

Scottish Rural Fuel Poverty Task Force
Template for submission of papers – one page maximum

1. Short Description of issue

What is the issue

Scottish Index of Multiple Deprivation (SIMD) is the measure used to target interventions and resources for tackling the effects of socio-economic inequalities in communities across Scotland. It is the basis for a range of national initiatives on health inequalities and fuel poverty.

There are challenges in rural communities from using SIMD as a means for targeting inequalities interventions.

Why is it an issue

Typically national initiatives target interventions and resources at the most deprived areas across Scotland (often the 20% most deprived quintile). The Western Isles have no areas that fall within this quintile and yet we have the highest levels of fuel poverty and morbidity rates comparable to the more deprived areas of Scotland. Consequently, it is a challenge for the Western Isles to participate in national initiatives targeting inequalities due to their reliance on this measure of inequalities targeting.

How is it specific to rural areas

Difficulties in using the SIMD in rural areas for targeting interventions around deprivation are twofold.

- a) SIMD is designed to identify small concentrations of deprivation and does not identify individuals that are materially deprived. Rural areas such as the Western Isles are sparsely populated and socially heterogeneous and therefore less sensitive to area based measures of deprivation such as SIMD. Materially deprived persons living in rural areas are therefore often not within the target populations of national inequalities programmes.
- b) SIMD is built from a range of indicators to represent multiple deprivation which is not necessarily a representation of rural deprivation. Rural deprivation may have distinct aspects not represented within this indice. The addition of the Geographic Access domain within SIMD was an attempt to capture part of the experience of rural deprivation but others remain including depopulation, fuel poverty, social isolation, etc.. Indeed the domain weightings for SIMD rely strongly Income and Employment domains (28% each) whilst Access (9%) and Housing (2%) are less influential but more pertinent to the Rural setting. Thus the use of SIMD as a proxy for rural Fuel poverty is less than effective.

2. Analysis of the root cause of the issue

Short description of why is the perceived issues that cause the issue and demonstrate why this is specifically a rural issue or why it is more prominent in rural areas

See above for particular relevance of this issue to rural areas which are associated with the use of the SIMD particular deprivation measure nationally for inequalities targeting.

3. Evidence

This issue has been identified in a number of reviews previously particularly in relation to the use of SIMD in Evidence based interventions for Fuel Poverty and health inequalities targeting and rural deprivation.

See:

Tamsyn Wilson, Jamie Robertson and Liz Hawkins (with contributions from Beatrix Futak-Campbell and Ada Yiu and technical assistance from Dave Cormack).
Fuel Poverty Evidence Review:Defining, Measuring and Analysing Fuel Poverty in Scotland. The Scottish Government. August 2012
Scottish House Condition Survey and Research Team
Communities Analytical Services Housing, Regeneration, the Commonwealth Games and Sport Directorate Scottish Government

Fischbacker C. Identifying "deprived individuals": are there better alternatives to the Scottish Index of Multiple Deprivation (SIMD) for socioeconomic targeting in individually based programmes addressing health inequalities in Scotland?, 2014, ISD Scotland/ ScotPHO.

JH McKendrick, C Barclay, C Carr, A Clark, J Holles, E Perring and L Stien (2011)
Our Rural Numbers Are Not Enough: An independent position statement and recommendations to improve the identification of poverty, income inequality and deprivation in rural Scotland. Glasgow: Rural Poverty Indicators Action Learning Set.

Bramley G. SCOTLAND'S INDEX OF MULTIPLE DEPRIVATION: Assessing its statistical validity, and its appropriateness as a mechanism for targeting resources on deprivation. Research Report to the Scottish Parliamentary Corporate Body – Finance Committee – Deprivation Inquiry, 2005.

Locally, the impact of SIMD has been found in following programmes:

CESP –Western Isles failed eligibility criteria based on SIMD and thus were ineligible for these programmes.

ECO – CSCO funding strand. Initially under ECO whilst all datazones qualified for the rural sub category all householders had to be screened for Affordable Warmth benefits and the automatic eligibility for those householders in the lowest 15% SIMD datazones was ineffective in the Western Isles as none of the datazones fell into this category. Only when this was widened under ECO2 to the lowest 25% SIMD datazones did 16 of the 36 Western Isles datazones become eligible for automatic eligibility. However, this created real confusion with the public and areas of equally high fuel poverty remained having to be screened via an Affordable Warmth criteria whilst the lowest 25% zones didn't.

Well North – health and wellbeing screening to reduce health inequalities

Smoking Cessation services – use of local datazones for targeting inequalities again using SIMD

Ante-natal early booking – challenges around targeting areas particularly with small number of pregnant women from such targeted SIMD datazones who may or may not be materially deprived.

4. Possible Current solutions

Demonstrate any initiatives that overcome the issue that could be scaled up

To date NHS Western Isles have looked at population wide approaches in targeting inequalities which is possible given the relatively small population. This has been pursued on basis that such an approach will reach deprived sections of community irrespective of where they live. However, this doesn't specifically target deprived individuals and may not reduce relative inequalities between socio-economic groups.

Other approaches have been used to attempt to target inequalities interventions including using local quintiles of SIMD which identify range of deprived areas relative to Western Isles overall levels but this will still have the same issues around area deprivation as that based on national SIMD distributions.

5. Possible Future Solutions

Highlight solutions that could be done now, or recommendations for future policy changes to address the problem

Alternatives to area-based measures of deprivation would be preferred that would identify individuals who are materially deprived enabling dispersed populations as in rural areas to have an effective targeting method. Also, this would allow opportunity for defining a specifically rural deprivation indice reflecting the distinct experience of individuals within rural communities.

A number of alternatives to SIMD have been proposed previously which all rest on ability to source comprehensive individual level information on persons socio-economic circumstances.

Of these the favoured approach would be to access information within a Primary Care health setting which would have the additional benefit of being at the interface where many potential interventions to reduce health inequalities may be offered. The preferred vehicle for achieving this would be via a national Directly Enhanced Service agreement as part of GP Quality and Outcome Framework as this offers the best opportunity for obtaining GP support in collecting deprivation data and thereafter delivering possible interventions. An example of possible health inequality interventions which may be delivered could be a home heating efficiency referral scheme for those both identified from a rural deprivation indice and at risk of potentially affected health conditions.

A possible pragmatic solution in absence of a national QOF DES agreement may be to pilot a local enhanced service agreement within a rural health board area such as the Western Isles to test out the feasibility of such a method for identifying deprived individuals and its use in a selected health intervention such as targeted fuel poverty initiatives linked to related health outcomes.

6. Resource Implications

Highlight any resource implications for both the current solution and future solution. This could be staffing or funding

Costs of national DES agreement are unknown while pilot LES within Western Isles would require further work to estimate likely level of GP payments required and costs of delivery of a linked inequalities intervention.

Annexes

Additional relevant information to be provided

No more than 2 pages