



Department
of Health &
Social Care

*From Jackie Doyle-Price MP
Parliamentary Under Secretary of State for Mental Health,
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Kate Green MP and Baroness Whitaker
Co-Chairs, APPG for Gypsies, Travellers and Roma
By email to: kate.green.mp@parliament.uk

Dear Kate + Janet,

Thank you for your correspondence of 4 December about preventing suicides among Gypsy, Roma and Traveller (GRT) communities. I apologise for the delay in replying.

I am aware of the stark inequalities faced by GRT communities, resulting from a wide range of issues such as poor living conditions, high rates of homelessness, low educational achievement, social exclusion and discrimination. The issues faced by these communities highlight the importance of the need for action across the health and care system and Government, at both national and local levels, to tackle health inequalities.

You will be aware that I recently gave evidence at the Women and Equalities Select Committee session on tackling inequalities faced by GRT communities. I welcome the scrutiny that this important issue is receiving, and look forward to receiving the Select Committee's report in due course.

The National Suicide Prevention Strategy makes clear that local authorities should tailor suicide-prevention approaches to their local communities. All local authorities have a multi-agency suicide-prevention plan in place or in development, supported by £25million of investment over the next three years. Public Health England (PHE) guidance outlines that local authorities should work with the NHS, local services and professionals to ensure their plans are tailored to local demographics, and associated risks of their local communities. This would include tailoring them to meet the needs of GRT communities, if relevant to their local population.

Health and wellbeing boards have a statutory duty to encourage the integrated delivery of health and social care to advance the health and wellbeing of people in their area. This includes the needs of GRT communities. In 2013, the Government published statutory guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies, which specifically mentioned the need for health and wellbeing boards to consider vulnerable groups including Gypsies and Travellers.

As you highlight in your letter, through funding from the Government's Health and Wellbeing Alliance, PHE has appointed the Association of Mental Health Providers to undertake a programme of work focused on inequalities, which aims to increase understanding of the need for protected characteristics. This work will include a review of local suicide-prevention planning guidance to better reflect inequalities and the needs of people with protected characteristics, and we expect local authorities to ensure their local suicide-prevention plans take account of this guidance.

We are working with the local government sector to ensure the effectiveness of local suicide-prevention plans, looking at what works well and where improvements can be made, and supporting improvement through sharing of best practice. We are also working with PHE, the Local Government Association and the Association of Directors of Public Health on developing a sector-led improvement approach to support local authorities to further develop and improve their plans.

We are investing in mental health services more widely, which will help ensure services are available to all who need them. The *NHS Long Term Plan* has committed to invest a further £2.3 billion a year on mental health by 2023/24, which will have a direct impact of improving access to mental health services and crisis care for everyone who needs them, and supporting people at risk of suicide.

We know that GRT communities can struggle to access health services, owing to language barriers or lack of familiarity with the services available, and there can be a lack of trust between these communities and service providers. I expect local areas to address such issues by working together to improve community relations, which will in turn benefit health and other outcomes for these communities. Access to healthcare is an important issue to address to ensure that those who may be feeling suicidal feel able to access the support they need.

We also know that GRT communities can face problems when registering with a GP. As GPs can often be the first point of contact for people needing mental health support, this is also an issue that must be addressed. We have been clear that GP surgeries cannot refuse registration of an individual on the basis of being on an authorised or unauthorised site, being of no fixed abode or having no proof of address or identification.

I also note your wider concerns about a lack of data on numbers of suicides in the GRT communities. You may be aware that official statistics on suicide are based on the information recorded at the time of death registration. Ethnicity is not something that is recorded as part of this process. The Office for National Statistics is in the process of linking the 2011 Census, which collected data on ethnicity, to mortality records. This work, which is currently in its development phase, should enable us to provide robust rates on suicide by ethnic group.

More widely, you may be aware that the Department is in the process of reviewing the collection of data within the NHS. We are working closely with NHS England to complete a scoping exercise to understand how information on all protected characteristics is gathered in existing NHS datasets, including the NHS Data Model and Dictionary.

Following the Office of National Statistics consultation on the 2021 Census White Paper, the Department plans to complete an initial assessment early this year, which will form the basis for future decision-making on NHS data collection by ethnicity.

I hope this reply is helpful.

I would welcome further discussion with you on these matters

A handwritten signature in black ink, appearing to read 'Jackie', with a large, sweeping loop at the end.

JACKIE DOYLE-PRICE