

There have been significant changes within health and social care policy since the publication of [The health of Gypsies and Travellers in the UK](#) in November 2008. Most significant are the Coalition government's package of austerity measures and plans to restructure the NHS. These changes have led to both opportunities and challenges for those working in health and social care, whether in the statutory or voluntary sector.

The 2008 paper highlighted the limited attention given to Gypsies and Travellers in policy documents on health inequalities. However, the current NHS restructuring has forced former PCTs, Local Authorities (who are now taking a stronger role in public health) and emerging Clinical Commissioning Groups (CCGs) and Health and Wellbeing Boards to look at how to meet the health and social care needs of their local population.

In most cases local populations will include Gypsies, Roma and Travellers, however, the challenge is to ensure that they are included in health needs assessments, as these will inform Health and Wellbeing Boards and CCGs of the health outcomes that they need to achieve. Comprehensive and inclusive Joint Strategic Needs Assessments are therefore essential, as they are a vital link to the commissioning of future services. Some local authorities have carried out excellent Health Impact assessments of their local Gypsy and Traveller population, and whilst there may not be evidence in each locality, needs are likely to be fairly similar. The [Health and Social care Needs of Gypsies and Travellers in West Sussex \(October 2010\)](#), commissioned by NHS West Sussex and West Sussex County Council and conducted by the Office for Public Management provides a good source of information, whilst [Joint Strategic Needs Assessments- Cambridgeshire Travellers 2010](#), commissioned by Cambridgeshire County Council and Cambridgeshire PCT and [Surrey JSNA Improving the outcomes for Gypsy, Roma and Traveller pupils: final report September 2011](#) provide examples of the successful incorporation of Health Impact Assessments (HIAs) into JSNAs.

#### Key reports and resources

There are several reports and resources that can be used as leverage in the new models of co-production for health and social care services:

Professor Sir Michael Marmot and his team have produced several key reports on tackling inequalities in health ['Commission on Social Determinants of Health'](#) and ['Fair Society Healthy Lives' \(Marmot Review, February 2010\)](#). The six Marmot objectives provide a strong foundation for strategic partnership working:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of health prevention

The newly founded [Institute of Health Equity](#), based at the University College London, and supported by the Department of Health, UCL and the BMA, will build on this work. It will seek to increase health equity through action on the social determinants of health, specifically in four areas: by influencing global, national and local policies; by advising on and learning from practice; by building the evidence base, and; by developing capacity.

The Gypsy-Traveller organisation Friends Families and Travellers are currently partnering with the IHE to work on reducing the health inequalities experienced by Gypsies, Roma and Travellers.

The Health Inclusion Task Force, chaired by Professor Steve Field, has set up a working group to improve access, support and services for socially excluded people. Socially-excluded people often make chaotic and disproportionate use of health care services, which can have a devastating human cost for the people concerned, and create a financial burden for the taxpayers and communities who pick up the pieces. The report [Inclusion Health: Improving the way we meet primary care needs of the socially excluded \(March 2010\)](#) is essential reading for anyone working on health inequalities and looks at a small but significant number of the nation's most vulnerable people who suffer the worst morbidity and mortality rates.

In 2011, the new census included Romany Gypsies and Irish Travellers for the first time. This should enable better quantification of the needs of Gypsies and Travellers in different localities. However, many Gypsies and Travellers will not wish to disclose this information for fear that it may cause some individuals or organisations to discriminate against them. There also needs to be awareness of the growing number of European Roma who are living in the UK, who are not identified in any hard data.

## References

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2. Joint Strategic Needs Assessment: Cambridgeshire Travellers 2010, Cambridgeshire County Council and Cambridgeshire PCT, 2010. [http://cambridge.newcastlejsna.org.uk/webfm\\_send/25](http://cambridge.newcastlejsna.org.uk/webfm_send/25)
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5. Inclusion Health: Improving the way we meet primary care needs of the socially excluded, Department of Health, March 2010. <http://webarchive.nationalarchives.gov.uk/+http://www.cabinetoffice.gov.uk/media/346571/inclusion-health.pdf>

Zoe Matthews is a Registered Nurse (Mental Health) and has an MA in Health Promotion (Europe). She has worked for Friends, Families and Travellers for just over ten years, seven as Health Improvement Manager working with Gypsies and Travellers in Sussex to address health inequalities. Zoe has a particular interest in Chronic Exclusion and the position of those people living, for whatever reason, on the margins of society. Zoe has served as a Director on the Brighton and Hove Food Partnership and is currently a Trustee for National Voices.