Health and Wellbeing Board

3 November 2015

Health and Wellbeing of Gypsy Roma Traveller (GRT) Communities

Report of Anna Lynch, Director of Public Health County Durham, Children and Adults Services, Durham County Council

Purpose of the Report

1. The purpose of this report is to update the Health and Wellbeing Board on the background to the GRT health work and the progress being made following a health needs assessment. This work is a priority in the Health and Wellbeing Strategy.

Background

2. "Work together to reduce the health inequalities between the Gypsy Roma Traveller community and the general population" is identified as a priority in the Joint Health and Wellbeing Strategy in recognition that the GRT community has significantly poorer health in comparison to the general population.

3. The health needs assessment (HNA) was commissioned in 2010 jointly by DCC and the former Primary Care Trust (PCT) and reported that the GRT communities not only represented the largest ethnic minority across County Durham and that they also suffered with the worst health outcomes. A further report on the health status of the GRT community will be available following the evaluation of the current work programme.

4. Recommendations from the HNA included:

    - Durham County Council should identify a senior GRT health champion.
    - A champion should similarly be identified amongst GPs.
    - A review should be carried out of ethic monitoring in respect of Gypsies and Travellers.
    - Service providers working with GRT communities should come together to review how they collaborate and to identify opportunities for service development.
    - The development of a programme of peer-to-peer Health Ambassadors aimed at Gypsies and Travellers living in houses and on sites.
    - Cultural awareness training should be provided to all staff whose work involves Gypsies and Travellers.

5. A public health budget was identified and the following initiative have been commissioned or established

    - GRT public health "champion" senior leader established.
    - GRT leads established in both Clinical Commissioning Groups (CCGs).

- Ethnic monitoring being reviewed across all sectors to better capture data.
- GRT practitioner group established for service provide support.
- Two health trainer posts commissioned. One employed from the GRT community.
- Cultural awareness training is ongoing and to date has trained over 350 cross-agency staff.
- A GRT Public Health nurse has been commissioned and is operational.
- Health information needs for GRT communities being considered via social media.
- Health project evaluation commissioned from national expert.

6. A copy of the full report is attached at Appendix 2.

Recommendations

7. The Health and Wellbeing Board is recommended to:

- Note the background to the GRT health work programme.
- Consider progress being made.
- Note the risks to the sustainability of the work.
- Note the evaluation will provide an updated position on the health needs of the GRT community.

Contact: Nick Springham, Consultant in Public Health, Durham County Council
Tel: 03000 267678

Appendix 1: Implications

Finance
Future implications for Public Health and CAS funding priorities

Staffing
No implications

Risk
There is a risk to the success of the health project if the health trainer and the DISC contracts are no longer funded.

Equality and Diversity / Public Sector Equality Duty
As the largest ethnic minority in County Durham with the worst health and social outcomes, equality and diversity are central to the work reported here.

Accommodation
No implications

Crime and Disorder
No implications

Human Rights
Human rights issues for the GRT communities are often disregarded

Consultation
No implications

Procurement
No implications

Disability Issues
No implications

Legal Implications
No implications

APPENDIX 2

County Durham Gypsy Roma Traveller (GRT) Health Project

'Our biggest ethnic minority community with the worst health outcomes'

Background

1. A health needs assessment of Gypsy and Traveller communities in County Durham and Darlington was commissioned in 2010 on behalf of Durham County Council and NHS Durham & Darlington from Renaissance Research in partnership with the UK Association of Gypsy Women.

2. This was on the back of national research for the Department of Health published by Sheffield University in 2004 (*The Health Status of Gypsies and Travellers in England*) which concluded:

   - Gypsy Travellers have significantly poorer health status and significantly more self-reported symptoms of ill-health than other UK-resident, English speaking ethnic minorities and economically disadvantaged white UK residents. For Gypsy Travellers, living in a house is associated with long term illness, poorer health state and anxiety. Those who rarely travel have the poorest health.

   - There was evidence of an inverse relationship between health needs and use of health and related services in Gypsy Travellers, with fewer services used by a community with demonstrated greater health needs.

   - From comparison with UK normative data, it is clear that the scale of health inequality between the study population and the UK general population is large, with reported health problems between twice and five times more prevalent.

   - Travellers' health beliefs and attitudes to health services demonstrate a cultural pride in self-reliance. There is stoicism and tolerance of chronic ill health, with a deep-rooted fear of cancer or other diagnoses perceived as terminal and hence avoidance of screening. Some fatalistic and nihilistic attitudes to illness were expressed; that is, illness was often seen as inevitable and medical treatment seen as unlikely to make a difference.

   - In relation to Gypsy Travellers' experiences in accessing health care and the cultural appropriateness of services provided, the study found widespread communication difficulties between health workers and Gypsy Travellers, with defensive expectation of racism and prejudice. Barriers to health care access were experienced, with several contributory causes, including reluctance of GPs to register Travellers or visit sites, practical problems of access whilst travelling, mismatch of expectations between Travellers and health staff, and attitudinal barriers.

3. In addition, a health survey in Leeds carried out by Leeds Racial Equality Council (*Gypsies and Travellers Leeds Baseline Census*) in 2005 reported average life expectancy among men as just 50 years.

4. A more recent study conducted by University College Dublin (2010) into the health status of Travellers (*All Ireland Traveller Health Study*), found that life expectancy for Travellers is falling further behind that of the general population there, and infant mortality rates remain high.

Findings and recommendations

5. A completely accurate figure for the Gypsy and Traveller population is problematic. Calculations carried out at the time of the assessment estimated approximately 3,000 Gypsies and Travellers living (housed or on sites) in County Durham. The true figure will be higher than this, given the transient nature of the community and that, at any one time, a number of temporary "travelling" residents will be accessing services locally. It is very likely that Gypsies and Travellers therefore represent the largest ethnic minority in County Durham.

8. The health of Gypsies and Travellers appears to deteriorate more rapidly in older age than the rest of the population. In addition, findings from the family history strand of the assessment suggest a very distinct pattern of mortality, with Gypsies and Travellers over four times more likely to die between the ages of 55 and 74 than the population as a whole.

9. Comments made at the focus groups showed there is a continuing distrust of social services, with confusion about the meaning of "social care" compounded in its effect by an expectation that families will "look after their own".

10. Evidence provided for the assessment suggests that literacy and school attainment generally are problems, not just in terms of how to maintain children's involvement with the educational system through secondary school, but by inhibiting Gypsy and Traveller children from their reception year, when they appear likely to be assessed as much less school-ready than other children.

11. Many of the same pressures that affect wider society affect Gypsies and Travellers too, including younger people having less time to cook from basic ingredients and being more likely to use alcohol to socialise. There was a definite belief expressed in the focus groups that their culture had actually helped them to be healthier in the past, offering more time to relax together in a family setting. Stakeholders recognised this intense focus on the family as a continuing, positive element of Gypsy and Traveller life.

12. The following recommendations were included in the health needs assessment:

- The local authority and NHS organisations should identify a senior champion to take lead responsibility for health issues affecting Gypsies and Travellers.

- A champion should similarly be identified amongst GPs to help ensure mainstream primary care services are accessible to Gypsies and Travellers.

- A review should be carried out of ethic monitoring in respect of Gypsies and Travellers, to establish a more effective and consistent approach and support what can be done to encourage Gypsies and Travellers to register as such.

- Service providers working in localities shown to have a concentration of Gypsy and Traveller families whether living in houses or on sites should come together to review how they collaborate and to identify opportunities for service development, including how to make best use of specialist expertise.

- The development of a programme of peer-to-peer Health Ambassadors should be considered, aimed at Gypsies and Travellers living in houses and on sites.

- Cultural awareness training should be provided to all staff who work with Gypsies and Travellers (including senior managers) in local authorities, the health service and the voluntary sector.

Implementation of the recommendations

13. This work is now a priority in the Health and Wellbeing Strategy. As a direct result of this HNA, a Public Health budget was identified with which the following initiatives have been commissioned or established

- **A GRT public health consultant "champion"** has been identified. This consultant now chairs the DCC Health and Education Group and provides systems leadership across all GRT health initiatives.

- **GRT leads** have been established in both **Clinical Commissioning Groups** (CCGs). This has resulted in staff awareness training, audit work on GRT health issues and promotion of ethnic monitoring of data capture systems

- **Ethnic monitoring** is being reviewed across all sectors to enable better data capture including work with GRT communities to support better self-identification by community members.

- **A GRT practitioner group** has been established for service provider support. This arose out of the GRT awareness training where it became clear that amongst service providers there was duplication in some areas, gaps in others and a general lack of peer learning and support. This now meets quarterly and has a mailing list of 35 members. In the latest development, site wardens will also now attend these meetings which is a huge step forward for joint planning and community engagement.

- **Two health trainer posts** have been commissioned from the Pioneering Care Partnership for a two year period. These are now in post and one is a GRT community member. They are making good progress in working onto the newly opened sites with a health trainer presence across all 6 sites. They deliver group and individual interventions. They have been working with community members to encourage them to become health trainer champions and currently have two client interested in volunteering.

The health trainers attended Appleby Fair this year to promote the service and are currently looking to attend future events to raise their profile.

Health checks are offered across all of the sites and a programme of activities and courses will be rolled out from September 2015. The service is also looking to engage with housed clients and for better engagement with men.

- **Cultural awareness training** is ongoing and to date has trained over 350 cross-agency staff. The half day training provided by a professional trainer from County Durham GRT stock has been very well evaluated. Further training is currently being planned.

- **A GRT Public Health nurse** has been commissioned for a two year period and started in post in April 2015. The remit of this post is to ensure that GRT health needs are better met by supporting community members to access mainline services. This is particularly the case with 'roadside' families on unauthorised encampments where the nurse works closely with DDC officers in assessing and seeking to meet needs.

Since starting in the role the nurse has established good working relationships with a number of agencies including DCC GRT service, DISC charity GRT workers and the GRT education services. She has linked with these services and accompanied the workers on joint visits to unauthorised encampments, local authority sites and houses.

GRT families are aware of this service and are slowly engaging. The priority need within the unauthorised encampments is to support access to health services. Maternity services are particularly vital so that antenatal care can be accessed by the travelling families.

The nurse provides information to the families on unauthorised encampments, regarding the nearest GP service and will helps complete temporary registrations. The work on the sites will be developed further over the winter when the unauthorised encampments are quieter.

From October the nurse will be working closely with a mental health worker to address the health inequalities in mental health. Also in October, there will be a 'managing minor ailments' course aimed at parents on one of the sites looking at reducing the inappropriate use of Accident and Emergency and Urgent Care Centres.

Regular site visits will continue and further links will be made with housed travellers in the future using the established working links with education and housing agencies. Close work will continue with the PCP health trainers who encourage healthy lifestyle.

- Accurate and accessible **health information** is important for all communities. This is particularly true with the GRT community which has particularly culturally sensitive sets of health beliefs and taboos. These alongside an oral tradition of passing on information and some lower levels of literacy, have meant that traditional methods of providing health information purely by written leaflet has been abandoned in favour of social media messages through U Tube type video clips. The first of which is currently being filmed.

- In addition to these public health funded initiatives, **DISC** has been funded through "Supporting People"/ to provide valuable support that impact on the health and wellbeing of the GRT community. They focus on tenancy management issues such as Housing Benefit Claims, money management, general support to enable residents to live independently. This service works well in support of the health project and is fundamental to its success.

- The total health project is being evaluated and this has been externally commissioned from a national expert. A final report is due in 2016 with and interim report due in October 2015. The final report will detail the health status of the GRT community following delivery of the interventions detailed in this report.

Future risks/sustainability of the work

14. Much of the work is sustainable through the partnerships and joint working that has been established by the project.

    In addition, the public health nursing post will be picked up as part of the 0-5 health visitor contract from April 2016.

15. However, the health trainers' posts are commissioned up to April 2016, and no decision has been taken about the continuation of this contract. This will need to be considered as part of the public health budget prioritisation following the £3.1m in year cut to the public health grant to DCC.

    The DISC funding is also under review and the funding for next financial year is unclear at present.

    Future funding for resources and training is also unclear.

Recommendations

- Note the background to the GRT health work programme
- Consider progress being made
- Note the risks to the sustainability of the work
- Note the evaluation will provide an updated position on the health needs of the GRT community.

Contact*:* Nick Springham, Consultant in Public Health, Durham County Council
Tel: 03000 267678