Armagh City Banbridge & Craigavon Borough

HEALTH & WELLBEING REPORT

JULY 2016

Armagh City Banbridge & Craigavon Borough Council

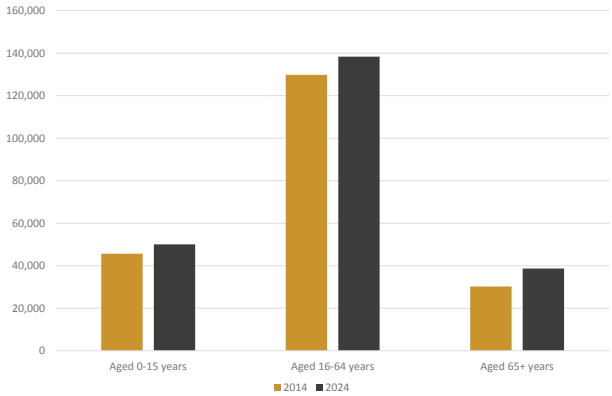
HEALTH AND WELLBEING

The purpose of this document is to provide an overview of health and wellbeing in Armagh City, Banbridge and Craigavon Borough to help inform the development of a community plan. A broad range of social, economic and environmental factors influence health and wellbeing as recognised by Making Life Better 2013-2023, the strategic framework for public health. This report focuses specifically on health indicators, other reports will cover the wider influencing factors on wellbeing. Information is presented on a range of topics including: life expectancy, personal wellbeing, healthy lifestyles, general health, mental health, deaths and health inequalities.

Population (2014)

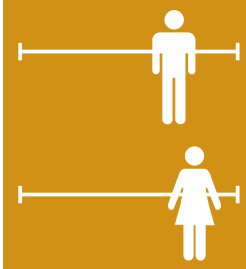
Total Population
205,711

11% of total NI population



Life Expectancy (2011-2013) Life Expectancy at Birth

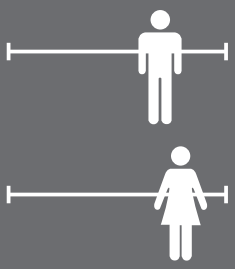
Armagh City, Banbridge & Craigavon



MALE
78.6 years of age
(Over last decade +2.7 years)

FEMALE
82.8 years of age
(Over last decade +2.1 years)

Northern Ireland



MALE
78.1 years of age
(Over last decade +2.5 years)

FEMALE
82.4 years of age
(Over last decade +2.1 years)

Personal Wellbeing (2012-2015)

	Life Satisfaction	Worthwhile	Happiness	Anxiety
Armagh City, Banbridge and Craigavon	7.78	8.06	7.69	3.09
Northern Ireland	7.69	7.93	7.58	3.02
UK	7.53	7.76	7.38	2.93

*These figures are average scores out of 10, people were asked to answer 4 questions on scale of 1-10

Health Conditions (2011)

Good or very good general health

80% Armagh City, Banbridge & Craigavon

80% Northern Ireland

Long-term health problem or disability limiting day-to-day activities

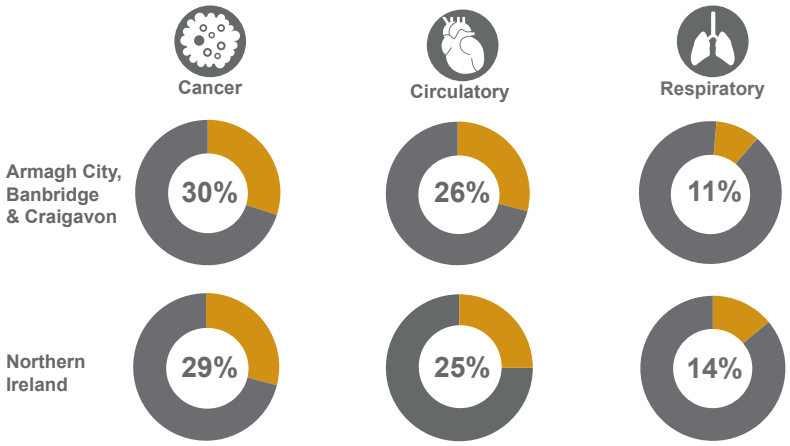
20% Armagh,City Banbridge & Craigavon

21% Northern Ireland

Healthy Lifestyles (2014/15)

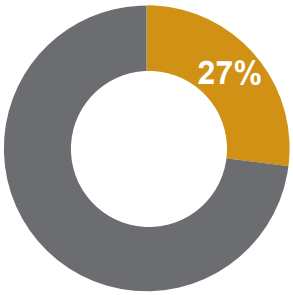
Diet & Nutrition Meeting '5 a day' guideline	Smoking (2014/15) Current smoker	Adult Obesity (2014/15) OVERWEIGHT	Adult Obesity (2014/15) OBESE	Physical Activity (2013/14) Meeting recommendations (150 mins or more per week)	Physical Activity (2013/14) Inactive (<30 mins per week)
Southern Health & Social Care Trust	Southern Health & Social Care Trust	Southern Health & Social Care Trust	Southern Health & Social Care Trust	Southern Health & Social Care Trust	Southern Health & Social Care Trust
38%	24%	34%	25%	51%	32%
Northern Ireland	Northern Ireland	Northern Ireland	Northern Ireland	Northern Ireland	Northern Ireland
36%	22%	35%	25%	53%	28%

Deaths (2014) Top 3 causes of death.



Potentially Avoidable Deaths (2009-2014)

27% of all deaths were potentially avoidable.



Health Inequalities

Within the Borough - there are health inequalities or gaps, the top 5 largest are shown below.

	Gap	If gap increasing
Standardised Admission Rate Drugs	117%	⇔
Standardised Admission Rate Self-harm	114%	-
Standardised Admission Rate Alcohol	114%	-
Teenage Birth rate	102%	-
Crude Suicide rate	92%	⇔

DEMOGRAPHIC CONTEXT

In 2014 the population of the Borough was estimated at 205,711 (11.2% of the total NI population). The Borough has a similar age profile to NI, with the majority (63%) being working age (16-64 years).

The 2014 based population projections show the population of the Borough is projected to increase by 10.4% or almost 21,400 people to 2024 – almost double the rate of population increase projected for NI as a whole (5.3% increase). As with NI as a whole the Borough has both a growing and ageing population.

The number of children (i.e. those aged 0-15) is projected to increase by 4,400 people (9.6 per cent) from 45,700 to 50,100.

The working age population (i.e. those aged 16-64) is projected to increase by 8,600 people (6.6 per cent) from 129,800 in mid-2014 to 138,400 in mid-2024.

The number of those aged 65 and over is projected to increase by 8,500 people (28.0 per cent) from 30,200 to 38,700 over the ten years from mid-2014 to mid-2024. Within this group, the number of people aged 85 and over is projected to increase by 1,700 people (50.1 per cent).

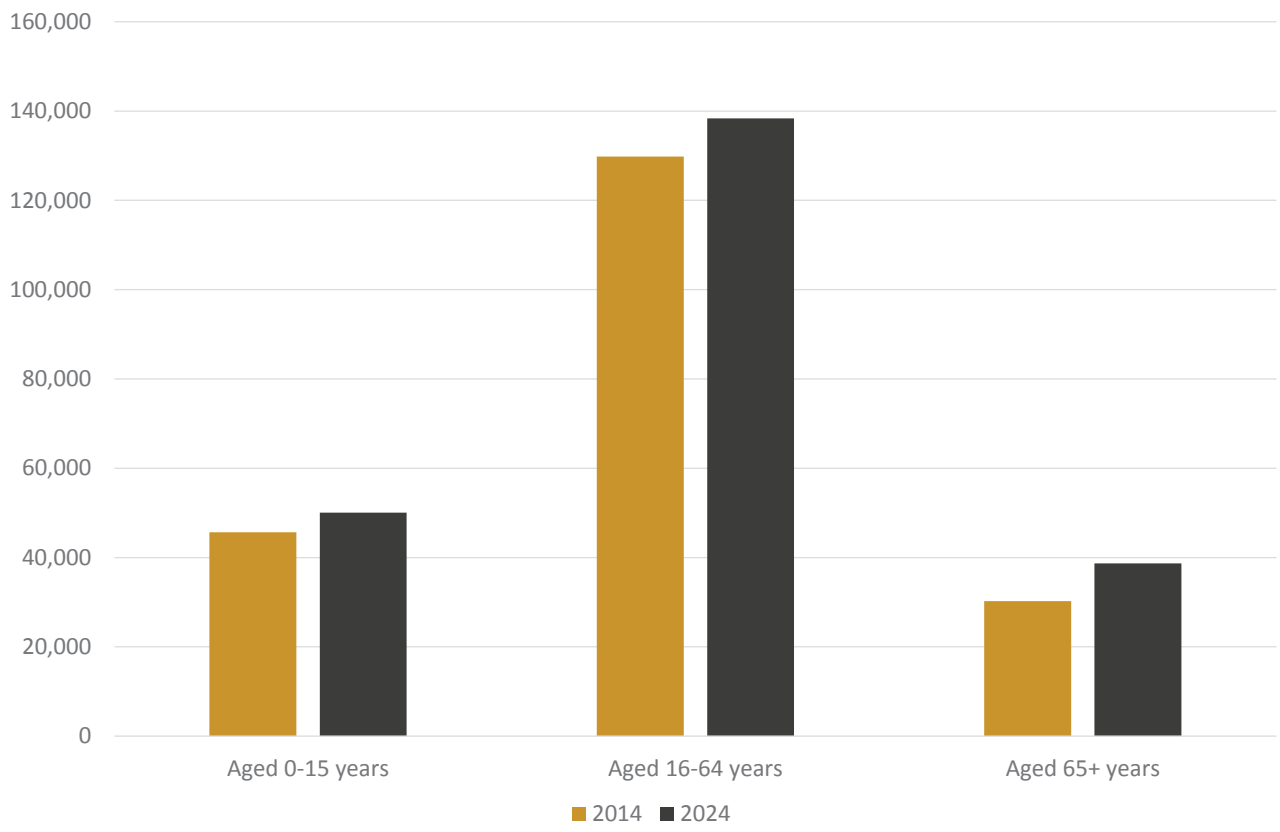


Figure 1. Population, Armagh City, Banbridge and Craigavon 2014 - 2024. Source: NISRA.

The number of households is projected to increase from 77,762 in 2014 to 85,688 in 2024, an extra 7,926 households or a 10% increase (2012 based household projections). This is higher than the increase projected for NI overall (6%). The average household size in the council area (2.63) was slightly higher than NI (2.54), but both are expected to decrease over time.

Ethnic Minorities

Research has shown that the prevalence of some health conditions and issues can be greater among some ethnic groups. The Health and Social Care 'Guide to Monitoring of Service Users in Health and Social Care in NI (2016)' gives examples, including evidence from sources outside NI which indicate that there are likely to be wide inequalities in both risk factor levels and health outcomes by ethnic group. In addition, numbers of ethnic minorities can have impacts on service provision, it is important to monitor changes in service users so their needs are considered.

The 2011 Census showed that 98.5% of the population of the Borough was white. The largest ethnic minorities were Mixed ethnicity (605 individuals), Chinese (528 individuals) and Other Asian (463 individuals).

	Armagh City, Banbridge and Craigavon		Northern Ireland
	Number	%	%
White	196,777	98.54	98.21
Chinese	528	0.26	0.35
Irish Traveller	136	0.07	0.07
Indian	388	0.19	0.34
Pakistani	196	0.10	0.06
Bangladeshi	25	0.01	0.03
Other Asian	463	0.23	0.28
Black Caribbean	32	0.02	0.02
Black African	195	0.10	0.13
Black other	108	0.05	0.05
Mixed	605	0.30	0.33
Other	240	0.12	0.13

Table 1. Ethnic Group. 2011 Census, NISRA.

While 89% of residents were born in Northern Ireland, 3.9% (7,705 individuals) were from other EU member countries (excluding UK and ROI).

	Armagh City, Banbridge and Craigavon		Northern Ireland
Country of Birth	**Number**	**%**	**%**
Northern Ireland	177,634	89.0	88.8
England	6,125	3.1	3.6
Scotland	1,312	0.7	0.9
Wales	269	0.1	0.1
Republic of Ireland	3,507	1.8	2.1
Other EU: Member countries prior to 2004 expansion	1,399	0.7	0.5
Other EU: Accession countries 2004 onwards	6,306	3.2	2.0
Other	3,141	1.6	2.0
Total	**199,693**	**100.0**	**100.0**

Table 2. Country of Birth. 2011 Census, NISRA.

The Registrar General Report described how in 2014, 17% of all births in Northern Ireland were to mothers who were born outside Northern Ireland. Of the 4,265 such births, 42% were to mothers who were born either elsewhere in the UK or in the Republic of Ireland. In contrast, there has been a sharp rise in the number of births to mothers who were born in the A8 countries, increasing from 34 births in 2004 to 1,258 births in 2014. This change has been partly driven by women coming to live in Northern Ireland from the A8 countries which joined the European Union in 2004. The percentage of births to mothers born outside the UK and Ireland reached 10% for the first time in 2013. This figure remained the same in 2014 and is significantly higher than the 5.1% of births registered to these mothers 10 years ago.

In 2014, 15% of births in the Borough were to non-UK born mothers, compared to 13% in NI overall.

	2008	2009	2010	2011	2012	2013	2014
Antrim and Newtownabbey	10	9	11	11	11	11	10
Ards and North Down	8	9	8	8	8	9	8
Armagh City, Banbridge and Craigavon	14	14	14	15	15	15	15
Belfast	14	14	14	15	14	15	15
Causeway Coast and Glens	10	9	7	9	8	7	8
Derry City and Strabane	10	9	11	9	10	9	8
Fermanagh and Omagh	15	16	16	16	15	15	14
Lisburn and Castlereagh	12	12	13	12	12	12	11
Mid and East Antrim	8	9	9	9	10	11	11
Mid Ulster	17	15	18	16	18	17	18
Newry, Mourne and Down	13	13	13	13	12	13	14
Northern Ireland	**12**	**12**	**13**	**13**	**12**	**13**	**13**

Table 3. Percentage of live births to non-UK born mothers, 2004 to 2014. Source: NISRA.

STRATEGIC CONTEXT

Making Life Better (2013-2023) is the strategic framework for public health. It is designed to provide direction for policies and actions to improve the health and wellbeing of people in Northern Ireland and to reduce inequalities in health.

The strategy has 6 themes:

1. Giving Every Child the Best Start
2. Equipped Throughout Life
3. Empowering Healthy Living
4. Creating the Conditions
5. Empowering Communities
6. Developing Collaboration

A number of long term outcomes and associated indicators have been identified for each theme. The indicators reflect the wider socioeconomic and environmental determinants of health (for example educational attainment, poverty levels, air and water quality) as well as health indicators and behaviours. To facilitate the high-level monitoring of progress on the key Making Life Better indicators, a dedicated section has been developed on the NINIS[1] website.

[1] http://www.ninis2.nisra.gov.uk/Public/Home.aspx

LIFE EXPECTANCY

Life expectancy is the most commonly used measure to describe the health of the population and provides a useful measure of relative mortality. It is also a good measure of the extent of health inequalities as typically there are very distinct differences in life expectancy between areas.

Life expectancy has improved in all four of the constituent UK countries since the 1980s. The continued increases in life expectancy for all of the constituent countries are due to the improvements in mortality at older ages. As mortality improves at older ages, larger numbers of people survive to the oldest ages and this contributes to the ageing population of England, Wales, Scotland and Northern Ireland.

Over the period, male and female life expectancy in Northern Ireland has risen faster than that in any of the other countries presented, from being on a par with Scotland at the beginning of the period to growing to a similar level as in Wales by the end. England has consistently had the highest life expectancy over this period, whereas life expectancy in Scotland has consistently lagged two to three years behind England.

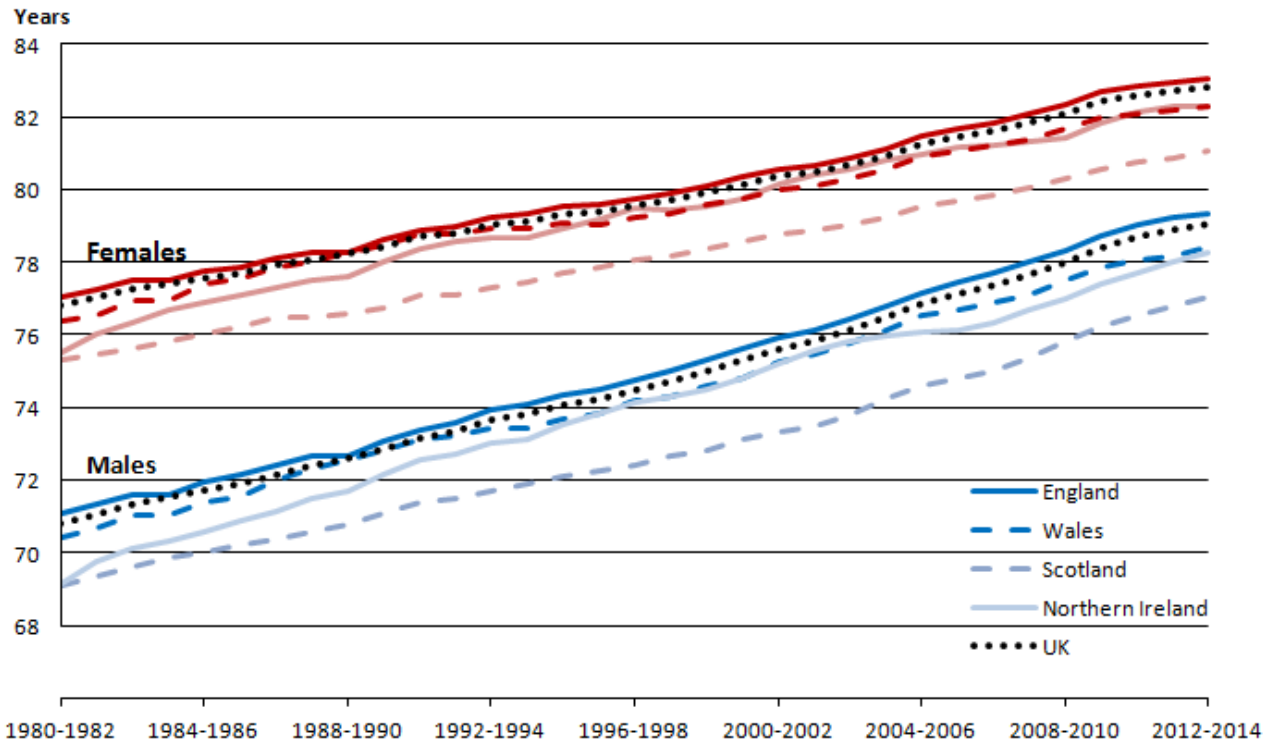


Figure 2. Life expectancy at birth, United Kingdom and constituent countries, 1980–1982 to 2012–2014. Source: National Life Tables, Office for National Statistics.

There has been steady growth in life expectancy in NI over the last thirty years for both males and females. Female life expectancy has consistently been higher than that for males; however this gender gap has narrowed over time.

Life expectancy at birth in Armagh City, Banbridge & Craigavon is similar to NI overall. Males born in the council area expected to live 78.6 years and female 82.8 years (compared to NI regional estimate of 78.1 years for males and 82.4 years for females in 2011-2013)[2].

Life expectancy in the council area has increased over the decade 2001-2003 to 2011-2013 by 2.7 years for males and 2.1 years for females.

		2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013
Male	Armagh City, Banbridge & Craigavon	75.9	76.4	76.9	77.0	77.3	77.1	77.2	77.1	77.5	78.2	78.6
	Northern Ireland	75.6	75.9	76.1	76.2	76.2	76.4	76.8	77.1	77.6	77.8	78.1
Female	Armagh, Banbridge and Craigavon	80.7	80.8	81.7	81.8	82.4	82.0	82.1	82.1	82.6	82.7	82.8
	Northern Ireland	80.5	80.6	80.9	81.1	81.3	81.3	81.5	81.6	82.0	82.3	82.4

Table 4. Life expectancy at birth, Armagh City, Banbridge and Craigavon 2001-2003 to 2011-2013. Source: NINIS NISRA.

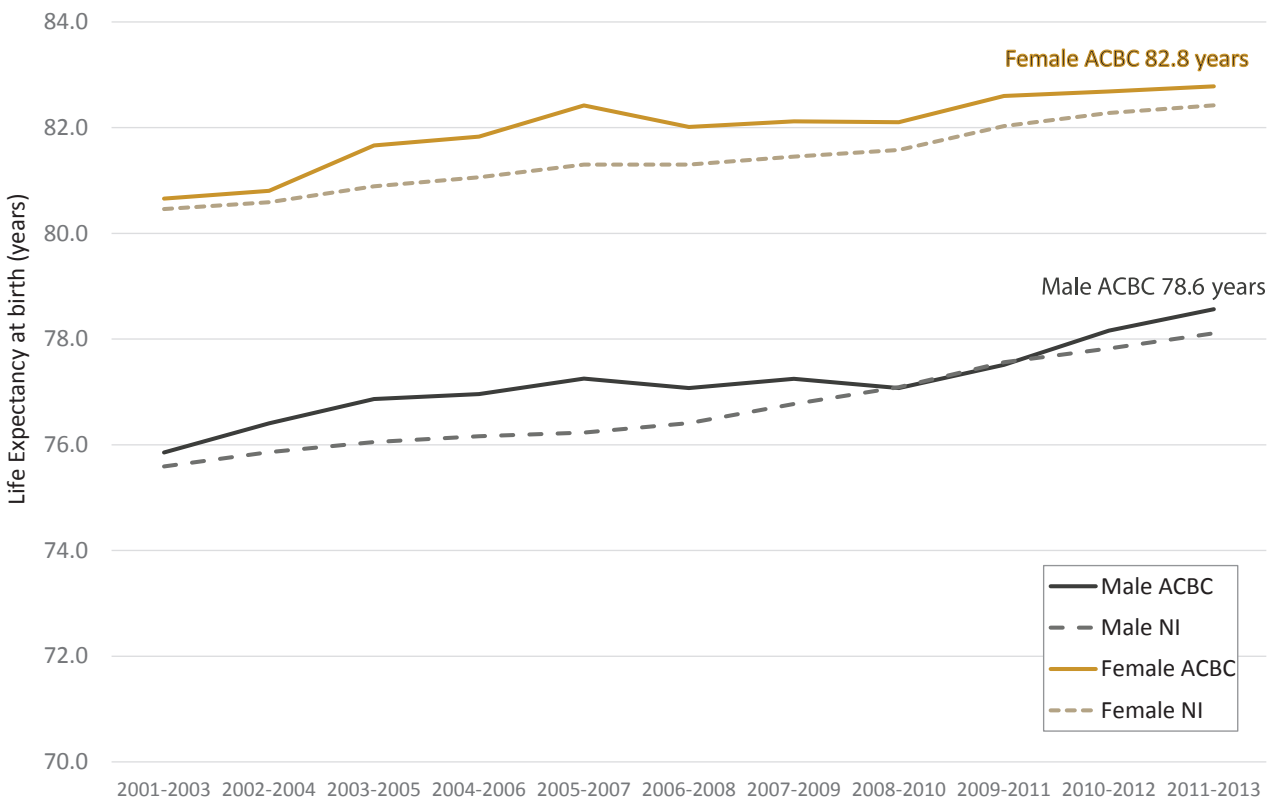


Figure 3. Life expectancy at birth, Armagh City, Banbridge and Craigavon and NI 2001-2003 to 2011-2013. Source: NINIS NISRA

[2] The council and regional NI level estimates produced by NISRA are not directly comparable with the UK and constituent country figures based on National Life Tables produced by ONS. Differences occur because of the differences between complete (single year of age) and abridged (grouped years) life tables, as well as the number of years data used in calculating the life expectancy figures.

Life expectancies at birth have improved for both males and females across all council areas over the decade 2001-2003 to 2011-2013

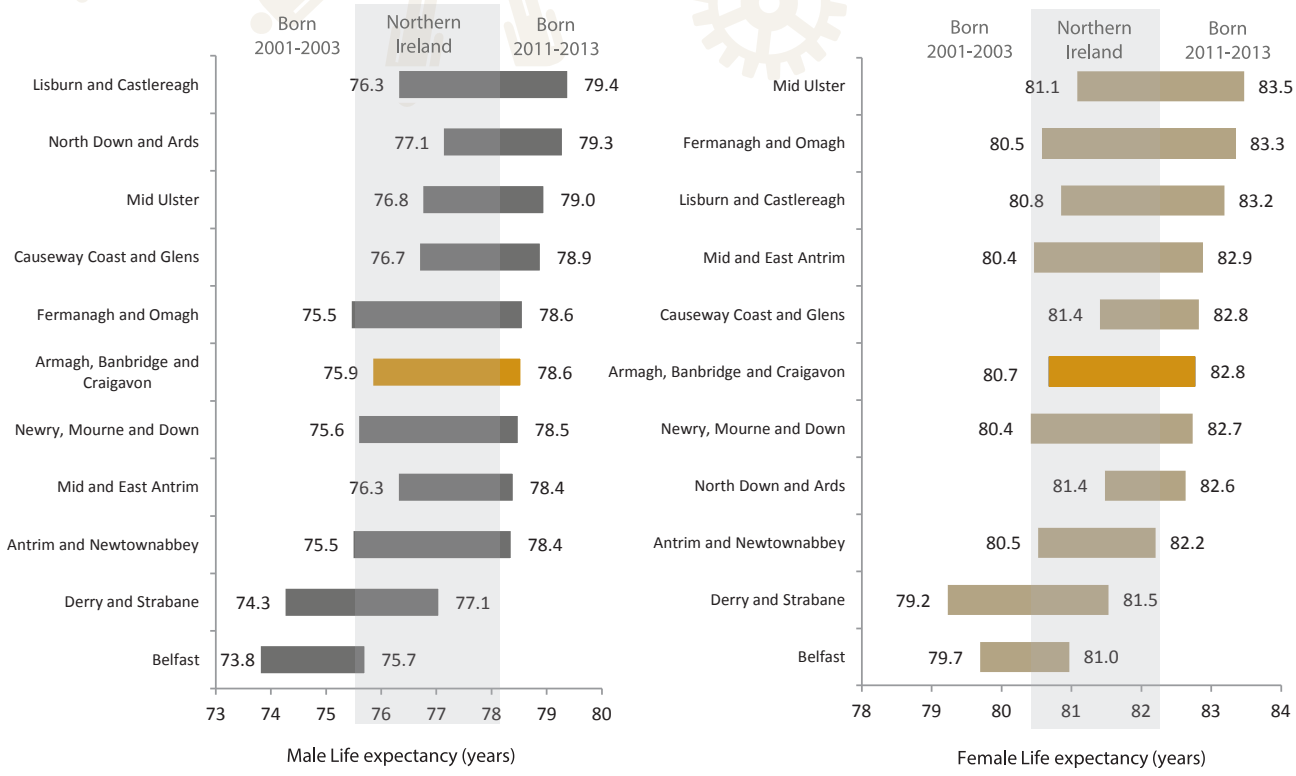


Figure 4. Change in Male and Female life expectancy at birth for Local Government Districts and Northern Ireland, 2001-2003 and 2011-2013. Source: NISRA. Note – non-zero axis.

Life Expectancy at age 65 - In 2011–2013, a man in Armagh City, Banbridge and Craigavon aged 65 had an average further 18.5 years of life remaining and a woman had an average further 20.8 years of life remaining. These are similar to NI overall - males 18.1 years and females 20.6 years. Over the last decade (2001-2003 to 2011-2013) male life expectancy at 65 has increased by +2.5 years and for females +1.7 years.

Healthy life expectancy for males in the Southern Health and Social Care Trust for 2010-2012 was 58.9 years, and for females was 61.6 years. These are similar to levels in NI (males 58.6 years and females 61.6 years respectively). Healthy life expectancy provides an estimate of lifetime spent in "Very Good" or "Good" health, calculated using respondent's perception of their own health according to the Health Survey Northern Ireland.

Disability-free life expectancy for males in the Southern HSCT for 2010-2012 was 61.1 years, and for females was 61.7 years. These are also similar to NI levels, males 60.2 years and females 60.8. Disability-free life expectancy provides an estimate of life-time spent free from a limiting persistent (twelve months or more) illness or disability, based upon a self-rated functional assessment of health recorded in the Health Survey Northern Ireland.

Healthy and Disability-free life expectancy figures are both sourced from the Health Survey NI and are not currently available at council level.

PERSONAL WELLBEING

Personal wellbeing provides an important insight into people's thoughts and feelings about their quality of life. It is part of a much wider initiative in the UK and internationally to look beyond Gross Domestic Product (GDP), and to measure what really matters to people.

The Office for National Statistics produces four personal wellbeing measures for the UK based on answers to four survey questions:

1. Overall, how satisfied are you with your life nowadays?
2. Overall, to what extent do you feel the things you do in your life are worthwhile?
3. Overall, how happy did you feel yesterday?
4. Overall, how anxious did you feel yesterday?

Looking at a three year average (2012-15), compared with the UK as a whole, adults in Armagh City, Banbridge and Craigavon and Northern Ireland overall were more likely to indicate that they were satisfied with their lives overall; felt that the things they do in life are worthwhile; and rated their happiness yesterday higher. Ratings for anxiety in Armagh City, Banbridge and Craigavon and Northern Ireland were similar to those in the UK.

For each of the four measures results for the Armagh City, Banbridge and Craigavon were not significantly different from results for NI overall.

	Life Satisfaction	Worthwhile	Happiness	Anxiety
United Kingdom	7.53	7.76	7.38	2.93
England	7.52	7.75	7.37	2.93
Wales	7.51	7.76	7.40	2.93
Scotland	7.60	7.79	7.41	2.87
Northern Ireland	7.69	7.93	7.58	3.02
Antrim and Newtownabbey	7.82	7.99	7.87	2.51
Ards and North Down	7.73	7.80	7.46	3.14
Armagh City, Banbridge and Craigavon	7.78	8.06	7.69	3.09
Belfast	7.40	7.79	7.28	3.64
Causeway Coast and Glens	7.65	7.94	7.68	2.72
Derry City and Strabane	7.09	7.42	7.10	3.73
Fermanagh and Omagh	8.13	8.15	7.94	2.19
Lisburn and Castlereagh	7.86	8.03	7.88	3.32
Mid and East Antrim	7.95	8.17	7.77	2.59
Mid Ulster	7.85	8.02	7.57	2.53

Table 5. Personal Wellbeing. Source: Office for National Statistics 2012/13 - 2014/15.

The findings presented are based on survey estimates and are subject to a degree of uncertainty. Therefore, they should be interpreted as providing a good estimate, rather than an exact measure of personal well-being in the UK. The figures are average (mean) ratings based on a scale of 1-10. For Life satisfaction, Worthwhile and Happiness 10 is high level, for Anxiety 0 is 'not at all anxious' and 10 is 'completely anxious'.

HEALTHY LIFESTYLES

Information on healthy choices and lifestyles is available from a number of surveys. Due to sample sizes some of this information is only available at NI or Health and Social Care Trust level.

The NI Health Survey 2014/15 gives information on general health, mental health and wellbeing, diet and nutrition, breastfeeding, oral health, medicines, obesity, smoking, and sexual health. Results are based on responses from 4,144 individuals, with a response rate of 64% achieved. Headline figures are available for NI with some breakdowns being available by Health and Social Care Trust.

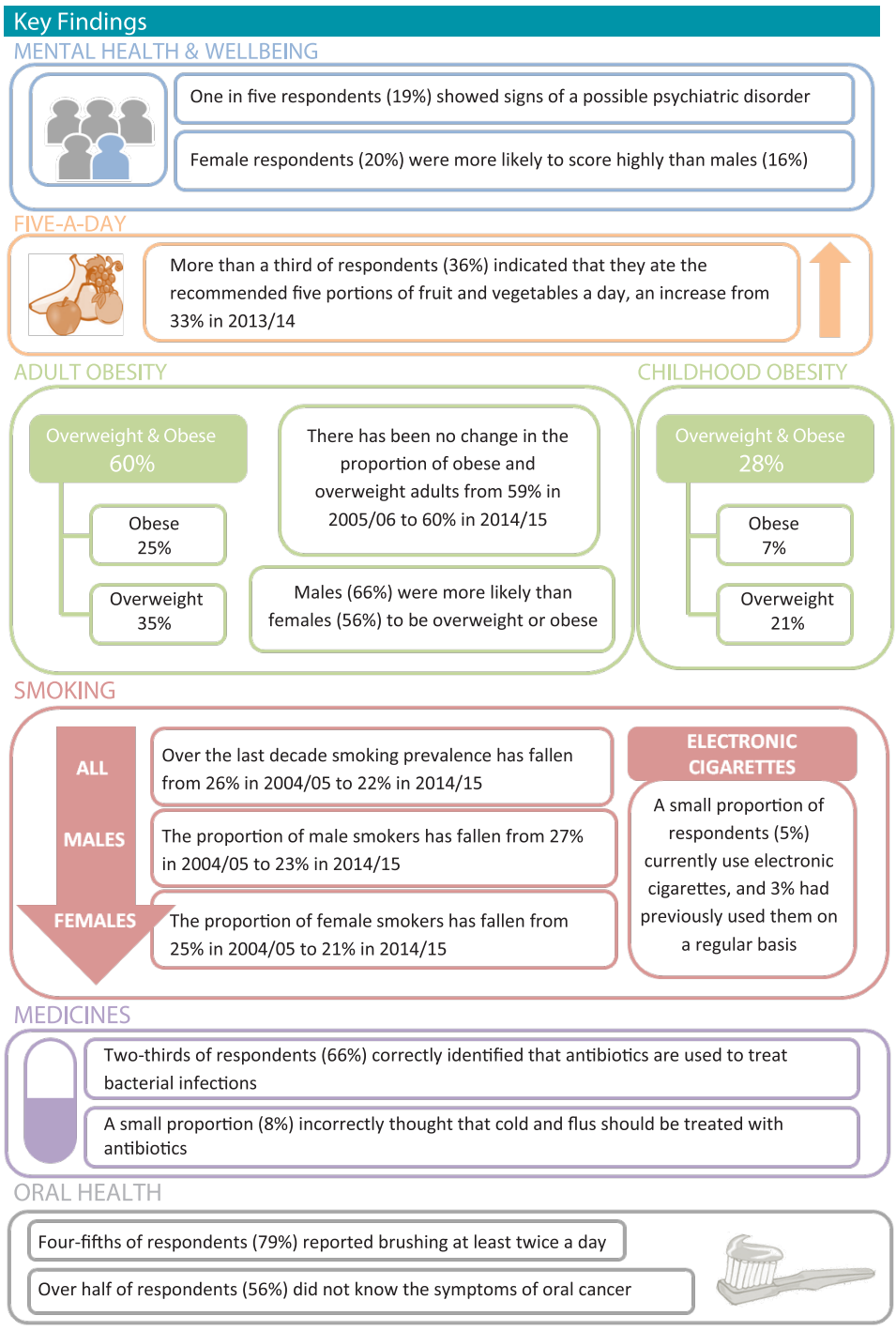


Figure 5. Health Survey Northern Ireland 2014/15. Source: DHSSPS.

Diet & Nutrition

In NI, more than a third of respondents (36%) indicated that they ate the recommended five portions of fruit and vegetables a day, an increase from 33% in 2013/14. A similar level in the Southern Trust (38% in 2014/15) met the guidelines. Females continued to be more likely to meet the guidelines (40%) than males (30%).

Health & Social Care Trust	Meeting '5 a day' guideline
Belfast	35%
Northern	36%
South Eastern	39%
Southern	38%
Western	30%
Northern Ireland	**36%**

Table 6. Five a day Fruit and Vegetables. Source: Health Survey NI 2014/15, DHSSPS.

Obesity

As described by 'A Fitter Future for All'[3] the framework for preventing and addressing overweight and obesity in Northern Ireland 2012-2022, epidemiological research has indicated that being obese can increase the risk of a range of health conditions such as Type II diabetes, some cancers and heart disease.

In 2014/15 in NI a quarter of adults (25%) were obese with a further 35% classed as overweight. The proportion of adults classed as overweight or obese (60%) has remained relatively constant since 2005/06. Males and those in older age groups were more likely to be obese. Levels in the Southern HSCT (59% overweight or obese) were similar to NI.

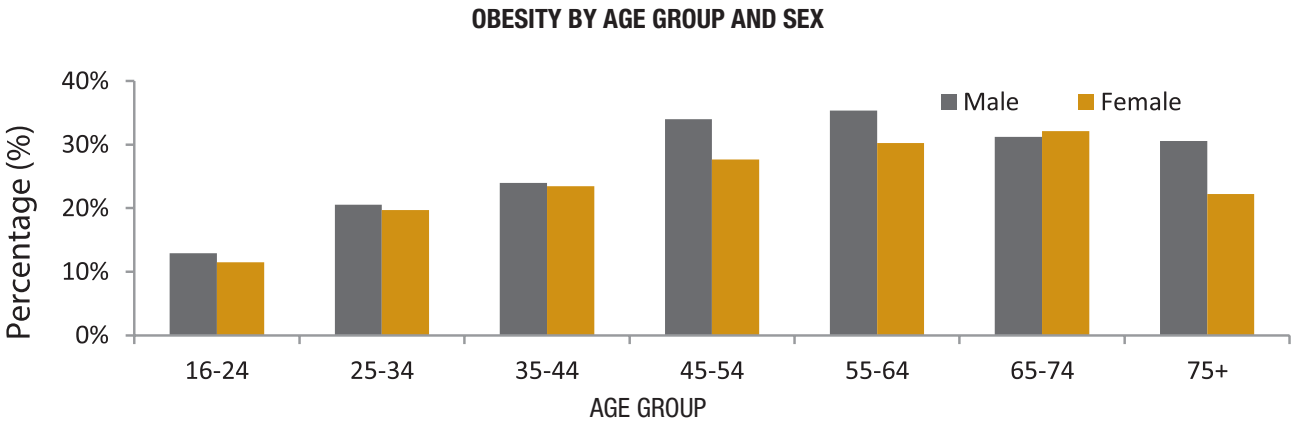


Figure 6. NI obesity by age group and sex. Source: Health Survey NI 2014/15, DHSSPS.

[3] A fitter future for all (2012-2022): https://www.dhsspsni.gov.uk/articles/obesity-prevention#toc-0

Health & Social Care Trust	Overweight	Obese
Belfast	36%	24%
Northern	36%	24%
South Eastern	34%	27%
Southern	34%	25%
Western	38%	22%
Northern Ireland	**35%**	**25%**

Table 7. Obesity. Source: Health Survey NI 2014/15, DHSSPS.

In 2014/15 in NI around three-quarters of children aged 2-15 were classed as either normal weight or underweight, while 21% were classed as overweight and 7% were classed as obese. The proportion of children classified as either overweight or obese (28%) has not changed since 2005/06.

Adult obesity levels were estimated using the Body Mass Index. This is a widely used indicator of body fat levels which is calculated from a person's height and weight. BMI is calculated by dividing a person's weight (in kilograms) by the square of their height (in metres). In adults, a BMI between 25 and 29.9kg/m2 is considered overweight and a BMI of 30kg/m2 is considered obese.

Child obesity levels were classified by comparing BMI by sex and age of the child against the growth curve developed by the International Obesity Task Force (IOTF).

Drinking

Over three-quarters of respondents (77%) aged 18 and over drank alcohol. Males were more likely to drink alcohol (81%), than females (75%). The highest proportion of those that drink alcohol occurred in the younger age groups; 18-24 year olds (86%) and 25-34 year olds (86%). This compared with less than half of those in the 75 years and over age group (49%).

Respondents views of how much alcohol they drink

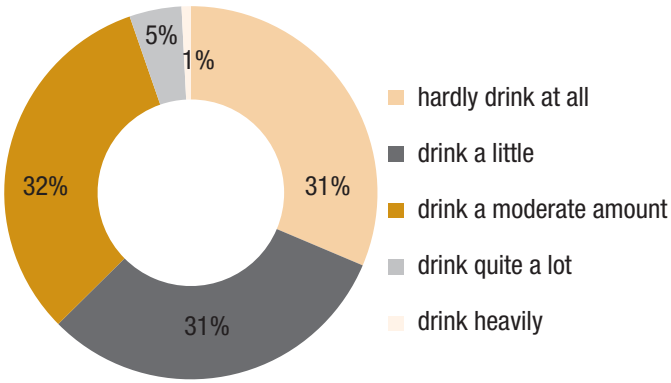


Figure 7. Alcohol. Source: Health Survey NI 2014/15, DHSSPS.

The 2013/14 survey showed that 13% drank above sensible limits in the Southern Trust area, lower than the NI average of 16%.

Health & Social Care Trust	Above sensible limits % (2013/14)
Belfast	22
Northern	12
South Eastern	18
Southern	13
Western	17
Northern Ireland	**16**

Table 8. Drinking prevalence 2013/14. Source: Health Survey NI, DHSSPS.

Smoking

In 2014/15 around one-fifth of respondents (22%) were current smokers, the same overall smoking prevalence as the previous year (2013/14). There was no difference in smoking prevalence for males (23%) and females (21%) in 2014/15. Levels of smoking prevalence were similar in the Southern Trust area (24%) as in NI (22%). Over the last decade smoking prevalence in NI has decreased from 26% in 2004/05 to 22% in 2014/15. The proportion of both males and females that smoke also reduced during this period, (declining from 27% to 23% for males and 25% to 21% for females). Almost 8 out of every 10 smokers (79%) have tried to quit smoking at some point.

PERCENTAGE OF CURRENT SMOKERS BY GENDER OVER THE LAST DECADE

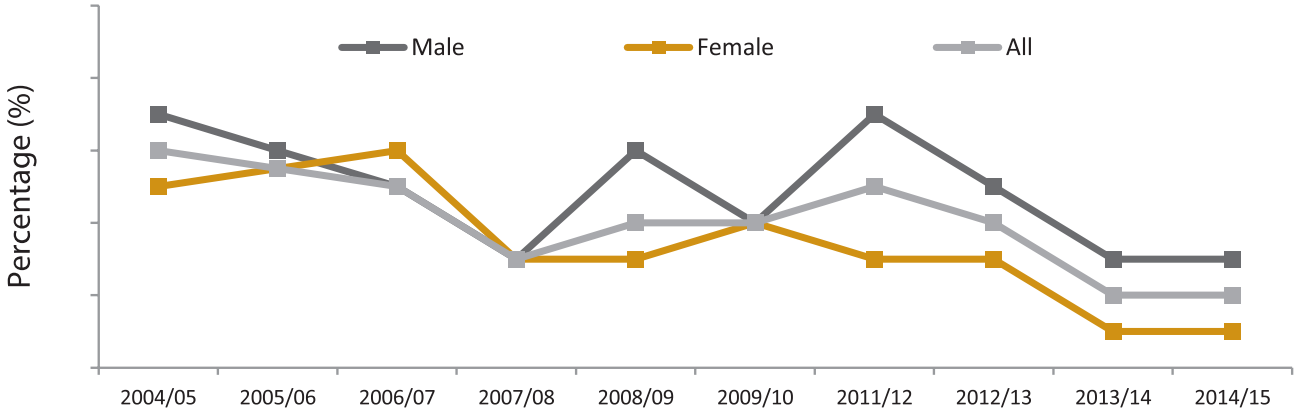


Figure 8. Smoking prevalence 2004/05 to 2014/15. Source: Health Survey NI, DHSSPS.

Health & Social Care Trust	Current smoker
Belfast	26%
Northern	20%
South Eastern	19%
Southern	24%
Western	22%
Northern Ireland	**22%**

Table 9. Smoking prevalence 2014/15. Source: Health Survey NI, DHSSPS.

Physical Activity

Increasing physical activity has the potential to improve the physical and mental health of the nation, reduce all-cause mortality and improve life expectancy. It can also save money by significantly easing the burden of chronic disease on the health and social care services[4].

The Chief Medical Officers recommended level of physical activity per week is 150 minutes or more of moderate aerobic activity, or 75 minutes or more of vigorous activity or combinations of both moderate and vigorous activity. The Health Survey 2013/14 showed that just over half of respondents aged 19 and over in the Southern Health Trust area (51%) met these recommendations, while almost a third (32%) of respondents were inactive. Physical activity questions are not asked every year in the Health Survey due to question length. They were asked in 2012/13 and 2013/14 surveys and are next due to be included in the 2016/17 survey.

Health and Social Care Trust	Belfast	Northern	South Eastern	Southern	Western	NI
Inactive (< 30 mins)	28	25	25	32	33	28
Low activity (30-59 mins)	4	6	4	4	7	5
Some activity (60-149 mins)	16	15	12	13	15	14
Meeting recommendations (150 mins or more)	52	54	59	51	45	53

Table 10. Physical Activity levels (minutes per week) 2013/14. Source: Health Survey NI, DHSSPS.

Sport & Physical Activity

Sport NI commissioned the NI Sports and Physical Activity Survey 2010 to obtain data on participation, club membership, volunteering, coaching attitudes to sport, and spectating. The survey aimed to enhance understanding of sport and physical activity patterns and determinants across the population.

The survey showed for Armagh City, Banbridge and Craigavon Borough council:

- 24% of adults achieved the levels of physical activity recommended by the Chief Medical Officer of participating in moderate intensity activities for at least 30 minutes on at least five days per week. This compares to 35% of adults for NI overall.
- Most physical activity occurred in the home, followed by activities at work. Sport activities came third and activities related to getting about fourth.
- 32% of the council's adult population participated in at least 30 minutes of moderate intensity sport in the last seven days, compared to 37% for NI.

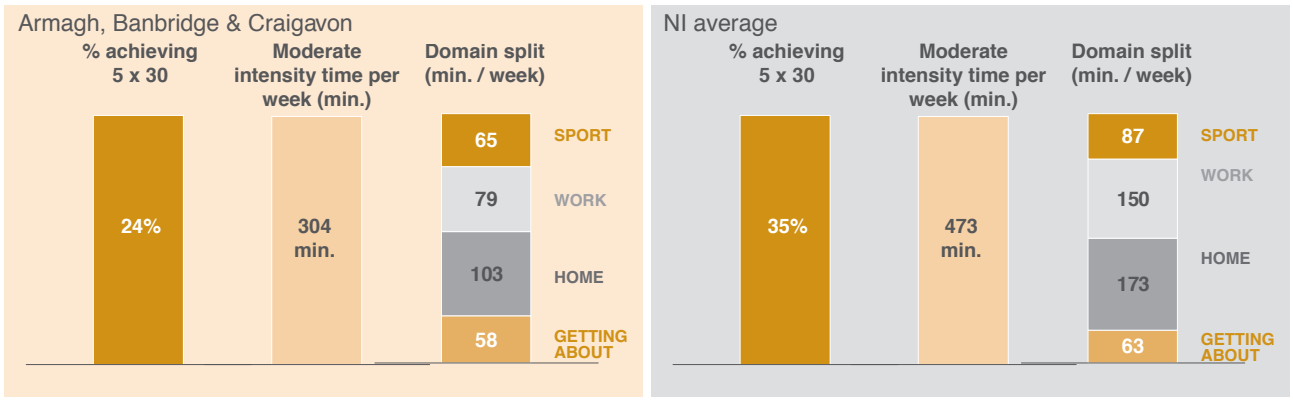


Figure 9. Levels and sources of physical activity. Source: Sports and Physical Activity Survey 2010, Sport NI.

- The most popular sports in the council area were fitness club activities, jogging, walking, and swimming.
- Participation in sport was lower for those with lower educational attainment, those aged 50+ and people with disabilities.
- 24% of adults in the council were members of a club in which they can participate in sport or physical activities, similar to the NI average of 23%.
- 17% of all sport participants took part in a sporting competition in the last 12 months (NI 22%).

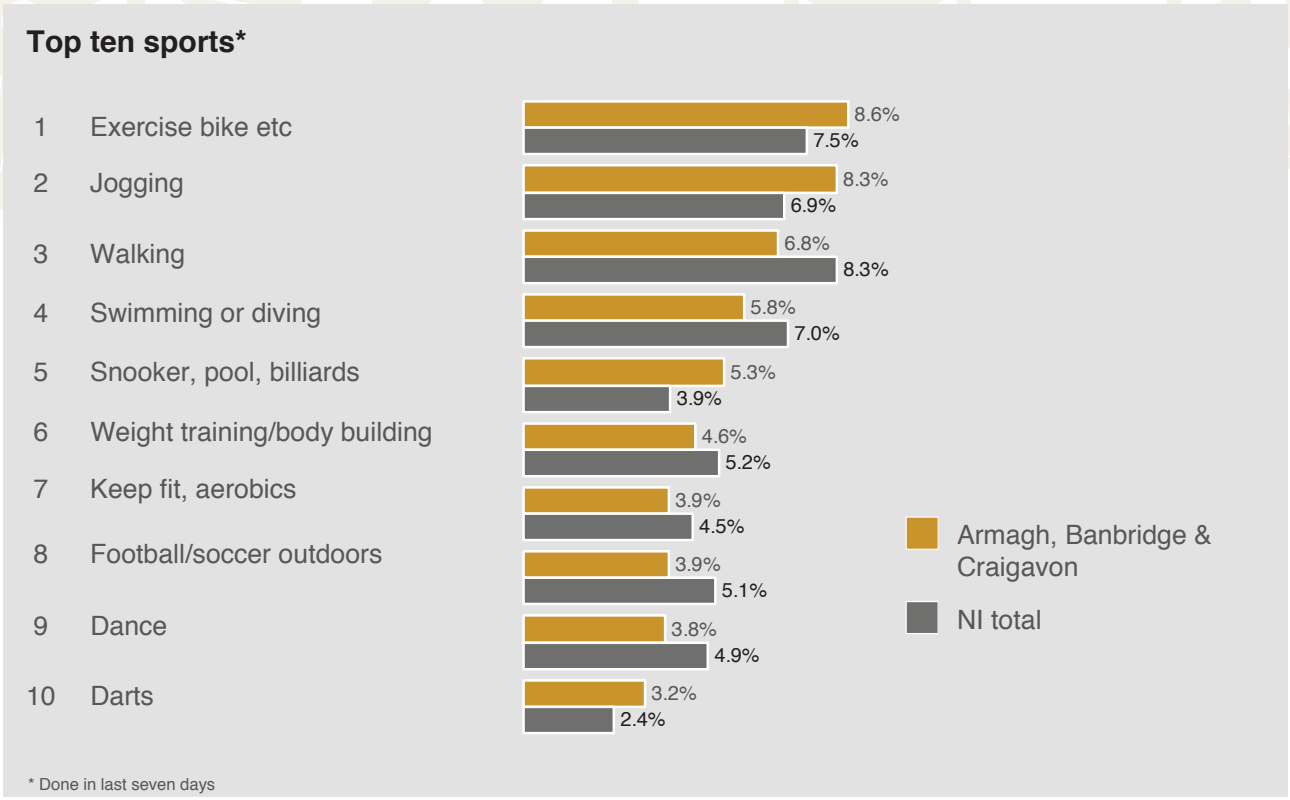


Figure 10. Most popular sports. Source: Sports and Physical Activity Survey 2010, Sport NI.

Sport participation *		Armagh, Banbridge & Craigavon	NI overall
Overall		32%	37%
Social class	ABC1	40%	44%
	C2DE	26%	30%
Employment	Working	40%	45%
	Retired	SAMPLE SIZE TOO SMALL	14%
	Student	SAMPLE SIZE TOO SMALL	61%
	Unemployed	SAMPLE SIZE TOO SMALL	29%
Gender	Male	37%	43%
	Female	27%	31%
Education	No quals	17%	16%
	GCSE or equivalent	35%	40%
	University degree	SAMPLE SIZE TOO SMALL	55%
Age	16-29	45%	55%
	30-49	40%	42%
	50+	15%	21%
People with disabilities		14%	19%

Figure 11. Sport Participation. Source: Sports and Physical Activity Survey 2010, Sport NI. * At least 30 min. of at least moderate intensity in last 7 days

- 18% of sport participants received coaching in the last twelve months, similar to NI average of 17%.
- 39% of adults in the council area attended at least one live sporting event in Northern Ireland in the last 12 months (NI 37%).
- 65% of adults in the council area were satisfied with sports provision in their local area, compared to 62% of adults in NI over all.

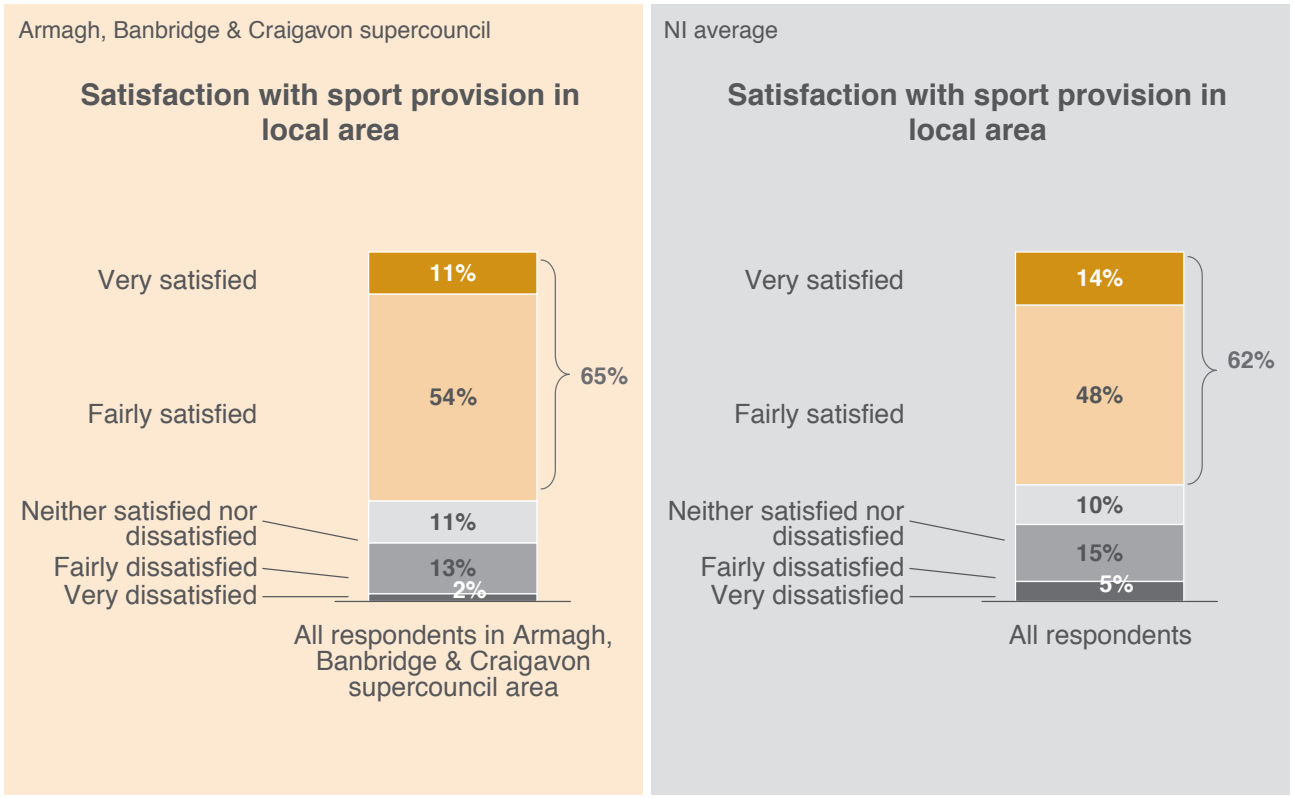


Figure 12. Satisfaction with sport provision. Source: Sports and Physical Activity Survey 2010, Sport NI.

Note - The NI Sports and Physical Activity Survey took place from 23 July 2009 - 10 August 2010. As the estimates presented are derived from a sample survey they are subject to sampling errors. Sampling errors are determined both by the sample design and by the sample size. Generally speaking, the larger the sample supporting a particular estimate, the smaller the associated sampling error. The total sample size for NI was 4,653, the sample size for Armagh City, Banbridge & Craigavon was 361.

Participation in sport

Using combined results from a number of years of the Continuous Household Survey (2011/12 to 2013/14), in the Armagh City, Banbridge and Craigavon council 51% of adults had participated in sport in the previous year, similar to the rest of NI as a whole.

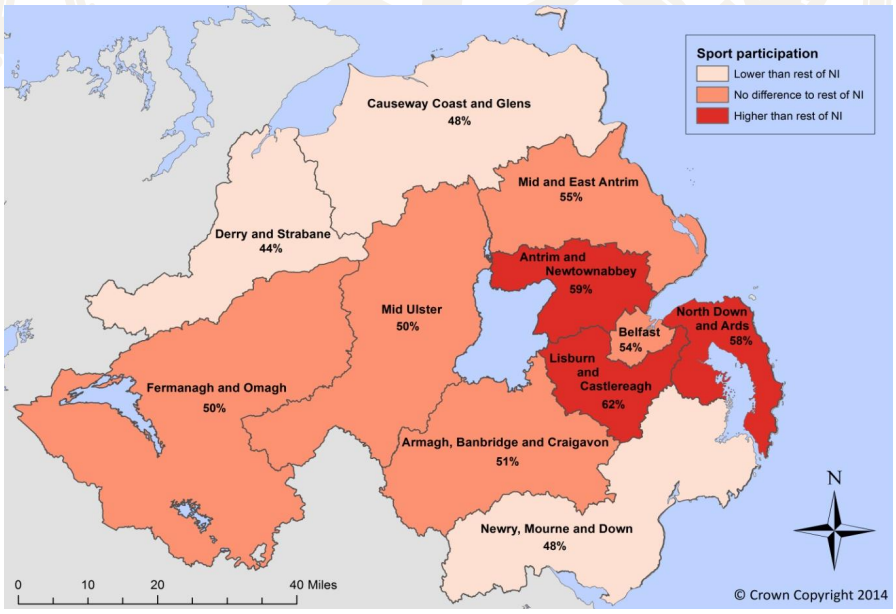


Figure 13. Engagement in sport. Source: DCAL 2015 - Findings from combined Continuous Household Surveys 2011/12 – 2013/14. Source: NISRA, DCAL.

Research by DCAL on the experience of sport and physical activity by adults in Northern Ireland 2014/15 showed that Over half of adults (55%) had taken part in at least one sport within the last year, a similar proportion to that reported in 2013/14 (54%). A higher proportion of males (63%) than females (47%) participated in sport within the last year.

'Walking for recreation' is considered a physical activity and is not included in the current definition of 'sport'. Half of adults (50%) indicated that they participated in 'Walking for recreation' at least once within the last year. The most frequently cited sport was 'swimming or diving' with 22% of adults having participated in this. 'Keep-fit, aerobics, yoga, dance exercise' (16%), jogging (15%) and 'cycling for recreation' (15%) made up the next three most cited sports participated in over the previous year.

'Walking for recreation' is not included in the overall sport participation figures. Half of adults (50%) had walked for recreation within the last year and a higher proportion of females (57%) than males (44%) had done so.

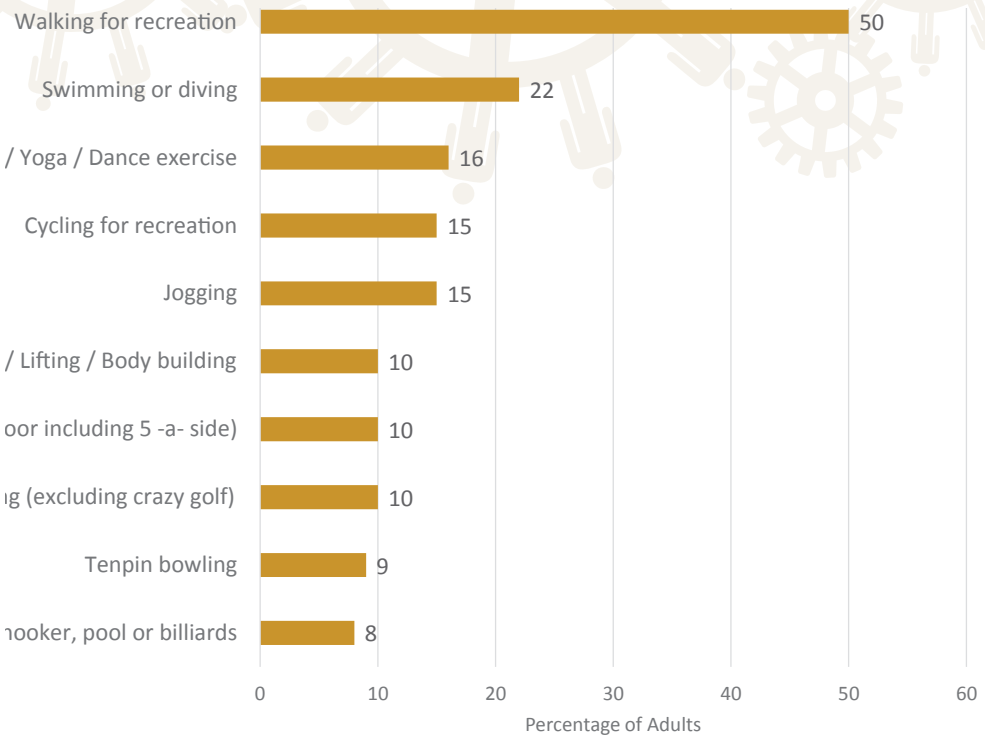


Figure 14. Sport and physical activity participated in by adults in Northern Ireland 2014/15. Source: DCAL.

Nearly three-quarters of all adults (74%) had participated in sport or 'walking for recreation' within the last year. Indeed, the proportion of adults who participated in sport or walked for recreation increased, year on year, over the last 4 years (2011/12: 63%; 2012/13: 68%; 2013/14: 71%; 2014/15: 74%).

GENERAL HEALTH

The 2011 Census asked a range of general health questions.

Four fifths of people in the Borough had good or very good general health, with the highest proportions of good health in Lagan River and lower proportions in Lurgan and Portadown District Electoral Areas.

One fifth (20%) of people (or 39,861 individuals) in the Borough had a long-term health problem or disability that limited their day-to-day activities, similar to NI at 21%. Within the Borough Lurgan and Portadown District Electoral Areas had slightly higher levels (22%), compared to Lagan River which had lower levels 16%. A similar pattern was shown when considering only 16-64 year olds. At a lower geographical level, Super Output Areas, levels of limiting long-term health problems ranged from 12% to 37%.

SOA/DEA/LGD	**Good or very good general health**	**Long-term health problem or disability limiting day-to-day activities**	
	All	All	16-64 years
Super Output Area range	63 to 88	12 to 37	10 to 31
Armagh	80	20	16
Banbridge	80	20	17
Craigavon	80	19	17
Cusher	82	19	15
Lagan River	84	16	13
Lurgan	78	22	18
Portadown	78	22	18
Armagh City, Banbridge And Craigavon	80	20	17
Northern Ireland	**80**	**21**	**17**

Table 11. General health and long-term health problem or disability limiting day-to-day activities. Source: 2011 Census, NISRA.

Long-term conditions

The 2011 Census asked residents about long-term (at least 12 months) conditions.

The most common conditions reported by residents were 'A mobility or dexterity difficulty (11%), followed by 'Long-term pain or discomfort' (10%). These were the same as levels for NI overall. Similar proportions were seen in each of the seven District Electoral Areas.

Type of Long-Term Condition	Armagh City, Banbridge and Craigavon		NI
	Number	%	%
A mobility or dexterity difficulty	22,092	11	11
Long-term pain or discomfort	19,667	10	10
Shortness of breath or difficulty breathing	15,845	8	9
A chronic illness	12,158	6	7
An emotional, psychological or mental health condition	10,553	5	6
Other condition	9,870	5	5
Deafness or partial hearing loss	9,644	5	5
A learning, intellectual, social or behavioural difficulty	3,984	2	2
Frequent periods of confusion or memory loss	3,570	2	2
Blindness or partial sight loss	3,105	2	2
Communication difficulty	3,105	2	2
No condition	139,936	70	69

Table 12. Long-term conditions. Source: 2011 Census, NISRA.

The Family Resources Survey (FRS) shows 19% of the NI population were disabled in 2013/14. The population of disabled people differed by age group: 7% of children were disabled, compared to 16% of adults of working age and 47% of adults over state pension age. The overall estimated proportion in NI (19%) has remained broadly stable over the last ten years and is the same as the UK level. The estimates for disability in the FRS cover the number of people with a long standing illness, disability or impairment which causes substantial difficulty with day-to-day activities.

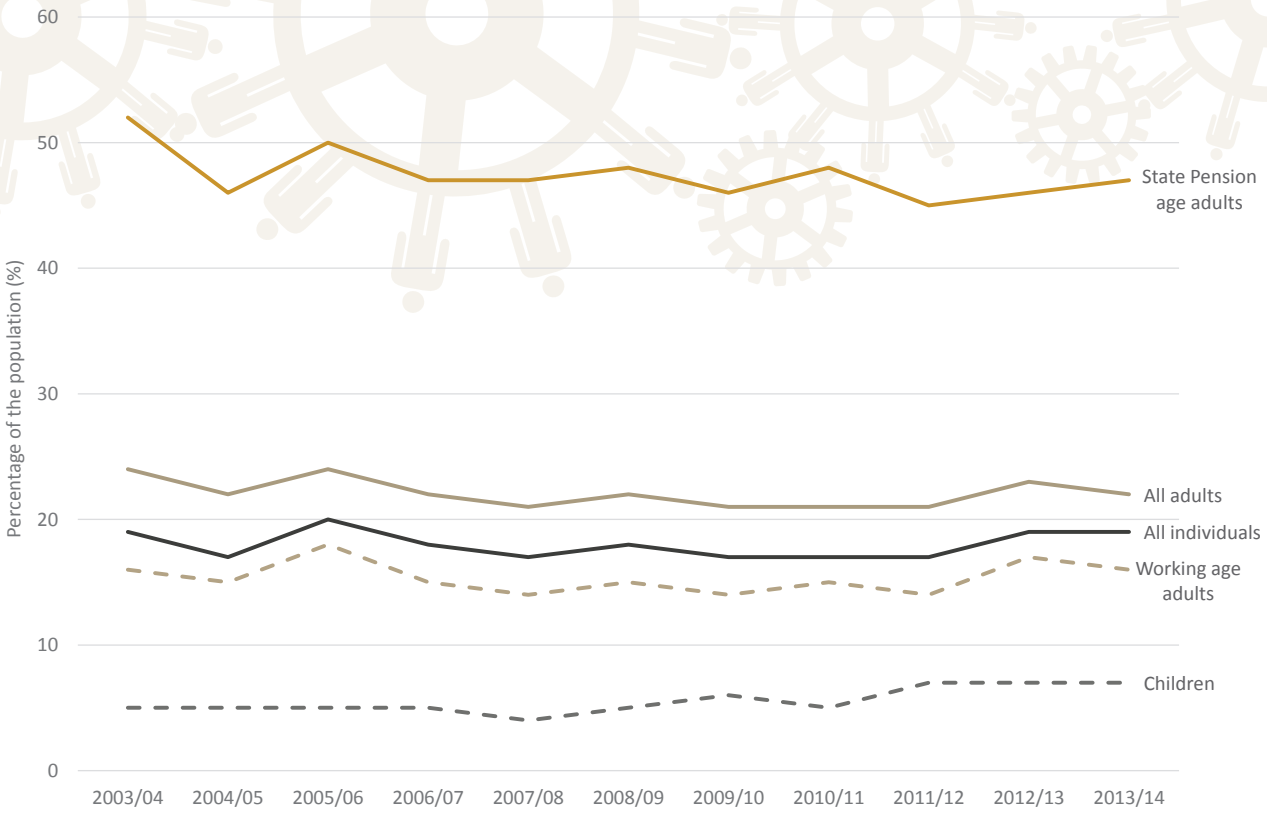


Figure 15. Disability prevalence 2003/04 to 2013/14. Source: Family Resources Survey, Department for Communities.

Carers

In the Borough 12% of residents (or 23,101 individuals) provided unpaid care - levels were similar in each of the seven District Electoral Areas. By age group, the highest proportion of residents providing unpaid care were aged 40-64 years. Of the individuals providing unpaid care in the Borough, 479 (1% of residents) were aged 14 or under; 6,325 (9%) were aged 15-39 years; 12,860 (21%) were aged 40-64 years and 3,437 (12%) were 65 years or over.

DEA/LGD	Number	%
Ward range	-	8 to 15
Armagh	3,221	11
Banbridge	4,067	12
Craigavon	2,946	12
Cusher	2,683	12
Lagan River	2,719	12
Lurgan	4,119	12
Portadown	3,346	11
Armagh City, Banbridge And Craigavon	23,101	12
Northern Ireland	**213,980**	**12**

Table 13. Provides unpaid care. Source: 2011 Census, NISRA.

The Family Resources Survey showed that at a NI level in 2013/14, 6% of the population were informal carers (8% of working age adults, 8% of State Pension age adults and 2 per cent of children were carers). The percentage of carers by age has remained broadly stable over time. Females were more likely to report caring than males, 59% of individuals who reported caring responsibilities were female, and this has been relatively stable over the last ten years. Family members were the main recipients of care from both household and non-household members.

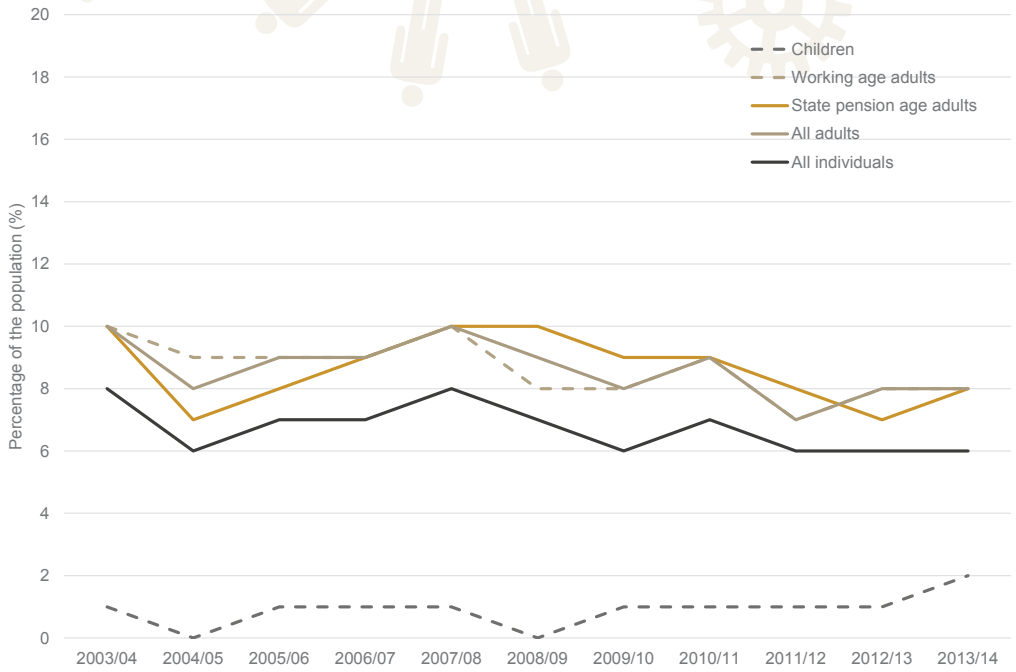


Figure 16. Prevalence of informal carers 2003/04 to 2013/14. Source: Family Resources Survey, Department for Communities.

'Valuing Carers 2015' research published by Carers UK estimates there are 220,501 carers in Northern Ireland, the economic contribution made by carers is £4,619m, equivalent to £20,948 per carer. Over half (57%) of carers in Northern Ireland provided 1-19 hours of care per week, 17% provided 20-49 hours per week and 27% provided 50 or more hours of care per week.

The research report describes the methodology used, the number of carers in 2015 was calculated by applying the 2011 Census local carer prevalence rates by age, sex and amount of care to the official 2015 population projection. The unit cost of replacement care in 2015 was taken as £17.20 per hour [4], in line with the official estimate of the actual cost per hour of providing home-care to an adult. This cost was then applied to the number of hours carers spent providing care. The report notes that the true value of the care and support provided by unpaid carers cannot be quantified, as caring is also an expression of love and respect for another person.

	Carers 2015	Change in no. of carers 2001-15	Change in no. of carers 2011-15	Value in 2001	Value in 2011	Value in 2015	Change 2001-15		Change 2011-15	
	(number)	(%)	(%)	(£m)	(£m)	(£m)	(£m)	(%)	(£m)	(%)
England	5,712,398	17.7	5.2	55,443	100,973	108,418	52,975	95.5	7,445	7.4
Wales	384,056	13.0	3.8	4,472	7,681	8,149	3,677	82.2	468	6.1
Scotland	509,796	6.2	3.6	6,036	10,264	10,816	4,780	79.2	552	5.4
Northern Ireland	220,501	19.6	3.0	2,453	4,403	4,619	2,166	88.3	217	4.9
UK	**6,826,752**	**16.5**	**4.9**	**68,405**	**123,321**	**132,003**	**63,598**	**93.0**	**8,682**	**7.0**

Table 14. Number of carers and value of carers' contributions 2001-2015. Source: Valuing Carers 2015, Carers UK.

[4] Personal Social Services: Expenditure and Unit Costs, England - 2013-14.

Disabled and Carer's Benefits

At February 2016, there were 22,250 people claiming Disability Living Allowance, 5,790 claiming Attendance Allowance and 7,520 people claiming Carer's Allowance in Armagh City, Banbridge and Craigavon.

	Disability Living Allowance	Attendance Allowance	Carers Allowance
Antrim and Newtownabbey	13,910	4,120	4,410
Ards and North Down	13,900	5,490	4,700
Armagh City, Banbridge and Craigavon	22,250	5,790	7,520
Belfast	48,400	9,660	14,980
Causeway Coast and Glens	14,150	4,910	5,380
Derry City and Strabane	22,400	3,680	7,700
Fermanagh and Omagh	14,290	3,600	4,210
Lisburn and Castlereagh	11,540	4,080	3,620
Mid and East Antrim	12,480	4,600	4,190
Mid Ulster	16,000	4,220	5,710
Newry, Mourne and Down	20,710	5,100	7,540
Unknown	1,010	540	320
Northern Ireland	**211,030**	**55,780**	**70,280**

Table 15. Disability Living Allowance, Attendance Allowance and Carer's Allowance Claimants, February 2016. Source: Department for Communities.

Benefit Statistics

Disability Living Allowance

Disability Living Allowance (DLA) provides a contribution towards the disability-related extra costs of severely disabled people who claim help with those costs before the age of 65.

Attendance Allowance

Attendance Allowance (AA) provides a non-contributory, non-means-tested and tax-free contribution towards the disability-related extra costs of severely disabled people who are aged 65 and over when they claim help with those costs.

Carer's Allowance

Carer's Allowance (CA) is a non-contributory benefit for people:

- who look after a person for at least 35 hours a week
- who are not gainfully employed (i.e. not earning more than £110 per week after certain deductions)
- who are 16 and over
- who are not in full-time education
- the person that is being cared for must be already getting one of these benefits (1) Disability Living Allowance - Middle or High rate care (2) Attendance Allowance (3) Constant Attendance Allowance at or above the normal maximum rate with an Industrial Injuries Disablement Benefit, or basic (full day) rate with a War Disablement Pension (4) Armed Forces Independence Payment

Some claimants are entitled to receive Carers Allowance, because they satisfy the conditions listed above, but do not actually receive a payment. This is because they receive another benefit (e.g. Incapacity Benefit for people of working age, or State Pension for people of State Pension age) which equals or exceeds their weekly rate of Carers Allowance.

Disease Prevalence

The DHSSPS Quality and Outcomes Framework (QOF) measures general practice achievement against a range of evidence-based indicators and provides raw disease prevalence data by a total of 17 clinical areas. In 2015 in Armagh City, Banbridge and Craigavon the highest prevalence was for Hypertension (130 per 1,000 patients on the register), followed by Obesity (104 per 1,000 patients aged 16+ years), Asthma (56 per 1,000 patients) and Diabetes Mellitus (55 per 1,000 patients aged 17+ years). These were also the most prevalent diseases on the registers for NI overall. The register size and prevalence rates have been aggregated to geographical area on the basis of the location of the GP practice (GP postcode), rather than patients' area of residence.

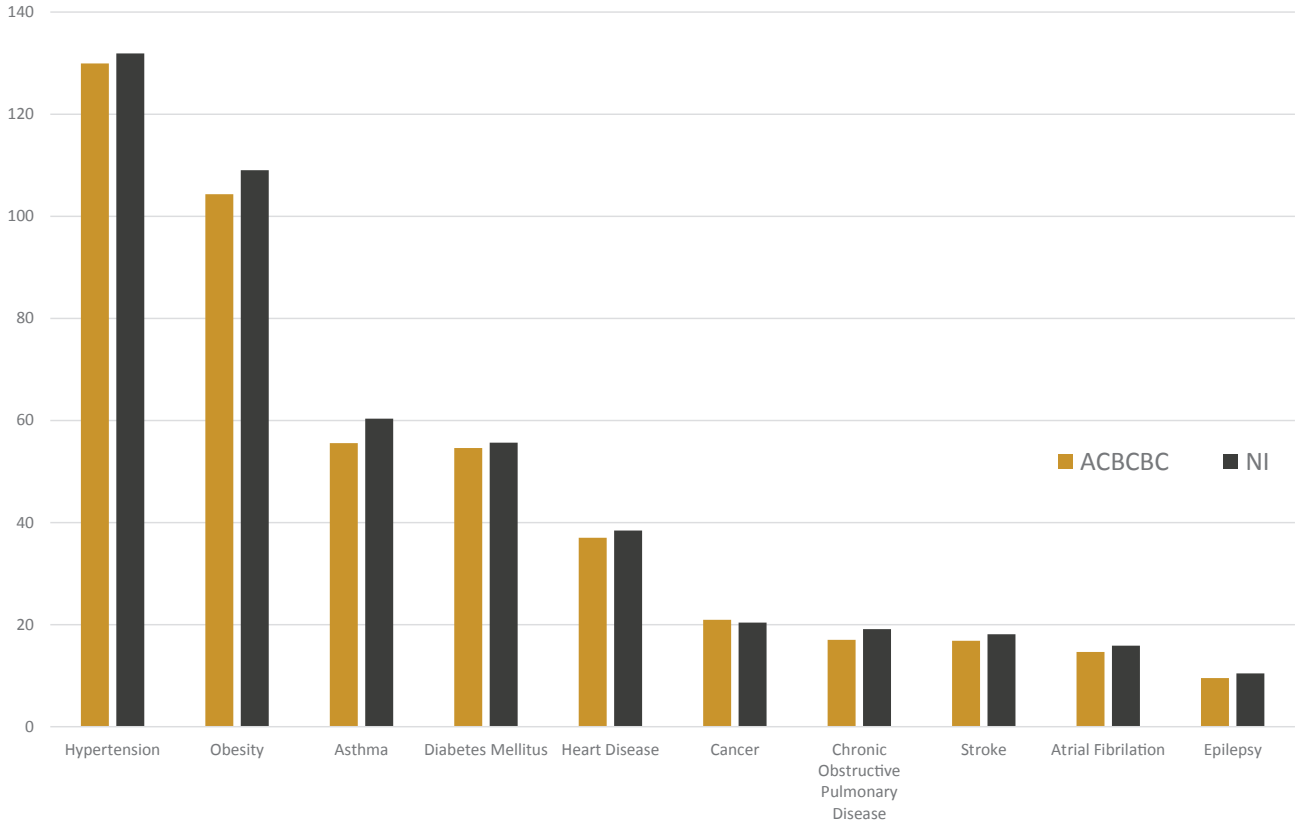


Figure 17. Disease prevalence in Armagh City, Banbridge and Craigavon and NI, 2015. Source DHSSPS, via NINIS NISRA.

Diabetes UK in their 'Facts and Stats' November 2015 publication, estimate that there are around 549,000 people in the UK who have diabetes but have not been diagnosed, this includes just over 13,000 in Northern Ireland. They note that the UK figure was worked out using the diagnosed figure from the 2014/15 Quality and Outcomes Framework and the AHPO diabetes prevalence model. However a figure for Northern Ireland was not predicted by the AHPO model, so undiagnosed prevalence for Northern Ireland was extrapolated on the percentage undiagnosed figure for Scotland.

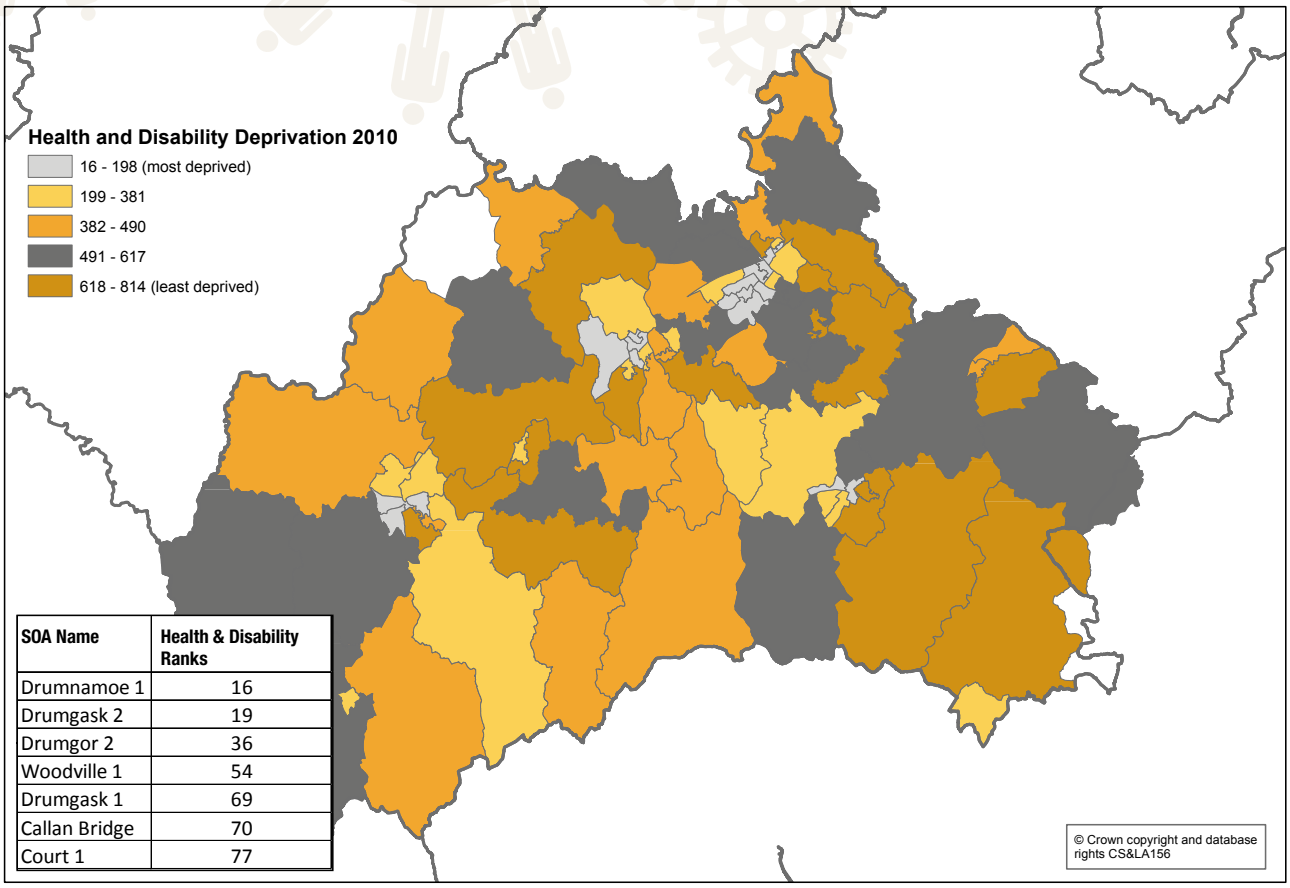
Dental Registrations

Dental health is widely used as an 'indicative measure' of children's general health. This is because it reflects a key 'outcome' of good parental care during the pre-school period.

In 2014 in Armagh City, Banbridge and Craigavon 27.4% of children aged 0-2 years and 74.0% of children aged 3-5 years were registered with a dentist. These are similar to proportions in NI overall (28.6% and 73.6% respectively). Dental registration rates varied within the council area, for children 0-2 year rates varied from 11% in Drumgask 2 to 43% in Poyntzpass. Dental registration levels for children aged 3-5 were less than 50% in Keady, The Cut and Drumgask 2.

Health and Disability Deprivation

The NI Multiple Deprivation Measure 2010 includes a Health Deprivation and Disability domain. This domain identifies areas with relatively high rates of premature deaths and areas where relatively high proportions of the population's quality of life is impaired by poor health or who are disabled. The council has seven areas in the 10% most health and disability deprived areas in NI.



SOA Name	Health & Disability Ranks
Drumnamoe 1	16
Drumgask 2	19
Drumgor 2	36
Woodville 1	54
Drumgask 1	69
Callan Bridge	70
Court 1	77

Figure 18. Health and Disability Deprivation, NIMDM 2010. Source: NISRA.

MENTAL HEALTH

A number of indicators of mental health are presented: mood and anxiety disorders, anti-depressant drugs dispensed, mental wellbeing, self-harm, suicide, and drug and alcohol related deaths.

Mood and Anxiety Disorders

Prescriptions for mood and anxiety medication can be used as a mental health indicator although it should be noted that not all medications attributed to mood and anxiety are used for such conditions at all times.

The standardised prescription rate for mood and anxiety disorders is the number of people dispensed a prescription for mood and anxiety disorders per 1,000 population over a calendar year.

In Armagh City, Banbridge and Craigavon the standardised prescription rate for mood and anxiety disorders for 2012 was 188 prescriptions per 1,000 population. This was 6% lower than the Northern Ireland figure of 199 prescriptions per 1,000 population. The most deprived areas in the council had a higher rate of 244 per 1,000 population (nearly a third higher than the council area overall).

	2009	2010	2011	2012
Most deprived in LGD	220	240	248	244
Armagh, Banbridge & Craigavon LGD	166	182	188	188
Northern Ireland	168	183	190	199
Gap: Most deprived/LGD	33%	32%	32%	30%
Gap: LGD/NI	-1%	0%	-1%	-6%

Table 16. Standardised prescription rate for mood and anxiety disorders 2009 - 2012. Source DHSSPS Health Inequalities Monitoring.

Armagh City, Banbridge and Craigavon had the third highest prescription rate for mood and anxiety disorders in 2012 after Belfast and Derry City and Strabane. For all council areas, the standardised prescription rate for mood and anxiety disorder for females was higher than for males.

	2012		
	Male	Female	All
Antrim and Newtownabbey	141	221	186
Ards and North Down	121	185	157
Armagh City, Banbridge and Craigavon	144	222	188
Belfast	190	244	222
Causeway Coast and Glens	144	211	181
Derry City and Strabane	185	269	232
Fermanagh and Omagh	140	193	170
Lisburn and Castlereagh	119	193	160
Mid and East Antrim	133	206	174
Mid Ulster	146	216	185
Newry, Mourne and Down	149	218	187
Northern Ireland	**144**	**246**	**199**

Table 17. Standardised prescription rate for mood and anxiety disorders by gender 2012. Source DHSSPS via NINIS NISRA.

Anti-depressant drugs

Armagh City, Banbridge and Craigavon had the third highest rate of anti-depressant drug items dispensed per head of the population registered with a GP in each of the most recent 3 years. The highest rates were seen in Belfast and Derry City and Strabane.

	2012		2013		2014	
	Drug Items dispensed	Cost of Drugs dispensed (£)	Drug Items dispensed	Cost of Drugs dispensed (£)	Drug Items dispensed	Cost of Drugs dispensed (£)
Antrim and Newtownabbey	1.00	6.38	1.08	7.02	1.15	6.39
Ards and North Down	0.93	6.27	1.04	6.96	1.13	7.15
Armagh City, Banbridge and Craigavon	1.04	6.51	1.14	7.08	1.21	6.70
Belfast	1.17	6.22	1.27	6.91	1.33	6.67
Causeway Coast and Glens	1.04	6.99	1.10	7.73	1.15	6.68
Derry City and Strabane	1.18	5.25	1.29	6.50	1.35	6.03
Fermanagh and Omagh	0.98	5.21	1.07	6.50	1.09	5.76
Lisburn and Castlereagh	0.85	4.83	0.93	5.56	1.00	5.51
Mid and East Antrim	1.01	6.51	1.11	7.27	1.16	6.74
Mid Ulster	0.99	6.37	1.05	7.05	1.10	6.33
Newry, Mourne and Down	0.98	5.81	1.06	6.04	1.11	5.96
Northern Ireland	**1.17**	**6.86**	**1.25**	**7.56**	**1.32**	**7.19**

Table 18. Prescriptions for anti-depressant drugs per head of registered population. Source DHSSPS, via NINIS NISRA.

Mental Wellbeing

The Warwick-Edinburgh Mental Wellbeing Scale is a measure of the positive mental health of people over time. The scale scores range from 14 (lowest mental well-being) to 70 (highest mental well-being). Higher scores indicate greater wellbeing.

Levels of wellbeing in the adult population, as measured by the Warwick-Edinburgh Mental Wellbeing Scale have been similar in the most recent two NI health surveys. The Southern HSCT having a mean score of 51 in both 2011/12 and 2013/14, similar to the scores seen for NI in both years. Levels of mental wellbeing were comparable to those in Scotland[5] (50.0) and England [6] (50.8).

HSCT	2011/12	2013/14
Belfast	49	51
Northern	51	52
South Eastern	50	50
Southern	51	51
Western	51	50
Northern Ireland	**50**	**51**

Table 19. Mean Warwick Edinburgh Mental Well-being Scale score by Health and Social Care Trust 2011/12 and 2013/14.

[5] Scotland Health Survey 2014 table 1.5: http://www.gov.scot/Publications/2015/09/6648/downloads.
[6] England Health Survey 2014 table 16: http://www.hscic.gov.uk/catalogue/PUB19297

The Warwick-Edinburgh Mental Wellbeing Scale contains 14 positively worded statements, such as feeling optimistic, feeling relaxed, thinking clearly, feeling confident and feeling cheerful. Respondents are asked to indicate how often they have agreed with each statement on a scale ranging from '1- None of the time' to '5- All of the time'. A score is then assigned to each respondent with a minimum score of 14 and maximum score of 70. The higher a person's score is the better their level of mental well-being. The scale was not designed with a view to categorising the population according to level of mental well-being (thus no cut-off points have been developed), but rather as a tool for monitoring the mental well-being of groups of people over time or differences between groups.

Self Harm

In 2013/14 Armagh City, Banbridge and Craigavon had 173 admissions to hospital with a diagnosis of self-harm, the second highest number after Belfast.

	2010/11	2011/12	2012/13	2013/14
Antrim and Newtownabbey	52	41	45	77
Ards and North Down	156	128	111	81
Armagh City, Banbridge and Craigavon	161	144	147	173
Belfast	424	372	359	272
Causeway Coast and Glens	34	51	36	61
Derry City and Strabane	109	118	107	103
Fermanagh and Omagh	56	51	60	64
Lisburn and Castlereagh	77	75	64	63
Mid and East Antrim	61	41	42	72
Mid Ulster	71	59	109	46
Newry, Mourne and Down	126	118	127	97
Northern Ireland*	**1,339**	**1,210**	**1,217**	**1,121**

Table 20. Number of admissions and approximate number of individuals admitted with a diagnosis of self-harm. Source: DHSSPS, via NINIS NISRA. *Note totals do not sum as not all admissions could not be allocated to a geographic location.

Admission rates for self-harm in Armagh City, Banbridge and Craigavon were similar to those for NI overall. In 2008/09 – 2012/13 the council had 246 admissions per 100,000 population, compared to NI 239 admissions per 100,000 population. Rates in the most deprived areas in the council (526 per 100,000 population) were more than double that seen in the council overall.

	2004/05 - 2008/09	2005/06 - 2009/10	2006/07 - 2010/11	2007/08 - 2011/12	2008/09 - 2012/13
Most deprived in LGD	553	543	547	556	526
Armagh, Banbridge & Craigavon LGD	266	258	255	260	246
Northern Ireland	251	248	250	250	239
Gap: Most deprived/LGD	108%	110%	115%	114%	114%
Gap: LGD/NI	6%	4%	2%	4%	3%

Table 21. Standardised admission rate - self-harm (admissions per 100,000 population). Source: DHSSPS Health Inequalities Monitoring.

Suicide

There were 26 deaths in the council area from suicide and undetermined intent in 2014; 1.7% of all deaths. There have been between 24 and 36 deaths each year due to suicide over the most recent 7 years.

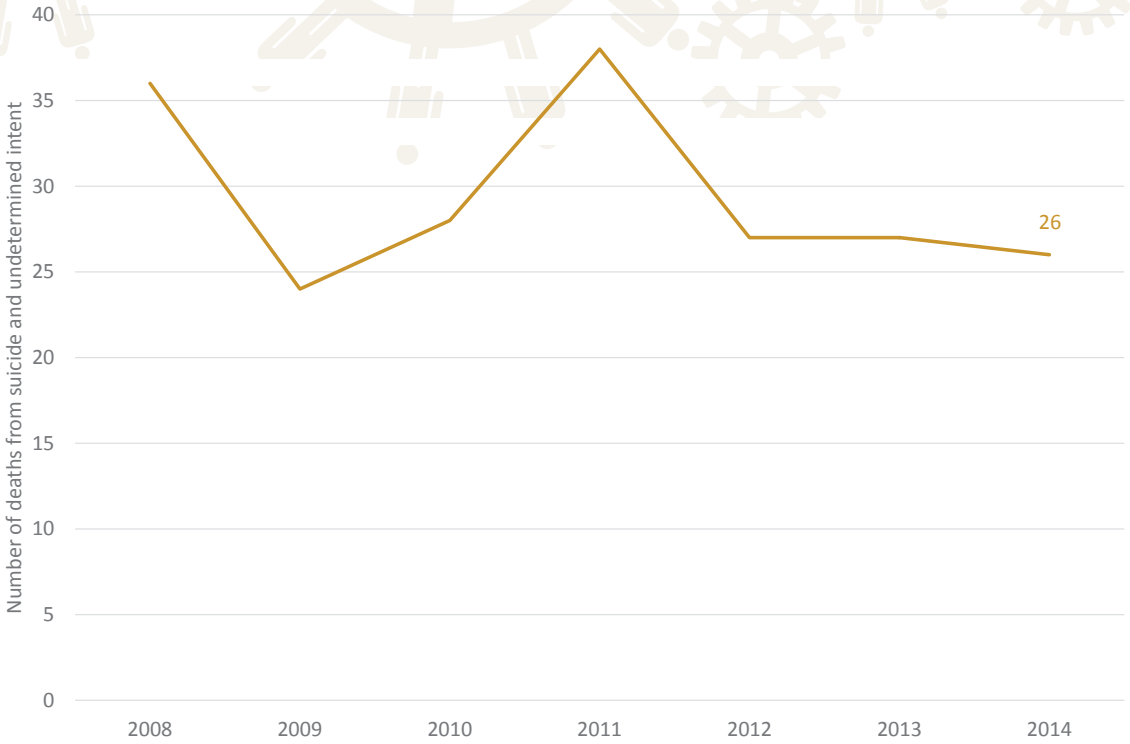


Figure 19. Number of deaths from suicide and undetermined intent, Armagh City, Banbridge and Craigavon (2008 - 2014). Source: NINIS NISRA.

During 2010-2012, the crude suicide rate[7] in Armagh City, Banbridge and Craigavon was 15.5 suicides per 100,000 population (Northern Ireland: 16.2 suicides per 100,000 population). The council had the fourth highest suicide rate of all the councils - following Belfast 24.9, Derry and Strabane 16.9 and Causeway Coast and Glens 16.2. In the council area, as with NI overall, the suicide rate for males (24.0 per 100,000) was over 3 times that for females (7.2 per 100,000)

LGD	Male	Female	All
Antrim and Newtownabbey	23.4	6.1	14.5
Ards and North Down	20.3	4.5	12.1
Armagh City, Banbridge and Craigavon	24.0	7.2	15.5
Belfast	38.4	12.3	24.9
Causeway Coast and Glens	26.0	6.6	16.2
Derry City and Strabane	27.1	7.1	16.9
Fermanagh and Omagh	20.0	7.6	13.8
Lisburn and Castlereagh	21.8	7.7	14.6
Mid and East Antrim	22.8	4.3	13.3
Mid Ulster	15.9	5.8	10.8
Newry, Mourne and Down	20.4	7.3	13.8
NI	**25.1**	**7.5**	**16.2**

Table 22. Crude suicide rate per 100,000 population (2010-2012). Source: NISRA, DHSSPS.

Over time the crude suicide rate in the council area has been similar to the NI average.

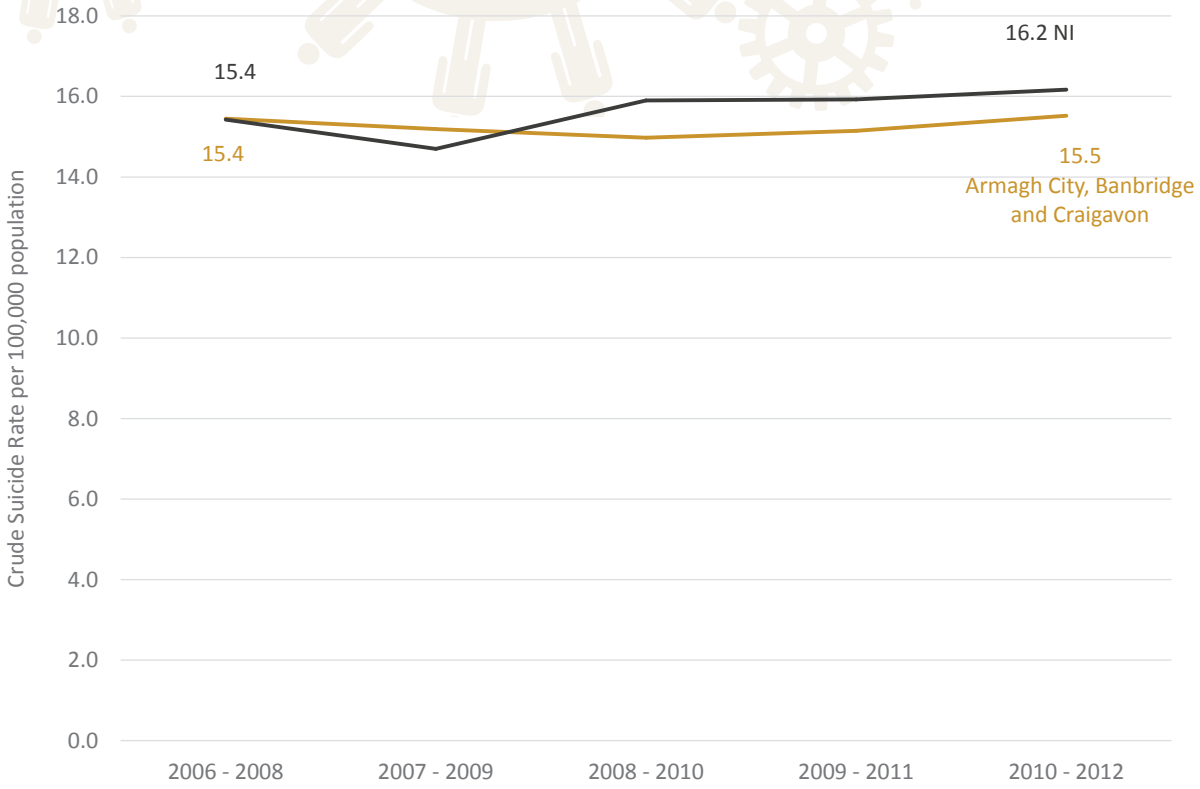


Figure 20. Crude suicide rate per 100,000 population (2006-2008 to 2010-2012). Source: DHSSPS via NINIS NISRA.

In 2008-2012 the suicide rate in the 20% most deprived areas of the council (29.6 deaths per 100,000 population) was almost twice that in the council overall (15.5 per 100,000 population).

Suicide rates by country

Between 1981 and 2005, Northern Ireland generally had the lowest suicide rate of all the constituent countries of the UK, Scotland had the highest. In 2005, the suicide rate in Northern Ireland showed a large increase, since this time, the highest suicide rate has varied between Northern Ireland and Scotland.

Prior to 2004, there were 7 Coroner's districts in Northern Ireland. Following a review of the Coroner's service, the separate districts were amalgamated into one centralised Coroner's service. This change may have affected the timing of the registration of deaths, with statistics from 2004 onwards being more timely.

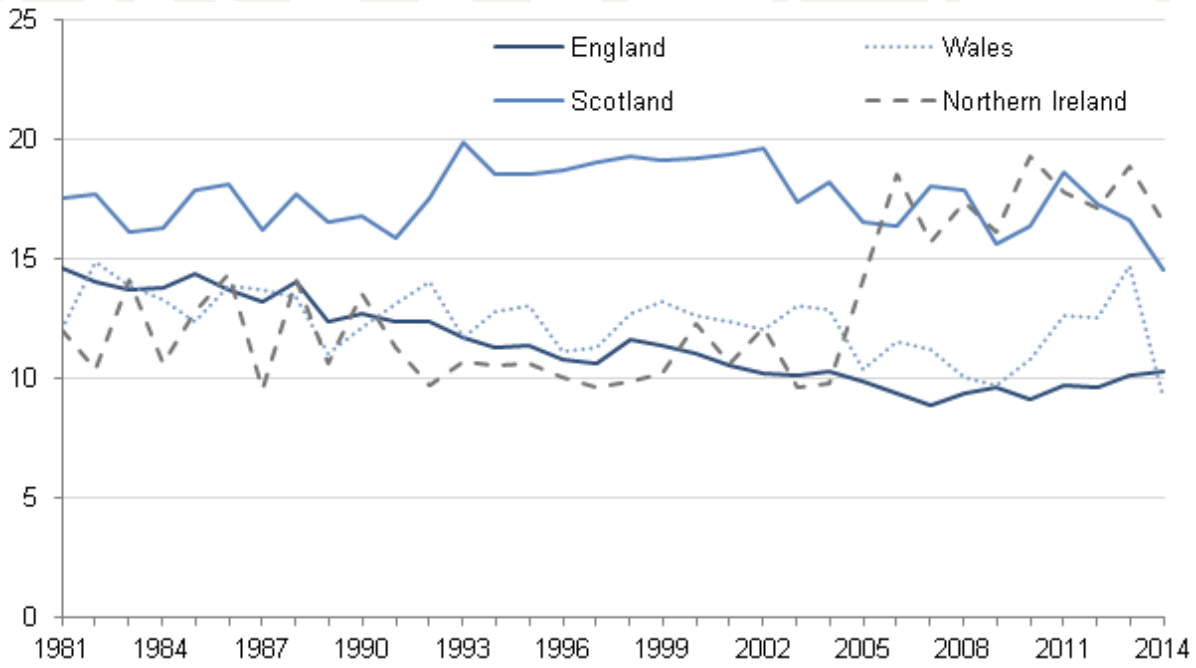


Figure 21. Age-standardised rate (per 100,000 population) by country, deaths registered between 1981 and 2014. Source: Suicides in the UK, 2014 registrations. Office for National Statistics.

Alcohol and Drug related deaths

Armagh City, Banbridge and Craigavon had 20 alcohol related deaths in 2014, the second highest number after Belfast.

	2008	2009	2010	2011	2012	2013	2014
Antrim and Newtownabbey	22	19	20	17	23	17	14
Ards and North Down	23	33	18	27	24	16	20
Armagh City, Banbridge and Craigavon	18	20	33	20	28	17	27
Belfast	83	75	71	75	77	62	68
Causeway Coast and Glens	19	17	14	19	11	13	14
Derry City and Strabane	21	37	45	19	35	29	22
Fermanagh and Omagh	11	14	16	16	14	17	12
Lisburn and Castlereagh	19	15	15	18	18	14	9
Mid and East Antrim	19	19	17	10	10	12	16
Mid Ulster	16	10	11	13	10	16	12
Newry, Mourne and Down	25	24	24	18	20	23	24
Northern Ireland	**276**	**283**	**284**	**252**	**270**	**236**	**238**

Table 23. Alcohol Related Deaths 2008 - 2014. Source: NISRA.

Armagh City, Banbridge and Craigavon had 14 drug related deaths in 2014, of which 9 were due to drug misuse.

	2008	2009	2010	2011	2012	2013	2014
Drug related deaths	7	12	8	15	10	8	14
Of which: Deaths due to drug misuse	3	9	4	8	6	5	9

Table 24. Drug related deaths and deaths due to drug misuse 2008 - 2014. Source: NISRA.

Armagh City, Banbridge and Craigavon had the 6th highest admission rate due to alcohol related causes 612 per 100,000 population, lower than the NI rate of 683 per 100,000 population.

	2006/07 - 2008/09	2007/08 - 2009/10	2008/09 - 2010/11	2009/10 - 2011/12	2010/11 - 2012/13
Antrim and Newtownabbey	507	487	464	455	453
Ards and North Down	474	550	609	641	678
Armagh City, Banbridge and Craigavon	574	647	667	643	612
Belfast	1,042	1,085	1,063	1,067	1,084
Causeway Coast and Glens	382	392	376	392	396
Derry City and Strabane	906	957	990	1,037	1,067
Fermanagh and Omagh	450	430	495	573	677
Lisburn and Castlereagh	354	386	418	409	435
Mid and East Antrim	469	470	471	441	427
Mid Ulster	629	603	557	529	493
Newry, Mourne and Down	680	686	679	667	699
Northern Ireland	**635**	**660**	**665**	**669**	**683**

Table 25. Standardised Admission Rate due to Alcohol Related causes per 100,000 population. Source: NISRA.

DEATHS

There were 1,487 deaths in Armagh City, Banbridge and Craigavon in 2014. This is an average of 40 deaths per day. The total numbers have been similar from 2008 to 2014.

The leading cause of death was cancer (30%) followed by circulatory diseases (26%) and respiratory diseases (11%). These proportions are similar to those seen in NI overall - cancer (29%), circulatory diseases (25%) and respiratory diseases (14%).

The median age at death was 80 years.

	2008	2009	2010	2011	2012	2013	2014
Deaths	1,473	1,479	1,460	1,411	1,490	1,510	1,487

Table 26. Deaths in Armagh City, Banbridge and Craigavon 2008 - 2014. Source: NISRA.

Populations across areas of Northern Ireland differ in terms of their age and sex structure which has an impact on the death rate for each area. The Standardised Mortality Ratio (SMR) takes account of the age and sex structure of the local population and compares mortality in that local area with the Northern Ireland average (100). SMRs are often used as an indicator of the level of illness among a population and tend to relate to deprivation. When controlling for age and sex differences in the local population, 4 per cent fewer deaths occurred in Armagh City, Banbridge and Craigavon than the Northern Ireland average.

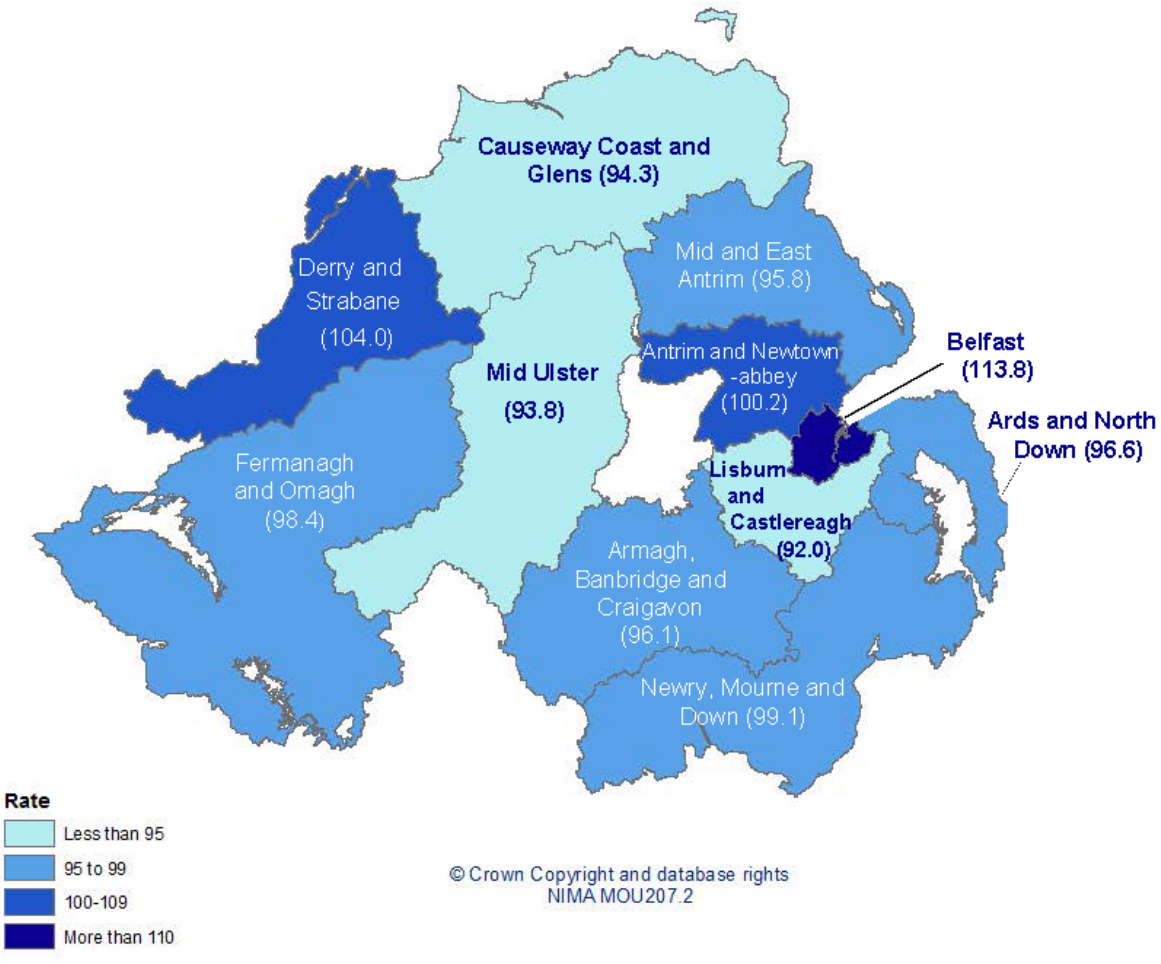
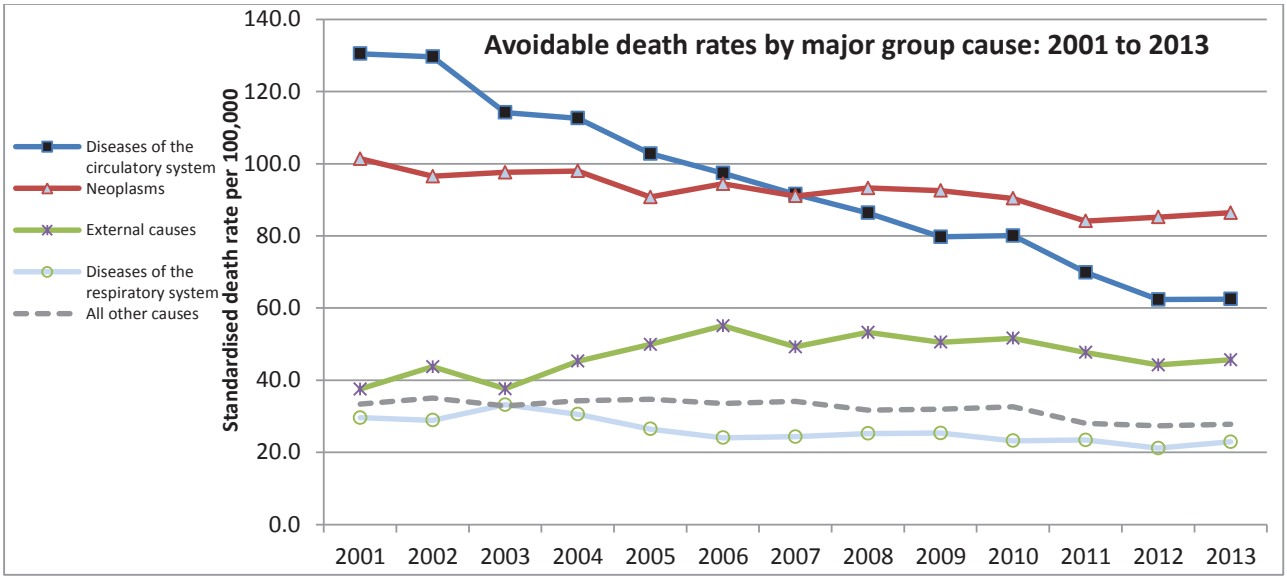


Figure 22. Standardised mortality ratios by Local Government District (2012 to 2014). Source: NISRA.

Potentially Avoidable Premature Deaths

Four thousand people in Northern Ireland die prematurely each year of causes which are considered to be potentially avoidable. These are disproportionately males (60%) and the main causes of these deaths are cancers (particularly lung cancer), ischaemic heart disease and unintentional injuries (transport and accidental injury). As a proportion of all deaths these potentially avoidable premature deaths have been declining but still represent just over a quarter of all deaths.

Avoidable Deaths
Potentially avoidable premature deaths (avoidable deaths) are deaths from causes where all or most deaths from that cause (subject to age limits if appropriate) could be avoided through good quality healthcare or public health interventions in the broadest sense. The vast majority of avoidable death causes are limited only to deaths in those aged under 75 years (i.e. they are premature deaths) however there is no age-limit for a minority of causes including deaths as a result of intentional or unintentional injury. The Office for National Statistics have defined a list of causes of deaths that can be considered potentially avoidable in the presence of timely and effective healthcare or public health interventions.



Numbers of deaths:													
Persons	**2001**	**2002**	**2003**	**2004**	**2005**	**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**
Diseases of the circulatory system	1,612	1,620	1,449	1,452	1,341	1,298	1,250	1,198	1,128	1,157	1,024	946	961
Neoplasms	1,282	1,233	1,258	1,288	1,211	1,278	1,253	1,311	1,319	1,324	1,260	1,290	1,342
External causes	544	632	545	640	755	850	768	845	793	836	775	727	742
Diseases of the respiratory system	365	359	411	389	342	317	327	348	358	331	340	312	345
All other causes	503	520	500	534	555	531	555	528	547	565	488	481	491
TOTAL	**4,306**	**4,364**	**4,163**	**4,303**	**4,204**	**4,274**	**4,153**	**4,230**	**4,145**	**4,213**	**3,887**	**3,756**	**3,881**

Figure 23. NI avoidable death rates by major group cause 2001 to 2013. Source: Public Health Agency.

Since 2007, neoplasms (cancer) have been the most common group cause of avoidable deaths overtaking that of circulatory diseases. The major contribution to this sharp fall in circulatory disease deaths has been reductions in deaths due to ischaemic heart disease and stroke. This picture is similar to that observed in England and Wales where in 2007 neoplasms also overtook circulatory diseases as the major cause of avoidable deaths.

The Office for National Statistics (ONS) publication Avoidable Mortality in England and Wales 2013, commenting on the above avoidable mortality trends, states 'Increased uptake in exercise, a fall in smoking rates and medical improvements have contributed to the fall in cardiovascular disease'.

Comparison of the Northern Ireland data with data from ONS for England and Wales shows that the Northern Ireland average age-standardised avoidable mortality rate for 2013 was slightly higher than the overall England and Wales average but lower than

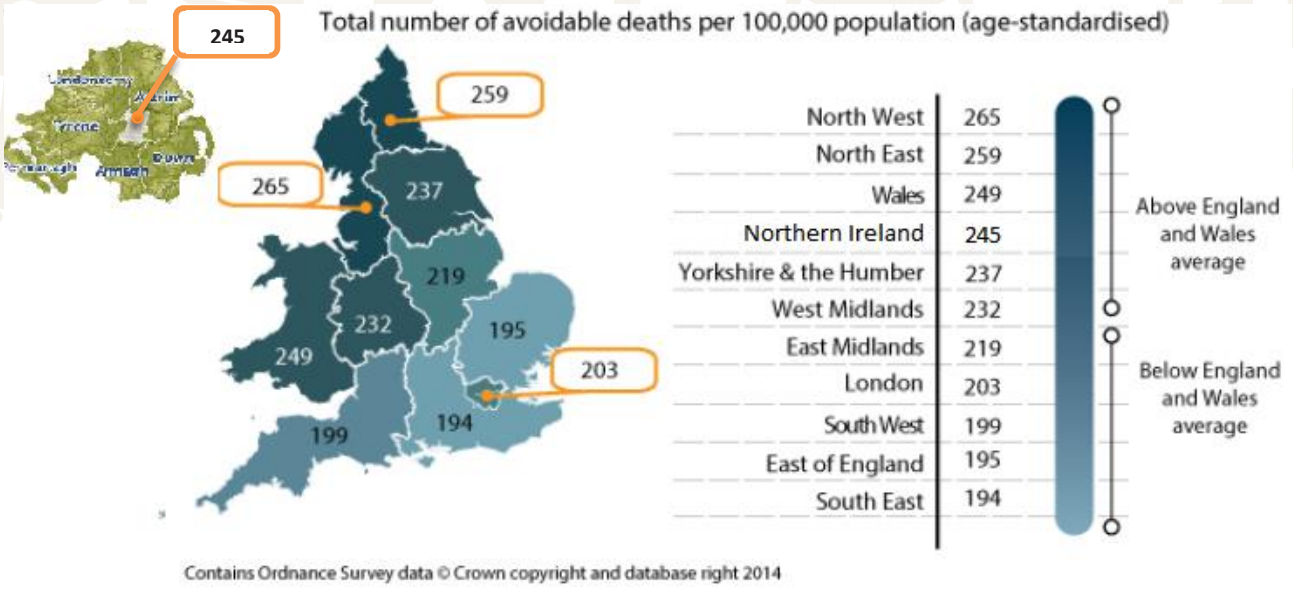


Figure 24. Avoidable Mortality in England, Wales & NI, 2013. Source: England & Wales Office for National Statistics (ONS), NI Public Health Agency, Northern Ireland data added to original ONS diagram for comparison.

As well as analysis for NI overall, the Public Health Agency has produced information for District Councils and District Electoral Areas.

What is the scale of potentially avoidable premature deaths in Armagh City, Banbridge and Craigavon?

Between 2009 and 2014 (six years of data) there were a total of 8,830 deaths from all causes in Armagh City, Banbridge and Craigavon with 2,355 of these from causes considered premature and potentially avoidable (26.7% of all deaths).

Approximately 393 people a year in Armagh City, Banbridge and Craigavon die prematurely of potentially avoidable causes with approximately 231 (57%) of these aged under 65 years.

Whilst greater numbers of deaths from all causes occurred in females than in males in the Armagh City, Banbridge and Craigavon council area a much greater proportion of such deaths in males are potentially avoidable compared with females (32% vs 20% respectively).

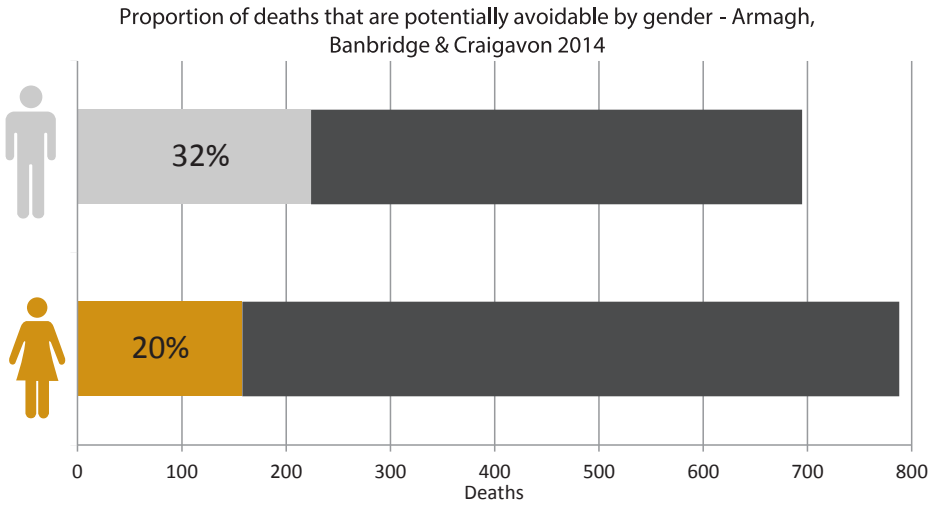


Figure 25. Scale and proportion of deaths that are potentially avoidable by gender - Armagh City, Banbridge and Craigavon, 2014. Source: Public Health Agency analysis of NISRA deaths data 2014.

There is considerable variation in the standardised death rate due to avoidable causes across the 11 council areas. Rates are highest in Belfast and lowest in Lisburn and Castlereagh, however rates have reduced over time across all areas.

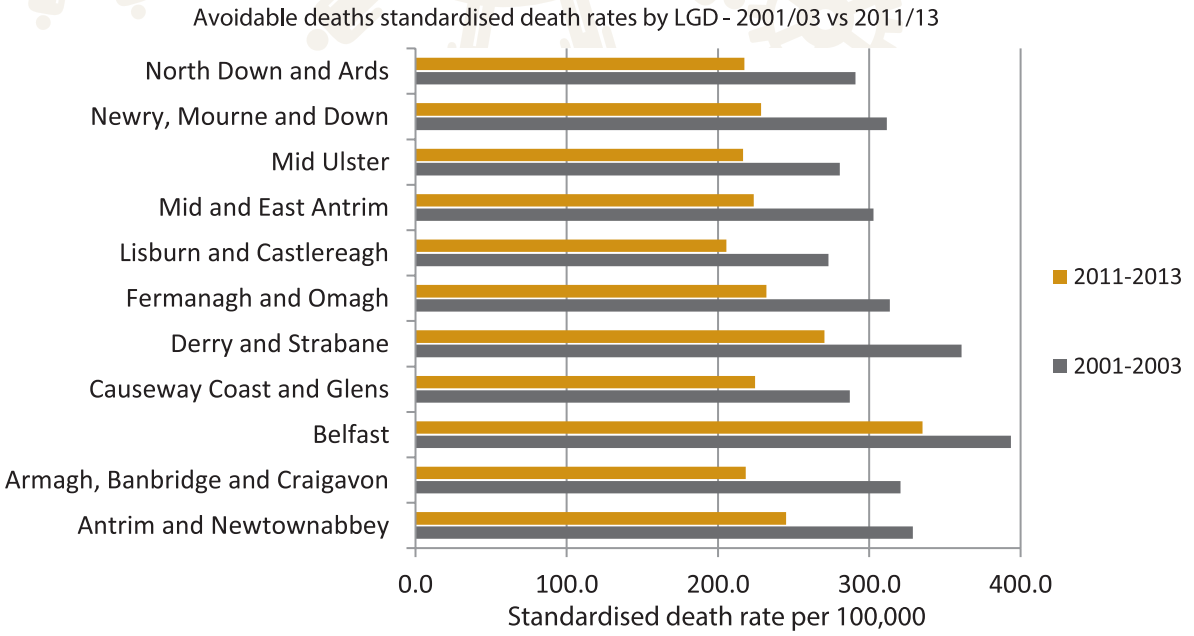


Figure 26. Age-standardised avoidable death rates 2001-03 vs 2011-13 by Local Government Districts. Source: Public Health Agency.

In Armagh City, Banbridge and Craigavon of the 4,520 potentially avoidable deaths the main causes in the period 2001-2011 were cardiovascular diseases, Neoplasms (cancer) and unintentional injuries.

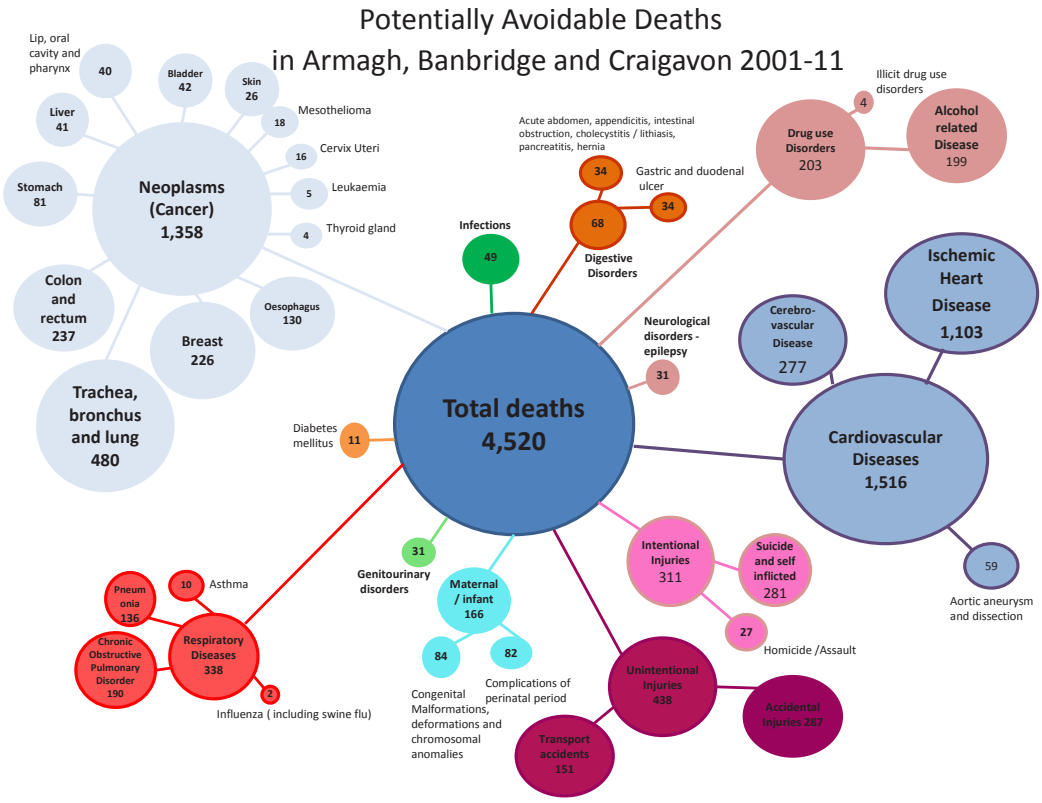


Figure 27. Potentially Avoidable Deaths in Armagh City, Banbridge and Craigavon 2001-11. Source: Public Health Agency.

Within Armagh City, Banbridge and Craigavon at District Electoral Area (DEA) level there is marked variation in the rate of potentially avoidable premature death, with Armagh, Lurgan and Portadown DEAs having the highest rates per 1,000 population.

The Armagh, Lurgan and Portadown DEAs have a potentially avoidable premature death rate for males that is considerably higher than both the overall Council level and Northern Ireland average. The rates for females generally higher but less so than for males. These differences are the result of particularly high death rates in those aged 40-64 years in these areas. Analysis at a Northern Ireland level has shown a strong relationship between premature deaths and areas of high deprivation and Armagh, Lurgan and Portadown DEAs are known to include such areas.

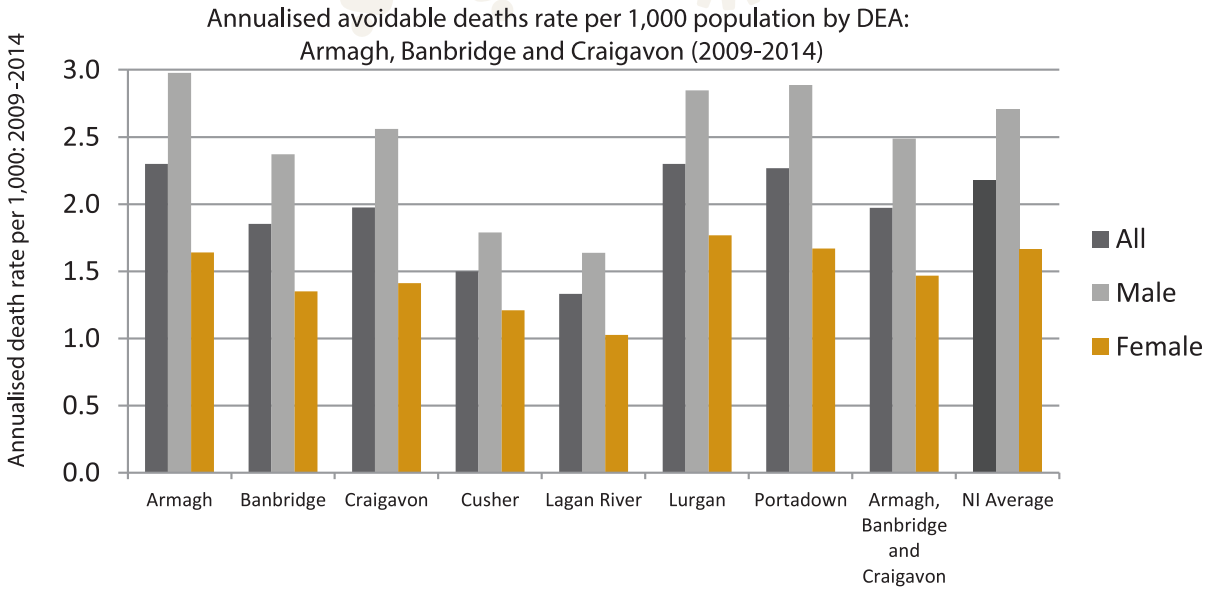


Figure 28. Annualised potentially avoidable premature death rate per 1,000 population, Armagh City, Banbridge and Craigavon DEAs (2009-2014). Source: Public Health Agency analysis of NISRA deaths data 2009-2014.

There is considerable variation in the total numbers of potentially avoidable premature deaths by DEA. This can be partly explained by both the differences in population size and structure between the various DEAs. However, comparing DEAs of similar population size and structure, for example Lurgan versus Banbridge, shows that these differences do not fully account for the variation.

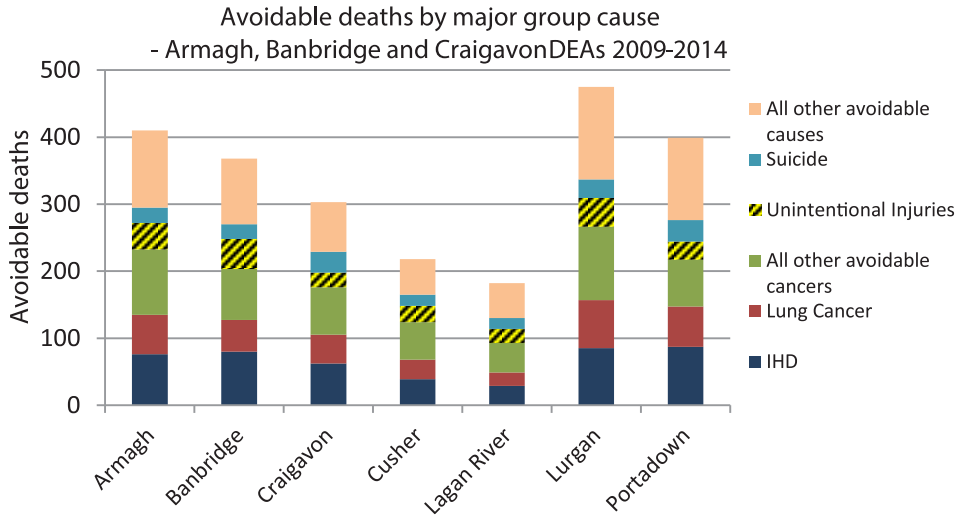


Figure 29. Avoidable deaths by major group cause, Armagh City, Banbridge and Craigavon District Electoral Areas (2009-2014). Source: Public Health Agency analysis of NISRA deaths data 2009-2014.

The major group causes of deaths that are considered premature and potentially avoidable are Ischaemic Heart Disease (IHD), Lung cancer, other avoidable cancers, unintentional injuries (includes both transport accidents and accidental injuries) and suicide. Lurgan, Armagh and Portadown have higher numbers of potentially avoidable premature deaths from 'other causes', mainly from alcohol-related diseases and COPD (Chronic Obstructive Pulmonary Disease which is associated with smoking).

Table 1: Summary of deaths by DEA (all causes and potentially avoidable) 2009-2014 – numbers and rates per 1,000 population

DEA	Deaths 2009-2014 (All Causes)	All Avoidable deaths 2009-2014	Avoidable deaths-Males(n)	Avoidable deaths-Females(n)	Avoidable deaths-Rates (All)	Avoidable deaths-Rates (Male)	Avoidable deaths-Rates (Female)	IHD	Lung cancer	Other Avoidable Cancers	Unintentional Injuries†	Suicide	Other causes*
Armagh	1,510	410	262	148	2.30	2.98	1.64	76	59	97	40	23	115
Banbridge	1,444	368	232	136	1.85	2.37	1.35	80	47	76	45	22	98
Craigavon	982	303	193	110	1.98	2.56	1.41	62	43	71	22	31	74
Cusher	1,050	218	130	88	1.50	1.79	1.21	39	29	56	24	17	53
Lagan River	809	182	112	70	1.33	1.64	1.02	29	20	44	21	16	52
Lurgan	1,542	475	290	185	2.30	2.85	1.77	85	72	109	43	28	138
Portadown	1,493	399	250	149	2.27	2.89	1.67	87	60	70	27	32	123
Armagh, Banbridge and Craigavon	8,830	2,355	1,469	886	1.97	2.49	1.47	458	330	523	222	169	653
N.Ireland	87,476	23,660	14,421	9,239	2.18	2.71	1.67	4,143	3,223	4,780	2,687	1,710	7,117

Table 27. Summary of deaths by District Electoral Area (all causes and potentially avoidable) 2009-2014 – numbers and rates per 1,000 population. Source: Public Health Agency Analysis of NISRA deaths data 2009-2014. † Unintentional injuries includes deaths from accidental injuries and transport accidents; *Other causes includes all other avoidable deaths causes not listed. Colour coding for death rates: Green=Rate below NI average; Red= Rate above NI average. Rates are a crude rate per 1,000 and are not age-standardised.

Infant Mortality

Infant mortality rate is the number of children dying before their first birthday per 1,000 live births. Over the period 2009-2013, the infant mortality rate in Armagh City, Banbridge and Craigavon was 4.5 compared with 4.7 in Northern Ireland.

	2005-09	2006-10	2007-11	2008-12	2009-13
Antrim and Newtownabbey	5.3	5.3	4.9	4.6	4.5
Ards and North Down	5.2	4.5	4.2	4.2	5.2
Armagh City, Banbridge and Craigavon	4.8	5.3	5.2	4.6	4.5
Belfast	6.6	5.6	5.2	4.8	4.7
Causeway Coast and Glens	5.2	4.9	5.4	5.5	5.3
Derry and Strabane	5.9	5.8	5.8	5.4	5.7
Fermanagh and Omagh	6.1	6.6	6.1	5.5	5.3
Lisburn and Castlereagh	3.7	4.2	4.5	4.5	4.3
Mid and East Antrim	4.4	4.5	4.4	4.1	3.7
Mid Ulster	4.1	3.9	3.7	3.6	3.8
Newry, Mourne and Down	5.2	5.8	5.5	5.3	4.8
Northern Ireland	**5.3**	**5.2**	**5.0**	**4.7**	**4.7**

Table 28. Infant Mortality Rate per 1,000 live births, 2005-2009 to 2009-2013. Source: DHSSPS.

In NI in 2014, more than two thirds (68%) of infant deaths occurred in the first week of life.

The 2014 Registrar General Report describes how in NI over the past 30 years, the infant death rate has more than halved, falling from 10.5 infant deaths per 1,000 live births in 1984 to 4.8 in 2014. However, the rate in 2014 remains one of the higher rates in Europe, which (based on the latest available data) ranges from 1.6 infant deaths per 1,000 live births in Cyprus to 10.8 in Turkey.

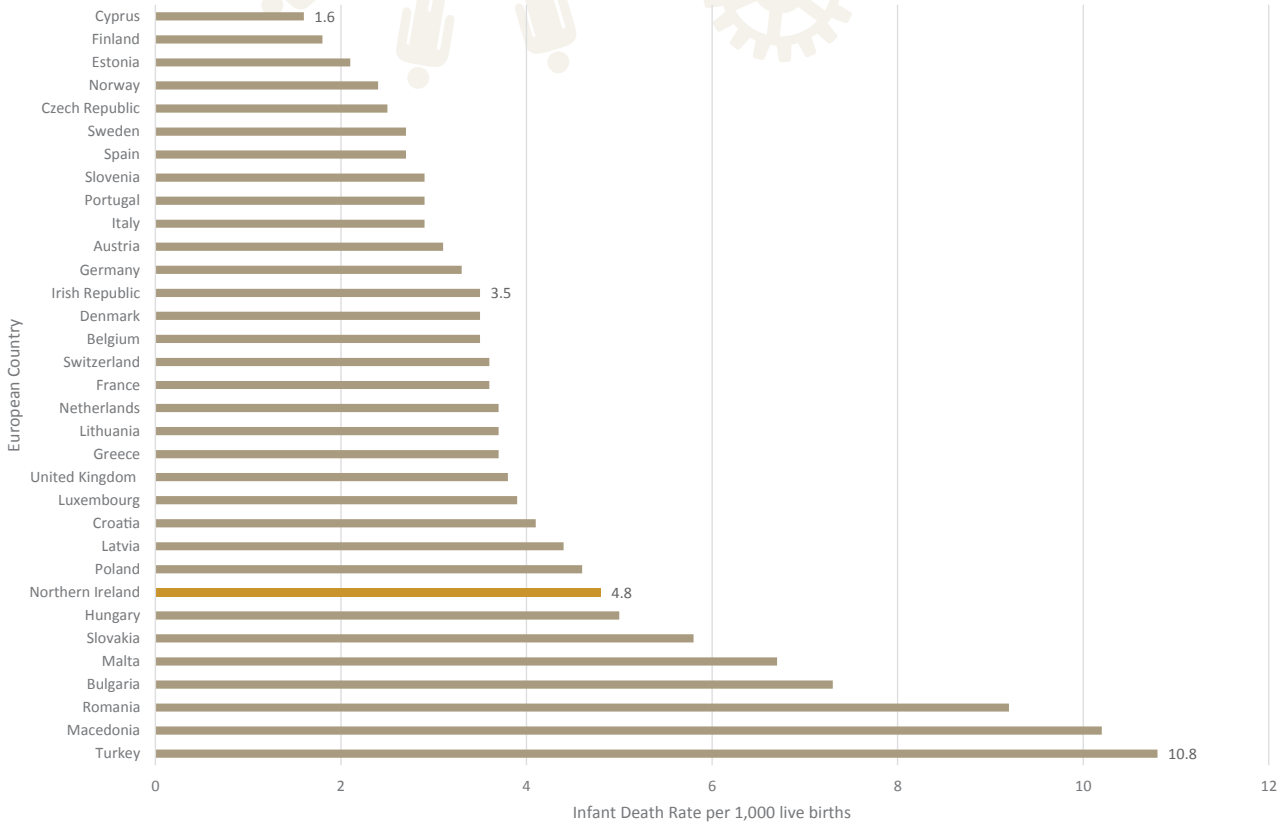
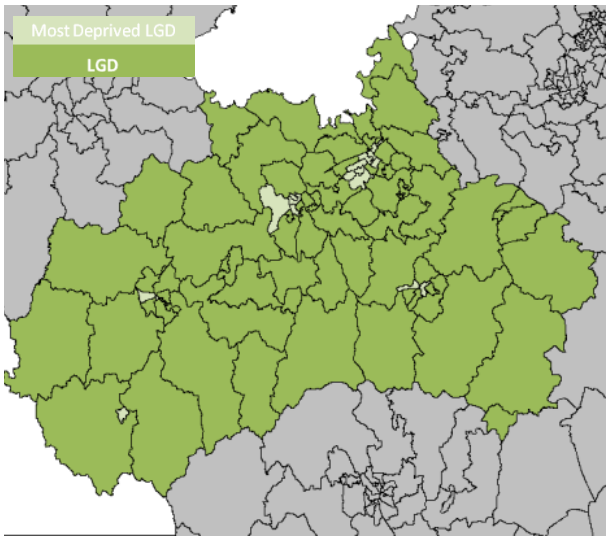


Figure 31. Latest available infant mortality rates for European Countries (latest available years range from 2012 to 2014). Source: Registrar General Annual Report 2014, NISRA.

Health Inequalities

Reducing health inequalities is one of the aims of Making Life Better (the public health strategic framework). To support this the Northern Ireland health and social care inequalities monitoring system[7] covers a range of health outcomes, providing analysis at a range of geographic levels.

The report provides a summary of health inequalities between the council area and NI overall, along with a comparison between the 20% most deprived areas[8] in the council and the council area overall. The map below shows the 20% most deprived super output areas (SOAs) in the Armagh City, Banbridge and Craigavon Local Government District (LGD).

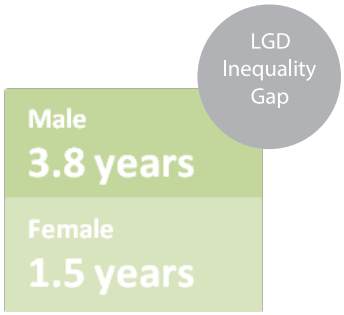


Key Findings

- Health outcomes were worse in the most deprived areas than in Armagh City, Banbridge & Craigavon as a whole, across all 26 indicators.
- With regards the LGD-NI inequality gaps, relatively small or no gaps were evident across the 26 health outcomes examined.

Life Expectancy [9]

- Males in the 20% most deprived areas could expect to live 74.2 years, 3.8 years fewer than the Armagh City, Banbridge & Craigavon average (78.0 years).
- Female life expectancy in the most deprived areas was 81.0 years, 1.5 years less than the LGD overall (82.5 years).
- Between 2006-08 and 2010-12 the life expectancy inequality gap widened by 1.0 years for males while conversely it narrowed by 1.1 years for females.



[7] Health and Social Care Inequalities Monitoring System: http://www.dhsspsni.gov.uk/index/statistics/health-inequalities/sub-regional-health-inequalities.htm

[8] The 2010 NI Multiple Deprivation Measure was used to rank the SOAs within each LGD area into its deprivation quintiles, from quintile 1 (most deprived) to quintile 5 (least deprived). Therefore some of the areas that are classified as the most deprived in the LGD would not be included in the most deprived areas at the NI level. In Armagh City, Banbridge and Craigavon, the 17 most deprived SOAs were used as the 20% most deprived within the LGD. Armagh City, Banbridge and Craigavon has 14 SOAs in the top 20% in NI overall.

[9] Life Expectancy estimates produced by DHSSPS as part of the inequalities monitoring system are not directly comparable with those produced by NISRA as different methods are used to allocate the death and population counts geographically.

Largest Inequality Gaps	Decreased Inequality Gaps	Increased Inequality Gaps
•Std. Admission Rate: Drugs •Std. Admission Rate: Self-Harm •Std. Admission Rate: Alcohol •Teenage Birth Rate •Crude Suicide Rate	•Low Birth Weight	•Std. Admission Rate: Drugs •Crude Suicide Rate

Largest Inequality Gaps

- The standardised admission rate for drugs, self-harm and alcohol related conditions, along with teenage birth rate in the most deprived areas in the council were all more than double the rate for the council overall. The crude suicide rate was just less than double.
- The standardised admission rate for drugs in the most deprived areas (564 admissions per 100,000 population) was 117% higher than that seen in Armagh City, Banbridge & Craigavon overall (260 admissions per 100,000 population) in 2010/11-2012/13.
- In the most deprived areas the standardised admission rate for self-harm (526 admissions per 100,000 population) was 114% higher than in the Armagh, Banbridge & Craigavon LGD overall (246 admissions per 100,000 population).
- The LGD inequality gap for the standardised admission rate for alcohol related conditions was also 114% in 2010/11-2012/13 with a rate of 1,310 admissions per 100,000 population in the most deprived areas and 612 admissions per 100,000 population within the Armagh City, Banbridge & Craigavon as a whole.
- Teenage birth rates were 102% higher in deprived areas and the crude suicide rate was 92% higher in deprived areas compared to the council overall.
- Other relatively large inequality gaps exist across various health outcomes, with ten of the 26 indicators examined showing gaps of 40% of greater.

Notable Decreases in the LGD Inequality Gap

- Low birth weight rates reduced in the most deprived areas from 7.3% in 2005-09 to 6.3% in 2009-13, while the levels stayed relatively constant in the council overall at 6.1%. This resulted in the inequality gap narrowing from 24% to 4% over the period. This was the only notable decrease in inequality gaps observed within Armagh City, Banbridge & Craigavon.

Notable Increases in the LGD Inequality Gap

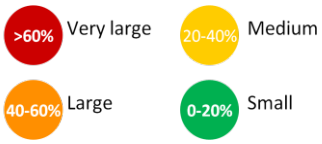
- The inequality gap for crude suicide rate increased from 54% to 92% between 2004-08 and 2008-12. This was due to a relatively higher increase in the rate in the most deprived areas than in the council overall.
- Between 2006/07-2008/09 and 2010/11-2012/13 the inequality gap for the standardised admission rate for drugs widened by almost a fifth, from 100% to 117%.

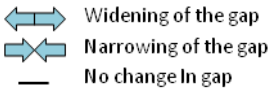
Sub-regional Health and Social Care Inequalities Monitoring System: Armagh City, Banbridge & Craigavon

Trends in both rates and gaps are illustrated in the table below for 26 health indicators. Inequality gaps between the 20% most deprived area in the council and the council average , and the LGD average & the Northern Ireland average are presented. The figure in the circle denotes the size of the inequality gap with the colour relating to its magnitude, irrespective of the direction of the gap. A positive inequality gap indicates the most deprived areas or LGD average, are worse than the LGD average or NI average respectively. The arrows below indicate if there has been a widening, narrowing or no change in the inequality gap over the period analysed. The indicators are ordered according to the magnitude of the most deprived with the LGD to LGD overall inequality gap.

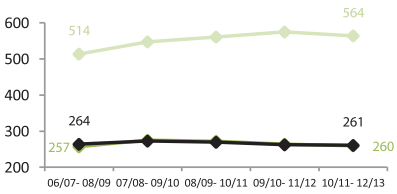
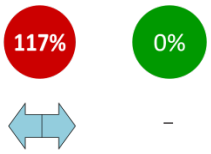
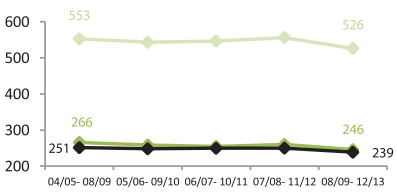
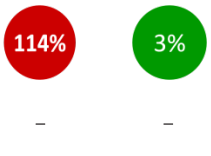
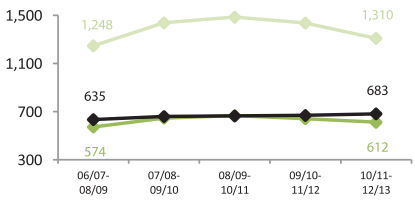
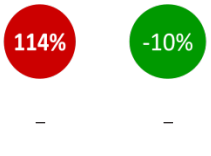
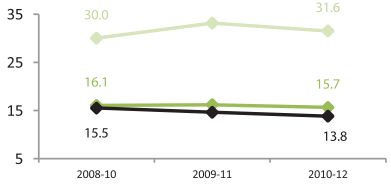
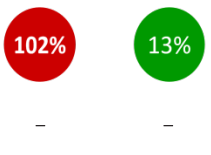
Key:

SAR	Standardised Admission Rate
SDR	Standardised Death Rate
SPR	Standardised Prescription Rate
SIR	Standardised Incidence Rate
PYLL	Potential Years of Life Lost





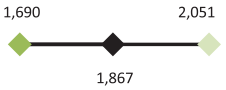
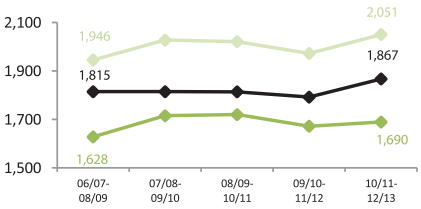
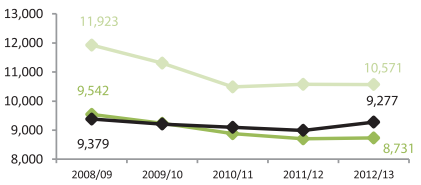
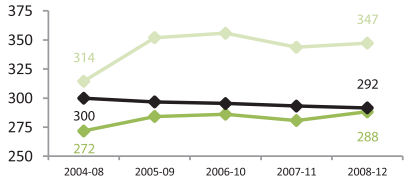
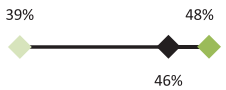
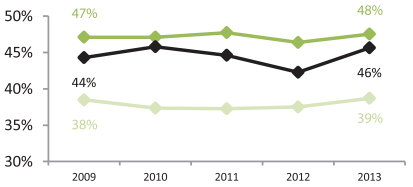
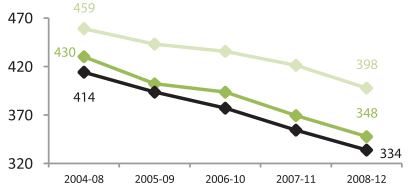
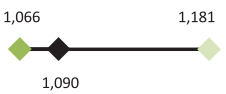
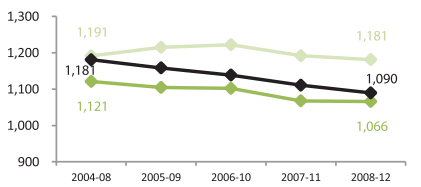
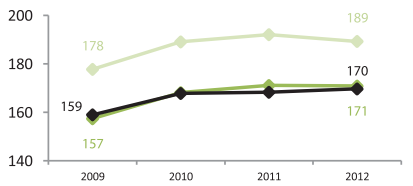
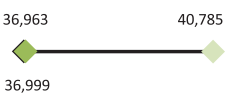
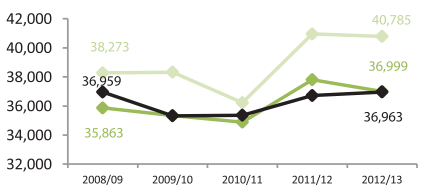
Health outcomes worse in the most deprived areas

Indicator	Latest Position	Time Series	Inequality Gaps	
SAR - Drugs Admissions per 100,000 population 2010/11-2012/13				–
SAR – Self-Harm Admissions per 100,000 population 2008/09-12/13				–
SAR - Alcohol Admissions per 100,000 population 2010/11-12/13				–
Teenage Birth Rate (U20) Births per 1,000 females 2010-12				–

Most Deprived LGD Areas LGD average Northern Ireland

Indicator	Latest Position	Time Series	Inequality Gaps	
Crude Suicide Rate Deaths per 100,000 population 2008-12	15.5 / 29.6 / 15.8	29.6, 21.0, 15.8, 13.6, 13.5, 15.5 (2004-08 to 2008-12)	92%	-2%
SDR –Preventable Deaths per 100,000 population 2008-12	205 / 327 / 222	337, 327, 247, 222, 222, 205 (2004-08 to 2008-12)	60%	-8%
SDR – Avoidable Deaths per 100,000 population 2008-12	246 / 383 / 268	403, 383, 302, 268, 271, 246 (2004-08 to 2008-12)	56%	-8%
PYLL Years Lost per 100 population 2010-12	8.7 / 13.3 / 9.0	14.1, 13.3, 10.0, 9.0, 9.1, 8.7 (2006-08 to 2010-12)	52%	-3%
SDR – Amenable Deaths per 100,000 population 2008-12	124 / 183 / 127	219, 183, 155, 127, 150, 124 (2004-08 to 2008-12)	47%	-2%
SDR – Smoking Deaths per 100,000 population 2008-12	162 / 229 / 171	225, 229, 184, 171, 167, 162 (2004-08 to 2008-12)	42%	-5%
P1 Childhood Obesity Proportion Obese (%) 2010/11-2012/13	5.1% / 7.2% / 5.4%	8.4%, 7.2%, 5.5%, 5.4%, 5.2%, 5.1% (08/09- 10/11 to 10/11- 12/13)	32%	6%
SPR – Mood & Anxiety Prescriptions per 1,000 population 2012	188 / 244 / 199	244, 220, 199, 168, 188, 166 (2009 to 2012)	30%	-6%

Most Deprived LGD Areas | LGD average | Northern Ireland

Indicator	Latest Position	Time Series	Inequality Gaps	
SAR - Respiratory Admissions per 100,000 population 2010/11-2012/13			21% –	-10% –
SAR - Emergency Admissions per 100,000 population 2012/13			21% –	-6% –
SDR – Cancer Deaths per 100,000 population 2008-12			20% –	-1% –
Breastfeeding on Discharge Proportion Breastfeeding (%) 2013			19% –	4% –
SDR – Circulatory Deaths per 100,000 population 2008-12			14% –	4% –
SDR – All Age All Cause Mortality Deaths per 100,000 population 2008-12			11% –	-2% –
SPR – Statin Prescriptions per 1,000 population 2012			11% –	1% –
SAR - All Admissions per 100,000 population 2012/13			10% –	0% –

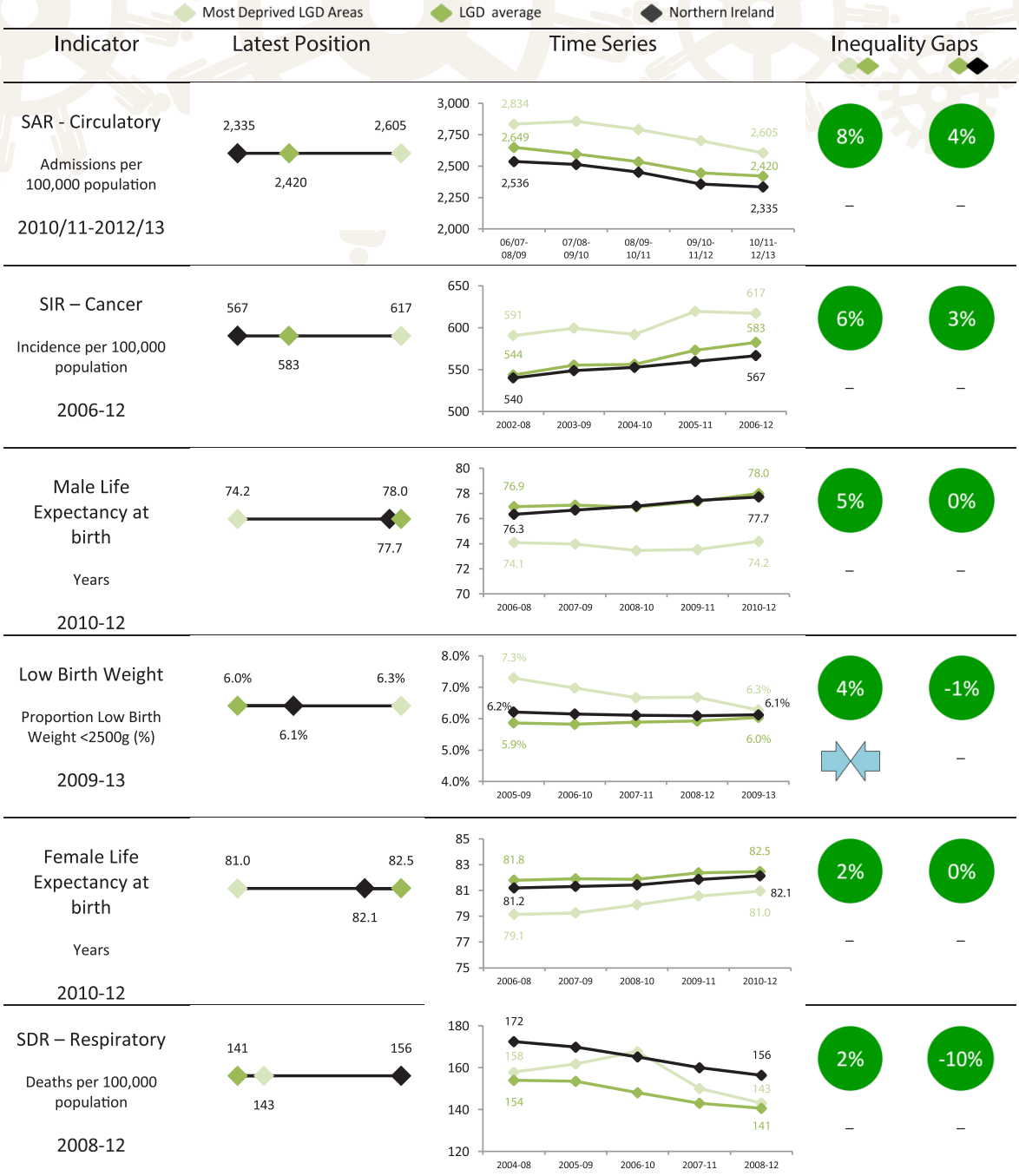


Figure 32. NI Health & Social Care Inequalities Monitoring System – Sub-regional 2015. Source: DHSSPS.

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