

The National LGB&T Partnership

The National LGB&T Partnership was established in early 2010, in order to reduce health inequalities and challenge homophobia, biphobia and transphobia within public services. The Partnership combines the expertise of eleven key LGB&T organisations across England. To read more about the partners, visit our website: nationallgbtpartnership.org

The Partnership aims to act as a catalyst and connector, putting LGBT people and their issues firmly on the agenda of a wide range of decision makers.

The Health and Wellbeing Alliance

The Partnership is a Sector Strategic Partner of the Department of Health and Social Care, Public Health England and NHS England, collaborating with a wide range of organisations, and funded, through the [Health and Wellbeing Alliance](#).

The HW Alliance is a partnership between voluntary sectors and the health and care system to provide a voice, and improve the health and wellbeing, for all communities.

It has been established to:

- Facilitate integrated working between the voluntary and statutory sectors
- Support a two-way flow of information between communities, the VCSE sector and policy leads
- Amplify the voice of the VCSE sector and people with lived experience to inform national policy
- Facilitate co-produced solutions to promote equality and reduce health inequalities

Priority LGBT+ Health Inequalities

The National LGB&T Partnership convened a meeting of representatives of LGBT+ VCSE organisations on January 16th 2019 to discuss the sector's priorities for the LGBT Health Adviser.

First, the group briefly considered the specific health and care inequalities and needs experienced by LGBT+ people across the life course. While there is an expectation that the Adviser will have a knowledge of LGBT health and care inequalities, there were certain areas which the group wished to particularly highlight:

There needs to be a **focus on prevention from an early age**, particularly in relation to mental health and the wider determinants of health. There is a need for more LGBT specific mental health support and youth provision, and LGBT training for health, social care and educational practitioners who support children and young people. Children and young people need joined up services where they don't have to repeatedly come out or tell their story. Sexual and Reproductive Health services need to be made available for LGBT young people, and **LGBT+ issues must be included in the curriculum**.

Gender Identity Services (for both children and young people and adults) need more funding and development to reduce waiting times. Possibly even more importantly, **GPs need training and support to provide care to trans patients**, with consistency of messaging around what is expected of them.

One particular area of concern for adult health and social care are the **effects of poverty on health**, an area where there is little research and emerging research should be encouraged and the results

disseminated. Another key area is **substance use**; there is little attention given to the fact that substance use and misuse levels are high in LGBT+ communities – this is a health issue in itself and also both an indicator and cause of poor health.

LGBT+ health and care work needs to be more inclusive of the diversity of people and experiences in our community. More focus needs to be put on the specific health and care needs and inequalities experienced by **women, non-binary gendered people, bisexual people and BAME LGBT+ people**, as well as there being an integral understanding of **intersectionality**, the **urban-rural divide** and of the often complex relationship between **activity and identity** (for example in relation to sexual health).

Isolation and its effects on older people need to be made a priority. **Older LGBT+ people**, who grew up in an environment more hostile than today's, may experience resultant poor mental health and may have greater difficulty than others in accessing specialist services. LGBT+ people, particularly trans people, accessing social care may experience particular concerns and barriers, and these need to be addressed at a system-wide level.

There are the beginnings of initiatives and understanding around the **specific End of Life Care needs** of LGBT+ people, but approaches are inconsistent.

Rapid review briefings were developed to support this discussion, and are attached separately.

Understanding of the Role

The group worked on the understanding that the Adviser will act primarily through persuading and informing. They believe the primary mode of working for the Adviser will be building relationships and connections between organisations and policy areas and providing a central point of contact and advice for the health system. The group refrained from suggesting that the Adviser begin large new programmes of work, mandate activity, or otherwise undertake projects or actions that might be beyond their scope or budget, instead focusing on the key areas that the group felt that impact could be made through leveraging, supplementing or connecting existing strategy, policy and programmes of work. The group noted that the Adviser's approach needed to encompass wellbeing, public health and wider determinants of health as well as the medical or clinical approach.

Likely Existing Priorities

Working with the GEO and using the job description for the Health Adviser role, the Partnership drew up the following list of existing priorities for the Adviser on coming into post. The group agreed that these were appropriate areas of work and added the following comments:

Monitoring – the Adviser should use all routes available to push for widespread implementation of the Sexual Orientation Monitoring Data Standard and the introduction of trans status monitoring and inclusive gender monitoring. Improving monitoring underpins all other work to address health inequalities as it allows these inequalities to be identified and measured.

Suicide – various projects which aim to prevent LGBT+ suicides are underway. It should be a priority of the Adviser to ensure that these projects share a common aim and use their multiplicity to best support improvements in LGBT+ health, including through increasing resource available to the LGBT+

VCSE and through considering the wider determinants of poor mental health and suicide and the integration of mental and physical health.

Training and Education – specific training needs to be developed for areas where there are known health inequalities, for instance for GPs treating trans patients or social care workers supporting (particularly older) LGBT+ people. However, LGBT+ people’s health care needs need to be mainstreamed into the medical curriculum, including, for example, using case studies which feature LGBT+ people in areas other than sexual or mental health. This area is one where relationships beyond the NHS with bodies such as Royal Colleges and HEE will be particularly key.

Gender Identity Services – the Adviser should seek to be part of the NHS England Gender Identity Services Programme Board, and should work with this board and the CRG to progress work which goes beyond their immediate remit, seeking to address issues of training and of barriers to treatment in primary care.

Screening Programmes – beyond simply attempting to improve and encourage access to these programmes for LGBT+ people, many programmes would benefit from development and redesign to make them genuinely inclusive, rather than implementation of work-arounds for LGB and particularly trans people.

Projects funded by the LGBT Implementation Fund – while the successful projects had not been announced at the time of the meeting, it was noted that the distribution of the projects may in fact help identify remaining gaps in provision or attention.

Further Priorities

The group’s further, sometimes intersecting, priorities for the Adviser are as follows:

Loneliness and Social Isolation – work on supporting the aging and otherwise isolated LGBT+ populations needs to be prioritised in order to improve the likelihood that both generic and LGBT+ specific health, care and wellbeing programmes access and can be accessed by those they will be of most benefit to. The Adviser should seek to develop a strong dialogue with those working to address health inequalities for Health Inclusion groups as well as older adults.

End of Life Care – as noted above, various organisations have begun to consider the specific needs of LGBT+ people around end of live care. Recommendations exist, and the Adviser could have a positive impact by helping to ensure the importance of these is recognised by the right people.

The GP Contract – this is an area where the Adviser could help influence the flow of resources to appropriate initiatives and organisations at a local level. Consideration should also be given to updating and publishing the NHS Outcomes Framework LGBT Companion piece (and the Adult Social Care and Public Health ~~equivalentsequivalents~~).

Visibility of the needs of LGBT+ people – the appointment of a National Advisor provides an opportunity for increased profile of LGBT+ people’s needs and a diversification of discussions of LGBT+ people’s health and care need away from the traditional LGBT health enclaves or silos of sexual health and mental health, as well as drawing attention to the heteronormativity and cissexism

of the health and care system, particularly in relation to areas such as fertility and pregnancy, aging populations or homelessness.

Cross-government Engagement – while based in NHSE, the Adviser will be well positioned within the wider health and social care system, as well as the civil service, to influence decisions which affect the wider LGBT+ health inequalities landscape, such as housing, education and employment. The Adviser should use every opportunity, both within NHSE and beyond, to impress upon colleagues who can make change the negative impact of the denial of service and the positive impact of cultural competency.

Working with the LGBT+ VCSE - the group agreed that there should be a mechanism through which the LGBT Health Adviser is able to connect directly with the LGBT VCSE both to gain intelligence from service providers and to offer a route for dissemination of the Adviser's work to the wider community. The Adviser is therefore invited to attend quarterly meetings of The National LGB&T Partnership, and encouraged to work with the Partnership to develop communications and engagement strategies where appropriate, as well as using any existing networks and relationships they bring to the post. The Adviser is also urged to consider the importance of the VCSE sector as a provider of specialist services to LGBT+ communities, and asked to champion this within the system.

Striving for Best Practice – Involvement of the LGBT Health Adviser in a greater proportion of the decision making around the health and social care issues and areas which have a specific impact for LGBT people has the potential to allow for more joined-up, informed and effective practice which gets it right first time. Where LGBT+ health improvement work is made up of projects and initiatives which are poorly connected to one another and where oversight and strategy in pushing forward initiatives comes mainly from outside of the health system, this has not always been possible. Communications and succession planning also need to be carefully considered.