MAKING LIFE BETTER

Department of Health

# Making Life Better

## Thematic Action Plan to Refresh and Reshape Collaborative Action to Improve Health and Reduce Health Inequalities

**July 2026**

## Contents

## Foreword

One of the most startling issues that stood out to me when I became the Health Minister was the entrenched health inequalities that impacts the wellbeing of too many people across Northern Ireland. How can it be fair or just that in the 21st century, people living in areas that have the highest levels of deprivation may experience healthy life expectancies of over 10 years less than the people in our least deprived areas.

We need to be clear, this isn't about individual responsibility, this is about the physical, socio and economic environments in which people live their lives. Indeed, it isn't even just about health services. Evidence shows that only 20% of health outcomes are driven by health services, with the rest driven by the wider determinants of health.

I am delighted that inequalities have been recognised within the people section of the Programme for Government, as international evidence demonstrates that improving population health and wellbeing, requires the involvement of the whole of Government and all of society. Indeed, this was reinforced by the Live Better approach. This was an area-based collaboration of statutory and community and voluntary sectors working together to address health inequalities tested in two areas in Northern Ireland in 2025. This approach has informed both this Thematic Action Plan and the Neighbourhood Model of Health and Wellbeing.

We have seen many health improvements as a result of actions in areas such as better housing, safer roads and safer workplaces. Action to address poverty and inequality will also be essential to the successful delivery of this Thematic Action Plan.

Research has shown that our health and wellbeing is determined, to a large extent, by where we are born, grow, live, work and age. There are no doubt challenges ahead in creating the conditions which will enable us all to achieve our full health and wellbeing potential. However, the Programme for Government commits us to work in partnership to support everyone to succeed by improving life opportunities. This plan focuses on areas of working that will do just that. The plan sets out the work that must continue to

support health and wellbeing and focuses on new and additional areas where collaboration will enhance outcomes.

As Health Minister, I am determined that my Department will play its full part in making life in Northern Ireland better and in giving everyone a fair chance to lead a healthy life. I will continue to make the case for, and to, progress legislation, strategies and programmes which will contribute to better health outcomes and tackle health inequalities. But most importantly, I will collaborate with other Ministerial colleagues to promote a whole of Government approach to health improvement, and to promote greater coherence and co-ordination of action across all sectors and at all levels of delivery.

Through collaborative effort and through individual choices and action, I believe that we can make life better in Northern Ireland – for ourselves, our families, and our communities.

Mike Nesbitt MLA
**Health Minister**

# Introduction

## Purpose

1.1. The purpose of this Thematic Action Plan is to reinforce the ethos and principles of Making Life Better (MLB), which will remain in place as the key strategic Framework for Public Health, and commit us all, across Sectors and across Departments, to improving people's lives, their health and wellbeing, and reducing health inequalities. This will, in the longer term, reduce waiting lists and the demands on our Health services by keeping people healthier for longer.

1.2. The Thematic Action Plan will focus delivery on key collaborative actions, across Departments and sectors over the next 3-5 years. It will work through and influence existing and new programmes and structures; this will make the best use of our resources and capacity while supporting the development of a joined-up whole system approach to achieving the commitments and priorities as set out within the Programme for Government (PfG) 2024-2027 "Our Plan: Doing What Matters Most".

## Context

1.3. Health is more than just the absence of disease – it is a state of "complete physical, mental and social wellbeing." Our health is shaped in each individual by many factors across our life course. The World Health Organisation (WHO) defines mental health as a "state of wellbeing in which the individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community".

1.4. People in different social circumstances experience different levels of health, those in disadvantaged areas experience poorer health outcomes than those in more affluent areas. This Thematic Action Plan will work to improve outcomes

for all, with a focus on addressing the challenges of disadvantage and inequality that afflict society, and to close the gap in healthy life expectancy between those who are least and most disadvantaged.

1.5. In general, the health of people in Northern Ireland has been improving over time, however, this improvement has stalled in recent years. While the COVID-19 pandemic had a direct and immediate impact, the wider health effects were significant and, in many cases, may be long-lasting. The improvement in life expectancy had begun to stall even before the pandemic. Moreover, the burden is not felt equally across our society. For too many people, stark health inequalities mean that they die too early or are living with conditions they need not have. The impacts on our health system are obvious. However, given that good health and wellbeing is a driver of many aspects of our wider society, this is also impacting our economy, employment, productivity, educational outcomes, community development, public finances and indeed all aspects of life.

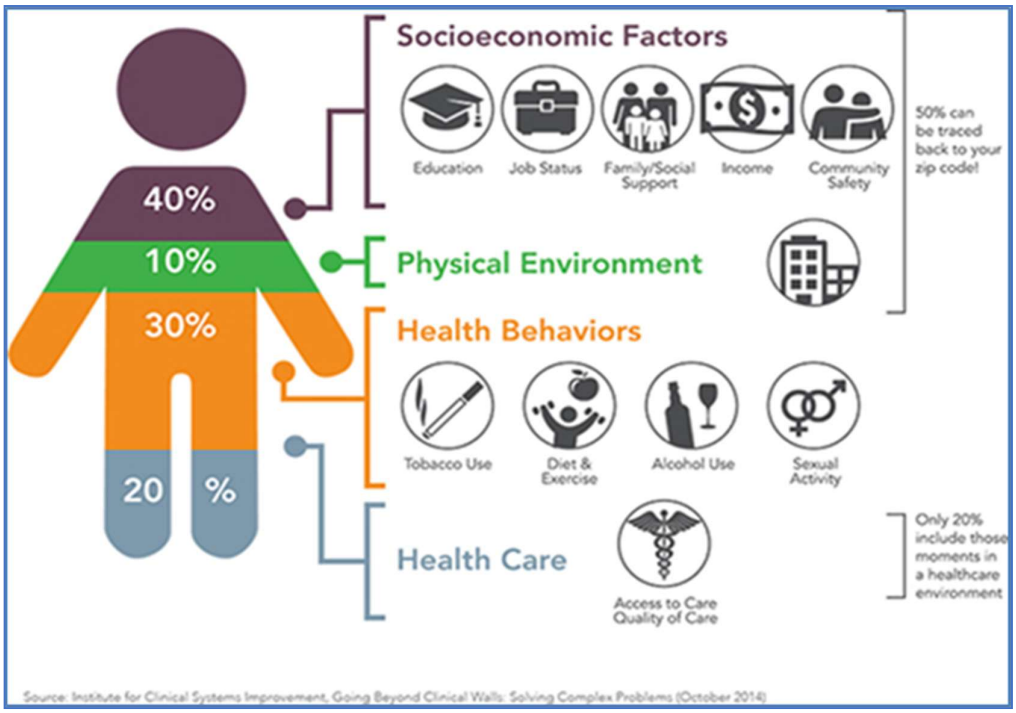
1.6. This situation is not unique to Northern Ireland. Globally, not everyone has an equal chance of experiencing good health and wellbeing. Too many people still die prematurely or live with conditions that could be prevented. This is particularly the case for those who are disadvantaged, leading to a gap in health between those who live in more affluent circumstances and those whose circumstances are deprived.

1.7. While genetic make-up plays a part in people's chances of leading long, healthy active lives, many more factors interact to influence health and wellbeing at various stages in their lives. This is illustrated in **Figure 1**:

**Figure 1: Health Map for the Local Human Habitat**


1.8. In fact, the international evidence demonstrates that, while health and clinical services contribute around 20% to improving health outcomes, health is to a much larger extent affected by economic, social, and environmental factors, as well as health behaviours. Many of these factors are outside the direct remit or control of the Department of Health (DoH) in Northern Ireland, and we must therefore work with other parts of Government and society to generate change. This is set out at **Figure 2**.

**Figure 2: Factors that impact on Health Outcomes**




## Inequalities and the social gradient

1.9. The World Health Organisation (WHO) Commission on the Social Determinants of Health[1] report concluded that health inequalities cannot be fully explained by variation in income alone, but are also caused by inequitable distribution of more fundamental social, political, and economic forces. Again, these 'social determinants of health' are largely outside the remit of Health Services.

1.10. This is often expressed in terms of the "social gradient in health" which describes the pattern of progressive improvements in health as the socioeconomic position of people and/or communities improve. This pattern is also evident in the Northern Ireland population. The social gradient of health exists across the whole population, while the most profound differences in health can be seen between the most and least disadvantaged. To reduce the

[1] https://www.who.int/publications/i/item/WHO-IER-CSDH-08.1

steepness of the gradient, it is important to act across the whole gradient, and to address the needs of people at the bottom of the social gradient, and those who are most vulnerable, with a view to bringing the health of the least advantaged up. To achieve this, interventions and systematic changes are needed that are universal, but implemented with a scale and intensity in keeping with the level of social and health needs.

# Making Life Better

## Policy Context

2.1. Making Life Better (MLB) - is the Executive's overarching strategic framework to improve health and address health inequalities. As well as directly supporting the Department of Health's Reset Plan, it is referenced in the People section of the Programme for Government, "Our Plan: Doing What Matters Most", as a key delivery mechanism for the long-term mission to make sure that everyone can live a long, healthy, and happy life.

2.2. MLB was developed on the evidence set out above that health and wellbeing, and health inequalities, are shaped by many factors, including age, family, community, education, workplace, beliefs and traditions, economics, and physical and social environments. Put another way, inequalities in health outcomes arise because of inequalities in the conditions in which people are born, grow, live, learn, work and age. Therefore, in order to improve health outcomes for our whole population, there is a need to tackle the wider social determinants of health and reduce inequalities in these wider determinants.

2.3. MLB seeks to create the conditions for individuals and communities to take control of their own lives and move towards a vision for Northern Ireland where all people are enabled and supported in achieving their full potential.

## MLB Themes and Outcomes

2.4. MLB is structured around 6 themes and 18 supporting key long-term outcomes. The themes are:


These strategic themes and associated outcomes remain highly relevant today, particularly when considered in the context of the major issues currently being faced within our society.

## MLB Governance Structures

2.5. At the inception of the strategy a **Ministerial Committee for Public Health (MCPH)** was established to provide strategic leadership, direction and coherence with other key strategic programmes and structures. The Committee is supported and informed by the **All Departments' Officials Group (ADOG)**. ADOG is chaired by the Chief Medical Officer (CMO) and is comprised of senior officials from all Departments, the Food Standards Agency (FSA), and Public Health Agency (PHA). It informs and makes recommendations to the Ministerial Committee; co-ordinates collaborative working at departmental level; supports action as appropriate; and monitors and reports on progress. Work is underway to consider and review a range of delivery structures as part of the Reset Plan,

and we will consider our governance structures and Terms of Reference as part of the delivery of this Thematic Action Plan.

## MLB Underpinning Strategies, Programmes, and Action Plans

2.6. MLB is supported by a number of DoH led strategies and action plans that are designed to help improve population health and wellbeing by focusing on the main cause of poor health which are also where health inequalities are most prominent in our society. These include policies on:

- Mental Health - The Mental Health Strategy 2021 - 2031, published in June 2021, provides a clear and ambitious roadmap for transforming mental health services. However, the absence of dedicated additional funding has necessitated a partial and phased implementation. The Northern Ireland Mental Health Strategy A Review of the deliverability of the Strategy's Actions 2026-2029, published in October 2025, established a clear focus and set priorities in response to the funding constraints faced, while acknowledging that the full Strategy remains essential. Mental Health Workforce development and the Regional Mental Health Crisis Service have been identified as immediate priorities for 2026/27 with both seen as critical enablers for broader system improvement. Any additional resources secured for mental health will be directed into priority areas identified through the review.

- Tobacco Control - the '10 Year Tobacco Control Strategy for Northern Ireland' 2012-22 has the overall aim of creating a tobacco-free society. An end review of the strategy was published in 2023. Subject to the necessary legislative approvals, the Department will focus in the immediate term on the introduction of the Tobacco and Vapes Bill, including bringing forward further regulations under the powers in the Bill. The Department will then identify the remaining challenges which will be the focus of a new tobacco control strategy for NI. The existing strategy will continue to be implemented in the interim.

- Obesity Prevention – The new "Heathy Futures" obesity strategic framework was launched in November 2025, following Executive agreement and new governance structures are being put in place to take forward its delivery. This strategy provides an umbrella for prevention, early intervention, and the work to develop a Regional Obesity Management Service.

- Substance Use – "Preventing Harm, Empowering Recovery" 2021-31 was published in September 2021, following approval from the Executive.

- Suicide Prevention – "Protect Life 2" 2019-24 is a long-term strategy for reducing suicide and self-harm with action delivered across a range of Government departments, agencies, and sectors. The current Strategy has been extended until 2027. On 1 July 2025, the Health Minister launched the Protect Life 2 Action Plan and Implementation Plan for suicide prevention and reducing self-harm.

- Skin Cancer Prevention - The "Skin Cancer Prevention Strategy and Action Plan (2011-21)" focuses on the prevention and early detection of skin cancer, with the aim of reducing the incidence of, and deaths from, skin cancer in Northern Ireland. This strategy is currently undergoing a review to identify the appropriate way forward. The existing strategy and action plan continue to be implemented until this review is completed.

- Breastfeeding Promotion - the previous "Breastfeeding - A Great Start: A Strategy for Northern Ireland 2013-23" aimed to improve the health and wellbeing of mothers and babies in Northern Ireland through increasing breastfeeding rates. This strategy continues to provide strategic direction. A new Action Plan setting out the top priority areas for action to support and promote breastfeeding will be published early 2026.

- Sexual Health Promotion – The Department's Sexual Health Action Plan was launched in November 2023, setting out seven strategic objectives for improving the sexual health and wellbeing outcomes of the population. The Plan is a collaborative initiative between the Department and the Public Health Agency.

- Vaccination and Screening Programmes - We deliver eight population screening programmes. The aims of the programmes are to reduce the incidence of disease (e.g. cervical screening) or improve early diagnosis to reduce the impact of the disease (e.g. breast screening). We offer a comprehensive range of vaccination programmes, free for eligible individuals based on age or risk group, to protect against serious diseases.

## Cross-departmental collaboration

2.7. There is a number of cross-government boards, and strategies and programmes, which help to address the underlying social determinants of health. These include, by way of example:

- **DAERA's** Draft Rural NI: Our New Approach 2026-2041;
- **DAERA's** Tackling Rural Poverty & Social Isolation Framework;
- **DAERA's** Northern Ireland Food Strategy Framework;
- **DfC's** Anti-Poverty Strategy;
- **DfC/TEO's** Test and Learn Collaboration;
- **DfC's** Active Living: the Sport and Physical Activity Strategy;
- **DE's** Raise Programme;
- **DE/ DOH** Children and Young People's Emotional Health and Wellbeing in Education Framework;
- **DE's** Children and Young People Strategy;
- **DfE's** Widening Participation Forum refreshing the approach to widening participation in higher education;
- **DfI's** Active Travel Delivery Plan;

- **DoH's** Children and Young People's Emotional Health and Wellbeing Framework; and
- **DoH/DoJ's** Improving Health within Criminal Justice Strategy.

2.8. DoH is, and will remain, fully involved in these programmes, and it is not the intention of this Thematic Action Plan to duplicate delivery or monitoring of the actions from the above, instead it will seek to add value by focusing on specific areas for collaborative gain.

# Statistics and the Case for Change

## Overview

3.1. There had been a steady improvement in life-expectancy in the UK since 1850. Until the 1960's, much of this improvement was driven by developments in detecting, managing, preventing, and protecting the public from infectious diseases. Since then, wider improvements in care, prevention, and, particularly, in respect of cardiovascular disease, further drove improvements in life expectancy until the 2010's.

3.2. Male life expectancy in Northern Ireland (NI) improved steadily between 1980-82 (69.2 years) and 2012-14 (78.3 years) however, since 2012-14 male life expectancy growth has slowed. Latest estimates for NI show that male life expectancy in 2021-23 was 78.8 years which was 0.5 years higher than the estimate in 2012-14, but similar to the estimate in 2017-19 (78.8 years).

3.3. Female life expectancy in NI also improved steadily from 75.5 years in 1980-82, with subsequent flattening in growth seen earlier than for males. Female life expectancy increased by 0.4 years between 2010-12 (82.1 years) and 2021-23 (82.5 years) and, similar to males, there was no real change between 2017-19 (82.6 years) and 2021-23.

3.4. It is important to note that this trend was in place well before the pandemic, which is likely to have further exacerbated it as well as the impact of increased demands on our health service. There have been similar trends in the rest of the UK and also across Europe. Following a downward trend in male and female life expectancies between 2017-19 and 2020- 22, life expectancy has returned to pre-pandemic levels in 2021-23.

3.5. Between 2012 (1,059 deaths per 100,000 population) and 2021 (1,060 deaths per 100,000 population), there had been no improvement in the age standardised death rate for all causes in NI. The all-cause death rate observed in 2020 (1,070 deaths per 100,000 population) was the highest over the last ten

years and this figure was likely impacted by the COVID-19 pandemic. In 2022 however, the all-cause death rate decreased to 1,008 deaths per 100,000 population, which was similar to the pre-pandemic level.

3.6. While the age standardised all-cause death rate among under 75s decreased steadily between 2015 (374 deaths per 100,000 population) and 2019 (345 deaths per 100,000 population), it increased markedly in 2020 (377 deaths per 100,000 population) to the highest rate recorded over the last ten years, with no change in 2021 (379 deaths per 100,000 population). However, in 2022 the rate decreased again to 358 deaths per 100,000 population.

3.7. The underlying explanation for excess deaths is likely to be complex and multifactorial and includes deaths as a result of COVID-19 (which remain significant), the consequences of delayed treatments and altered lifestyle changes during the pandemic, and extreme pressures on healthcare services experienced over many months. Increased cardiovascular disease and diabetes are likely to be particularly important. National data suggests that excess deaths occur both at home and in hospital.

3.8. Key risk factors such as living with obesity, not taking enough physical activity, smoking and high blood pressure, are highly prevalent in Northern Ireland, and in some cases are a growing issue. Again, inequalities in these risk factors mean that health outcomes are worse for those living in the most deprived communities.

3.9. While personal responsibility and related behaviours play a role, the environments in which people live have a much larger impact on their health outcomes. We need to focus collectively on the wider determinants of health across Government Departments and sectors, to improve productivity, reduce economic inactivity, support sustainable green growth, address inequalities, and improve the long-term outcomes of our communities, our children and young people.

## Making Life Better Indicators

3.10. The following tables set out, at a high level, the trends in the range of Making Life Better indicators and outcomes.

3.11. While progress was made initially, the inequality gap in Life Expectancy, Healthy Life Expectancy, and Disability Free Life Expectancy outcomes between the Northern Ireland average and those in our most deprived communities has broadly stalled.

3.12. Inequality gaps for male and female life expectancies, and female healthy life expectancy were wider in the latest year when compared with the baseline position.

3.13. There have been improvements in the healthy life expectancy inequality gap in addition to, rates of breastfeeding, educational attainment, unemployment, smoking, smoking during pregnancy, alcohol, teenage births, mental health and wellbeing, housing standards, air quality, and water quality. Nevertheless, it should be noted that real and lasting inequalities often exist across all these indicators. Despite some progress, these inequalities are proving challenging to address.

3.14. In other areas, particularly obesity rates, high blood pressure, and numbers living with long term health conditions, the situation has worsened, particularly in the most deprived communities.

MAKING LIFE BETTER

Department of Health

## Making Life Better Indicator Summary: Progress Update

⇧ Latest year significantly higher than baseline position.
⇔ No significant difference between latest year and baseline position.
⇩ Latest year significantly lower than baseline position.

| Indicator | Description | Population/Group | Trend from Baseline | Latest Year Compared to Baseline Year | Change from Baseline |
|---|---|---|---|---|---|
| Life Expectancy | Differential between NI average and most disadvantaged areas for men and women | Male |  | ⇧ 4.1 years in 2009-11, 4.4 years in 2020-22 | Negative Change |
| | | Female |  | ⇧ 2.6 years in 2009-11, 2.9 years in 2020-22 | Negative Change |
| Healthy Life Expectancy | Differential between NI average and most disadvantaged areas for men and women | Male |  | ⇩ 7.2 years in 2010-12, 6.4 years in 2020-22 | Positive Change |
| | | Female |  | ⇧ 7.8 years in 2010-12, 9.8 years in 2020-22 | Negative Change |
| Disability Free Life Expectancy | Differential between NI average and most disadvantaged areas for men and women | Male |  | ⇔ 6.4 years in 2010-12, 6.7 years in 2020-22 | No Change |
| | | Female |  | ⇔ 6.8 years in 2010-12, 7.6 years in 2020-22 | No Change |
| Infant Mortality Rate | Number of children dying before their first birthday per 1,000 live births in NI and the most deprived areas | All |  | ⇔ 5.0 in 2007-11, 4.4 in 2018-22 | No Change |
| | | 20% Most Deprived |  | ⇔ 5.5 in 2007-11, 5.3 in 2018-22 | No Change |
| Smoking During Pregnancy | Proportion of mothers smoking during pregnancy in NI and the most deprived areas | All |  | ⇩ 16.5% in 2012, 10.8% in 2022 | Positive Change |
| | | 20% Most Deprived |  | ⇩ 29.6% in 2012, 21.1% in 2022 | Positive Change |
| Breastfeeding | Proportion of mothers breastfeeding on discharge and differential between NI average and most deprived | All |  | ⇧ 42% in 2012, 51% in 2022 | Positive Change |
| | | 20% Most Deprived-NI Gap |  | ⇩ 35% in 2012, 25% in 2022 | Positive Change |
| Educational Attainment | Proportion of primary pupils achieving at the expected levels in Key Stage Two assessment in Communication and Using Mathematics | Communication | Unavailable | Updates from baseline position (77.1% in 2012/13) unavailable due to low response rate as a result of industrial action and the COVID-19 pandemic. | **Unavailable** |
| | | Using Mathematics | Unavailable | Updates from baseline position (78.5% in 2012/13) unavailable due to low response rate as a result of industrial action and the COVID-19 pandemic. | **Unavailable** |
| | Proportion of school leavers achieving at least 5 GCSEs at A*-C or equivalent, including GCSE English and Maths, and differential between NI and most deprived | All |  | ⇧ 62.0% in 2011/12, 70.8% in 2018/19 | Positive Change[8] |
| | | 10% Most Deprived-NI Gap |  | ⇩ 35.3% in 2011/12, 26.1% in 2018/19 | Positive Change[8] |

MAKING LIFE BETTER

Department of Health

| | | | | | |
|---|---|---|---|---|---|
| Unemployment | Long Term Unemployment Rate: proportion of unemployed that have been unemployed for one year or longer | All |  | 46.9% in 2012, 39.4% in 2022 | Positive Change |
| | Proportion of 16 to 24 year olds who are not in employment, full time education or training (NEETs) | All |  | 16.7% in quarter ending Sept 2012, 11.3% in quarter ending Sept 2023 | Positive Change |
| Smoking | Proportion of adults (aged 18 and over) who smoke and proportion in the most deprived areas | All |  | 25% in 2011/12, 14% in 2022/23 | Positive Change |
| | | 20% Most Deprived |  | 39% in 2011/12, 24% in 2022/23 | Positive Change |
| Alcohol-related Admissions | Standardised rate for alcohol-related admissions in NI and the most disadvantaged areas | All |  | 669 in 2009/10-11/12, 517 in 2020/21-22/23 | Decrease[1] |
| | | 20% Most Deprived |  | 1,521 in 2009/10-11/12, 1,026 in 2020/21-22/23 | Decrease[1] |
| Adults Drinking Above Sensible Guidelines[2] | Proportion of adults who drink above the sensible drinking guidelines suggested, and proportion in the most disadvantaged areas. | All |  | 24% in 2011/12, 16% in 2022/23 | Positive Change |
| | | 20% Most Deprived |  | 29% in 2011/12, 19% in 2022/23 | Positive Change |
| Teenage Births | The teenage birth rate for mothers under the age of 17 – NI and most deprived areas | All |  | 2.2 in 2011, 0.6 in 2022 | Positive Change |
| | | 20% Most Deprived |  | 4.6 in 2011, 1.9 in 2022 | Positive Change |
| Adult Obesity | Percentage of adults surveyed classified as obese, and proportion in the most disadvantaged areas | All |  | 24% in 2011/12, 27% in 2019/20 | Negative Change |
| | | 20% Most Deprived |  | 25% in 2011/12, 32% in 2019/20 | Negative Change |
| Childhood Obesity | Percentage of children surveyed classified as obese | NI Average |  | 10% in 2011/12, 6% in 2019/20 | Positive Change |
| Mental Health and Well-being | Mean Warwick-Edinburgh Mental Wellbeing Scale by deprivation quintile | Most Deprived |  | 48 in 2011/12, 50 in 2018/19 | Positive Change |
| | | 2 |  | 50 in 2011/12, 51 in 2018/19 | No Change |
| | | 3 |  | 51 in 2011/12, 52 in 2018/19 | Positive Change |
| | | 4 |  | 51 in 2011/12, 53 in 2018/19 | Positive Change |
| | | Least Deprived |  | 52 in 2011/12, 53 in 2018/19 | No Change |
| Suicide | Crude death Rate in NI and the most disadvantaged areas | All |  | 11.0 in 2015-17, 11.5 in 2020-22 | No Change[3] |
| | | 20% Most Deprived |  | 18.9 in 2015-17, 19.0 in 2020-22 | No Change[3] |
| Blood Pressure/Hypertension | Number of patients with established hypertension and % of GP registered patients with established hypertension | All |  | 245,730 in 2013, 293,503 in 2024 | Increase[1] |
| | | All |  | 12.9% in 2013, 14.3% in 2024 | Increase[1] |
| Long-Term Conditions | Number of people with one or more long term condition attending structured patient education/self management programmes | All |  | 10,189 in 2011/12, 7,853 in 2022/23 | Unavailable[4] |

| | | | | | |
|---|---|---|---|---|---|
| Investment in Public Health | Amount invested in public health (Public Health Agency Resource Outturn) | All |  | £77.2M in 2011/12, £134.5M in 2022/23 | Positive Change |
| Poverty | Percentage of individuals in low-income groups before housing costs | All |  | 20% in 2010/11, 18% in 2022/23 | No Change |
| Child Poverty | Percentage of children in low-income groups before housing costs | Children |  | 22% in 2010/11, 24% in 2022/23 | No Change |
| Economic Inactivity | Economic Inactivity Rate: proportion of the working-age population that is not in the labour force | NI Average |  | 27.6% in 2012, 26.3% in 2022 | Positive Change |
| Housing Standards | Proportion of social housing dwellings classified as non-decent homes | NI Average |  | 3.7% in 2011, 3.1% in 2016 | Positive Change[5] |
| Air Quality | Annual mean concentration level of Nitrogen Dioxide at urban background sites and urban roadside sites | Urban background sites |  | 21.9 µg/m³ in 2011, 14.0 µg/m³ in 2023 | Positive Change |
| | | Urban roadside sites |  | 35.1 µg/m³ in 2011, 23.7 µg/m³ in 2023 | Positive Change |
| | Annual mean concentration level of particulate matter (PM) | Urban Sites |  | 19 µg/m³ in 2011, 13 µg/m³ in 2023 | Positive Change |
| | Annual mean concentration level of Benzo(a)pyrene at monitored sites | Lisburn Dunmurry High | Unavailable | 0.86 ng/m³ in 2011 | Positive Change |
| | | Derry Brandywell |  | 0.95 ng/m³ in 2011, 0.60 ng/m³ in 2022 | |
| | | Ballymena Ballykeel |  | 1.10 ng/m³ in 2011, 0.49 ng/m³ in 2022 | |
| | | Lisburn Kilmakee Leisure Centre |  | 0.46 ng/m³ in 2013, 0.31 ng/m³ in 2022 | |
| | Annual number of ozone breaches (days) at monitored sites | Belfast |  | 4 in 2011, 2 in 2022 | Positive Change |
| | | Lough Navar |  | 12 in 2011, 4 in 2022 | Positive Change |
| | | Derry |  | 9 in 2011, 0 in 2022 | Positive Change |
| Water Quality | Annual percentage compliance of Water Utility Sector Waste Water Treatment Works | All |  | 93% in 2011, 94% in 2023 | Positive Change |
| | Annual percentage mean zonal compliance of drinking water quality | All |  | 99.83% in 2011, 99.91% in 2022 | Positive Change |
| Social Capital | Percentage of adults in Northern Ireland who had volunteered within the past year | All | Unavailable | 29% in 2013, 21% in 2022/23 | Unavailable[6,7] |
| Road Collision KSI Casualties | Number Killed or Seriously Injured (KSI) casualty numbers per capita | All |  | 843 in 2012, 951 in 2023 | Negative Change |

**Notes**

A number of indicators have not been updated for the most recent year as the COVID-19 pandemic has had an impact on the reliability of information. See specific metadata tabs for further information.

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

[2]Figures (including the baseline position) have been changed to reflect the new drinking limit guidelines of 14 units per week for both males and females.

[3]As a result of the Coroners review into deaths of undetermined intent, a statistical discontinuity now exists from 2015 onwards preventing comparisons with data that exists prior to the review. As a result, the baseline year has been changed from 2009-11 to 2015-15 to an allow for an assessment of change. See Suicide Metadata for further information.

[4]The large decrease in attendances at structured patient education programmes in 2020/21 is due to a reduction in the number of available programmes during the COVID-19 pandemic, as well as no data being available for the Belfast Trust in this year. As with 2020/21, data for Belfast Trust was incomplete and figures are therefore not comparable with previous years.

[5]The 2021 House Condition Survey was postponed due to the Covid-19 pandemic to 2023. Fieldwork has been completed and quality assurance of the data is underway. Next steps will be data analysis and data modelling. It is hoped the main report will be published late 2025.

[6]Figures for 2017/18 and after provide information on adults aged 16 years and over and their experience of volunteering from the Continuous Household Survey. Figures prior to 2017/18 provide the results of the Volunteering Module from the Northern Ireland Omnibus Survey. Therefore, figures are not comparable between these two time-periods.

[7]Due to the coronavirus (COVID-19) pandemic, data collection for the 2020/21 and 2021/22 surveys moved from face-to-face interviewing to telephone mode with a reduction in the number of questions. Questions relating to volunteering were not included in 2020/21 and therefore no data is available for that year. The results from 2021/22 are not directly comparable to previous years due to the significant changes to the survey in terms of methodology and content.

[8] Data for 2019/20, 2020/21 and 2021/22 are not directly comparable to 2018/19 and earlier years. Therefore, the assessment for change presented in the indicator summary is based on the 2018/19 position.

# Developments, Key Issues and Thematic Action Plan

## Programme for Government

4.1. On 27 February 2025 the Executive agreed a Programme for Government (PfG) 2024-2027 "Our Plan: Doing What Matters Most"'. MLB is specifically referenced in the PfG which states "We will build on the Executive's strategic framework for public health, Making Life Better, to tackle the wider determinants of health, and we will redouble our efforts to improve the physical and mental health outcomes of Northern Ireland's population and reduce inequalities, through continued implementation of, for example, the Mental Health Strategy 2021-2031. In addition, the Live Better approach will deliver and test a new place-based approach to addressing health inequalities by seeking to promote existing initiatives and programmes, so that they can be delivered intensively in communities to make a real and lasting difference".

## Reset Plan

4.2. In 2025, the Health Minister launched the Health and Social Care NI Reset Plan which sets out how we will achieve the two fundamental goals of delivering the Minister's strategic vision for Health and Social Care and meeting the PfG priority of reducing waiting lists within the available resources. As such, the Reset Plan sets out actions under **3 themes**:

- Stabilise – focusing on reducing the budget deficit and driving efficiencies.
- Reform - focus on prevention, health literacy, and empowering people to manage their own health; by beginning a dialogue with them about what health means to them and how they can help us to help them when they most need us. Working with all partners in primary care, social care and community care to develop a new holistic model of primary care and early intervention, focused on providing enlarged and empowered Neighbourhood population healthcare management, and fundamentally refocusing how we deliver health services.

- Delivery – working collaboratively to better manage additional pressures; developing a "whole" care approach for our elderly citizens; working to drive out unwarranted clinical variation and supporting all our teams to deliver to the highest level of performance.

4.3. This Thematic Action Plan brings together a number of reform commitments made in the Reset Plan. The overarching focus of these commitments is a shift to prevention and delivery of services closer to the community. These are:

- we will have commenced a new dialogue with the public through a new public health programme "This is Our Health" designed to incentivise people to take action to maintain and improve their own health;
- we will have developed a new citizen centred approach to public health, as an integral part of the Executive's Making Life Better framework, that encourages and supports healthy choices;
- we will embed the learning from 'Live Better' within our new approach to prevention and public health;
- we will have completed preparatory work to expand the bowel screening programme (subject to funding); and
- working with partners we will have developed a new neighbourhood model for primary, community and social care, which will deliver greater levels of care for citizens, including children and families, in their communities, alongside a funding plan to support delivery from April 2026. This model will see Community Pharmacy, GPs and their Federations, Voluntary and Community organisations, Trusts, independent providers, other statutory bodies, and Local Government working closely together in formal partnership to provide integrated care.

4.4. There are also a number of wider developments within the Department of Health and elsewhere that need to be taken account of in the development and delivery of this Thematic Action Plan. These are set out at Annex B.

## The Way Forward

4.5. As we have set out, the evidence-base around addressing the social determinants of health and reducing health inequalities is largely unchanged, and in fact has strengthened over time.

4.6. In that context, the Health Minister agreed that MLB will continue to set the strategic framework and our focus will be on developing a small range of collaborative actions and programmes that can be delivered across Government Departments and sectors to improve outcomes for our population. These actions in many cases, if not all cases, will also assist in addressing outcomes on which various other Government Departments lead in NI.

## Process

4.7. Using a double diamond design approach, a series of bi-lateral discussions with ADOG members took place in order to inform a workshop in late 2025 to identify potential areas that would benefit from increased collaboration and could be included in a new Thematic Action Plan.

## Principles

4.8. To improve population health and address inequalities, the following principles will be key to delivery:

- Prevention - We will prioritise creating and maintaining good health, preventing ill health, and reducing inequalities;
- Community - We will focus support on the people and communities who need it the most, delivering services closer to individuals and communities; and
- Whole system approach - We will work to create supportive systems and environments that support people to be healthy.

4.9. Our work will be underpinned by these principles, which are a key foundation of a public health approach.

## Prevention

4.10. Prevention is one of the most cost-effective interventions we can collectively take to improve population health and reducing inequalities. However, people often use a range of terms to talk about prevention, which can mean different things, and which can have a different focus. This can lessen the impact of delivery, and through this Thematic Action Plan we will seek to embed a common language and approach.

4.11. Three types of prevention remain central to addressing poor outcomes:

- Primary prevention is action that tries to stop problems happening. This can be either through actions at a population level that reduce risks or those that address the cause of the problem.
- Secondary prevention is action which focuses on early detection of a problem to support early intervention and treatment or reduce the level of harm.
- Tertiary prevention is action that attempts to minimise the harm of a problem through careful management.

4.12. Often our focus drifts to secondary and tertiary prevention, as it is often easier to demonstrate outcomes and causal change. While acknowledging the importance of all three elements of prevention, through this Thematic Action Plan we seek to focus on Primary prevention, research has shown that Primary prevention is 3-4 times more cost-effective than investing in treatment. For example, Public Health Scotland note that the return on investment (ROI) for £1 invested was £34 for health protection (for example vaccines and immunisation) and £46 for legislative interventions (for example the ban on

smoking in public places). (Source: Scotland's Population Health Framework 2025-2035)

## Climate Change

4.13. In delivering on the Thematic Action Plan, we will also need to consider the impact of climate change on health, and ensure this is embedded across actions both within the actions and across Departments. The 2023 report by the UK Health Security Agency (UKHSA) on The Health Effects of Climate Change sets out that climate change affects most health determinants directly or indirectly. Heatwaves, for example, have already led to excess deaths in England and they can increase burden on health and care services, increase strain on water, energy and transportation infrastructure and can have implications such as crop loss and reduced air quality that can also impact health. Many infectious diseases are highly climate sensitive. Most importantly it reflects the fact that the impact of climate change on individuals will vary, with the worst effects falling on disadvantaged and vulnerable populations, which could widen health inequalities further.

## Thematic areas for enhanced collaboration

4.14. The following thematic areas have been identified as providing a focus for action and further development over the next period of implementation of MLB. Some of them build on and extend existing programmes. All are clearly linked to the core MLB themes and outcomes and involved collaboration, both across the NICS and with external partners. Across them all, we have focused on Prevention and Early Intervention, and the key strategic drivers for long-term change.

## Key Thematic Actions

- Addressing health inequalities in places – The Live Better approach (described in Annex B) will be embedded in place based and neighbourhood health model of care approaches to ensure that local communities are at the heart of improving health and addressing health inequalities; and the Department will consider the development of a "Charter" or planning guidance to ensure consideration is given to the impact on health inequalities in all work being delivered. DoH will also work across the Executive to ensure there is a joined up approach to addressing inequalities.

- Economic inactivity – Supporting good work and healthy workplaces, supporting people to remain in good work, and reducing economic inactivity. Promote collaborative working to tackle the issues that impact on economic inactivity.

- Physical Activity - We will improve and join up efforts to promote the availability and accessibility of opportunities to access physical activity across sport, outdoor recreation and active travel. This can include better use of existing public places and sites to support physical activity and wider behaviour change.

- Mental Wellbeing and Trauma - We will work across government to deliver the Mental Health Prevention and Early Intervention Action Plan, and to embed mental wellbeing approaches. Trauma is recognised as a significant public health issue due to its widespread prevalence, substantial societal costs and profound impact on mental and physical health. For some people this can lead to addiction, mental health issues or long term chronic health conditions. We must adopt a trauma informed whole system approach to public health to ensure the right support is in place, at the right time, for individuals and their families impacted by trauma in Northern Ireland. This will include a focus on trauma informed organisations, approaches and delivery.

- Vaccines and Screening - We will continue to address the barriers and inequalities that exist in vaccination and screening uptake to maximise our prevention and early intervention efforts. We will, subject to additional funding, have introduced a new targeted lung screening programme and expanded the bowel screening programme by April 2027.

- Underpinning health behaviours – We will continue to deliver on strategies and legislation to address issues like tobacco control (including smoke free public places), substance use, obesity, suicide prevention, etc, to focus on not just the cause of poor health, but the causes of the causes. This will build on behavioural science approaches to support and enable healthier living.

## Key Enablers

- Improved Public Engagement and Support - A new dialogue with the public through a new public health programme 'This is Our Health' designed to enable, support, and incentivise people to take action to maintain and improve their own health. This will inform future programmes of work within the health system and beyond.

- Supporting and enhancing self-efficacy and Health Literacy - Health literacy plays a key role in supporting and empowering individuals to take control of their own health, and to live healthier lives, and we will work across sectors and organisations to improve health literacy through the delivery of the Regional Health Literacy Forum Action Plan.

- Health by Design - Proposals will be brought forward to embed this consideration across all government policies. The Health and Mental "Health in All Policies" Approach will be tested in the short term to inform future roll-out, with particular consideration on how planning can support healthy environments. This should also take account of the impact of climate change on health.

- Targeting those most vulnerable - We will better join up activities to support those experiencing the most extreme health inequalities in our society both within the Health service and across other key sectors. These groups include some ethnic groups including Irish travellers, people experiencing homelessness, people who have experience of the criminal justice system and sex workers.

- Monitoring and Governance – DoH will report progress on these actions and programmes, along with ongoing reporting on the MLB Indicators, the Health Inequalities Monitoring report, and the PfG Wellbeing Dashboard https://www.nisra.gov.uk/news/programme-government-pfg-wellbeing-dashboard. In addition, we will seek opportunities to share learning, and work collaboratively with colleagues across the UK and Ireland.

## Structures

4.15. Initially this Thematic Action Plan will be delivered through existing DoH and PHA resources and the structures that are already in place to oversee and implement MLB, and will be reported through the All Departments Officials Group and the recently refreshed Executive Working Group on Wellbeing, Mental Health and Suicide Prevention. However, there is wider work underway to consider our structures to reduce any potential duplication, and our delivery and governance structures may develop over time to reflect the outcome of this work.

## Overview

The following diagram sets out the overall strategic approach:

# Annex A - MLB themes and key long-term outcomes

## THEME 1: GIVING EVERY CHILD THE BEST START

Key long-term outcomes:

1. Good quality parenting and family support
2. Healthy and confident children and young people
3. Children and young people are skilled for life

## THEME 2: EQUIPPED THROUGHOUT LIFE

Key long-term outcomes:

1. Ready for adult life
2. Employment, life-long learning, and participation
3. Healthy active ageing

## THEME 3: EMPOWERING HEALTHY LIVING

Key long-term outcomes:

1. Improved health and reduction in harm
2. Improved mental health and well-being, and reduction in self-harm and suicide
3. People are better informed about health matters
4. Prevention embedded in services

## THEME 4: CREATING THE CONDITIONS

Key long-term outcomes:

1. A decent standard of living for all
2. Making the most of the physical environment
3. Safe and healthy homes

## THEME 5: EMPOWERING COMMUNITIES

Key long-term outcomes:

1. Thriving communities
2. Safe communities
3. Safe and healthy workplaces

## THEME 6: DEVELOPING COLLABORATION

Key long-term outcomes:

1. A strategic approach to Public Health
2. Strengthened collaboration for health and well-being

# Annex B – Key Developments

## Neighbourhood Model of Health and Wellbeing for Northern Ireland

1. Changing demographics and rising demand means that new approaches to providing health and social care are needed – ones that build public trust and engagement in services delivered by people who know the community and involve them in solutions.

2. The Reset Plan (published in July 2025), made a commitment to neighbourhood care:

   ***"By March 2026, working with partners we will have developed a new neighbourhood model for primary, community and social care, which will deliver greater levels of care for citizens, including children and families, in their communities, alongside a funding plan to support delivery from April 2026."***

3. This is a key strategic commitment and vehicle for delivering on the shift left agenda. Building a neighbourhood model for primary, community and social care will require all providers from across all aspects of health and social care to work in new ways to deliver services to people across Northern Ireland. This will be an important cultural change as well as a planning and commissioning challenge. Delivering this change requires new ways of thinking about how, where, and by whom care is delivered. It will mean developing new partnerships and ways of working at neighbourhood level to understand how services can be designed and delivered to best serve those communities, based upon their specific needs and reflecting the resources available to them. It will facilitate a more preventative approach to health and social care by identifying individuals and groups with specific needs and providing targeted support and interventions at an earlier stage. By doing this, it will help to manage demand for secondary care and more specialist services more effectively.

4. The Neighbourhood Model of Health and Wellbeing for Northern Ireland will be implemented in a phased approach:

    - **Design phase to January 2026:** Agree vision statement and underpinning principles for NI neighbourhood health. Identify best practices, build the programme.
    - **Build Phase to April 2026:** Identify neighbourhood sites/activities and establish systems for delivery.
    - **Implementation Phase from April 2026:** Start the programme, evaluate, invest and scale up.

5. Senior officials have been engaging in an extensive programme of key stakeholder engagement during the initial Design Phase. A range of site visits and meetings have also taken place over the last number of months to inform the development of this work and learn lessons from elsewhere.

## Strengthening Communities for Health

6. Strengthening Communities for Health is a cross departmental and cross sectoral approach to enhance community development practice and build community capacity to improve health and wellbeing and reduce health inequalities. Building and utilising the strengths, experiences and networks of our communities is fundamental to addressing long term and systemic issues which drive poorer health outcomes and health inequalities.

7. Community development approaches support people to develop their own skills and knowledge, while also empowering communities to shape and improve their local services and environment. Working together through a Strengthening Communities for Health approach, PHA colleagues are taking a collective and collaborative view on how communities can be better supported to improve their health and wellbeing and reduce health inequalities.

8. This includes:
    - Raising awareness of the value and contribution of community development to health and reducing health inequalities;
    - Enhancing data and evidence-informed decision making to support community capacity building, and its relationship to local health outcomes, and the wider social determinants of health;
    - Investing in the provision of training, peer led learning and local implementation to strengthen existing community capacity;
    - Working collectively with partners to identify and support collaborative opportunities to build community capacity within underrepresented areas;
    - Strengthening the role of the Community and Voluntary sector in influencing policy development and service planning; and
    - Engaging with local communities to identify the outcomes and services they would like to see provided through community capacity building.

## Health Literacy

9. Health literacy plays a key role in supporting and empowering individuals to take control of their own health, and to live healthier lives. It is specifically referenced in MLB, which states –

    ***"Health literacy means more than being able to read pamphlets; it empowers people to make healthier choices, decide to change their lifestyle and take action. Some published definitions present health literacy as a set of individual capacities that allow the individual to acquire and use new information. Health literacy is dynamic, being influenced by both the individual and the health care system".***

10. Low levels of health literacy are associated with poorer access to health services, poorer communication with health-care professionals, lower adherence to treatment and poorer self-management of health conditions. Low health literacy in parents is associated with poorer health outcomes for their

children. Improved health literacy could therefore contribute to reducing health inequalities, strengthen health and improve health-care efficiency.

11. Improving health literacy requires inter-departmental and cross-sectoral action and raising the profile may therefore offer new opportunities for future collaboration.
12. Membership of the Regional Health Literacy Forum offers an opportunity for regular cross-sectoral conversations and collaborative working, and the work of the forum, and the work on health literacy will be embedded as part of the delivery of this Thematic Action Plan.

## This is Our Health

13. This is Our Health is a key element of the Reset Plan. The overall Mission Statement of the 'This is Our Health' Reset Commitment is 'To change the relationship that people in NI have with their own health, giving them more agency to stay healthier and enabling the HSC to provide the right care when they need it' and 'To change the mindset of the HSC in order to work with people as partners in creating a healthier nation and a better health and care service'.

14. This work is in the early stages of development, and we will continue to work closely with Departmental colleagues to ensure the 'This is Our Health' Reset Commitment is reflected in the new Thematic Action Plan.

## Test and Learn

15. DoH actively participate in the NICS Collaboration Test and Learn Initiative, which was initiated in 2023 (NICS Board endorsed), to improve how Government works better together and with its partners to help deliver better outcomes for communities suffering the most disadvantage. A NICS Collaboration Test and Learn Collaboration Steering Group, chaired by TEO, provides strategic and operational direction to the Initiative throughout Phase 1 and 2 of the pilots which utilized the Collaboration Strategic Framework in

practically exploring more collaborative and cohesive ways of working. Phase 2 is reaching a conclusion with an Evaluation Report developed. Planning will commence for Phase 3 which will continue to feature the key the NICS Board endorsed recommendation that delivery of both new and existing place-based initiatives should actively consider using the test and learn model within the existing pilot areas.

16. We will ensure that DoH plays its part in this development, and that the learning from the previous Healthy Places demonstration project and Live Better is fed into this to ensure it is effective in improving collaboration, and most importantly shared outcomes for communities are realised, at both the strategic and operational levels.

## Live Better

17. A targeted, place-based approach called Live Better was introduced in 2024 /2025. Live Better was designed to help address health inequalities in Northern Ireland by bringing targeted health support to communities which needed it most.

18. The selection process identified two initial test areas and included consideration of inequalities statistics and deliverability metrics. As a result, one test area was in Derry/Londonderry (Fountain, Bogside, Brandywell and Creggan) and the second test area was in Belfast (Lower Shankill, Lower Falls and Grosvenor Road).

19. Stakeholder engagement was undertaken and indicative outcomes for each area were identified. These outcomes focused on three core outcomes – Starting Well, Living Well, and Ageing Well. The delivery stage of Live Better began in earnest in January 2025, and comprised of programmes for children's oral health, pre-diabetes, smoking cessation and cancer screening, falls prevention and frailty, childhood vaccinations, and connecting isolated older

people. A programme of health fairs/checks, health literacy training, and health inequalities training also supported the delivery of Live Better.

20. The Live Better approach received a positive evaluation and the learning from the approach will be reflected in the new Neighbourhood Model of Health and Wellbeing and the next stage of Making Life Better.

## Health in All Policies

21. It is also important that we think about how we can collectively promote the consideration of key health outcomes as part the development and implementation of key public policy and legislation embedding good health outcomes in everything we do.

22. There is ongoing work developing an action research project on the implementation of “Mental Health In All Policies” in NI which would explore the practicalities of implementing a mental health in all policies approach in one major government policy in NI.

23. Through supporting the Health, and Mental Health, In All Policies approach, all Executive Departments will be further encouraged to look at all their policy areas through a health lens. We will consider how this Thematic Action Plan can further support this agenda.