Project Brief: Gypsies and Travellers’ Health Needs Assessment

# Document Information

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N.B. Signed approval should be filed appropriately in the project filing system.

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N.B. Projects are prioritised through the application of the prioritisation matrix, which can be found here: [JSNA Project Prioritisation Matrix](http://news.warwickshire.gov.uk/jsna/files/2013/05/JSNAPrioritisationMatrix_ST_2013-10-02_V1.3.pdf) Please use the matrix to tailor the contents of this brief, to ensure the project is prioritised correctly.

# Project Definition *(describe the project)*

Gypsies and Travellers have been part of the UK community since the 16th century. Throughout history Gypsy and Traveller communities in the UK have been marginalised and expected to live on the periphery of society, without access to mainstream services and always with a shortage of legitimate places to stay.

The most comprehensive studies of the health and well-being of this community is the 2004 University of Sheffield report published by the Department of Health. Although the findings of this report show that Gypsies and Traveller have the poorest health outcomes of any of the ethnic communities in Britain, evidence from Gypsy and Traveller health assessments by Bedfordshire NHS 2010, NHS West Sussex 2010, Cambridgeshire County Council and Cambridgeshire PCT 2010 indicate little or no improvement has been made in the life expectancy and general health outcomes for this community.

Evidence around immunisation, infant Mortality, life expectancy and long term illness both in Warwickshire and national have not changed. Studies carried out have shown Gypsies and Travellers have a life expectancy of 10 to 12 years less than the settled community. To highlight one area, Infant mortality is far higher within this community than any other:

‘more Gypsy and Travellers experienced one or more miscarriages 29% and Caesarean sections 22% compared with 16% and 14% of the non-Gypsy and Traveller group with Children’

A health check carried out on the Griff Caravan site, Nuneaton found that approximately 40% of residents where suffering with an illness and five residents were advised to visit a GP or hospital immediately. A high majority of Gypsies and Travellers have indicated the lack of access to GP’s and instead they would rather visit A&E departments.

There is a considerable number of gypsies and travelers in Warwickshire, especially in the North. Because of their poor health outcomes as described above work is needed to tackle this issue, understanding the health and wellbeing needs of this population in more detail will allow us to develop a targeted strategy to address these needs. We need to identify the specific needs of this population in Warwickshire including the numbers of gypsies and travelers in Warwickshire, the diseases that they suffer from and their contact with health services, discuss with stakeholders their needs and interventions most likely to make an impact. Comparisons can also be drawn with other areas.

The entire population of gypsies and travelers in Warwickshire will be the scope of this needs assessment and the objectives will be to define the health and wellbeing needs of this population as well as information and service gaps. The intended users are the commissioners, and local authorities and health providers.

This project is part of the wider needs assessment of vulnerable groups in Warwickshire.

***Does the project directly relate to any statutory duty(ies)? If so, what are they and in which legislation can they be found?*** Yes: [ ]  No: [x]

????

 ***Does the topic align with Key Stakeholder’s Strategic Priorities (WCC, CCGs, and Districts & Boroughs)? If so, how and what are they?*** Yes: [x]  No: [ ]

Requested by Warwickshire North CCG Executive Team

A priority within Warwickshire County Council

***Does the topic tie in with any of the existing Warwickshire JSNA priorities identified in the 2011 Annual Review? If so, which and where can they be found?*** Yes: [x]  No: [ ]

Inequalities, Long term conditions, educational achievement, ?Looked after children.

***Is there any national research, local research or anecdotal evidence you are aware of about this issue?***

???

# Outline Business Case *(why you think we need to do it)*

Gypsies and travellers experience worse health outcomes and a lower life expectancy than the local population and all other ethnic minorities, are more likely to have mental health problems and be involved in criminal activities and their children are more likely to be unhealthy. This means that tackling the needs of this population will help adults and children as well as the society.

One of the main problems in terms of gypsies and travellers is the lack of local information on numbers, location and health and social needs. There has been a housing needs assessment in Warwickshire, however, and some health care needs assessments in other parts of the country. We need to build a clearer picture of the needs of this community. An option is to do nothing, but then the complex needs of this group will be left unmet. A health needs assessment will identify the needs of this population and help to develop health promotion activities to tackle them.

# Project Product Description *(what you physically want to receive)*

Information is need about this group of the population. The information needed could come from discussion with stakeholders, comparison with other areas of the country and getting local information. Local information could be quantitative and qualitative.

Quantitative

Local data on numbers of gypsies and travellers in Warwickshire

Housing needs assessment

Immunisation data

Primary care data on health care access and provision (e.g. family planning, screening and immunisation data)

Hospital data on access to services

Sexual health data

Data on infectious diseases

Data on psychiatric services

Data on criminal offences

Education

Dental and palliative care information

Qualitative

Information on reasons why this group of people have less health and social outcomes.

E.g. interviews or focus groups with gypsies and travellers (adults, children, men and women), healthcare professionals, teachers and the police.

# Project Approach *(how we will go about doing it)*

1. People from Public Health Warwickshire and Warwickshire councils could provide information about previous local work (quantitative data)
2. Literature review on what are the gypsies and travellers’ health and social needs, what health promotion activities have been suggested in previous studies
3. Comparison of the numbers in Warwickshire with health needs assessments in other parts of the country.
4. Qualitative data
5. A report will be made highlighting the needs of the population and recommendation for strategies/interventions to tackle them. This will inform commissioners and health care providers to plan services targeted to gypsies and travellers.

***Will the project involve engagement and adhere to the principles of Good Engagement at Appendix B? If not, why?*** Yes: [x]  No: [ ]

This project will require engagement with stakeholders and will adhere to the principles of good engagement

***Will the project involve research with either customers of services or professionals working in them?*** Yes: [x]  No: [ ]

**N.B.** If so, the project is likely to have to go through a Research Governance process. Please ask the JSNA team about how to do this.

# Project Team Structure & Roles *(who is involved)*

Christos Mousoulis - Project lead

Robert Leahy – Commissioning Lead

Rachel Robinson – Project sponsor

Overseen by the health and wellbeing in vulnerable communities steering group

# References

TBC

*To any associated documents or products.* ***(Max: 100 words)***

# Appendices

1. Project Brief Quality Criteria
2. Good Engagement Charter

**Appendix A to Project Brief**

# Project Brief Quality Criteria

Once your *Project Brief* is complete check the document against the following Quality Criteria:

* It is as brief as possible because its purpose, at this point, is to provide a firm basis on which to initiate a project.
* The *Project Brief* accurately reflects the requirements of the organisations and the users involved
* The project approach considers a range of solutions such as: bespoke or off-the-shelf; contracted out or developed in-house; designed from new or modified existing product etc.
* The project approach has been selected which maximises the chance of achieving overall success
* The project objectives, project approach and strategies are consistent with the organisation’s policies
* The project objectives are Specific, Measurable, Achievable, Realistic and Time-bound (SMART).

**Appendix B to Project Brief**

# Good Engagement Charter

Healthwatch Warwickshire expects the following points to be addressed by organisations that carry out patient and public engagement:

1. **We will be clear about why there is a need to engage with our community:** The reasons for involving people must be clear from the start.
2. **We will make sure that we work with partners when engaging with our community:** People do not like being asked about the same thing over and over again. A joined-up approach is efficient and increases the likelihood of people taking part.
3. **We will make sure there is plenty of time for engagement:** We will give people plenty of time to give their opinions and will arrange events at different times so that more people can take part.
4. **We will use a range of different ways for people to have their say:** Some people like to talk in groups; others prefer to complete an online survey or to tell one person their ideas. We will be inclusive and tailor our activities to the people we are hoping will take part.
5. **We will be open, honest and transparent when engaging with our community:** Agencies carrying out engagement activity should be open and honest about what can and cannot be influenced – including any constraints and boundaries – giving reasons for this.
6. **We will make sure that information is accessible by all:** Information needs to be accessible, clear, understandable, and relevant. It also needs to be presented in the correct format for the audience.
7. **We will provide people with regular feedback when engaging with them:** Results of engagement should be easily accessible to people who wish to view it – especially those people affected by the results of the consultation activity.
8. **We will recognise best practice and make sure that it is used to inform future engagement with our community:** Engagement that has worked well should be celebrated, shared between partners and also be used to develop future engagement activities.
9. **We will evaluate the engagement process and make sure that any lessons learned are used to make engagement better in the future:** Engagement will be reviewed to see how well it worked and if it has achieved what it set out to do. The process will also be assessed against the standards outlined here.