RESPONDENT: 2855225585 **– John Robson**
SECTOR: Unknown - Individual

Q1 - What are your views of the different census approaches described in the consultation document?

I would prefer a more detailed Census as it is. I require small area statistics (LSOA) which can be linked to Census variables on employment/unemployment, educational status, car ownership for IMD and Townsend scores ethnic group, gender, age and so on. It would be a disaster to lose this information as it informs all work on social deprivation,ethnicity in primary and secondary care and equitable provision. It would be a major regressive step in terms of reporting of social equity, to lose this information. If the existing Census was supplemented by other information this may be useful.

Q2 - Please specify any significant uses of population and housing statistics that we have not already identified.

1. Childhood and adult immunisation and infectious disease mapping Recent geographically specific measles outbreaks have highlighted the issue of population susceptibility. At say borough level this may not look too bad - say 80%. But that conceals very wide local area variation including <50% in many small areas often in highly mobile and susceptible populations. We have used LSOA to map measles immunity rates to help inform and target local communities or areas. (Robson BMJ correspondence "Measles in the UK: a test of public health competency in a crisis BMJ 2013; 346 doi: http://dx.doi.org/10.1136/bmj.f2793 (Published 1 May 2013) http://www.bmj.com/content/346/bmj.f2793?page=1&tab=responses Identifying specific health needs by small area (mapping of TB or HIV cases) is also relevant. 2. We have mapped the risk of developing diabetes in east London based on LSOA (Noble BMJ Open. 2012 Feb 15;2(1):e000711. doi: 10.1136/bmjopen-2011-000711. Print 2012. Feasibility study of geospatial mapping of chronic disease risk to inform public health commissioning. Noble D, Smith D, Mathur R, Robson J, Greenhalgh T.

Q3 - Please specify any significant additional benefits of population and housing statistics that we have not already identified.

3. We have used LSOA to link to Census variables for that area to provide data on Index of Material Deprivation and Townsend Score which we use fro a wide variety of both research and service work on equity of service provision and health needs. The loss of this function would be a disaster for this type of work. 4. Other work may require small area mapping including antimicrobial resistance - a major government priority; radiation exposures in relation to specific diseases and cancers in particular and other environmental exposures such as air pollution and ischaemic heart disease or asthma/COPD to mention two of many such conditions.

Q4 - What would the impact be if the most detailed statistics for very small geographic areas and small population groups were no longer available? High, medium, low or no impact?

High

If medium or high, please give further information.

I have explained in the preceding section the uses of LSOA for mapping, area linkage to other Census variables to calculate social deprivation indices or ethnic density. The loss of this function would have a profound, serious and potentially dangerous impact as it would limit our knowledge of actual or potential infectious disease exposure in relation to population characteristics at small area level. It would profoundly damage analysis of health equity indices - both need and provision It would severely affect small area work on environmental exposures damaging to health

Q5 - What would the additional benefit be if more frequent (i.e. annual) statistics about population characteristics were available for areas like local authorities and electoral wards? High, medium, low or no additional benefit?

Low

If medium or high please give further information.

Q6 - Please specify any significant uses of census information for historical research that we have not already identified.

We have used LSOA to map disease associated with deprivation and contrasted this with maps 100 years ago to show that geographical location of poverty hadn't altered much in that time (see previous reference Noble and the Booth 1898 maps)

Q7 - What advantages or disadvantages for genealogical or historical research can you see from a move to a solution based on archiving administrative data sources?

Q8 - What are your views of the risks of each census approach and how they might be managed?

I would be against any move to limit access to existing data at small area level on socioeconomic status or other social characteristics including ethnic density, employment and so on. My view is that if there was data available more frequently to further enhance existing sources then that would be beneficial. I have already stated that the loss of LSOA data jeopardises data on equity of health need and provision, susceptible populations in relation to the small area geography of infectious disease outbreaks or risk, historical mapping.

Q9 - Are there any other issues that you believe we should be taking into account?