


## **Access to Health for LGBTQIA+ residents in Southend**

 ***Evidence shows that health outcomes are generally worse for LGBTQIA+ people than the rest of the population, and that many LGBTQIA+ people feel that their specific needs not taken into account’.***

(NIESR (2016), ‘Inequality among lesbian, gay bisexual and transgender groups in the UK’).



Healthwatch Southend are the independent champion for people who use health and social care services in Southend. We ensure that services met the need of the community. Where there are concerns, access issues or gaps in services, we report these to those who plan, commission and offer services locally. We gather views and experiences in order to improve equality and access for all.

### **Background**

In November 2018, Stonewall published a report documenting widespread discrimination in healthcare services and high incidence of depression within LGBTQIA+ communities. Public Health England reported in 2017 that 52% of young LGBTQIA+ people reported self-harm either recently or in the past compared to 25% of heterosexual non-trans young people and 44% of young LGBTQIA+ people have considered suicide compared to 26% of heterosexual non-trans young people.

Data from the 2018 National Survey on Drug Use and Health (NSDUH), suggests that substance use patterns reported by LGBTQIA+ are much higher than compared to those reported by heterosexual adults. More than a third of sexual minority adults 18 and older reported past year marijuana use. Opioid use (including misuse of prescription opioids or heroin use) was also higher with 9% of sexual minority adults aged 18 or older reporting use compared to 3.8% among the overall adult population

In 2018, the Government Equalities Office published a response to a National LGBTQIA+ survey, and outlined firm commitments to tackle some of the biggest issues facing LGBTQIA+ people, and ensure the LGBTQIA+ people’s needs are at the heart of the NHS:-

- *The Government is committed to taking bold action on the results of the survey.*
- *We will establish a LGBTQIA+ implementation Fund to deliver this action plan in place.*
- *We will ensure that LGBTQIA+ people’s needs are at the heart of the NHS.*
- *We will act so that every Young Person and Child can feel safe in education and achieve potential.*
- *We will act so that LGBTQIA+ People can feel safe in their homes and communities.*
- *We will ensure that Transgender people be treated with dignity and respect.*
- *We will improve our understanding of the issues faced by those who identify as non-binary and people who are intersex.*
- *We will trial innovative ways of tackling deep-seated prejudices in our communities.*
- *We will deliver the commitments set out in this document by the end of this Parliament.*

- *Everyone in this country should feel safe and happy to be who they are, love who they love, without judgement or fear.*

## What do we know about Southend?

Estimating the number of people who identify as LGBTQIA+ in a population is difficult. Not everyone will feel comfortable disclosing this information; younger people are more relaxed. For the first time, the 2021 Census asks specifically about sexual identity. The Office for National Statistics estimated the following percentages in 2019<sup>1</sup>, which we have applied to population estimates for the same year.

|                             | % of population over 16 | Over 15 population (2019) |
|-----------------------------|-------------------------|---------------------------|
| Heterosexual/straight       | 93.7                    | 139773                    |
| Lesbian or gay              | 1.6                     | 2387                      |
| Bisexual                    | 1.1                     | 1641                      |
| Other                       | 0.7                     | 1044                      |
| Don't know/refuse to answer | 3                       | 4475                      |
| Total                       | 100                     | 149320                    |

This suggests that there are about 5,000 people, who do not identify as heterosexual/straight in our community.

## Why we did the Survey

Healthwatch Southend wanted to find out whether the picture was similar in Southend. In collaboration with Southend Pride, we put together a survey that included questions about whether people may have experienced incidence of discrimination, negative attitudes and barriers to seeking treatment.

Thirty-four people completed the questionnaire. We would have welcomed a better representation however; based on personal free-text experiences from individuals we were able to identify trends. All of the feedback is valid, as it represents the lived experience of local residents. Over half of the participants expressed an interest in taking discussions further so we planned a Virtual Focus Group to discuss the outcomes and evidence the issues.

## Survey Results

- Almost 50% of respondents have not disclosed their sexuality to their GP.
- Nearly 30% of respondents has experienced negative attitudes and 7% discrimination.
- 30% of respondents avoided treatment for Emotional support, Anxiety or depression.
- 20% of respondents avoided attending a Routine Smear Test.

- 10% of respondents avoided seeking support for Drug & Alcohol issues.
- 5% of respondents avoided seeking support for Domestic Abuse.

## Focus Group

Respondents were able to add their own comments at the end of the survey. This gave us valuable insight to the issues experienced and an opportunity to discuss further and gather evidence to support our findings. We invited two guest speakers, one to provide insight to what research is currently being undertaken into Older LGBTQIA+ People accessing Social Care provision and developments in professional development from a qualified Doula, who delivers Peri-Natal Education to Maternity Services.

Participants were able to discuss specific examples of not being able to disclose to medical staff and that there were even more unlikely to reveal their orientation or gender identity to reception staff at GP Surgeries.



We were fortunate to have two guest speakers join the focus group. The discussions covered the extent of training and education and front line staff could benefit from in relation to collection data and use of language. Training is slowly addressing prejudice but there is insufficient data to detail what the take up is nationally for Health Trusts.

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| <p><b>Liz Wands-Murray, Research Fellow, University of York,</b> was able to present information about work currently taking place with Older LGBTQIA+ People (50 years+). There is widespread Mental Health support needs in this older age range and the work is looking at how access, could be improved to community based social care services.</p> | <p><i>"Older LGBTQIA+ people have experienced more discrimination, endured over a longer period of time—fear and misinformation around HIV and AIDS in the 80's has contributed to lack of disclosure and isolation"</i></p> |
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| <p><b>AJ Silver, Founder of Queer Birth Club</b>, was able to share her experiences of working with LGBTQIA+ Parents as a Qualified Doula. AJ also delivers LGBTQIA+ + Competency in Maternity Training to various NHS Trusts 'Workshop for Birthworkers'</p> | <p><i>"Unfortunately GP's do not routinely collect relevant LGBTQIA+ information routinely, however the National Census information is collecting this data for the first time this year. Hopefully, services will be able to better shape how they provide support based on local demographic"</i></p> |

**The LGBT Foundation** have been rolling out Pride in Practice training to NHS Staff in areas of Manchester. Since 2016/17, there has been an increase of 11% of LGBTQIA+ people accessing Primary Care services and that displaying LGBTQIA+ posters in GP Surgeries, 24% of LGBTQIA+ people are more likely to disclose their sexual orientation. It demonstrates how increased awareness, visibility and knowledge of LGBTQIA+ people's needs within primary care can improve healthcare outcomes, confidence and relationships between patients and healthcare professionals.

<https://LGBT.foundation/how-we-can-help-you/pride-in-practice>

## What do local providers do?

### Secondary care providers:

As part of this work, we asked colleagues in the Mid & South Essex Hospitals NHS Foundation Trust and the Essex Partnership University NHS Foundation Trust what they were doing to improve services for our residents. At Mid & South Essex Hospitals, Annette Agetue-Smith, Associate Director, Patient Experience and Engagement said:



*As an organisation, we have an active LGBTQIA+ network for staff. We are working towards the Stonewall accreditation mark and are part of a pilot for Rainbow badge phase 2. We recognise that patient and staff experience are different sides of the same coin and so we have prioritised working closely with our LGBTQIA+ staff network to understand how we improve staff and patient experiences. That said, we continue to be innovative on this agenda; developing an equalities and health inequalities assessment tool, to support teams in proactive patient, carers and staff engagement through processes for service redesign and transformation. Our facilities [are] another area we are currently concentrating on for LGBTQIA+ staff and patients including effective engagement, to ensure that we provide and deliver an inclusive service at MSE. We recognise there is more work to be done on this agenda. Our Equalities and Diversity team, including the patient experience team continues to work collaboratively and have this on their work plans as a priority.*



Given some of the feedback about maternity services, Healthwatch Southend were also told:

***"We have just commenced a health and well-being inclusion working group with the aim of working with families within our local communities from minority ethnicities. We have also had initial conversations about the best way forward for working with people who identify as LBGTQ+ and suggested that, a separate working group is established. I have a contact who is a keen advocate for the LBGTQ+ people who has kindly agreed to support in this work."***

Gary Brisco, Equality Advisor, **Essex Partnership University Trust** was able to share their progress:



- *We have provided an LGBTQIA+ Awareness Training Course for our staff, which teaches the needs and basics behind gender identity and sexual orientation. The course specifically teaches the barriers and health inequalities faced by these communities.*
- *We are updating our policies and procedures to include guidance from the Sexual Orientation Monitoring Standard.*
- *We have updated our all-staff induction and training to include Gender Identity and how / why we support the LGBTQIA+ community, covering key topics such as anatomical sex vs gender and pronoun use.*
- *Our LGBTQIA+ Network Chair and I regularly work with teams to address concerns around how staff can effectively support LGBTQIA+ patients, in particular Transgender or Non-Binary Service Users.*
- *We made urgently needed updates to our Sexual Safety Policy to address transgender service users, and our Specialist Services drafted their own Transgender Procedure. I am currently working alongside the LGBTQIA+ Network to create a more thorough / dedicated version for employees and we are hoping that this will feed into our existing policies and procedures to help improve them.*
- *We regularly promote LGBTQIA+ Pride and similar LGBTQIA+ events throughout the Trust and to our 350 Equality Champions across the Trust who help us spread this information, using these to raise awareness.*

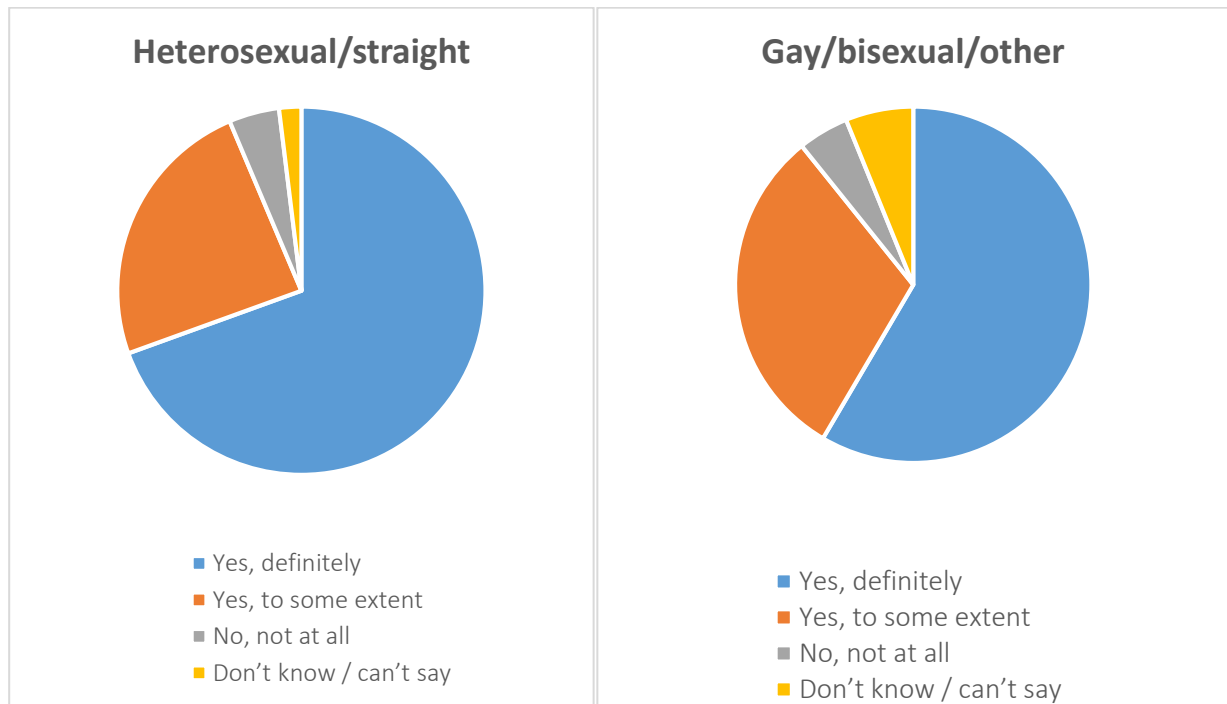


**Southend Youth Council** have just developed and published a guide for schools. This aims to support staff develop a better understanding of the issues facing young people. Healthwatch Southend commends this initiative as part of the solution to reducing stigma and improving mental wellbeing.

## GP Patient Survey

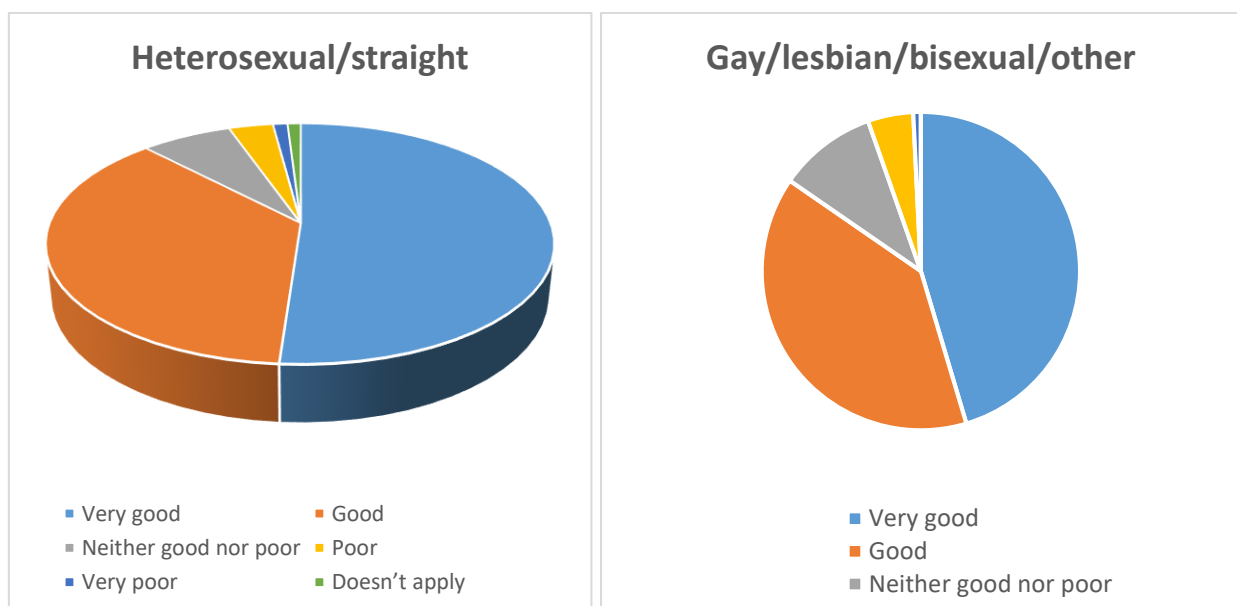
Responses to the National Patient Survey 2021 clearly highlight inequalities facing LGBTQIA+ service users across Primary Care:

*Q. Did you have confidence and trust in the healthcare professional you saw or spoke to?*



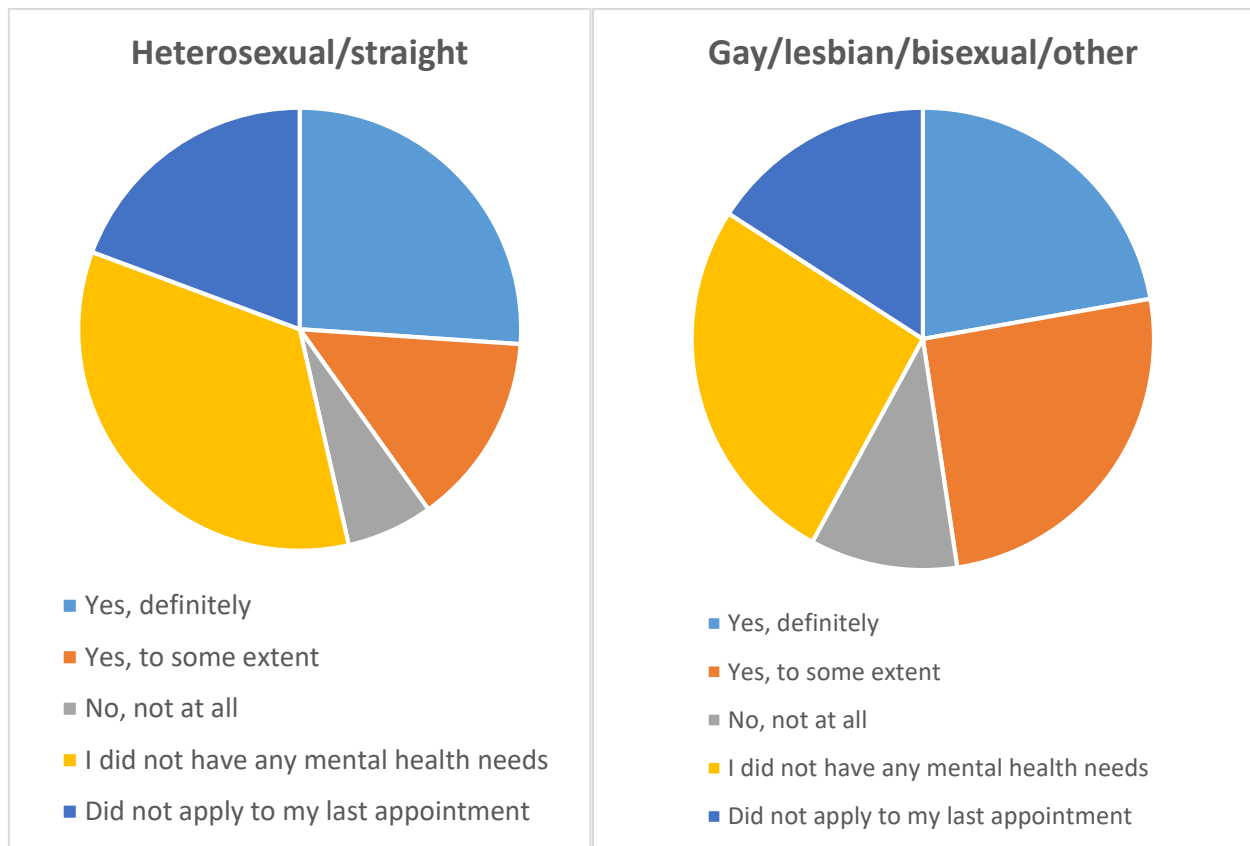
\*People identifying as heterosexual or straight reported greater confidence and trust at their last appointment (69% compared to 58% said "yes, definitely")

*Q. How good was the healthcare professional at listening to you?*



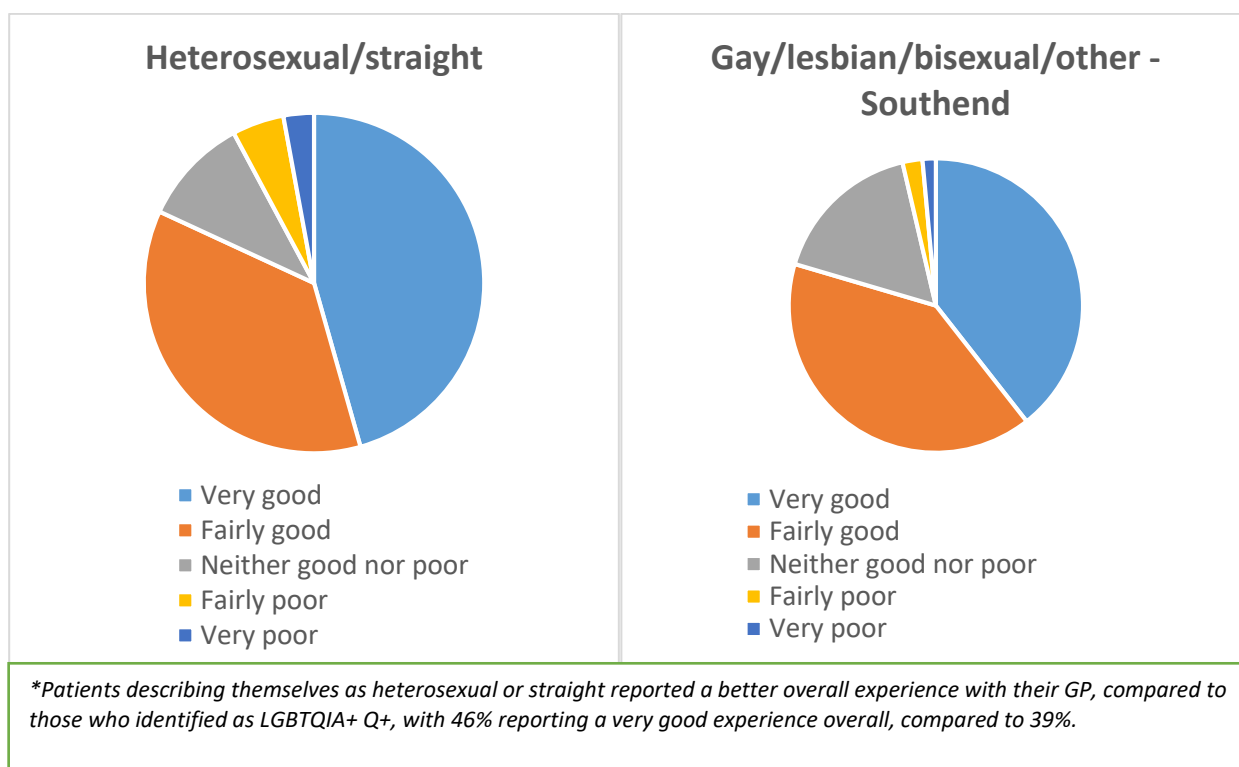
\*Patients identifying as LGBTQIA+ reported that they were not listened to as much as heterosexual or straight partners 45% versus 52% ranking their experience as "very good"

*Q. Did you feel that the healthcare professional recognised and/or understood any mental health needs that you might have had?*

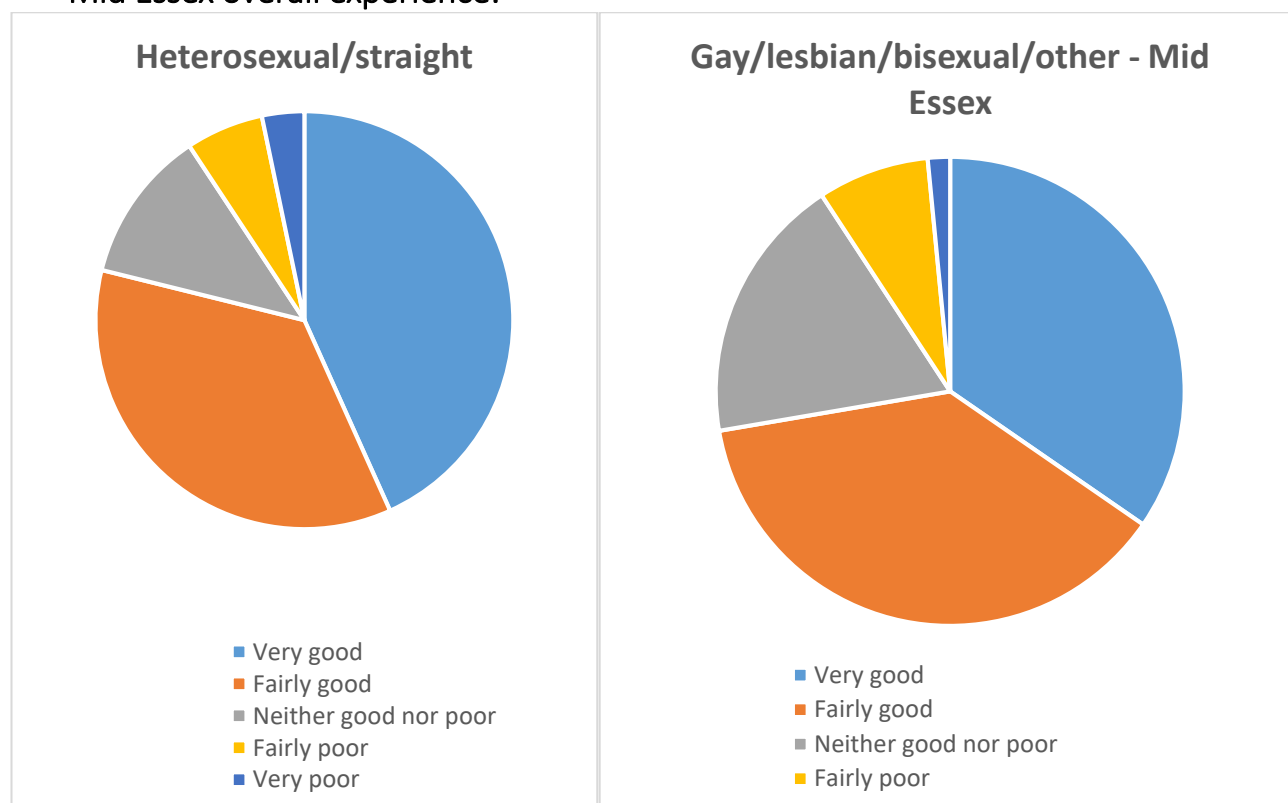


\*People identifying as LGBTQIA+ experience more mental health issues than straight or heterosexual people. Interestingly, the experience of the former group of respondents to the survey is better, with 47% answering “yes”, compared to 40%. This is a positive message about local practices.

*Tell us your overall experience of general practice.*



#### Mid Essex overall experience:



**Pride in Practice** is a quality assurance and social prescribing programme that strengthens and develops primary care services' relationships with their lesbian, gay, bisexual and Trans LGBTQIA+ patients. Mid Essex CCG had allocated funding to run this programme in 2019. Of the 15 practices involved, 11 of them were assessed as gold standard. In the Patient Survey, Southend practices received higher levels of satisfaction than Mid Essex, probably because the programme needs to be embedded. We will monitor the impact of the programme in Mid Essex compared to satisfaction in Southend.



We understand that the other CCGs in Mid & South Essex may roll the programme out, but we encourage them to learn from the Mid Essex experience.

### **Key messages in the General Practice Survey**

- Although the numbers of respondents in the 2021 Survey are small (approximately 2300 heterosexual/straight respondents and 250 LGBTQIA+ respondents), the results still show differences in the way patients feel about their practice
- The 250 or so responses have not been analysed by age or ethnicity because of the small sample size, but it may be that younger patients are more confident in revealing their sexuality and might therefore report more positive scores.
- We note that the impact of the Pride in Practice initiative in Mid Essex may yet not be felt however, we would encourage commissioners to look at ways in which Southend primary care services can respond more sensitively to the needs of this group of patients. Central to this must be Co-Production and Co-Design. Initiatives should encompass all four primary care professions.

**The Public Sector Equality Duty**, was created by the Equality Act 2010, in order to harmonise the previous race, disability and gender equality duties and to extend protection to the new protected characteristics listed in the Act

The duty aims to make sure public authorities think about things like discrimination and the needs of people who are disadvantaged or suffer inequality, when they make decisions about how they provide their services and implement policies.

We will share our report with the Health Wellbeing Board and we will highlight our concerns and question whether current policies and working practise are addressing inequalities appropriately.

We will share our recommendations with Mid & South Essex Partnership Trust, NHS Southend Clinical Commissioning Group, Southend Borough Council and Essex Partnership Trust (EPUT). We will ask that planning of services can adapt how they work in order to promote up-take of health services for the LGBTQIA+ community. The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trust, Public Health and Local Healthwatch) Regulations 2012 set out the timescales within which recipients of our report ~~and~~ are expected to reply.

### **Healthwatch Southend recommends that:-**

- Education and Awareness raising must be part of induction and ongoing training for all clinicians and care staff, not just GP's and their surgery staff. Uptake of this training should be monitored and reported to patients
- Commissioners learn from the experience of Mid Essex practices in introducing the Pride in Practice initiative
- Consideration should be given to, developing a discreet Sexual Health Clinic for LGBTQIA+ community.
- Sexuality and Gender data should be recorded in health and social care settings.
- More support be given around fertility treatment for members of the LGBTQIA+ community

- Specific LGBTQIA+ training, be made available for Perinatal and Maternity Support Staff.
- Creative engagement to attract people who identify as LGBTQIA+ to patient groups and support networks.
- The needs of older people who identify as LGBTQIA+ are considered in the design and development of health and care services.

## What Happens Next?

Healthwatch Southend recommendations align with Southend Borough Council's roadmap for '**Southend 2050**' that includes an ambition under Safe & Well:

*"Public services, voluntary groups, strong community networks and smart technology combine to help people live long and healthy lives. Carefully planned homes and any developments should be designed to support mixed communities and personal independence, whilst access to the great outdoors keeps Southenders physically and mentally well. Effective, joined up enforcement ensures that people feel safe when they're out and high quality care is there for people when they need it"*

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We asked Jazz, a school-aged female in Southend who identifies as LGBTQIA+ , to read our draft report. She made some really useful comments.

1. Initially we used the abbreviation LGBT in our wording. She quite rightly pointed out that we should use LGBTQIA+ , so that we do not exclude anyone
2. She welcomed the fact that we had tried to talk to people with lived experience, and encouraged us to do more of this, especially with young people
3. She was disappointed in the small number of responses we had to our survey, and in the national GP Patient Survey. We would love to have heard from more Southend residents, but hope that even hearing one person's experience can make a difference. We have no control over the number of patients who respond to the GP Patient Survey, but again we want to use their responses to influence the NHS
4. Jazz talked about the needs of people who identify as LGBTQIA+ , but may also be disabled or come from an ethnically diverse community. Not only may they have different experiences of healthcare because they are gay or trans-sexual, but may also suffer from racism or ableism
5. She mentioned school settings, and the problems of limited or no access to staff who understood the issues young, LGBTQIA+ people face; she suggested a broad range of staff in health and schools would benefit from training. We know that Southend's Youth Council has recently published a resource (available at <https://www.southendyouthcouncil.co.uk/downloads/>)
6. We mentioned the use of posters as part of the Pride in Practice initiative. Jazz encouraged us to think about using a variety of methods to reach a wider range of people, including the use of social media
7. Her challenge to our recommendations was to ask when they would be implemented *"You need to cut the blah blah and talk and do something and don't be slow. This has been asked for years and years."*

*"My experience and opinion with this [report] is that it is great however you've got to admit LGBTQIA+ individuals have been asking for this for years. The reaction that you will get from me and a lot of others is disbelief that any of what has been said will really happen because of past situations. Reassurance is going to be needed. I'm not saying this won't happen but disbelief will come from people and being weary this is just to be accepted because it will happen. People in*

*the LGBTQIA+ [community] and talking from my own experience we are used to not being listened to.*

***“This [report] in general is good... you’re going to need more insight for this to work...it’s only the start, there is so much else that needs to be considered and added.”***

Healthwatch Southend are so grateful to Jazz for having taken the time to read our draft and we hope we can carry on working with her.

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## **Acknowledgements & Thanks**

Much thanks to Cathy Weir, Chair of Southend Pride who provided valuable insight, which informed the questions we asked in the Survey. [www.southendpride.org.uk](http://www.southendpride.org.uk)

Thanks also to AJ Silver and Liz Wand-Murray for taking part in our Focus Group and sharing their knowledge. [aj@birthkeeperdoula.co.uk](mailto:aj@birthkeeperdoula.co.uk) [liz.wands-murray@york.ac.uk](mailto:liz.wands-murray@york.ac.uk)

## **Useful links**

National Institute of Social & Economic Research <https://www.niesr.ac.uk>

<https://LGBTQIA+.foundation>

<https://www.southendyouthcouncil.co.uk/downloads/files/LGBTQ+%20Resource%20Pack/LGBT%20School%20Resource%20Pack.pdf>

<https://www.southend.gov.uk/southend-2050-7/southend-2050>

[www.stonewall.org.uk](http://www.stonewall.org.uk)

<https://www.gov.uk/government/statistics/gp-patient-survey-2021-results>