

2019 Wales Index of Multiple Deprivation, December 2018

Tenovus Cancer Care is Wales' leading cancer charity. Our aims are simple. We want to help prevent, treat and find a cure for cancer.

We do this by offering support, advice and treatment to cancer patients and their loved ones. We also promote healthy lifestyles and fund cancer research to find new ways to prevent it, diagnose it, and treat it.

We welcome the opportunity to respond to this important consultation.

Overview

1. Do you have any views on prioritisation for exploring new data sources for WIMD 2019 as described in section 2.1 point C?

Tenovus Cancer Care would prioritise new data sources that relate to the health domain. These would, in no particular order, be unhealthy weight in children, GP-registered chronic and mental health conditions, access to natural green spaces and low household income.

Income domain

2. Do you have any comments on the key proposal for an income deprivation indicator in line with previous indices, based on 2016-17 data, for WIMD 2019?

Tenovus Cancer Care agrees with this proposal, particularly in light of the period over which Universal Credit is rolled-out.

3. Would you find it useful to have a similar income deprivation indicator made available separately to allow comparison with small areas in England (2015-16 data)?

Yes – although we appreciate the specific reasons for WIMD not being directly comparable to its equivalent in England, having a limited set of comparable indicators would be very helpful. We can then make more precise responses and predictors of health related inequalities with comparable sites elsewhere.

4. Do you have any comments on the addition of a second indicator on households in low income (based on ONS research outputs), subject to quality considerations?

Relative poverty is a key indicator of a number of co-morbidities related to cancer. Therefore we would warmly welcome an additional indicator on households in low income.

5. Do you have any other comments on proposals for the Income domain?

No comments.

Employment domain

6. Do you have any comments on the key proposal for an employment deprivation indicator in line with previous indices, based on 2016-17 data, for WIMD 2019?

Maintaining consistency with previous indices improves comparability. Therefore Tenovus Cancer Care supports this proposal.

7. Would you find it useful to have a similar employment deprivation indicator made available separately to allow comparison with small areas in England (2015-16 data)?

Yes – although we appreciate the specific reasons for WIMD not being directly comparable to its equivalent in England, having a limited set of comparable indicators is very helpful.

8. Do you have any other comments on proposals for the Employment domain?

No comments.

Health domain

9. Do you have any comments on the proposed new indicator on reception class children who are of unhealthy weight?

This would be positive inclusion that would not only allow direct measurement of wider health issues in said community but can also track broader trends related to issues such as advertising and availability of junk food, or access to green space.

10. Do you have any comments on a proposed new indicator on chronic conditions?

While the acute element of cancer is already covered a broader range of indicators related to cancer as a chronic condition would be helpful. For example, mental health is increasingly a cause of concern for those living with and beyond cancer so this would be helpful.

11. Do you have any comments on a proposed new indicator on mental health?

As above.

12. Do you have any comments on the proposed refined mortality indicator on premature mortality?

No comments.

13. What priority order would you place on developing a measure of unhealthy weight in children, chronic conditions, or mental health for WIMD 2019?

In order of relevance to preventing cancer, Tenovus Cancer Care would prioritise (1) chronic conditions, (2) unhealthy weight in children, (3) mental health.

14. Do you have any other comments on proposals for the Health domain?

No comments.

Education domain

15. Do you have any comments on the proposal to include indicators sourced from the On-Entry Assessments of Pupils in Reception Class data and the Foundation Phase outcomes data?

No comments.

16. Do you have any comments on the proposed Key Stage 4 attainment indicator?

No comments.

17. Do you have any comments on our proposed approach to produce the Proportion of people aged 18-19 not entering HE indicator?

Although the inclusion of HE-related indicators is positive it might be worthwhile considering broadening out this indicator to include Further Education and Apprenticeship-related indicators too.

18. What priority would you place on developing the following measures: On-Entry Assessments of Pupils in Reception Class, or proportion of people not entering higher education aged 18-19 indicator?
Given the larger data set Tenovus Cancer Care would prefer On-Entry Assessments of Pupils in Reception Class.

19. Do you have any other comments on proposals for the Education domain?
No comments.

Access to Services domain

20. Do you have any comments on the proposed new indicator on access to broadband services?
Broadband services tend to require intrusive in-property physical infrastructure and to be relatively 'sticky' in nature with minimum contracts for access to services. As a result, while broadband may be available in an area it may not be taken up on the margins of deprivation as a result of the commitment, contractual and architectural needed to access broadband services. Indeed *uptake* of broadband services might be a better measure of deprivation, or lack thereof, since it more accurately reflects the financial ability to access services. It would also highlight secondary issues related to agency such as tenant vs owner-occupier status, with the former being more vulnerable to not being able to access broadband if structural changes are required to the property in the course of its installation.

21. Do you have a view on how the indicators on travel times (to key services), and access to broadband services should be weighted together for the overall domain score?

Tenovus Cancer Care are currently funding PhD research into producing an algorithm to map the impact of our mobile chemotherapy units by measuring them against demographics, static cancer sites and road networks etc. While this research is yet to be published, using a similar principle to map travel times to key services could be a viable solution.

However as stated above, we believe *uptake* of broadband services, rather than availability thereof, would be a more suitable indicator of relative deprivation.

22. Do you have any other comments on proposals for the Access to Services domain?

While we accept the statistical rationale for discounting the viability of including lack of access to mobile data 4G services there is an argument that lack of *uptake* of mobile data services may be a greater risk to deprivation than lack of access to broadband services. Because of the lower costs of entry and access (both physical and financial) to mobile services they could be considered more sensitive to changes in deprivation levels and therefore a better indicator overall.

Housing domain

23. Do you have any comments on our proposals to include a modelled indicator of poor housing quality in the housing domain, if possible?

Poor housing quality is a useful indicator for measuring preventable cancer co-morbidities. Therefore Tenovus Cancer Care supports the inclusion of this indicator.

24. In developing the modelled indicator, do you have any comments on our proposed focus on hazards (as defined in the Housing Health and Safety Rating System, HHSRS) and on disrepair to capture poor housing quality?

No comments.

25. Do you have any comments on our proposal NOT to include an indicator based on Energy Performance Certificate data in the housing domain, based on low data quality?

Tenovus Cancer Care would support the inclusion of the EPC if sufficient data were available to make it a viable indicator. However in the absence of a robust dataset, we endorse the decision not to include it.

26. Do you have any comments on our proposal to continue using overcrowding as an indicator of housing deprivation?

Although this data, derived from the 2011 Census is now a little dated, we would support its continued inclusion on the basis of consistency, with a presumption that a refreshed data set would be available following the 2021 Census.

27. Do you have any comments on our proposal to drop the “lack of central heating” indicator as a measure of housing deprivation?

Echoing our comments regarding access to broadband, we support the withdrawal of the indicator related to access to, or lack thereof, central heating. We support the argument made in the guidance that having central heating is no guarantee of an ability to use it. We suggest a similar rationale is applied to access to broadband services, as discussed above.

28. Do you have any other comments on proposals for the Housing domain?

No comments.

Physical Environment domain

29. Do you have any comments on our proposals to simplify the air quality subdomain?

Poor air quality is known correlate to cancer, particularly lung cancer. The International Agency for Research on Cancer (IARC), a World Health Organisation body, has classified outdoor air pollution as a cancer-causing agent (carcinogen).

However the relationship is complex and, while taking air quality in isolation in the context of public health policy prescriptions related to cancer would be inappropriately crude, simplifying the air quality subdomain would not improve the ability for this indicator to be a serviceable yardstick of exposure to cancer-related co-morbidities. This in turn would reduce the data’s value by lacking the sufficient depth behind it to enable the data could be interrogated fully if required.

30. Do you have any comments on our proposals to include an indicator measuring the lack of proximity to accessible green space instead of the proximity to waste disposal and industrial sites indicator?

A sedentary lifestyle is a leading cause of obesity¹ and the link between being overweight, or obese, and risk of developing cancer is well established.² Therefore Tenovus Cancer Care would be supportive of proposals to measure accessible green space.

31. Do you have any views on the proposed weighting within this domain?

No comments

32. Do you have any other comments on proposals for the Physical Environment domain?

No comments.

Community Safety domain

33. Do you have any comments on proposals for the Community Safety domain?

No comments.

Weighting of domains

34. Do you have any comments on the proposed approach to weighting domains in WIMD 2019?

Given our charitable aims Tenovus Cancer Care would place a priority on health outcomes and the indices attached to them. However a number of other indices have co-morbidities with cancer and the challenges that it brings. For example poorer education and child nutrition, lower activity levels and greater income inequality all tend to more obesogenic environments that risk higher incidence of cancer while access to service. Lower service-access rates and greater income inequality tend to lower detection and diagnostic rates, and thus more advanced cancers that in turn significantly decrease an individual's chances of surviving a cancer diagnosis. Given the complex relationship between all these factors, we are broadly content with the proposed weightings.

Next Steps

35. Do you have any other comments on proposals for WIMD 2019 (not already covered) or future updates of WIMD?

The mapping tool for WIMD2014 has been invaluable however while it is possible to search via postcode on the home page, this functionality is lost one the mapping tool itself is entered. Enabling this functionality throughout the site would improve its accessibility.

While we accept the methodological basis for using Lower Super Output Areas as the foundation for the mapping tool, it would nevertheless be helpful to view the map by political ward. We would suggest County Borough Council ward as the basis for this.