

Office of the Chief Executive
Direct Line: 028 37 414600

29 October 2004

Ms Jenny McGarry
Neighbourhood Statistics Unit
Demography and Methodology Branch
Northern Ireland Statistics and Research Agency (NISRA)
McAuley House
2-14 Castle Street
BELFAST BT1 1SA

Dear Ms McGarry

Northern Ireland Multiple Deprivation Measure 2004: Consultation Document

In response to the consultation exercise on the production of new measures of relative deprivation in Northern Ireland and the associated review of the Northern Ireland Measures of Deprivation 2001, the Board would wish to make the following comments:

1. The Southern Health and Social Services Board welcomes the current review and update of the 2001 Noble Multiple Deprivation Index being undertaken by NISRA. Representatives from the Board have already taken the opportunity to attend the public consultation meetings and have provided verbal feedback on the consultation document.
2. The proposed domain structure seems to be fair, but changes to indicators may lead to difficulties in making comparisons between the 2001 report and the 2005 report. Movement to SOAs may also exacerbate this problem.
3. The Board would strongly support the inclusion of the two Income Deprivation sub-domains – Income Deprivation Affecting Children

Measure and Income Deprivation Affecting Older People Measure – as these are particularly important from a health and social care perspective.

4. The proposed indicators for the Health and Disability domain may benefit from the addition of further indicators of ill health linked to deprivation, for example, those addicted to smoking, alcohol and drugs; obesity; self-perception of health (Census); dental health (especially amongst children) etc.
5. The Geographical Access to Services is helpful as it identifies rural/urban differences and recognises the impact of rurality. However, the 2001 Noble Indicators include access to a dentist, optician, pharmacist, library and Social Security Office or a Training and Employment Office and it may be useful to retain these in the updated measures. The use “road distance to a GP premises” and “road distance to an Accident and Emergency hospital” are important as indicators for a rural population, but journey time should also be considered. Access to Out of Hours services may be a useful additional indicator. Other barriers to accessing services may exist beyond geographical barriers e.g. disability, ethnicity etc
6. The 2001 Noble suite of indicators are available at electoral ward level (and Census Enumeration District for a select few) for a range of domains in addition to the multiple deprivation domain. It is noted that it is now proposed that the full index will only be available for Super Output Areas (circa 2000 people). The SOAs will be nested within electoral ward boundaries but, will not be available at electoral ward level (unless an SOA is equivalent to a ward). Whilst the Board recognises that the main benefit of SOAs is one of uniform size and composition, we feel that this is outweighed by the need to have a ward level index. This is because so much other useful data has already been gathered at ward level which we would want to match with the new Noble Index. Therefore whilst the Board has no objection to the indices being developed for COAs and SOAs, we also need to retain a ward level geography.
7. The SOAs are based on a target population of around 2000 people (lower threshold 1300 and upper threshold of 2800). This represents a very large area in rural communities and there is therefore a danger that if SOAs are used deprivation or pockets of deprivation in rural areas, as opposed to urban areas, will not be identified. The Board’s preference would therefore be for COAs and wards as the core geography.

8. It would be useful to examine the age profile within each domain and if there is a predominance of either children and young people or older people this should result in an extra weighting for that domain. Age is a key determinant of the overall health and social care needs of a population and thus, for example, care needs associated with the age (and gender) profiles of the population are reflected in the DHSSPS Capitation Formula (currently under review).
9. The Board would suggest that ethnicity requires serious consideration as a potential domain or indicator.

Should you have any queries in relation to the Board's response to the consultation document, please feel free to contact me.

Yours sincerely

C Donaghy
Chief Executive