



HOUSE OF LORDS

PUBLIC SERVICES COMMITTEE

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17 May 2022

Professor Sir Chris Whitty, Chief Medical Officer for England and Chief Medical Adviser to the UK Government

Dr Jeanelle de Gruchy, Deputy Chief Medical Officer for England; Co-Lead, Office for Health Improvement and Disparities

Cc: Rt Hon Michael Gove MP, Secretary of State for Levelling Up, Housing and Communities
Rt Hon Sajid Javid MP, Secretary of State for Health and Social Care
Jonathan Marron, Director General, Office for Health Improvement and Disparities, Department for Health and Social Care

Dear Sir Chris and Dr de Gruchy,

On 2 February, the House of Lords Public Services Committee took evidence from representatives and advocates of the Gypsy, Roma and Traveller (GRT) communities about those communities' access to public services. The most shocking evidence that we heard was that life expectancy for Gypsy and Traveller people is reported to be 10 to 25 years less than the general population. This significant disparity in outcomes creates an urgency for the Government to put these communities as the centre of the levelling up agenda.

We also heard that:

- Very little has been done by the Government to address inequalities exposed by the Race Disparity Audit in 2017 and the Women and Equalities Committee in 2019.
- A lack of suitable accommodation is the major issue facing GRT communities. Around 10,000 Gypsies and Travellers currently live roadside in England because of a shortage of stopping sites, many of whom struggle to access basic amenities. Their lack of access is at the root of the health inequalities that affect these communities.

We note that Mission Seven of the Government's Levelling Up the United Kingdom white paper, published on 2 February, aims to narrow the gap in healthy life expectancy by 2030. However, there is no mention of GRT communities in the white paper. Given the importance of the Levelling Up agenda in setting Government policy, we are concerned that GRT communities will be side-lined and that their unacceptable health disparities, already exacerbated by the COVID-19 pandemic, will continue. We have written separately to the Secretary of State for Levelling Up, Housing and Communities, Rt Hon Michael Gove MP, and recommended that the Government should include increasing the life expectancy of GRT communities in Mission Seven of the Levelling Up agenda, as should the white paper designed

to “tackle the core drivers of disparities in health outcomes” that the Government has promised to publish later in the year.

Inequalities of access to health services for GRT communities

Our witnesses identified how GRT communities had difficulty in accessing health services; this inequality of access exacerbates inequalities of health outcomes for Gypsy, Roma and Traveller people.

We heard how nomadic lifestyles create difficulties in registering for health services. Ivy Manning, Community Engagement Officer at Friends, Families and Travellers, reported: “There are GP registration refusals. I have changed GP about seven times, all because of my address, yet where I live has been established since 1891. It was a Gypsy and Traveller halting site. It has been here for as long as the village has, yet we still have these knockbacks. We really need to reintroduce simple services that were in place and really worked, and then build on them. I feel that we are receding in this current time. So much more needs to be done.”

Billy Welch, Head Gypsy, described how temporary solutions were sometimes necessary: “We got as many people as possible, the ones who did not have a permanent address or were stuck on the sides of the road, on to the sites to get them off the road so they could go with the lockdown and use our addresses — quite a few are using my office address at the moment — so that they can access doctors.”

Mihai Călin Bica, Campaigning and Policy Worker at the Roma Support Group, told us how moving services online during the COVID-19 pandemic had created even greater barriers to access: “Since the pandemic started and during it, it has been even more difficult for us to access health support, especially as this is moving more and more towards the online environment. Unfortunately, nothing has improved, to be honest. We have seen some public health officials and NHS officials making efforts to hear from us, to speak with us, but we have not seen actual changes happening in practice yet.”

Other witnesses also emphasised the importance of personal contact, and gave good examples of where health services had worked hard to establish positive relations with GRT communities. This is especially true where GRT people are permitted to live on authorised sites. Billy Welch said: “We are very fortunate [at his site] in County Durham that we do not really face any more problems than the wider community in accessing doctors and things For the ones who are stuck on the sides of the road in different parts of the country, that is where the problem lies. There is a serious shortage of permanent pitches and campsites for these people.”

Dr Dan Allen, Deputy Head of Department, Faculty of Health, Psychology and Social Care, Manchester Metropolitan University, underlined the links between establishing relations between GRT communities and public services, and sufficient funding for preventative approaches to tackling inequalities of outcome: “for us to create parity and for any race equality or inequality policy ... to create a Levelling Up agenda, we need to reinvest in early support services that can bridge the gap ... by building relationships. We have seen a gradual decline in Traveller education services and specialist health services. If we can reinvest and re-enable early help preventive services, we will reduce the number of referrals to social services and bring parity.” Access to preventative services will also equip members of the

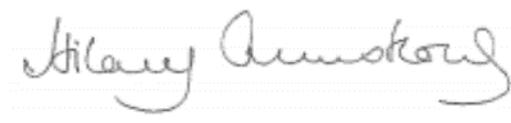
GRT communities to take action to improve their own health outcomes, for example by quitting smoking.

Many witnesses argued that a clear picture on inequalities of outcomes is unachievable without data that disaggregates these groups. For example, Dr Allen continued: “it is very difficult for us to come up with a recommendation for how we can create a level playing field and tackle the entrenched inequalities that [the communities] face until the Office for National Statistics disaggregates, so that we can look at [their] statistical representation ... and recognise the discrete challenges that may be affecting those communities.”

The Levelling Up agenda represents an opportunity for the Government to begin rectifying the appalling health inequalities and inequalities of access to health services experienced by GRT communities, and to ensure that the COVID-19 pandemic does not worsen these inequalities even further. The new Office for Health Improvement and Disparities will play a key role in improving outcomes and access. We would therefore be grateful if you could answer the following questions as soon as possible.

- 1. What role can you play in encouraging the Government to ensure that the health inequalities of Gypsy, Roma and Traveller people are addressed as part of the Levelling Up agenda?**
- 2. How will you work with the Government to improve the disaggregation of statistics around Gypsy, Roma and Traveller health outcomes?**
- 3. What role will the new Office for Health Improvement and Disparities play in addressing Gypsy, Roma and Traveller people’s inequalities of health outcomes?**
- 4. What emphasis should the Government and Office for Health Improvement and Disparities put on designing preventative services to improve health outcomes for Gypsy, Roma and Traveller people?**

Yours sincerely,

A handwritten signature in cursive script, appearing to read 'Hilary Armstrong', written in black ink on a white background.

Rt Hon Baroness Armstrong of Hill Top
Chair, House of Lords Public Services Committee