, including:

- Lack of convenient appointment times
- Location of the screening service
- Reduced availability of sexual health services
- Insufficient incentives

116. [About cervical screening | Cervical cancer | Cancer Research UK](#)

117. Northern Ireland Cancer Registry: Cervical Cancer in Northern Ireland: 2018

In addition to these system barriers, some groups of women are at a greater disadvantage, including:

- **Women with a physical disability**
- **Survivors of sexual violence**
- **Women from transient populations**
- **Women from Black, Asian and minority ethnic groups**
- **Women who have had a negative experience of cervical screening previously which may have involved anxiety, fear and/or extreme pain¹¹⁸**

Furthermore, women in the most-deprived areas are less likely to attend cervical screening when compared with women in the least-deprived areas and yet are more likely to have high-risk human papilloma virus (HPV) and a higher risk of being diagnosed with and of dying from cervical cancer.¹¹⁹

The Northern Ireland Cervical Screening Programme target coverage is 80%.

DEFINITION

Cervical screening coverage is calculated annually for the Northern Ireland Cervical Screening Programme. It is expressed as the percentage of women in the eligible population aged 25-64 years who have had at least one adequate test in the last five years (number screened in the last five years excluding women ceased for a valid reason) and is referred to as a percentage coverage.

Information is from NINIS, and the Director of Public Health Annual Report 2020.¹²⁰

PROFILE FINDINGS

In 2019/20, in Belfast HSCT, the five-year coverage for cervical screening was 67.40%.

Between 2012/13 and 2019/20, in Belfast HSCT, the five-year coverage for cervical screening decreased by 5.52 percentage points, from 72.92% to 67.40%.

118. https://www.jostrust.org.uk/sites/default/files/final_accessibility_policy_jun2018.pdf (Last accessed 8 November 2021)

119. [PHE Screening inequalities strategy - \(www.gov.uk\)](https://www.gov.uk) (Last accessed 6 May 2022)

120. [Director of Public Health Core Tables 2019 – Supporting the Director of Public Health Annual Report 2020 | HSC Public Health Agency \(hscni.net\)](https://www.hscni.net) (Last accessed 17 January 2022)

KEY COMPARISONS

Comparison with Northern Ireland

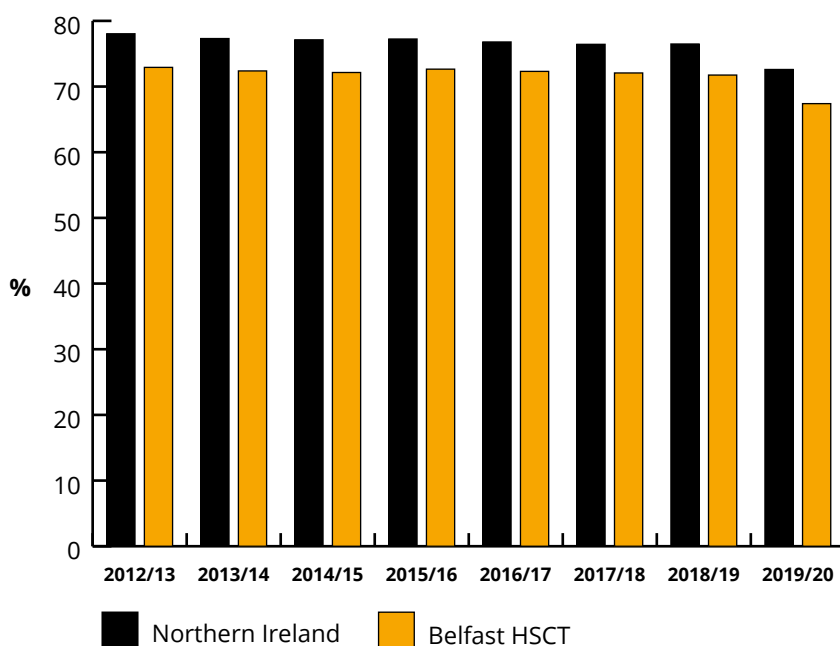
In 2019/20, when compared with Northern Ireland, the five-year coverage for cervical screening was lower by 5.20 percentage points in Belfast HSCT, 67.40% compared with 72.60% (see People Figure 22).

Between 2012/13 and 2019/20, the five-year coverage for cervical screening decreased:

- In Belfast HSCT by 5.52 percentage points, from 72.92% to 67.40% (a percentage decrease of 7.57%)
- In Northern Ireland by 5.44 percentage points, from 78.04% to 72.60% (a percentage decrease of 6.97%; see People Figure 22)

PEOPLE FIGURE 22:

Five-year percentage coverage (%) for cervical screening of women in Belfast HSCT and Northern Ireland, 2012/13 to 2019/20



Source: NINIS: Cervical Cancer Screening (administrative geographies) Pivot Table, and Table 15a, Core Tables 2019, Supporting the Director of Public Health Annual Report 2020

Comparison with other HSCTs

In 2019/20, when compared with other HSCTs, the five-year coverage for cervical screening was:

- Lowest in Belfast HSCT
- Highest in South Eastern HSCT and Northern HSCT (see People Table 61)

Between 2012/13 and 2019/20, the five-year coverage for cervical screening decreased in all HSCTs, ranging from 4.68 to 5.74 percentage points.

- Belfast HSCT had the second highest decrease in percentage points at 5.52, but the highest percentage decrease at 7.57%
- South Eastern HSCT had both the lowest decrease in percentage points at 4.68 and the lowest percentage decrease at 5.87%

PEOPLE TABLE 61:

Five-year coverage (%) for cervical screening by HSCT and Northern Ireland, 2012/13 and 2019/20

| HSCT | Five-year coverage of cervical screening (%) | |
|------------------|--|---------|
| | 2012/13 | 2019/20 |
| Belfast | 72.92 | 67.40 |
| Northern | 80.74 | 75.00 |
| South Eastern | 79.68 | 75.00 |
| Southern | 79.05 | 73.80 |
| Western | 78.63 | 72.70 |
| Northern Ireland | 78.04 | 72.60 |

Source: NINIS: Cervical Cancer Screening (administrative geographies) Pivot Table, and Table 15a, Core Tables 2019, Supporting the Director of Public Health Annual Report 2020

HIGHLIGHTS

In 2019/20, in Belfast HSCT, almost 7 out of every 10 women eligible for cervical screening had at least one adequate test in the last 5 years compared with between more than 7 out of every 10 women in Northern Ireland and in two other HSCTs, and between 7 and 8 out of every 10 women in two other HSCTs.

Between 2012/13 and 2019/20, the five-year coverage for cervical screening decreased not only in Belfast HSCT but also in all other HSCTs and in Northern Ireland. Over this time-period, the gap between Belfast HSCT and Northern Ireland widened slightly.

In 2019/20, the level of coverage for cervical screening in Belfast HSCT, all other HSCTs, and Northern Ireland was below the NHS National Screening Committee target of 80%.

6.2 Uptake of Breast Screening

IMPORTANCE

The Northern Ireland Breast Screening Programme currently invites all women aged between 50 and 70 years to have a mammogram every three years. A mammogram is an X-ray of the breast. If it shows cancer, it is likely to have been found early.¹²¹ Almost all women diagnosed with breast cancer at the earliest possible stage survive for at least 5 years after diagnosis and are likely to be cured; thus, breast screening helps to prevent breast cancer from developing, and saves over a thousand lives a year in the UK.¹²²

During 2014-2018, in Northern Ireland, on average, each year, 1,443 women and 12 men were diagnosed with breast cancer, and 314 women and 2 men died from breast cancer. During 2014-2018, the incidence of breast cancer:

- In Belfast HSCT did not differ markedly from that in Northern Ireland¹²³
- In the 20% most-deprived areas in Northern Ireland did not differ markedly from that in Northern Ireland

In a review of 34 studies of factors influencing people's decision to attend for cancer screening, including breast screening, the main themes that emerged were:

- Relationships with the health service, influenced by trust, compliance with power, resistance to control or surveillance, and perceived failures to meet cultural, religious, and language needs
- Fear of cancer screening
- Experience of risk¹²⁴

Women in the most-deprived areas are generally less likely to participate in breast screening when compared with women in the least-deprived areas but are more likely to die from breast cancer.¹²⁵ Other women at a disadvantage include:

- Women with a learning disability
- Women from a South Asian background
- Women who have had a previous negative experience of breast screening

121. [Mammograms for breast screening | Breast cancer | Cancer Research UK](#)

122. <https://about-cancer.cancerresearchuk.org/about-cancer/breast-cancer/getting-diagnosed/screening/breast-screening> (Last accessed 27 April 2021)

123. Northern Ireland Cancer Registry: Breast Cancer in Northern Ireland: 2018

124. <https://academic.oup.com/jpubhealth/article/40/2/315/3807259> (Last accessed 9 November 2021)

125. [PHE Screening inequalities strategy - \(www.gov.uk\)](#) (Last accessed 6 May 2022)

Logistical factors can also affect whether women attend for breast screening, such as:

- **Needing to take time off work, or time pressures**
- **Distance to travel to screening services**

The national minimum standard for uptake of breast screening is 70%, with a target of 80%.

DEFINITION

Uptake of breast screening is calculated as the number of women who attend screening divided by the number invited for screening, expressed as a percentage. Information on the uptake of breast screening is collected for three-year periods.

Information is from NINIS, and the Director of Public Health Annual Report 2020.¹²⁶

PROFILE FINDINGS

In 2017/18-2019/20¹²⁷, in Belfast HSCT, the percentage uptake of breast screening was 70.70% (see People Figure 23).

Between 2010/11-2012/13 and 2017/18-2019/20, in Belfast HSCT, the percentage uptake of breast screening increased by 3.80 percentage points, from 66.90% to 70.70% (see People Figure 23).

KEY COMPARISONS

Comparison with Northern Ireland

In 2017/18-2019/20, when compared with Northern Ireland, the percentage uptake of breast screening was lower by 5.30 percentage points, 70.70% compared with 76.00% (see People Figure 23).

Between 2010/11-2012/13 and 2017/18-2019/20, the percentage uptake of breast screening increased:

- **In Belfast HSCT by 3.80 percentage points, from 66.90% to 70.70% (a percentage increase of 5.68%)**

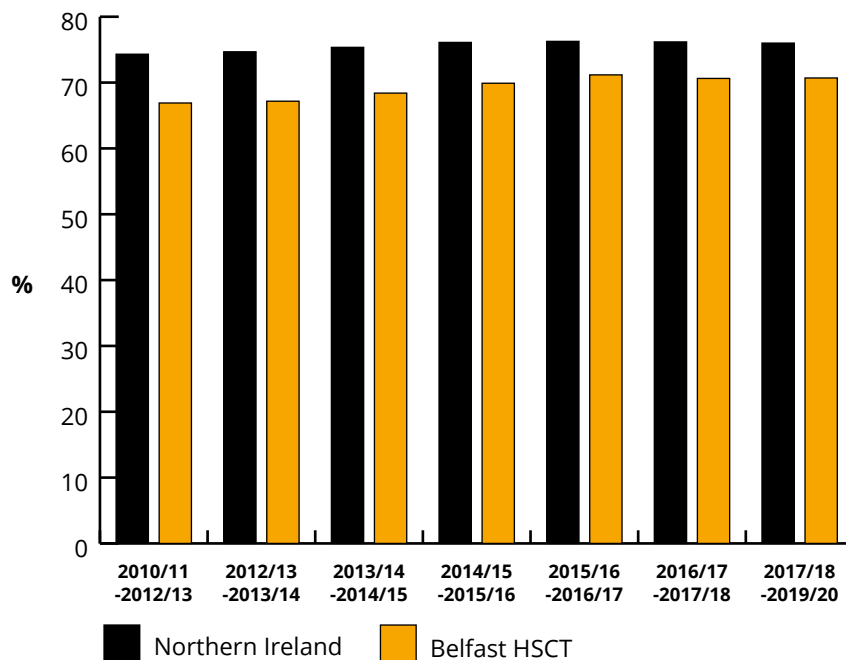
126. [Director of Public Health Core Tables 2019 - Supporting the Director of Public Health Annual Report 2020 | HSC Public Health Agency \(hscni.net\)](#) (Last accessed 17 January 2022)

127. The Northern Ireland Breast Cancer Screening Programme was paused on 16 March 2020 due to the COVID-19 pandemic.

- In Northern Ireland by 1.69 percentage points, from 74.31% to 76.00% (a percentage increase of 2.27%; see People Figure 23)

PEOPLE FIGURE 23:

Percentage (%) uptake of breast screening in Belfast HSCT and Northern Ireland, 2010/11-2012/13 to 2017/18-2019/20



Source: NINIS: Breast Cancer Screening (administrative geographies) Pivot Table, and Table 15b, Core Tables 2019, Supporting the Director of Public Health Annual Report 2020

Comparison with other HSCTs

In 2017/18-2019/20, when compared with other HSCTs, the percentage uptake of breast screening was:

- Lowest in Belfast HSCT
- Highest in Northern HSCT, closely followed by Western HSCT (see People Table 62)

Between 2010/11-2012/13 and 2017/18-2019/20, the percentage uptake of breast screening increased in four HSCTs but decreased slightly in Northern HSCT.

- Belfast HSCT had the highest increase in percentage points for uptake at 3.8, and the highest percentage increase at 5.68%
- Southern HSCT had the lowest increase at 1.2 percentage points for uptake, and the lowest percentage increase at 1.59% (see People Table 62)

PEOPLE TABLE 62:

Percentage (%) uptake of breast screening by HSCT and Northern Ireland, 2010/11-2012/13 and 2017/18-2019/20

| HSCT | Uptake of breast screening (%) | |
|------------------|--------------------------------|-----------------|
| | 2010/11-2012/13 | 2017/18-2019/20 |
| Belfast | 66.90 | 70.70 |
| Northern | 78.70 | 78.40 |
| South Eastern | 75.10 | 77.00 |
| Southern | 75.50 | 76.70 |
| Western | 75.60 | 78.30 |
| Northern Ireland | 74.31 | 76.00 |

Source: NINIS: Breast Cancer Screening (administrative geographies) Pivot Table, and Table 15b, Core Tables 2019, Supporting the Director of Public Health Annual Report 2020

HIGHLIGHTS

In 2017/18-2019/20, in Belfast HSCT, 7 out of every 10 women aged between 50 and 70 years attended for breast screening compared with between 7 and 8 out of every 10 in Northern Ireland and in one other HSCT, and nearly 8 out of every 10 in three other HSCTs.

Between 2010/11-2012/13 and 2017/18-2019/20, the uptake of breast screening increased in both Belfast HSCT and Northern Ireland; however, the increase was greater in Belfast HSCT and the gap narrowed between Belfast HSCT and Northern Ireland.

In 2017/18-2019/20, although the uptake of breast screening in Belfast HSCT was lower than that in Northern Ireland and all other HSCTs, it met the Northern Ireland Breast Cancer Screening Programme acceptable standard of $\geq 70\%$. All HSCTs, including Belfast, and Northern Ireland, however, did not meet the achievable standard of 80%.¹²⁸

128. <https://www.publichealth.hscni.net/sites/default/files/2021-08/Core%20Tables%202019%20-%20final%20-%2025-06-21.pdf> (Last accessed 17 January 2022)

6.3 Uptake of Bowel Cancer Screening

IMPORTANCE

The Northern Ireland Bowel Cancer Screening Programme invites people aged between 60 and 74 years registered with a GP who have no signs or symptoms of bowel cancer to participate. Every two years, a home-screening kit is used to collect a small sample of bowel motion, which is sent to a laboratory to be checked for tiny amounts of blood that cannot normally be seen. If the test detects some blood, further investigations are arranged.

The aim of bowel cancer screening is to prevent and detect cancer at an early stage when treatment is more likely to work.¹²⁹ Regular bowel cancer screening has been shown to reduce the risk of dying from bowel cancer by 16%.¹³⁰

In a review of 34 studies of factors influencing people's decision to participate in cancer screening, including bowel cancer screening, the main themes that emerged were:

- Relationships with the health service, influenced by trust, compliance with power, resistance to control or surveillance, and perceived failures to meet cultural, religious, and language needs
- Fear of cancer screening
- Experience of risk¹³¹

Cancer Research UK identified barriers to participation in bowel cancer screening as:

- Language and understanding
- Fear
- Practicalities and ease of use
- Hygiene concerns and other cultural barriers

129. [Bowel cancer screening | Bowel cancer | Cancer Research UK](#)

130. [Bowel cancer screening | nidirect](#)

131. <https://academic.oup.com/jpubhealth/article/40/2/315/3807259>
(Last accessed 9 November 2021)

Cancer Research UK also identified people less likely to participate in bowel cancer screening:

- People from lower socioeconomic groups
- Men
- People from Black, Asian, and other minority ethnic groups
- People who cannot read or write English or for whom English is not their first language
- People with a learning disability
- People with a physical disability
- People with a sensory impairment¹³²

In Northern Ireland, the minimum standard for the percentage uptake of bowel cancer screening is set at 55%.¹³³

DEFINITION

The uptake of bowel cancer screening is calculated as the number of people who return a completed test within a 6-month compliance period divided by the number who were sent a screening kit, expressed as a percentage.¹³⁴

Information is from the Director of Public Health Annual Report 2019¹³⁵ and 2020¹³⁶.

PROFILE FINDINGS

In 2019/20, in Belfast HSCT, the percentage uptake of bowel cancer screening was 47.84%.

Between 2018/19 and 2019/20, in Belfast HSCT, the percentage uptake of bowel cancer screening decreased by 2.16 percentage points, from 50.00% to 47.84%.

132. https://www.cancerresearchuk.org/sites/default/files/reducing_inequalities.pdf (Last accessed 9 November 2021)

133. <https://www.cancerresearchuk.org/health-professional/bowel-cancer-screening-and-diagnosis-statistics#heading-Three> (Last accessed 27 April 2021)

134. The current methodology to calculate uptake is under development.

135. [Director of Public Health Core Tables 2018 – Supporting the Director of Public Health Annual Report 2019 | HSC Public Health Agency \(hscni.net\)](#) (Last accessed 17 January 2022)

136. [Director of Public Health Core Tables 2019 – Supporting the Director of Public Health Annual Report 2020 | HSC Public Health Agency \(hscni.net\)](#) (Last accessed 17 January 2022)

KEY COMPARISONS

Comparison with Northern Ireland

In 2019/20, when compared with Northern Ireland, the percentage uptake of bowel cancer screening was lower by 5.20 percentage points, 47.84% compared with 53.04%.

Between 2018/19 and 2019/20, the percentage uptake of bowel cancer screening decreased:

- In Belfast HSCT by 2.16 percentage points, from 50.00 to 47.84% (a percentage decrease of 4.32%)
- In Northern Ireland by 1.26 percentage points, from 54.30% to 53.04% (a percentage decrease of 2.32%; see People Table 63)

Comparison with other HSCTs

In 2019/20, when compared with other HSCTs, the percentage uptake of bowel cancer screening was:

- Lowest in Belfast HSCT
- Highest in South Eastern HSCT (see People Table 63)

Between 2018/19 and 2019/20, the percentage uptake of bowel cancer screening decreased in four HSCTs, including Belfast HSCT, and it increased slightly in Southern HSCT.

- Belfast HSCT had the second highest decrease in uptake with respect to a decrease in percentage points at 2.16, and a percentage decrease at 4.32%
- Northern HSCT had the highest decrease in uptake with respect to a decrease in percentage points at 2.53, and a percentage decrease at 4.44%
- Western HSCT had the smallest decrease in uptake with respect to a decrease in percentage points at 0.83, and a percentage decrease at 1.54% (see People Table 63)

PEOPLE TABLE 63:

Percentage (%) uptake of bowel cancer screening by HSCT and Northern Ireland, 2018/19 and 2019/20¹³⁷

| HSCT | Uptake of bowel cancer screening (%) | |
|------------------|--------------------------------------|---------|
| | 2018/19 | 2019/20 |
| Belfast | 50.00 | 47.84 |
| Northern | 57.00 | 54.47 |
| South Eastern | 58.10 | 56.77 |
| Southern | 52.20 | 52.83 |
| Western | 53.90 | 53.07 |
| Northern Ireland | 54.30 | 53.04 |

Source: Core Tables 2018 and 2019, Supporting the Director of Public Health Annual Reports 2019 and 2020, respectively

HIGHLIGHTS

In 2019/20, in Belfast HSCT, almost 5 out of every 10 people who received a bowel cancer screening kit returned a completed test, compared with more than 5 out of every 10 people in Northern Ireland and in two other HSCTs, and between 5 and 6 out of every 10 people in two other HSCTs.

Between 2018/19 and 2019/20, the uptake of bowel cancer screening decreased in both Belfast HSCT and Northern Ireland, with a greater percentage decrease in Belfast HSCT, widening the gap between the two.

In 2019/20, the uptake of bowel cancer screening in Belfast HSCT was lower than that in Northern Ireland and all other HSCTs. Moreover, Belfast HSCT and three other HSCTs did not reach the Northern Ireland Bowel Cancer Screening Programme target of 55%.

137. No direct comparisons can be made prior to 2018/19 due to a change in methodology.



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