

## **Manchester Health and Wellbeing Board Report for Information**

**Report to:** Manchester Health and Wellbeing Board - 24 January 2024

**Subject:** Joint Strategic Needs Assessments (JSNAs) - Health and Homelessness and Gypsy, Roma and Traveller Communities

**Report of:** Director of Public Health

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### **Summary**

Local Health and Wellbeing Boards are responsible for ensuring that a Joint Strategic Needs Assessment (JSNA) is published in line with the statutory requirements set out in the Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Social Care Act 2012).

This paper summarises the content of two recently produced JSNAs on Health and Homelessness and Gypsy, Roma and Traveller (GRT) communities (attached as Appendix 1 and Appendix 2). The JSNAs describe what we know about the health and care needs of these two population groups and what Manchester City Council and other organisations working in the city are doing to address these needs.

### **Recommendations**

The Board is asked to:

1. Note the content of the JSNAs.
  2. Support the opportunities for further action described in the JSNAs.
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**Our Manchester Outcomes Framework**

<b>Manchester Strategy outcomes</b>	<b>Summary of how this report aligns to the OMS/Contribution to the Strategy</b>
<p>A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities</p>	<p>People experiencing homelessness and members of the Gypsy, Roma and Traveller communities are at greater risk of financial and debt-related problems linked to poorer access to suitable employment opportunities. Interventions to promote healthy and resilient people and communities that can take advantage of jobs and other employment opportunities will support the local economy and reduce health inequalities.</p>
<p>A highly skilled city: world class and home-grown talent sustaining the city’s economic success</p>	<p>A healthy population is essential for the city’s future economic success. People experiencing homelessness and members of the Gypsy, Roma, and Traveller communities are more likely than the general population to be out of work due to long term sickness. Addressing this disparity will enable these groups to return to the workforce where possible and help contribute to sustaining the city’s economic success.</p>
<p>A progressive and equitable city: making a positive contribution by unlocking the potential of our communities</p>	<p>People experiencing homelessness and members of Gypsy, Roma and Traveller communities are more likely than the general population to be at risk of acquiring long term health conditions. Work to address these disparities and ensure that disadvantaged communities are able reach their full potential will contribute to strategies to tackle health inequalities in the city.</p>
<p>A liveable and low carbon city: a destination of choice to live, visit, work</p>	<p>Providers of services to support people who are homeless or rough sleeping contribute to zero-carbon targets in the city and moving forward, commissioned providers are required to pledge their zero-carbon targets as part of their contract with the Council.</p>
<p>A connected city: world class infrastructure and connectivity to drive growth</p>	<p>Supporting disadvantaged communities to be healthy and resilient will help them to make a positive contribution and reach their full potential, which in turn will drive growth within the city.</p>

**Contact Officers:**

Name: David Regan  
Position: Director of Public Health  
E-mail: david.regan@manchester.gov.uk

Name: Neil Bendel  
Position: Public Health Specialist (Health Intelligence)  
E-mail: neil.bendel@manchester.gov.uk

Name: Laura Parker  
Position: Public Health Registrar  
E-mail: laura.parker@manchester.gov.uk

**Background documents (available for public inspection):**

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy, please contact one of the contact officers above.

[Manchester Homelessness and Rough Sleeping Strategy 2024-27](#)

[Health and Homelessness Joint Strategic Needs Assessment \(JSNA\)](#)

Gypsy, Roma and Traveller Communities Joint Strategic Needs Assessment (JSNA)  
(see Appendix 2)

## **1.0 Background**

- 1.1 The Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Social Care Act 2012) states that every local authority must produce a Joint Strategic Needs Assessment (JSNA) describing the health needs of the population(s) within its area. Local Health and Wellbeing Boards are statutorily responsible for ensuring that a JSNA is published and that local partners have regard to the JSNA when planning health and care services for the populations they are responsible for.
- 1.2 This report summarises the content of two recently produced JSNAs on Health and Homelessness and Gypsy, Roma and Traveller (GRT) communities. In line with other JSNAs, these products are designed to:
  - provide a summary of the national evidence and data regarding the health issues that may affect members of these population groups;
  - summarise what we know about the local situation based on 2021 Census and other sources of local data, evidence and insight;
  - describe what Manchester City Council and other organisations working in the city are doing to support members of these population groups;
  - outline some of the opportunities for action that exist to address the health and care issues that affect these communities in Manchester.
- 1.3 Following positive feedback from the Health and Wellbeing Board on the Armed Forces JSNA, both new JSNAs adopt a more succinct, slide-based format that is designed to highlight the key messages and actions. However, both products are underpinned by a more detailed and comprehensive set of evidence and data, which can be made available on request.

## **2.0 Health and Homelessness JSNA**

- 2.1 The Health and Homelessness JSNA is a refresh of an earlier JSNA on working age adults experiencing chronic homelessness that was initially published in 2017. It provides a summary of what we know about the health issues that affect Manchester residents who are experiencing (or at risk of experiencing) homelessness and rough sleeping and describes what Manchester City Council and other organisations working in the city are doing to support this group of people as well as some of the opportunities for action that exist.
- 2.2 The work to refresh the JSNA has been sponsored and supported by members of the Manchester Health and Homelessness Task Group. The publication of the JSNA has been deliberately timed to coincide with the new Manchester Homelessness and Rough Sleeping Strategy 2024-2027. To reinforce the fact that addressing the health and care needs of people experiencing homelessness is a partnership endeavour, we have taken the decision to 'host' the Health and Homelessness JSNA on the [Manchester Homelessness Partnership \(MHP\) website](#).

- 2.3 The JSNA covers two distinct categories of people: individuals or families experiencing (or at risk of experiencing) homelessness, including families with children, and people (predominantly single people) who are rough sleeping or at risk of rough sleeping. Historically, work to address homelessness has focused on people who are rough sleeping. This means that the data and evidence that exists in respect of the health of people experiencing homelessness is mainly focused on this small cohort of rough sleepers. It is acknowledged that there is a gap in the evidence-base in respect of the health of individuals, families and children experiencing other forms of homelessness which we will seek to address in future iterations of the JSNA.
- 2.4 Appendix 1 contains a copy of the current version of the Health and Homelessness JSNA. Key points highlighted in the JSNA include:
- Nationally, nearly 80% of people experiencing homelessness report having a physical health condition and around a third of these report having between 5 and 10 diagnosed health conditions. A local audit of 76 homeless people registered with Urban Village Medical Practice between April and September 2021 shows high levels of substance misuse, mental health problems and blood borne viruses in this cohort of patients.
  - Around 25% of people experiencing homelessness report having co-existing mental health and substance misuse needs (a 'dual diagnosis') and just under 50% of these report that they self-medicate with drugs and/or alcohol to help them cope with their mental health. Locally, around half of people sleeping rough in Manchester have been assessed as having dual mental health and substance misuse support needs.
  - Just over 10% of people experiencing homelessness report that they had used A&E services more than 3 times in the past 12 months. Just over half (54%) of homeless women report being up to date with their cervical schedule screening compared to 70% of the general population.
  - Nationally, there were 741 deaths of homeless people in England and Wales registered in 2021, of which 17 (2.3%) were in Manchester. The Manchester figure represents an increase of 6 deaths compared with the number registered in 2020 but is lower than the 28 deaths registered in the year immediately prior to the pandemic (2019).
- 2.5 Currently, there are around 4,500 children living in temporary accommodation in Manchester. Living in bed and breakfast (B&B) hotels and other forms of temporary accommodation can be particularly detrimental to the health and development of children. A recent study undertaken by the Shared Health Foundation found that children living in temporary accommodation are at greater risk of suffering from poorer health, social and educational outcomes, with indirect consequences to their emotional well-being and mental health.
- 2.6 More broadly, the UKHSA has highlighted the fact that people who are less able to control their environment, adapt their behaviours or respond to new risks will be particularly vulnerable to the health impacts of climate change.

Rough sleepers are likely to be particularly affected by changes in weather patterns, particularly extreme temperatures, rainfall and wind speed, and may also be more exposed to a range of outdoor air pollutants which are known to reduce life expectancy and are associated with a range of negative health effects, including respiratory and cardiovascular disease.

- 2.7 The JSNA goes on to summarise the work of the Manchester City Council Homelessness Service and Rough Sleepers Social Work Team and some of the organisations represented on the Health and Homelessness Task Group, including Urban Village Medical Practice (UVMP), the GM Mental Health Trust Mental Health and Homeless Team (MHHT), the drug and alcohol treatment and support services provided by CGL, the Homeless Families Health Visiting Team, Mustard Tree and St Ann's Hospice Homeless Palliative Care Service.
- 2.8 The JSNA ends by outlining a set of 12 actions that have been co-produced by members of the Health and Homelessness Task Group in support of the new Manchester Homelessness and Rough Sleeping Strategy 2024-2027.

### **3.0 Gypsy, Roma and Traveller (GRT) communities JSNA**

- 3.1 The Gypsy, Roma and Traveller (GRT) communities JSNA outlines the current and anticipated future health and social care needs of individuals who identify their ethnicity as Gypsy, Roma or Traveller and are resident in Manchester.
- 3.2 Defining "GRT" communities is complex. "Gypsy", "Roma", and "Traveller" are terms that some use interchangeably, but none refer to a single, homogenous group. Historically, these terms have been used to refer to people who belong to a group that is, or was, nomadic. This may include Romany gypsy, Roma, Irish Traveller, Scottish Traveller, Show or Fairground people, Circus people, Boat Travellers, and New Travellers, although this list is not exhaustive.
- 3.3 The 2021 Census question on ethnic groups included the categories "White: Gypsy or Irish Traveller" and "White: Roma". Ethnic identity is self-ascribed, thus formal definitions are not stipulated. However, groups that are nomadic but that would not identify their ethnicity as "Gypsy or Irish Traveller" or "Roma" will not be captured in census data and their experiences and needs may not be reflected.
- 3.4 Censuses and other surveys may underestimate the numbers of people belonging to Gypsy, Roma and Traveller communities living in the UK due to:
- Digital exclusion
  - Postal exclusion
  - Lower levels of literacy in these communities
  - Fear of self-identification by these communities due to discrimination
- 3.5 Additional limitations of census and other routinely collected data, particularly data gathered during the COVID-19 pandemic for the 2021 census, are outlined in the JSNA in Appendix 2. It is important to recognise the absence of adequate and accurate representation of these communities within routinely

collected datasets. This demonstrates the challenge in planning and commissioning services and thus increases the risk of disproportionately poor health outcomes for Gypsy, Roma and Traveller people.

3.6 Key points concerning the health outcomes of Gypsy, Roma, and Traveller communities highlighted in this JSNA include:

- The 2021 Census reported a total of 1,480 Manchester residents identified as Gypsy, Roma, or Traveller, of which 597 (40.3%) identified as Gypsy or Irish Traveller and 883 (59.7%) identified as Roma.
- The age profile of the Gypsy, Roma and Traveller population in Manchester is younger than the White British population, suggesting a lower life expectancy.
- Despite the younger age profile, 2021 Census data shows that self-reported health outcomes are worse in Gypsy and Irish Traveller communities compared with the White British population, but this is not the case for the Roma community. A higher proportion of Gypsy and Irish Travellers report they are not in good health (31.7%) compared with the White British population (22.6%) and a higher proportion of Gypsy and Irish Travellers are registered as disabled (34.6%) when compared to the White British population (23.7%).
- A higher proportion of the Gypsy and Irish Traveller population in Manchester smoke (26.8%) compared with the general Manchester population (16.9%) and there is a higher prevalence of chronic obstructive pulmonary disease (COPD) in Gypsy and Irish Traveller communities (2.5%) - a condition primarily caused by smoking - compared with the general population of Manchester (1.7%).
- A higher proportion of the Gypsy and Irish Traveller population in Manchester are obese (18.8%) compared with the general Manchester population (12.5%) and there is a higher prevalence of diabetes (8%) compared with the general population of Manchester (5.2%).
- A higher proportion of the Gypsy and Irish Traveller population are on the mental health register (1.9%) compared with the general Manchester population (1.2%), although more detailed data on the prevalence of specific mental health conditions or access to mental health support services was not available.

3.7 Health outcomes and life expectancy are largely determined by living and working conditions, such as education, employment, and housing. This is explored in more detail in this JSNA but key points to highlight are:

- Educational attainment is lower for children who identify as Gypsy, Roma, or Traveller at all key stages, and a higher proportion of adults belonging to Gypsy Roma Traveller communities have no qualifications when compared to the White British population.

- Gypsy, Roma, and Traveller young people are under-represented in higher education; it has been estimated that, on average, there are only 200 students who identify as Gypsy, Roma, or Traveller in higher education at any one-time which accounts for less than 0.007% of students enrolled in higher education institutions in 2021-2022.
- There are higher levels of unemployment and lower levels of economic activity amongst Gypsy, Roma and Traveller communities in Manchester compared with the White British population. Those in employment are more likely to be in routine and manual occupations rather than professional or managerial positions.
- Nationally, people who identify as Gypsy, Roma, or Traveller, are more likely to live in overcrowded or insecure accommodation. At present, there are no approved permanent sites for Traveller communities in Manchester despite a cultural need for 17 pitches identified in the most recent accommodation assessment. There is also no agreed negotiated stopping policy. As such, families that wish to live on sites or continue to travel have nowhere to stay in Manchester, leading to an increase in unauthorised encampments.
- In Manchester, a higher proportion of the Gypsy, Roma, and Traveller population reside in the most deprived areas of Manchester when compared to the general population of the city.
- Research on health inequalities has established an association between increased levels of deprivation and increased prevalence of smoking, poorer diets, increased obesity prevalence, and worse health outcomes.

3.8 Despite the greater health need established from a review of the available data, access to health care services, though difficult to measure, appears to be less in Gypsy, Roma, and Traveller communities

- Only 576 Manchester residents identified as Gypsy Roma or Traveller are registered with a GP practice as per a recent audit. This is lower than the figure of 1,480 residents identified in the 2021 census. It is unclear whether this is because Gypsy, Roma and Traveller residents are not registered with a GP or whether they registered but not identifying as Gypsy, Roma, or Traveller.
- There appears to be increased use of emergency services, with a higher rate of emergency department attendance observed in Gypsy and Irish Traveller patients who are registered with a GP when compared to the general Manchester population.
- Uptake of Breast, Bowel and Cervical cancer screening is lower in Gypsy Roma and Traveller communities compared with the general population of Manchester.



- There was a lower uptake of adult vaccinations against COVID-19 and flu amongst Gypsy, Roma, and Traveller communities. There is no data available to measure childhood vaccination uptake in these groups as the available data did not include a Gypsy, Roma, or Traveller ethnicity code.
- It has not been possible to determine whether other services, such as smoking cessation, weight management and psychological support services, are equitably accessible for Gypsy, Roma, and Traveller communities, as many services do not provide service users with the opportunity to identify as Gypsy, Roma or Traveller when collecting ethnicity data.

3.9 At present, none of the services commissioned by the Council undertake any outreach work to specifically support Gypsy, Roma, or Traveller communities. Although no bespoke Gypsy, Roma, or Traveller specific services are routinely available, instances of successful outreach work undertaken with the support of local VCSE organisations have been reported in primary care in Levenshulme. Anglia Ruskin University has undertaken a piece of participatory research to explore the health and wellbeing status of the Showman community in Cheetham and Crumpsall. This will help inform any future interventions for this group of people.

3.10 Community engagement work has been undertaken with Roma community members in Greater Manchester to help inform this JSNA. Health issues of importance to this community were identified using photovoice methodology and are reported in the JSNA. Participants were primarily concerned about mental wellbeing and expressed interest in health themed drop-in sessions that would adopt a positive focus and support improved mental health.

3.11 Looking forward, there is a need for further community engagement work involving the Irish Traveller community to better understand their lived experiences.

3.12 The JSNA concludes by identifying opportunities for action to address the observed health inequalities. These have been aligned with the following Making Manchester Fairer themes.

- Early years, children, and young people
- Poverty, income, and debt
- Work and employment
- Prevention of ill health and preventable deaths
- Homes and housing
- Places, transport, and climate change
- Communities and power
- Systemic and structural racism and discrimination

## **4.0 Recommendations**

4.1 The Board is asked to:

- Note the content of the JSNA
- Support the opportunities for further action described in the JSNA