

Written Ministerial Statement

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Department of Health

ADDRESSING HEALTH INEQUALITIES – ANNOUNCEMENT OF LIVE BETTER AREAS

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Mr Nesbitt (The Minister of Health): I am pleased today to provide an update on the Live Better initiative I announced in the summer.

As members will recall, this initiative is aimed at addressing the ingrained health inequalities that blight the lives of many of our citizens.

I can now confirm that the initial phase of Live Better will involve neighbourhoods in Belfast and Derry/Londonderry, with the intention of expanding the approach, should it prove effective, across multiple urban and rural communities.

I have emphasised since becoming Minister my determination to focus sustained attention on health inequalities.

The Live Better programme will seek to pull existing initiatives and programmes together so that they can be delivered intensively in communities to make a real and lasting difference. It will also provide targeted information and initiatives directly to specific communities, as well as signposting to existing areas of support.

Following a process led by the Public Health Agency to identify the areas in which to initially evaluate the approach, I am pleased to announce it will be delivered in the Fountain, Bogside, Brandywell and Creggan areas in Derry/Londonderry and the Lower Shankill, Lower Falls and Grosvenor Road areas in Belfast.

Local delivery plans are now being developed for these two demonstration areas and I hope that work will begin on the ground in the near future.

Activities will focus on three core outcomes – Starting Well, Living Well, and Ageing Well. Primary Care and other data will be used to choose the outcomes we are seeking to improve within these core themes – for example, if levels of immunisation among children are low in the area, then this will be a key focus under Starting Well or if a condition such as diabetes has key disparities, then under Living Well there would be a focus on diabetes prevention, supporting people to be active, improve their diet and manage their weight.

Active local engagement is now underway with local communities, GPs, multi-disciplinary teams, voluntary and community sector organisations and Health and Social Care Trusts to decide on the priorities and more detail will be provided in the very near future.

Live Better is also being considered in terms of its alignment with other developments, such as the Integrated Care System NI and the roll out of primary care multi-disciplinary teams, and with other Departments in the longer term to embed and mainstream this approach.

Members will understand that fully addressing health inequalities will take a long term, cross-sectoral and all of Government approach. They are symptom of wider societal inequalities.

I hope that Live Better will make an important contribution.

I would also like to stress that, although the two initial demonstration sites are urban areas, Live Better may apply to both rural and urban areas in the future. From a practical perspective, however, it makes sense to begin with smaller, defined urban areas.

To reiterate the need for concerted action on health inequalities, I would remind members of the key data published in my Department's most recent Health Inequalities Annual Report, published earlier this year.

It sets out differences between the 20% most deprived and 20% least deprived areas of Northern Ireland, including:

- In 2020-22, males in the most deprived areas live on average 7.2 fewer years than males in the least deprived areas. The gap for females was 4.8 years. There have been no notable changes in life expectancy deprivation gaps for males or females over the last five years.
- Higher mortality from cancer, circulatory disease, and accidental deaths combined, contributed to just over half of the male life expectancy deprivation gap. There were also notable contributions from deaths due to COVID-19 and suicide.
- Mortality from cancer was the largest single contributor to the female life expectancy deprivation gap, more than half of which was due to lung cancer.
- The gap between the most and least deprived areas in Healthy Life Expectancy (average number of years a person can expect to live in good health) stood at 12.2 years for males and 14.2 years for females in 2020-22. Similar to life expectancy, the gaps have remained similar over the last five years.
- Preventable mortality in 2018-22 in the most deprived areas was three times the rate in the least deprived areas with the gap widening slightly over the last five years.
- In 2020-22 the suicide mortality rate in the most deprived areas was more than two and a half times the rate observed in the least deprived areas.
- Alcohol and drug related indicators continue to show some of the largest health inequalities monitored in NI. The deprivation gap for drug misuse deaths showed the largest inequality gap of all indicators, where mortality in the most deprived areas was almost six times that of the least deprived.
- The inequality gaps between the most and least deprived areas for both the under 20 teenage birth rate and the proportion of mothers reporting smoking remain very large; with rates in the most deprived areas being over five times that in the least deprived in 2022.
- In 2022/23 the percentage of primary 1 pupils in the most deprived areas affected by obesity was more than double the proportion in the least deprived areas.