

REPORT TO GYPSY/TRAVELLER SUB-COMMITTEE – 20 JUNE 2018

GYPSY/TRAVELLER HEALTH AND WELLBEING

1 Recommendations

The Committee is recommended to:

- 1.1 **Assess the growing body of evidence relating to the health and wellbeing of Gypsy/Traveller communities and their use of health services, in particular where health and wellbeing and experiences of using health care services is poorer than that of the wider population.**
- 1.2 **Consider how within the current policy context it can most effectively work with Gypsy/Traveller communities and other partners to further improve Gypsy/Traveller health and wellbeing and access to services.**
- 1.3 **Consider specific actions that require to be included in the Gypsy/Traveller Sub-Committee Action Plan.**

2 Background / Discussion

- 2.1 The Aberdeenshire Local Housing Strategy 2018-2023 identifies minority ethnic communities as one of its priorities and the Gypsy/Traveller Sub-Committee Action Plan (Feb 2018) includes a range of actions to improve outcomes for the Gypsy/Traveller community, including improving the health and wellbeing of Gypsy/Traveller communities in Aberdeenshire. The two principal actions which articulate the Sub-Committees ambitions in this regard are Action 2 - All services in Aberdeenshire Council take into account the needs of Gypsy/Travellers when developing policies and procedures; and Action 12 - Use health engagement/outreach to ensure those temporarily resident in Aberdeenshire have access to preventative health information and services.
- 2.2 This paper provides the Gypsy/Traveller Sub-Committee with an update on Gypsy/Traveller health and wellbeing, including use of health services and outlines action that could improve the health and wellbeing of the Gypsy/Traveller community in Aberdeenshire.
- 2.3 The Head of Finance and Monitoring Officer within Business Services have been consulted in the preparation of this report and had no comments to make and are satisfied that the report complies with the Scheme of Governance and relevant legislation.
- 2.4 The Health and Wellbeing of Gypsy/Travellers
 - 2.4.1 A range of studies throughout the UK have highlighted the poor health of Gypsy/Travellers compared to the wider population. A comprehensive study

of the health status of Gypsy/Travellers was carried out by Sheffield University for the UK Department of Health in 2004. This comprehensive study of The Health Status of Gypsies and Travellers in England¹ showed that Gypsy/Travellers suffer significant health inequalities, even when compared with other socially deprived or excluded groups or other minority ethnic groups. The most marked inequalities were in terms of self-reported anxiety, respiratory problems, including asthma and bronchitis and chest pain. A higher prevalence of miscarriages, stillbirths, neonatal deaths and premature death of older children was also noted.

- 2.4.2 Van Cleemput, Parry et al² and Peters, Parry et al³ found Gypsy/Travellers to have poor self-reported health status, very likely to have long-term limiting illness as well as even poorer health outcomes than other ethnic minorities. This research showed higher than average obesity levels, hypertension, risks for diabetes, heavy alcohol use and/or smoking, and risk of cardiovascular disease amongst Gypsy/Travellers compared with the general population. These health behaviours were attributed to a lack of understanding amongst Gypsy/Travellers about the links between lifestyle and health and a lack of long-term engagement with health care support.
- 2.4.3 A number of studies have concluded that Gypsy Travellers tend to die younger as well as experience a range of preventable health problems. It is recognised that morbidity and mortality for a broad range of health conditions is higher amongst the Gypsy/Traveller population than the settled community. Life expectancy is estimated to be between 10 and 25 years less than the settled community¹ Gypsy/Traveller communities experience stress caused by loss of traditional livelihoods and being constantly moved on. They may also experience deterioration in physical and mental health after moving into houses. Fatalistic attitudes and acceptance of pain and discomfort have also been noted as prevalent among some Gypsy/Traveller Communities and are factors which may influence the extent and nature of engagement with health care services.
- 2.4.4 At a Scotland level, the 2011 Census Scotland⁴ confirmed that Gypsy/Travellers in Scotland compared to the population as a whole, were more likely to report a long-term health problem or disability and were more likely to report bad or very bad general health. 37% of Gypsy/Travellers reported at least one condition compared to 30% of the population as a whole. Gypsy/Travellers were more likely than the general population to have a limiting long-term health problem or disability (28% compared to 20%) despite the fact they had a much younger age profile. They were also more likely to be limited 'a lot' by a long-term health problem or disability (16% compared to 10%). Gypsy/Travellers were three times more likely to report 'bad' or 'very bad' health compared to the general population (15% and 6% respectively). They were around five times more likely to report very bad health compared to

¹ The Health Status of Gypsies and Travellers: Report of Department of Health Inequalities in Health Research Initiative, University of Sheffield, Parry et al, 2004.

² Van Cleemput, Parry et al, Health-related beliefs and experiences of Gypsies and Travellers: a qualitative study, *Journal of Epidemiology & Community Medicine*, 2007.

³ Peters, Parry et al, Health and use of health services: a comparison between Gypsies and Travellers and other ethnic groups, *Ethnicity & Health*, vol 14, issue 4, 2009.

⁴ Gypsy/Travellers in Scotland: A Comprehensive Analysis of the 2011 Census, Scottish Government, 2015.

the general population. Gypsy/Traveller women were most likely to report that they had 'poor general health', this was over three and a half times the rate of the 'White Scottish' ethnic group.

- 2.4.5 The 2011 Census Scotland identified 175 individuals from the Gypsy/Traveller population resident in Aberdeenshire.⁵ A total of 83 individuals reported living with one or more disability or condition; 12 reported Deafness or partial hearing loss; 4 Blindness or sight loss; 23 a Learning disability/difficulty; 19 a Physical disability and 22 a Mental Health condition.
- 2.4.6 At a Grampian level social research company Craigforth Consultancy & Research published the report An Accommodation Needs Assessment of Gypsies/Travellers in Grampian in 2009.⁶ Craigforth were commissioned by the three Grampian local authorities to undertake the research, which involved 73 Gypsy/Travellers at that time resident in the area. In this study 60% of the survey respondents indicated that someone in their household had a chronic illness. Mobility issues was the most common problem, including arthritis, followed by asthma, depression and heart disease.
- 2.4.7 A Grampian Gypsy/Traveller Cross-Community Dialogue Day⁷ was held in Inverurie in 2011. Organised and facilitated by GREC and Grampian Joint Police Board it was attended by 70 delegates including 20 Gypsy/Travellers and was supported by a range of partners including NHS Grampian. A key issue faced by Gypsy/Travellers in Grampian which was felt to adversely impact on health and wellbeing was the limited availability of authorised sites. This was felt to cause stress and conflict for Gypsy/Travellers as well as making the provision of health care to the Gypsy/Traveller communities in Grampian more challenging. This issue is reinforced in The Royal College of General Practitioners and Inclusion Health report improving access to health care for Gypsies and Travellers, homeless people and sex workers published in 2013.⁸
- 2.4.8 The Craigforth study, Grampian Dialogue Day and reinforced by on-going contact between NHS Grampian staff and Gypsy/Travellers highlighted that Gypsy/Travellers, especially women with young children, are very conscientious about registering with local GPs as temporary residents in order to access health care services when required, although approximately half do not state that they are Gypsy/Travellers. The Craigforth study and Dialogue Day also confirmed that Gypsy/Travellers make regular use of our A&E/Minor Injury Departments when resident in Aberdeenshire and other parts of Grampian. Again, approximately half do not identify themselves as Gypsy/Travellers when accessing these services.

⁵ Ethnic Group by Disablement/Condition and Local Authority Area, extract from 2011 Census Scotland, 2015.

⁶ An Accommodation Needs Assessment of Gypsies/Travellers in Grampian 2008-2009, Craigforth Consultancy & Research, 2009.

⁷ Grampian Gypsy/Traveller Cross-Community Dialogue Day Building Consensus: A Constructive Way Forward, GREC/Grampian Joint Police Board, 2011.

⁸ Improving access to health care for Gypsies and Travellers, homeless people and sex workers: An evidence-based commissioning guide for Clinical Commissioning Groups and Health & Wellbeing Boards, Royal College of General Practitioners and Inclusion Health, 2013.

2.4.9 In Aberdeen City a health needs assessment and engagement project was carried out at the Clinterty Gypsy/Traveller site between 2012 and 2015⁹. This highlighted that the Bucksburn Medical Practice is the preferred GP surgery for the Gypsy/ Traveller population in Aberdeen City with approximately 300 Gypsy/ Travellers currently registered at this practice, approximately 10% of their practice population. This has presented opportunities to enhance delivery of preventative health measures; for example Keep Well checks, cervical screening, immunisation, the delivery of alcohol brief interventions and smoking cessation support. This model of delivery of Primary Care service delivery appears to have been effective in enhancing the skills and expertise within the Bucksburn Medical Practice regarding Gypsy/Traveller health and wellbeing but at the expense of developing better cultural awareness of Gypsy/Traveller health needs across the wider Primary Care system. Fatalistic attitudes to health (i.e. 'what will be, will be'), were identified, resulting in a view that illness is inevitable and therefore seeking treatment is not worthwhile. Fear of certain illnesses, including cancer and other terminal illnesses were evident. The consensus from the Gypsy/Traveller community was that heart problems are hereditary and therefore not preventative. Indirectly low literacy was also highlighted as a factor contributing to reduced access to services and information throughout life. With regards to immunisation it was noted that most children were up to date with their immunisations with the exception of MMR which was not widely accepted within the Gypsy/Traveller community. Intermittent attendance of children at school limited the opportunities for young people to learn about the benefits of a healthy lifestyle. Information gaps around food and oral health in young people were identified and breastfeeding rates were reported to be low among Gypsy/Traveller women.

2.5 Gypsy/Traveller Use and Experience of Health Services

2.5.1 In October 2017, the UK Government published its Race Disparity Audit.¹⁰ Where Gypsies and Travellers were identified as a distinct ethnic group the Audit found that in England in 2016/17, 81% of White Gypsy/Traveller respondents had been able to book an NHS dental appointment to their satisfaction (95% in the wider population); and 71% reported being satisfied with NHS dental services (85% in the wider population); 61% had a positive experience making a GP appointment (73% in the wider population); and 75% were satisfied with GP out of hour services (67% in the wider population); and 82% were satisfied with NHS hospital care (77% in the wider population). This data indicates some areas where Gypsy/Traveller ability to successfully access services and satisfaction of these services still lag behind the wider population.

2.5.2 The UK Government's Equality Act requires public authorities to collect equality characteristics such as ethnicity to demonstrate that they are meeting the public sector equality duty. The Health care Quality Strategy for NHS Scotland¹¹ commits the NHS in Scotland to 'understanding the needs of different communities, eliminating discrimination, reducing inequality, protecting human rights and building good relations by breaking down barriers

⁹ Gypsy Traveller Health Engagement Worker Project, GREC/NHS Grampian, 2015.

¹⁰ Race Disparity Audit Summary Findings from the Ethnicity Facts and Figures website (Health), Cabinet Office, 2017 and revised 2018.

¹¹ The Health care Quality Strategy for NHS Scotland, Scottish Government, 2010.

that may be preventing people from accessing the care and services that they need’.

- 2.5.3 Scottish Government’s Information Services Division (ISD) routinely report on progress towards improving the completeness of ethnic group recording in acute inpatient and day case records (SMR01) and new outpatient appointment records (SMR00). ISD Scotland provides twice yearly reports on recording ethnic groups in hospital records to improve equality and diversity monitoring. Reliable information on the ethnic group of people admitted to hospital in Scotland is important to reduce inequalities and ensure services are delivered fairly. For the period January – March 2017 (the most recent data currently available) the ISD publication Improving ethnic data collection for equality and diversity monitoring NHS Scotland¹² highlighted that the completeness of the percentage of new outpatient appointment records (SMR00) with a known ethnic group was 77.1% for NHS Grampian (the fourth highest of Scottish NHS Boards) compared to 74% for all Scottish NHS Boards. For the same period the percentage of acute inpatient and day case records (SMR01) with a known ethnic group was 89.1% for NHS Grampian (the second highest of the Scottish NHS Boards) compared to 82% for all Scottish NHS Boards.
- 2.5.4 In a study carried out in 2012/13 by NHS Health Scotland Insight into the use of the Hand-Held Record and other methods of NHS engagement with Gypsy/Travellers in Scotland¹³ it was reported that barriers to GP registration predominantly correlated with both service design and provision conflicting with the cultural characteristics and lifestyle needs of the Gypsy/ Traveller community. For example, from those with literacy issues completing registration forms, to a desire for immediate appointments, and a lack of trust or understanding of how the system works and what is available. Service barriers were also identified, with reports of some reluctance from GP practices to register patients and a lack of awareness of community needs meaning that those known to be ‘culturally competent’ were the preferred points of contact.
- 2.5.5 The Scottish Parliament’s Equal Opportunities Committee (EOC) Gypsy/Traveller and Care Inquiry 2012 – 2013,¹⁴ in its exploration of Gypsy/Traveller health and care considered the use and effectiveness of the Patient Record of Personal Health (PRPH) for Gypsy/Travellers in Scotland, commonly referred to as the Hand Held Record. The PRPH is an A5 booklet contained within a yellow plastic envelope. It was developed by the National Resource Centre for Ethnic Minority Health (NRCEMH) in close consultation with the Gypsy/Traveller community and health professionals and distributed to NHS Boards in Scotland in 2005. Shortly after a programme of training to NHS Boards was delivered by NRCEMH. The handheld record resulted from a recommendation of the Scottish Parliament’s Equal Opportunities

¹² Improving ethnic data collection for equality and diversity monitoring NHS Scotland, Jan – March, 2017, National Services Scotland, 2017.

¹³ Insight into the use of the Hand-Held Record and other methods of NHS engagement with Gypsy/Travellers in Scotland, NHS Health Scotland, 2013.

¹⁴ Record of the Equal Opportunities Committee Inquiry into Gypsy/Travellers and Care, The Scottish Parliament website, www.parliament.scot/parliamentarybusiness/CurrentCommittees/49020.aspx, 2012-13.

Committee Report during its Inquiry into Gypsy Travellers and Public Sector Policies in 2001.¹⁵ The information carried within the handheld record is designed to improve the continuity of care for Gypsy/Travellers and support practitioners in addressing their serious health inequalities. When launched in 2005 it was anticipated that most Scottish Gypsy/Travellers would carry the PRPH, especially when they are away from their home base, travelling for social, business or other reasons. Gypsy/Traveller children should also have a Personal Child Health Record (the Red Book). This may be kept in the zipped pocket of the PRPH's plastic envelope. The PRPH highlights the need to agree a preferred method of communication with each individual e.g. oral or text and should guide the health professional being consulted by the patient on his/her general approach to explaining and recording procedures, treatment or medication.

- 2.5.6 In their study Insight into the use of the Hand-Held Record and other methods of NHS engagement with Gypsy/Travellers in Scotland NHS Health Scotland investigated continuity of care and access to health services by Gypsy/Travellers and focused on a range of activity in relation to the PRPH, GP registration, the cultural competency of staff, Gypsy/Traveller carers and health improvement and health awareness initiatives with Gypsy/Travellers. Only four practitioners from three NHS Boards described regularly using the PRPH, whilst the majority of participants described barriers to its use in relation to confidentiality, ease of completion, duplication of paperwork to be completed and the physical size of the PRPH. The overall perspective of participants about the utility and effectiveness of the record was largely negative, and the study highlighted that the PRPH was only being used sporadically. NHS Health Scotland recommended ceasing promotion of the PRPH and that IT solutions which facilitate continuity of care be explored by Scottish Government and local NHS Boards. In addition to the issues practitioners identified above the NHS Health Scotland study also identified practitioner as reporting reluctance among some members of the Gypsy/Traveller community regarding the use of the PRPH. One of the key reasons for reluctance among some Gypsy/Travellers to use the PRPH was highlighted during The Scottish Parliament's Equal Opportunities Committee (EOC) Gypsy/Traveller and Care Inquiry in 2012. During the enquiry a General Practitioner, in giving evidence to the enquiry, indicated that in his experience Gypsy/Travellers felt that carrying a PRPH would give the Police the chance to ask them where their medical hand held record was and who they were. In his experience Gypsy/Travellers reported that they thought that it could in effect become an ID card, which they were vehemently against.
- 2.5.7 At a Grampian level in order to improve use of the PRPH NHS Grampian re-launched the PRPH on two occasions in 2008 in collaboration with the Gypsy/Traveller Education and Information Project (GTEIP) North East and in 2010 in collaboration with GREC. In 2010 NHS Grampian also produced and circulated a poster for display in health care premises, encouraging Gypsy/Travellers to ask for a PRPH.

¹⁵ Equal Opportunities Committee Inquiry into Gypsy Travellers and Public Sector Policies, Vol 1, Session 1, The Scottish Parliament website, <http://archive.scottish.parliament.uk/business/committees/historic/equal/reports-01/eor01-01-vol01-02.htm>, 2001.

- 2.5.8 NHS 24 is a national service comprising NHS Inform, a coordinated, single source of quality assured health and care information for the people of Scotland, and incorporates the 111 telephone service. The 111 service provides urgent health advice out of hours, when GP or Dental Practices are closed.
- 2.5.9 The NHS Grampian Healthline (08085 202030) is a free local service available Monday to Friday 9am to 5pm. All calls are confidential and are answered by trained health advisors who are able to deal with matters relating to your health or health services in Grampian. Any information requested is sent by post free of charge.
- 2.5.10 In the Grampian Craigforth study Gypsies/Travellers were asked if they had experienced any discrimination from NHS staff. The majority of respondents, 89%, indicated that they had never had any problems. However, 11% of households indicated that they had experienced some discrimination from NHS staff; with it proving difficult to be seen or being unable to register due to the lack of a permanent address.
- 2.5.11 In 2017 GREC and Aberdeen University carried out a Grampian Gypsy/Traveller Accommodation Needs Assessment.¹⁶ The 38 individuals took part in the research interviews, 50% of whom were located on unauthorised encampments at the time of interview, with the other 50% of participants located on either a local authority or private site, or in housing. They found that 28 of the 38 respondents were registered with a doctor, with 1 respondent currently in the process of registering and 1 saying they couldn't recall if they were registered. The 20 respondents were registered with a dentist. 34 of the 38 respondents felt that the support provided in order to access and link in with services was adequate, although 1 respondent felt that it could be better.
- 2.5.12 NHS Grampian's Public Dental Service treat and advise members of the Gypsy/Traveller community but do not require service users to disclose that they are from the Gypsy/Traveller community or record this information routinely if disclosed. Therefore precise numbers of Gypsy/Travellers using the Public Dental Service and information on their pattern of use of this service is not possible to ascertain. Gypsy/Travellers are encouraged to register with a dental practice when they make contact with the Public Dental Service otherwise they can only be offered emergency treatment/occasional care. Some treatments are complex and require multiple visits which can make continuity of care a challenge if members of the Gypsy/Traveller community do not remain resident in a geographical area for any length of time. The Public Dental Service undertook a series of visits to Gypsy/Traveller encampments across Grampian in 2016 to highlight the importance of good oral health for Gypsy/Traveller children and adults. Children received toothbrush packs and advice on tooth brushing from the Child' Smile Team. In the course of these visits Dental Nurses offered information on oral hygiene, diet and how to access dental care while in Grampian via the Dental Information and Advice Line (0345 45 65 990). This service offers help to access NHS dental services across Grampian, including for those not currently registered with a dentist, and offers patients the opportunity to talk to

¹⁶ Grampian Gypsy/Traveller Accommodation Needs Assessment, GREC/Aberdeen University, 2017.

qualified Dental Nurses. Dental Nurses provide advice on dental problems and assist in accessing emergency appointments if required. For problems that occur between 6pm and 8am or at weekends, the NHS 24 111 telephone line can also help Gypsy/Travellers access services. Another series of visits to encampments by the Public Dental Service are being considered for later in 2018/19.

2.5.13 At an individual GP Practice level it is not possible to determine with accuracy how many Gypsy/Travellers are registered with each Practice. Not all Gypsy/Travellers choose to disclose that they are from the Gypsy/Traveller community when registering as a Temporary Resident and this may not always be recorded even if they do. GP Practices record data on all Temporary Residents, which will include individuals registering as Temporary Residents for a variety of circumstances.

2.5.14 A number of years ago an NHS Grampian named Health Visitor proactively visited Gypsy/Traveller sites in Aberdeenshire to ensure families with young children were supported. This support is now undertaken by local Health Visiting teams with the exception of support to Gypsy/Travellers at the North Esk site where the local Health Visiting team report that the site manager encourages families to register with GPs in Montrose (NHS Tayside). Health Visiting support to families with young children at North Esk is believed to be provided by NHS Tayside.

2.6 Engaging with Gypsy/Traveller communities

2.6.1 The NHS Health Scotland study Insight into the use of the Hand-Held Record and other methods of NHS engagement with Gypsy/Travellers in Scotland identified a range of engagement methods used by NHS services across Scotland to respond to local need/engage with Gypsy/Travellers. Methods identified included Keep Well health checks, tailored clinics and targeted health improvement activities. Outreach approaches to authorised sites were the most commonly identified approach. Less uniform practice was identified in relation to GP registration, engagement with unauthorised sites, health promotion activity and cultural awareness training for staff. A diverse range of health improvement initiatives were described by NHS staff engaging with Gypsy/Travellers e.g. sexual health outreach; visual arts projects; healthy eating and growing initiatives; health improvement awareness-raising days and oral health promotion. Some of these initiatives appeared to be one-offs and not necessarily part of strategic development plans or long term, embedded practice. Areas for development suggested by participants included the school curriculum, information about local services, pictorial/visual health information and a Traveller app.

2.6.2 At a Grampian level, including within Aberdeenshire, Health Point and Child's Smile used an outreach approach to engage with Gypsy/travellers, primarily during the summer months. Keep Well health and lifestyle checks have been offered, including to Gypsy/Travellers resident on unauthorised encampments. These visits were co-ordinated in collaboration with the Gypsy/Traveller Liaison Officer.

2.6.3 In May 2013 NHS Grampian launched its first Grampian Gypsy/Traveller Health Promotion month. This has seen a network of staff in different local

authorities working with Gypsy and Traveller communities in Aberdeen City, Aberdeenshire and Moray, seeking to improve access to health services, receive feedback on any issues and concerns people have about accessing services and providing families with information on preventative health issues. Support provided over several weeks included smoking cessation and healthy eating advice as well as improving access to alcohol and dental services.

- 2.6.4 Engagement with Gypsy/Travellers by the NHS and health and social care partnerships might be strengthened and further developed if experience is shared across Scotland and strategic development is supported. NHS Health Scotland are currently considering how best they can support NHS Boards and Health and Social Care Partnerships to share their practice.
- 2.6.5 The Grampian Gypsy/Traveller Multi Agency Group is currently updating its Action Plan and has established a Health and Wellbeing sub-group to provide strategic guidance on improving the health and wellbeing of Gypsy/Travellers across Grampian. The draft action plan has identified a number of priorities to be progressed, including exploring opportunities for members of the Gypsy/Traveller community to be involved in the design of services and initiatives to address their health and wellbeing needs and further improving access to universal health care. There are opportunities to ensure that this work links effectively with the actions outlined in the Gypsy/Traveller Sub Committee Action Plan (Feb 2018).
- 2.7 Cultural Awareness Training for Staff
 - 2.7.1 NHS Grampian continue to ensure staff receive cultural awareness training for appropriate to their role as part of its approach to Equality and Diversity. The Scottish Parliament's Equal Opportunities Committee (EOC) Gypsy/Traveller and Care Inquiry in 2012 - 2013 advocated a human-rights approach to health and noted that the level of cultural competence displayed when working with other black and ethnic minority groups was not routinely matched by service providers when working with Gypsy/Travellers.
- 2.8 Discrimination and complaints
 - 2.8.1 All health care providers have a duty under the Equality Act 2010 not to discriminate against Gypsy/Travellers. This includes staff, such as consultants, doctors and nurses as well as non-medical staff, like receptionists.
 - 2.8.2 The Scottish Citizens Advice Bureau (CAB) run the Patient Advice and Support Service (PASS). The service is independent and provides free, confidential information, advice and support to anyone who uses the NHS in Scotland. The service promotes an awareness and understanding of the rights and responsibilities of patients. It also advises and supports people who wish to give feedback, make comments, raise concerns or make a complaint about treatment and care provided by the NHS in Scotland.
 - 2.8.3 NHS Grampian encourage individuals who are unhappy with any aspect of the service they receive to speak to the person in charge of the area where the service is being delivered from, who should try to resolve the problem as quickly as possible. If for any reason, the individual would prefer not to speak

to a member of staff issues can be raised with the NHS Grampian Complaints/ Feedback Service. Alternatively, a Feedback Card which can be found throughout NHS Grampian at clinics and practices can be used to provide feedback and complaints. Information about rights and responsibilities when providing feedback, raising concerns or making a complaint about care is also available on the NHS inform website.

2.9 Conclusions

2.9.1 Gypsy/Traveller health and wellbeing is poor on a number of levels with the physical environment where communities live, amenities they have access to, health behaviours and their pattern of use and experience of health services all contributing to the current situation.

2.9.2 Moving forward there are opportunities to further improve the health and wellbeing of the Gypsy/Traveller community as well as positively impacting on their use and experience of health services.

2.9.3 In Aberdeenshire, across the wider Grampian and across the UK a number of initiatives have been implemented in order to improve Gypsy/Traveller health and wellbeing and their access to a range of health services.

2.9.4 Evidence suggests that Gypsy/Traveller communities want to be able to access the same services that are available to the wider community and that addressing the barriers to access can improve Gypsy/Traveller health and wellbeing. Improved cultural awareness of NHS staff can also support services redesign.

3 Scheme of Governance

3.1 The Sub-Committee is able to consider this item as it relates to issues specific to Gypsy/Travellers, including their health needs, which is a function of the Sub-Committee.

4 Implications and Risk

4.1 An equality impact assessment has been carried out as part of the development of the proposals set out above. It is included as Appendix 1 and there is a positive impact as follows:

Engagement with Gypsy/Traveller communities to better understand their health behaviours and needs regarding health care services and with partners to consider how health care service might delivered to better meet the needs of Gypsy/Traveller communities will provide a context within which sustainable future developments can take place.

4.2 Any staffing and financial implications arising from this report and the decisions of the sub-committee for Aberdeenshire Council, NHS Grampian and Aberdeenshire Health and Social Care Partnership will be reported to the relevant committees as and when required.

4.3 The following Risks have been identified as relevant to this matter on a Corporate Level:-

Risk ID ACORP005 Working with other organisations (e.g. supply chains, outsourcing, partnership working and commercialisation) – risk that required partnership working will take time before required changes to service design and delivery can be implemented. The development of actions within the context of the Sub-Committee Action Plan will help identify priorities which partners are able to implement in a phased and sustainable way.

Risk ID ACORP007 Social risk (e.g. population changes, poverty & social inequality, demographic changes, crime, antisocial behaviour) – risk that poverty and social inequality will lead to further deterioration of Gypsy/ Traveller health and wellbeing in the absence of action. This risk can be mitigated by awareness of emerging research and partnership working to address the current situation in a phased and sustainable way.

Report by George Howie (Principal Health Improvement Officer)
Aberdeenshire Health and Social Care Partnership
11th June, 2018

APPENDIX 1

EQUALITY IMPACT ASSESSMENT

Stage 1: Title and aims of the activity (“activity” is an umbrella term covering policies, procedures, guidance and decisions).	
Service	Aberdeenshire Health and Social Care Partnership
Section	Public Health Team
Title of the activity etc.	REPORT TO GYPSY/TRAVELLER SUB-COMMITTEE – 20 JUNE 2018 Gypsy/Traveller health and wellbeing
Aims of the activity	To provide an overview of the health and wellbeing of Gypsy/Travellers within Aberdeenshire and highlight how this might be improved.
Author(s) & Title(s)	George Howie, Principal Health Improvement Officer
Stage 2: List the evidence that has been used in this assessment.	
Internal data (customer satisfaction surveys; equality monitoring data; customer complaints).	Research commissioned by Aberdeenshire Council (and other partners). Historical feedback from Gypsy/Traveller Liaison Officer. Feedback from engagement events Aberdeenshire Council (and other partners) have participated in.
Internal consultation with staff and other services affected.	Consultation with Housing Manager (Strategy).
External consultation (partner organisations, community groups, and councils).	Consultation with national organisations such as NHS Health Scotland and ISD and with colleagues within NHS Grampian and Aberdeenshire Health and Social Care Partnership and Aberdeen City Health and Social Care Partnership.
External data census, available statistics).	A wide range of academic literature and data has been utilised as described and referenced within the attached paper.
Other (general information as appropriate).	Scottish Government policy ambitions to improve outcomes for Gypsy/Traveller communities in Scotland.
Stage 3: Evidence Gaps.	
Are there any gaps in the information you currently hold?	Gaps exist in relation to data on Gypsy/traveller use of a wide range of health care services at an Aberdeenshire and wider Grampian level. There gaps in relation to feedback from Gypsy/Traveller communities in relation to their awareness of the factors that impact on health, their current health behaviours and experience of using health care services. There are gaps in relation to the knowledge and awareness of staff working within the NHS and health and social care at

	an Aberdeenshire and Grampian level of Gypsy/Traveller culture and lifestyle issues that impact on health.			
Stage 4: Measures to fill the evidence gaps.				
What measures will be taken to fill the information gaps before the activity is implemented? These should be included in the action plan at the back of this form.	Use of emerging evidence and research and engagement with Gypsy/Traveller communities in Aberdeenshire to better understand health behaviours, needs in terms of health care services and current and recent experiences of using health care services.			
Stage 5: Are there potential impacts on protected groups? Please complete for each protected group by inserting "yes" in the applicable box/boxes below.				
	Positive	Negative	Neutral	Unknown
Age - Younger	Yes			
Age - Older	Yes			
Disability	Yes			
Race – (includes Gypsy Travellers)	Yes			
Religion or Belief	Yes			
Gender – male/female	Yes			
Pregnancy and maternity	Yes			
Sexual orientation – (includes Lesbian/ Gay/Bisexual)	Yes			
Gender reassignment – (includes Transgender)				Yes
Marriage and Civil Partnership			Yes	
Stage 6: What are the positive and negative impacts?				
Impacts	Positive (describe the impact for each of the protected characteristics affected)		Negative (describe the impact for each of the protected characteristics affected)	
Please detail the potential positive and/or negative impacts on those with protected	Positive impacts will include improved staff awareness of Gypsy/Traveller culture and needs in terms of service provision.		No negative impacts have been identified.	

characteristics you have highlighted above.	Positive impacts will include services delivered in ways that better meet the needs of Gypsy/Traveller communities.	
Detail the impacts and describe those affected.	Ongoing staff training will improve awareness of Gypsy/Traveller culture. Consideration will be given regarding appropriate models of service delivery to better meet the needs of Gypsy/Traveller communities.	
Stage 7: Have any of the affected groups been consulted?		
If yes, please give details of how this was done and what the results were. If no, how have you ensured that you can make an informed decision about mitigating steps?	Ongoing contact between NHS and health and social care staff and Gypsy/Traveller communities have confirmed many of the issues highlighted in this paper.	
Stage 8: What mitigating steps will be taken to remove or reduce negative impacts?		
These should be included in any action plan at the back of this form.	Close partnership working will assist in identifying potentially negative impacts. Negative impacts are most likely as a result of inaction.	
Stage 9: What steps can be taken to promote good relations between various groups?		
These should be included in the action plan.	Close partnership working will help to develop a shared understanding of the change required.	
Stage 10: How does the policy/activity create opportunities for advancing equality of opportunity?		
Further improvements in addressing the health and wellbeing of Gypsy/Travellers will likely result from the implementation of a range of actions to address the issues highlighted in this paper. Addressing the needs of population groups who experience poor health outcomes is a high priority for Scottish Government, Local Government, the NHS and Health and Social Care Partnerships.		
Stage 11: What equality monitoring arrangements will be put in place?		
Please complete the appropriate box/boxes	Services will continue to collect and report data relating Gypsy/Traveller health and wellbeing and their use of services.	
Stage 12: What is the outcome of the Assessment?		
Please complete the appropriate box/boxes	1	No negative impacts have been identified – please explain.

	This report aims to highlight opportunities for further improving the health and wellbeing of Gypsy/Travellers	
* Stage 13: Set out the justification that the activity can and should go ahead despite the negative impact.		
Not applicable.		
Stage 14: Sign off and authorisation.		
Sign off and authorisation.	1) Service and Team	Aberdeenshire health and Social Care Partnership Public Health Team
	2) Title of Policy/Activity	REPORT TO GYPSY/TRAVELLER SUB-COMMITTEE – 20 JUNE 2018 Gypsy Traveller Health and Wellbeing
	3) Authors: I/We have completed the equality impact assessment for this policy/activity.	Name: George Howie Position: Principal health Improvement Officer Date: 11/06/2018 Signature:
	4) Consultation with Service Manager	Name: Kim Penman Date: 01/06/2018
	Authorisation by Director or Head of Service	Name: Position: Date:
	If the EIA relates to a matter that has to go before a Committee, Committee report author sends the Committee Report and this form, and any supporting assessment documents, to the Officers responsible for monitoring and the Committee Officer of the relevant Committee. e.g. Social Work and Housing Committee.	Date:
	EIA author sends a copy of the finalised form to: equalities@aberdeenshire.gov.uk (Equalities team to complete)	Date:
	Has the completed form been published on the website? YES/NO	Date:

