

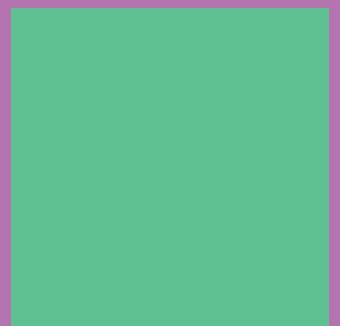
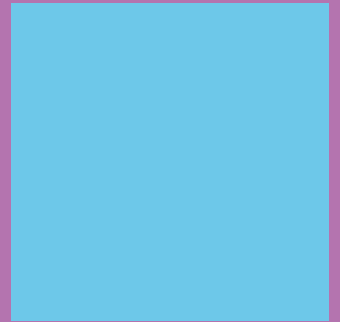
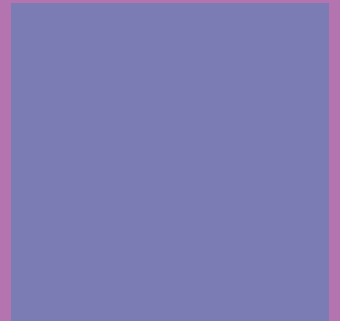
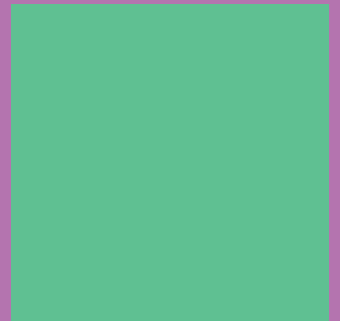
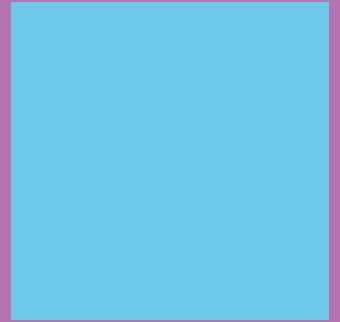
The National



LGB&T Partnership

# Lesbian, Gay, Bisexual & Trans Health Priorities

Building an LGB&T voice into planning systems



# Identifying LGB&T Priorities

## Introduction

The National LGB&T (lesbian, gay, bisexual and trans) Partnership, a member of the Department of Health, NHS England, and Public Health England's Health and Care Voluntary Sector Strategic Partner Programme, is an England-wide group of LGB&T voluntary and community service delivery organisations that are committed to reducing health inequalities and challenging homophobia, biphobia and transphobia within public services.

The National LGB&T Partnership members positively influence the policy, practice and actions of Government and statutory bodies and ensure that health inequalities experienced by LGB&T people are kept high on the Government's agenda and that best use is made of the experience and expertise found within the LGB&T voluntary and community sector.

As part of this work, the National LGB&T Partnership have identified six key areas we would like to highlight as priorities for commissioners and policy development that we believe will help to reduce the health inequalities faced by LGB&T people.

Each priority area has been split into several sections to support commissioners and policy developers to better understand the importance of the priority for LGB&T communities. These focus on:

- Identifying what the priority is
- Explanation as to its importance for LGB&T communities
- It's link to health and social care policy, to help identify how its fits the systems priorities
- LGB&T evidence in relation to the priority to support justification of local commissioning

The priority areas have been identified as:

- Sexual Orientation & Trans Status Monitoring
- Changing Attitudes
- Access to Services
- Collaboration & Community Engagement
- Co-Production & Co-Delivery
- Raising LGB&T Voices

The final section of this resource summarises the range of publications produced by the National LGB&T Partnership, which we encourage commissioners and policy workers to use in when supporting or commissioning specialist LGB&T service provision. In addition, throughout this resource a range of other relevant resources have been linked to that will inform better practice in commissioning, policy and service delivery and to support commissioners and policy developers in linking to research into the known needs of LGB&T communities.

## What are we looking for?

Sexual Orientation and Trans Status monitoring should be embedded within everyday practice across health and social care systems.

## Why is this important for LGBT people and communities?

Without knowing who is in your local population when planning services and priorities, decisions can be poorly informed and health inequalities faced by LGBT people reinforced.

Comprehensive data on sexual orientation and trans status is incomplete and specific needs of LGBT communities are difficult to identify or uncover.

Through better understanding of local and national populations, commissioners and policy makers are able to develop services that have greater impact in reducing health inequalities, ensuring limited funds are invested in the best way. It can also make for more appropriate diagnoses.

## How does it link to LGB&T community need?

**Importance of Data:** Where data monitoring has taken place it has demonstrated, for example, the over representation of LGBT populations within smokers, high rates of obesity and high rates of self-harm & suicide.

**Identifying Need:** Data monitoring allows health and social care providers to better identify the specific health needs within lesbian, gay, bisexual and trans populations. For example, monitoring screening uptake could ensure that targeted promotion is aimed at under-represented populations on a basis of evidenced need.

## How does this link to health & social care policy?

**Five Year Forward View:** Health inequalities are identified as “deep-rooted” and “expected to widen” unless ways to plug the health and wellbeing gap are identified. Only through monitoring can we build an accurate picture of the health inequalities faced by LGB&T people.

**Vanguards:** In partnership with the People & Communities Board, the Vanguards, through the Six Principles for new care models, are encouraged to ensure the “**focus is on equality and narrowing inequalities**”. Monitoring will ensure LGB&T people count and are counted.

**Care Act:** Provides a general duty on a local authority to “**promote an individual’s well-being**” including their “**treatment...with respect, physical and mental health and emotional well-being**”. Unless LGB&T communities are recognised with appropriate demographic data it will continue to be difficult to meet this duty.

**JSNAs:** Joint Strategic Needs Assessments require a “range of qualitative and quantitative evidence should be used” in assessing local health needs. Without adequate monitoring of sexual orientation and trans status LGB&T people are likely to continue to be marginalised in local data.

## From the National LGB&T Partnership:

### Out Loud: LGBT Voices in Health and Social Care

Insights into designing and providing care and support that meets the needs of LGBT people.



### Public Health Outcomes Framework Companion Document

For all those commissioning and delivering healthcare services in order to support the delivery of an equitable public health system



### Adult Social Care Outcomes Framework Companion Document

Bringing together the existing evidence on the care and support needs of LGBT&T people



## From the LGB&T voluntary sector:

- Sexual Orientation Monitoring Guide: LGBT Foundation
- Trans Status Monitoring Briefing: LGBT Foundation
- Using Monitoring Data: Stonewall
- Transgender Equality Monitoring: Scottish Transgender Alliance

## From wider sources:

- Improving Sexual Orientation Monitoring: Equality and Human Rights Commission
- LGBT Workforce Monitoring Factsheet: Unison
- Researching and Monitoring Adolescence and Sexual Orientation: Asking the Right Questions: Elizabeth Mc Dermott
- Monitoring Equalities and Health Inequalities, a Position Paper: NHS England

## What can the system do now?

- Health and Social care system should adopt the Sexual Orientation Monitoring Information Standard
- Ensure Sexual Orientation (SO) and Trans Status (TS) monitoring is included as a requirement in SLAs/contracts for commissioned service providers
- Use demographic data to assess whether existing commissioned mainstream services are accessible/appropriate for LGB&T people, to help provide support for new commissioning
- Commissioners should ensure a KPI on LGB&T equality and inclusion is included in tenders
- Encourage service providers in local areas to introduce / increase uptake of SO/TS monitoring
- Monitor commissioned service providers on monitoring of SO and TS, including it within reporting mechanisms
- Ensure that service user outcomes are analysed by Protected Characteristics
- Undertake a survey of who is / isn't undertaking monitoring of SO and TS across commissioned services to inform future development
- Ensure data collection for Joint Strategic Needs Assessments includes demographic data for

## What are we looking for?

A health and social care system that is free from judgemental attitudes and is well informed about lesbian, gay, bisexual and trans issues, needs and concerns.

## Why is this important for LGBT people and communities?

To ensure fair and equal provision of services that meets the needs of all parts of the LGB&T community. When LGB&T people are met with prejudicial attitudes, or ill informed staff, this continues to reinforce barriers that prevent people seeking treatment and services they need.

Evidence suggests that LGB&T people often seek support at a later stage and at points of crisis rather than at a more proactive preventative stage leading to increased health needs.

A workforce that is trained to provide care and support that meets the needs of LGB&T people will ensure there is opportunity to improve health outcomes and reduce health inequalities.

## How does it link to LGB&T community need?

**Visibility:** There is often a lack of knowledge, increased invisibility and at times inappropriate delivery of service to LGB&T people who then face disproportionate health inequalities across a number of health and wellbeing aspects. Research has shown, for example, that LGB people are at a higher risk of misusing substances, experiencing mental health issues and expressing suicidal thoughts and behaviours compared to heterosexual people.

**Healthcare Settings:** Those that aren't LGB&T friendly can exacerbate mental illness and other health conditions as it discourages people from seeking help. especially if users have already had negative experiences and expect hostility. For example, 3 in 4 people would prefer to see an LGB specialised mental health worker.

## How does this link to health & social care policy?

**Care Act:** Authorities must ensure people “**receive services that prevent care needs from becoming more serious, or delay the impact of their needs**”. Ensuring all staff are actively aware of the needs of LGB&T people and included in service design will help in changing attitudes for the better.

**Five Year Forward View:** Health inequalities are identified as “**deep-rooted**” and expected to widen unless “**ways to plug the health and wellbeing gap are identified**”. Only through health professionals engaging better with LGB&T people and understanding the issues can this be achieved.

**Outcomes Frameworks:** Indicators relating to the overarching outcomes of the Public Health Outcomes Framework suggest that LGB&T people are likely to have worse outcomes in life expectancy and in self reported wellbeing. Without additional focus on LGB&T public health, this potential health inequality gap may widen. Being LGB&T friendly providers supports its reversal.

**Public Sector Equality Duty:** Public bodies are required to “**eliminate unlawful discrimination**”, “**advance equality of opportunity**” and “**foster good relations**”. Through active engagement with LGB&T issues, commissioners and providers can evidence meeting the PSED.

## From the National LGB&T Partnership:

The National LGB&T Partnership has produced a series of resources and publications to increase the evidence base on the health needs of LGB&T people and communities. We have highlighted key resources below, but check out [www.nationalgbtpartnership.org/publications](http://www.nationalgbtpartnership.org/publications) for a full list.

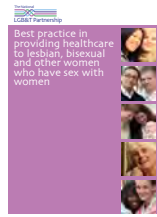
### Out Loud: LGBT Voices in Health and Social Care

Insights into designing and providing care and support that meets the needs of LGBT people.



### LBWSW Report

Best practice in providing healthcare to lesbian, bisexual and other women who have sex with women



### Public Health Outcomes Framework Companion Document

For all those commissioning and delivering healthcare services in order to support the delivery of an equitable public health system



### Dementia, Equity & Rights

Dementia care and LGBT communities, a good practice paper



## From the LGB&T voluntary sector:

- Still Out There, An Exploration of LGBT Londoners' Unmet Needs: LGBT Consortium
- Bisexuality Report: Bi-UK
- Trans Mental Health Study: Scottish Trans Alliance, Trans Resource and Empowerment Centre, Traverse, Sheffield Hallam University, Trans Bare All
- Beyond Babies and Breast Cancer: LGBT Foundation

## From wider sources:

- No Assumptions: National Voices
- Not 'Just' a Friend: Best Practice Guidance on Health Care for LGBT Service Users: Unison
- In the Pink, a Practical Guide for GPs and Other Health Professionals: NHS Leicester
- Gender Variance-E-Learning for GPs: GIRES

## What can the system do now?

- Identify and support / respond to frontline staff training needs (e.g. increasing awareness of LGB&T communities, being sensitive and better informed about use of language) and ensure all staff are trained in basic LGBT awareness at the very least
- Encourage use of LGB&T affirmative language and positive imagery representations within commissioned services and own public sector practice that include a diverse range of LGB&T people
- Promote LGB&T resources, data and evidence (e.g. PHOF Companion Document, and ASCOF Companion Document) so other commissioners and policy developers can be informed about LGB&T health needs
- Ensure all staff are offered and have access to information and support on LGB&T specific health and care issues and needs.

## What are we looking for?

Quality services for all that demonstrate active inclusion and understanding of the needs of lesbian, gay, bisexual and trans populations, and are not dependent on the individual providing the service.

## Why is this important for LGBT people and communities?

To ensure that LGB&T communities can access services at the appropriate time and are not put off from attending health care appointments due to fear of the service level they will receive, which can in some cases lead to late diagnosis of illnesses and conditions.

Services need to be LGB&T friendly and demonstrate understanding of differing needs LGB&T service users may have in order to reduce attitudinal and cultural barriers, encouraging appropriate involvement with relevant services. Specialist services may be needed to respond to evidenced need. Through the provision of inclusive services commissioners and policy makers can better ensure services meet the needs of LGB&T people and that funding is spent in the best way.

## How does it link to LGB&T community need?

**Reduce later diagnosis:** Current evidence points to late diagnosis in specific areas of health need, such as 3 in 10 gay and bisexual men have never had an HIV test in spite of early diagnosis now being a public health priority. Research shows LGB&T people often seek support at a later stage and many choose to use specialist services where they can to avoid some of the difficulties they perceive across mainstream services. It is known for example that lesbian and bisexual women have a lower take up of cervical cancer screening.

## How does this link to health & social care policy?

**JSNAs:** Exploration of wider determinants of health, and data gathering, should include information from “**local voluntary sector organisations**”. Including data from LGB&T organisations will help to ensure LGB&T people don’t remain invisible and have services designed to meet their needs.

**NHS Constitution:** “**The NHS provides a comprehensive service, available to all...irrespective of...sexual orientation...[or] gender identity**”. Through comprehensive awareness of LGB&T issues amongst all staff, services can ensure that a consistency of service is delivered and accessible by all LGB&T people.

**Public Health Outcomes Framework:** Evidence from the indicators suggests that LGB&T communities are likely to have worse outcomes in terms of life expectancy and self-reported well being. Reducing barriers to accessing services will support LGB&T people to maintain and achieve well being and potentially increase life expectancy.

**Public Sector Equality Duty (PSED):** Authorities are required to have “**due regard**” to “**eliminate discrimination, advance equality of opportunity and foster good relations**” across the Protected Characteristics. Improving LGB&T people’s access to services through proactive and inclusive commissioning will also provide evidence for compliance with the PSED.

## From the National LGB&T Partnership:

### Adult Social Care Outcomes Framework Companion Document

Bringing together the existing evidence on the care and support needs of LGB&T people



### Public Health Outcomes Framework Companion Document

For all those commissioning and delivering healthcare services in order to support the delivery of an equitable public health system



### Out Loud: LGBT Voices in Health and Social Care

Insights into designing and providing care and support that meets the needs of LGBT people.



## From the LGB&T voluntary sector:

- Supporting Older LGBT People: A checklist for social care providers: Opening Doors London
- Building Health Partnership's: LGBT Foundation
- Youth Chances: METRO
- Still Out There: An Exploration of LGBT Londoners' Unmet Needs: LGBT Consortium

## From wider sources:

- Our Human Rights Approach: CQC
- LGBT People with Cancer, the Emerging Picture: McMillan
- Supporting LGBT People with Dementia: Alzheimers Society
- Improving LGBT Equality Across the NHS: NHS Equality and Diversity Council

## What can the system do now?

- Providers to increase the visual representation of LGB&T people within literature produced, both internally and encourage the same within commissioned services
- Provide staff training and awareness raising to ensure equal treatment is provided to LGB&T service users
- Ensure that JSNAs take into account the needs of LGB&T people and communities through use of local data, linking in with local LGB&T organisations for new and existing data
- Continue to use equality impact and needs assessments to inform policy development and service specifications.



## What are we looking for?

A commissioning environment that encourages organisations to collaborate at all available opportunities and that puts community engagement at the heart of its delivery.

## Why is this important for LGBT people and communities?

As with other minority communities, lesbian, gay, bisexual and trans organisations can be excluded from a range of commissioning opportunities due to their small financial size. Whilst many commissions will encourage links to diverse communities when bidding, this is rarely built into tenders successfully, or in a way that fully compensates specialist organisations for their input.

LGB&T people and communities live across all geographical areas, making it even more important for collaboration to be central to commissioned services so the relatively small number of LGB&T people in any specific area aren't further marginalised on the basis of perceived low need.

## How does it link to LGB&T community need?

**Catalyst & Connector:** Specialist LGB&T service providers, across all geographical areas are able to provide data, evidence and expert knowledge on their local LGB&T populations. Through community engagement encouraged by commissioners, LGB&T people have more chance of being included at the heart of service delivery, helping to reduce further marginalisation.

**Increased Knowledge & Capacity:** Encouraging larger providers to actively and financially include specialist services within commissioning opportunities. This will support the sustainability of specialist LGB&T services through funding opportunities on the basis of need. It will also provide for greater value for money within commissioned services.

## How does this link to health & social care policy?

**Five Year Forward View:** It is identified that “**we need to engage with communities and citizens in new ways, involving them directly in decisions about the future of health and care services**”. Voluntary organisations have been identified as “**better able to reach underserved groups, and are a source of advice for commissioners on particular needs**”. Therefore it is important that the commissioning environment allows for underserved groups to engage in these processes and not further excluded.

**New Care Models:** “**Voluntary, community and social enterprise and housing sectors are involved as key partners and enablers**” is identified as one of the Six Principles for new care models.

**Care Act:** In assessing people's need for care and support, local authorities are required to “**promote an individual's well being**”. This includes “**family and personal relationships**”. By encouraging providers to collaborate and include specialist providers, we can ensure the specific needs of LGB&T people are recognised and carefully considered, helping to reduce health inequalities.

**From the National LGB&T Partnership:**

**Adult Social Care Outcomes Framework Companion Document**

Bringing together the existing evidence on the care and support needs of LGB&T people



**Public Health Outcomes Framework Companion Document**

For all those commissioning and delivering healthcare services in order to support the delivery of an equitable public health system



**Out Loud: LGBT Voices in Health and Social Care**

Insights into designing and providing care and support that meets the needs of LGBT people.



**From the LGB&T voluntary sector:**

- Engaging LGBT People in Your Work: Equality Network
- National LGBT Hate Crime Partnership Evaluation Executive Summary: LGBT Consortium
- Roar, Because silence is deadly: Stonewall Housing
- A Checklist for Social Care Providers: Opening Doors London

**From wider sources:**

- Six Principles for Engaging People & Communities: National Voices / People and Communities Board
- Health as a Social Movement: NESTA
- Tailor made, Supporting the community sector: Community Development Foundation
- Improving the Health and Wellbeing of Communities: Community Development Foundation
- Health and Local Infrastructure: NAVCA
- Community Engagement and Health: NAVCA

**What can the system do now?**

- Commissioners should require all tender opportunities to evidence how they will actively include diverse communities, and increase social value, both within the tender process and during contract implementation.
- Service designing should include comprehensive equality impact and needs assessments (EINA) to identify and address specific LGB&T health needs
- In consultation with LGB&T local organisations, LGB&T voices and data should be included during design phases of service specification to complement EINA data
- Service contracts / SLAs should include details of how providers will engage diverse communities, including use of collaboration agreements with specialist organisations to provide expert input during the contract period on a paid for basis

## What are we looking for?

To ensure that commissioned services are both developed and delivered through active engagement with diverse communities, ensuring lesbian, gay, bisexual and trans voices are heard.

## Why is this important for LGBT people and communities?

There is a risk of further marginalisation for already vulnerable LGB&T people if services are not designed with their needs in mind. In some cases, services can appear exclusive or hostile resulting in LGB&T people being at higher risk of long-term conditions, through avoiding things like routine screenings and support to manage their health.

Co-produced and co-delivered services give LGB&T people greater ownership, increased confidence and have the ability to achieve better outcomes as a result.

## How does it link to LGB&T community need?

**Sustainability & Resilience:** Specialist services commissioned at a local level not only help to meet key health outcomes for commissioners, but help create a sustained LGB&T voluntary and community sector that can engage with the health and social care system in a range of ways, helping to improve wider health determinants and outcomes.

**Multiple & Complex Needs:** Many LGB&T people develop multiple health needs due to the fear of perceived or actual discrimination from those within the health system. LGB&T voluntary organisations are seeing increases in clients accessing services and through co-produced and developed work, the health system and the LGB&T sector can proactively develop services that reduce multiple disadvantage.

## How does this link to health & social care policy?

**Five Year Forward View:** The health and care system is unable to achieve change on its own and “**actions require new partnerships with local communities**”, meaning “**the NHS will become a better partner with voluntary organisations and local communities**”. New care models, and other innovative programmes are aimed at “**improving the impact and reduce the burden on frontline services**” and this can only be achieved through active engagement with diverse communities.

**New Care Models:** One of the Six Principles, developed with the Vanguard and People & Communities Board to support delivery of the 5YFV encourages “**services are created in partnership with citizens and communities**”.

**Care Act:** Local authorities are required to “**engage with local providers, to understand what services are likely to be needed in the future [or] should be developed.**” Only by through active engagement can the needs of LGB&T people be identified and met successfully.

**From the National LGB&T Partnership:**

**Adult Social Care Outcomes Framework Companion Document**

Bringing together the existing evidence on the care and support needs of LGB&T people



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**Out Loud: LGBT Voices in Health and Social Care**

Insights into designing and providing care and support that meets the needs of LGBT people.



**From the LGB&T voluntary sector:**

- Still Out There: An Exploration of LGBT Londoners' Unmet Needs
- Opening Doors London: The Whole of Me: Meeting the Needs of Older LGBT People in Care Homes and Extra Care Housing
- Stonewall Housing: Building Safe Choices

**From wider sources:**

- (Personalisation Briefing) Working with LGBT People: SCIE
- Working with the Voluntary and Community Sector: Regional Voices
- Realising the Value, Putting People and Communities at the Heart of H&WB: Regional Voices
- Think Local, Act Personal
- People's Voice Framework and Toolkit: National Development Team for Inclusion

**What can the system do now?**

- Local commissioners and policy development teams should identify local LGB&T organisations who can support them in building a better picture of LGB&T health needs to inform future service design and delivery
- Commissioners, and commissioned services, should recognise the local expertise available within LGB&T organisations, including the voluntary sector's ability to gain access to frontline service users in order to co-design and co-deliver specialist services
- Commissioners and Authorities should encourage mainstream or generic services to engage with LGB&T expertise locally in order to co-design more inclusive local services, on a paid for basis

## What are we looking for?

Better knowledge and understanding, and listening to the needs of all parts of lesbian, gay, bisexual and trans populations beyond the traditional focus of gay and bisexual men's sexual health needs.

## Why is this important for LGBT people and communities?

In order to effectively tackle health inequalities, it is important to recognise that LGB&T communities are not one homogenous group and have a diverse range of differing needs and experiences. For example, there are specific needs that should be addressed within local commissioning and policy development affecting lesbian and bisexual women that will be very different to those affecting trans men.

Targeting initiatives at specific community needs, and recognising minorities within the LGB&T communities, will drive better outcomes for both commissioning, policy development and patient experience.

## How does it link to LGB&T community need?

**Identity:** As detailed in the National LGB&T Partnership's Public Health Outcomes Framework Companion Document, and the Adult Social Care Outcomes Framework Companion Document, LGB&T people identify across a range of demographic groups and can be disproportionately affected by a range of health conditions, resulting in significant health inequalities and a clear need to better understand LGB&T community needs through increased research, capacity and visibility.

**Visibility:** The National LGB&T Partnership have produced a range of resources to increase the visibility of the needs of LGB&T people including: Drug and alcohol misuse; Mental health needs; Lesbian & Bisexual women's needs; Trans health needs; Fertility Treatment; Smoking Cessation; Physical Activity

## How does this link to health & social care policy?

**Five Year Forward View:** The "NHS will back hard-hitting national action on obesity, smoking, alcohol and other major health risks". LGB&T people are disproportionately affected by major health risks, needing innovative solutions developed in partnership with diverse LGB&T organisations.

**Care Act:** Requires that decisions are made "**having regard to all the individual's circumstances**". By understanding how diverse LGB&T voices are, commissioners and policy development can better meet the needs of LGB&T communities.

**NHS Constitution:** Rights to ensure that "**services are put in place to meet community needs**" help to emphasise the need for commissioners and policy development to take a much more holistic approach to service structuring, recognising diverse health needs in order to reduce health inequalities so "**everyone counts**".

**From the National LGB&T Partnership:**

**Adult Social Care Outcomes Framework Companion Document**

Bringing together the existing evidence on the care and support needs of LGB&T people



**Trans Health Factsheets**

Series of briefings on key trans health issues



**Smoking Cessation**

Guidelines for Local Authority Services to ensure LGB&T people receive effective smoking cessation services



**Out Loud: LGBT Voices in Health and Social Care**

Insights into designing and providing care and support that meets the needs of LGBT people.



**Physical Activity**

Resources focussed on the physical activity of LGB&T people



**Alcohol Intervention**

LGB&T Briefing on Alcohol Intervention and Briefing Advice



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**Dementia, Equity & Rights**

Dementia care and LGBT communities, a good practice paper



**From the LGB&T voluntary sector:**

- Still Out There: An Exploration of LGBT Londoners' Unmet Needs: LGBT Consortium
- Part of the Picture: LGBT Foundation
- Bisexuality Report: Bi UK
- Out of Your Mind: London Friend
- Trans Mental Health Study: Scottish Trans Alliance, Trans Resource and Empowerment Centre, Traverse, Sheffield Hallam University, Trans Bare All
- Youth Chances: METRO
- Unhealthy Attitudes: Stonewall
- Beyond Babies and Breast Cancer: LGBT Foundation
- No Safe Refuge: Stonewall / UK Gay and Lesbian Immigration Group
- Roar, Because the Silence is Deadly: Stonewall Housing

**What can the system do now?**

- Ensure all consultation and service designs take into account diverse communities using, where available, the evidence and research into the impact of being lesbian, gay, bisexual and trans has when accessing the service
- Increase the availability and visibility of resources and evidence from LGB&T communities to increase local knowledge of LGB&T needs and health inequalities
- Encourage wider use of affirmative LGB&T language, and positive imagery, to increase representation of LGB&T people across local services