



A Whole Systems Approach to Tackling Inequalities in Health for Lesbian, Gay, Bisexual and Trans (LGBT) People

A Toolkit

June 2018

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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. As of June 2018, the Partnership combines the expertise of eleven key LGB&T organisations across England. To read more about the partners, please visit <https://nationallgbtpartnership.org/about-the-partners/>.

The partners have a long history of service delivery, working with LGBT people both locally and nationally. Services include 1-2-1 counselling, befriending, peer-support groups, helplines, community leader programmes, testing, advocacy, youth-work, HIV, housing support, drug and alcohol interventions, and much more. This enables the Partnership to act as a catalyst and connector, putting LGBT people and their issues firmly on the agenda of a wide range of decision makers.

To learn more about the National LGB&T Partnership please visit www.nationallgbtpartnership.org

Executive Summary: What We Learnt

The toolkit identifies what can be done in local areas to improve LGBT health and wellbeing. It is intended to stimulate interest in the potential of whole systems approaches. It contains ideas and suggestions about how to convince others to collaborate, how to get the ball rolling, and how to sustain momentum.

Whole systems approaches are about developing techniques which help in tackling inequalities in the health and wellbeing of LGBT people. We have distilled the key learning points from work with two pilot sites – Leeds, West Yorkshire and Lambeth, London – and extensive conversations with policy makers, local politicians, commissioners, service providers and LGBT people from across England. We are confident that if you bear the following points in mind, you will maximise the likelihood of success.

Whole systems approaches demand that policy makers, politicians, commissioners, service providers and community members work together to identify the challenges that LGBT people face, and act on them in concerted and coordinated ways. All relevant organisations should be engaged including public sector organisations – such as local authorities, schools, hospitals and the police – and voluntary and community sector organisations, as well as social housing providers. It is critical that LGBT people are involved from the beginning; they are the central part of the whole system.

To underpin this toolkit, and make it easier to digest, we adopted elements known as the ‘Kotter 8’. This was developed by an influential academic from Harvard University, John Kotter, in a paper called ‘Leading Change’¹. Kotter studied over 100 business to come up with the 8 golden elements for successful transformational change. These were updated in 2014 to recognise that these elements don’t necessarily follow a linear form. Several may be at work at the same time. It is important to bear this in mind when working with our key points.

Kotter’s 8 golden elements for successful transformational change:



¹ Kotter, JP. Leading Change: Why Transformation Efforts Fail. Boston USA: Harvard Business Review; 1995 [updated 2007 Jan; cited 2018 Feb 24]. Available from: https://wdhb.org.nz/contented/clientfiles/whanganui-district-health-board/files/rttc_leading-change-by-j-kotter-harvard-business-review.pdf

Kotter Element 1: Create a Sense of Urgency

Identify the moment: Create and cultivate a moment where the narrative captures the imagination of key partners and the need for action becomes clear, and opportunities identified. It is important that the picture painted is a colourful one, and the story is compelling.

Present the data: Bring together any data available—take headlines from the local Joint Strategic Needs Assessment, look at local LGBT organisation reports, and derive estimates for LGBT people, for example. If there is no local data, draw on the national picture. Remember, if LGBT people aren't counted then we don't count so data on LGBT communities is vital.

Jump on existing strategy updates: Important strategies - focusing on reducing personal debt, tackling homelessness, improving access to primary or mental health services, for example - might not address the needs of LGBT people. When such strategies are rewritten or refreshed, opportunities to include LGBT people's needs should be seized.

Kotter Element 2: Build a guiding coalition

Find energetic and passionate people: Bring a core group of influential people together and start a conversation. Ideally these should be people from a collection of public, voluntary and community sector organisations. Some might bring material resources, others knowledge and insight; all of them should be committed to taking action.

Agree key principles about how to work together: It is crucial the key people engaged in the early stages agree and share their approach. As one council officer summarised: 'We'll keep it simple. We'll identify key outcomes and seize opportunities as they arise'. When making initial in-roads ensure the message is straight forward and instantly recognisable.

Be creative in collaboration: It is important that a balance is struck: engage the people who want to be at the table – their enthusiasm and commitment are welcome - but also encourage those organisations who might not immediately see their role. Working in whole systems will create new partnerships. It is critical that voluntary sector partners are included and that their input is resourced appropriately.

Engage LGBT people early in the process: Focus groups are effective in getting people to talk, describe their experiences, share what works well and identify how things could be better. Whole systems events – with strong representation from LGBT communities – are useful too. Often this can be where the magic happens. Bringing together professionals, politicians and local communities together brings new thinking to the table in tackling inequalities.

Engage influential people as soon as you can: Think carefully about who needs to be involved – councillors, community leaders, senior managers – and invite them to join the debate. Recognise that seniority is not always synonymous with influence; some of the most effective leaders for change are found elsewhere in the system. It is critical that there are people driving the agenda in the areas where change needs to happen most quickly as well

as where impact will be greatest. Getting the right people engaged might take time. However, once the support of a small number is secured, others are likely to follow.

Support can be found in unlikely places: Knowing where the key people are and how best to involve them pays dividends. Building relationships with community leaders and senior local politicians is crucial; it gives the work legitimacy and gravitas.

Kotter Element 3: Form a strategic vision and initiatives

Keep a focus on inequality throughout: There exists clear inequalities in health and wellbeing between LGBT communities and the general population. They are most marked in relation to mental health, including suicide and self-harm, as well as drug and alcohol use and sexual health. Inequalities are not simply differences or variations; they are avoidable and preventable.

Act on the wider determinants of health: Poverty, unemployment, substandard working conditions, poor housing and environment, and low educational attainment have negative effects on our health – and action is needed to address the inequalities they create. Access to health services, including primary care, is also critical. Action on poverty, housing, employment and education needs to be complemented with system-wide interventions to reduce stigma and discrimination.

Recognise the complexity of LGBT people's lives: Individual's age, ethnicity, background and culture, socioeconomic status and physical and mental ability are also important facets which interact with sexuality and gender. It is important to recognise that they might face common challenges – in the form of LGBT-phobia, for example – but their individuality should be respected.

Focus on those in greatest need, especially those LGBT people who experience severe and multiple disadvantage: Street homeless people, ex-offenders, Gypsies and Travellers, sex workers and looked after children leaving the system, for example, carry a burden of disadvantage which affects their health and wellbeing. Poverty and destitution interact in complex ways with LGBT identities. Discrimination often exacerbates experiences of isolation and exclusion.

Don't wait for the vision be perfect: It doesn't have to be complicated or detailed initially. Identify areas that will grab the attention of local opinion formers and change makers.

Be ambitious but don't get overwhelmed: It is important that a bold vision is developed and shared but a great deal can be achieved by well-coordinated and well publicised small actions, which build confidence and enhance the profile of the work. Keep your eyes on the big prize but build momentum – and success – incrementally.

Kotter Element 4: Enlist a volunteer army

Bring everybody together: Whole system events are useful in bringing people together to discuss critical issues and agree actions. Often meetings will take place with just one group of people involved (e.g. local authority officers, local LGBT organisations) so bringing them together into one space can prove very worthwhile. These events don't necessarily need to

be large scale—informal gatherings at key points during the year can also yield positive action and results provided messages are communicated wider after these meetings.

Take coordinated action: To focus on the business of one service alone will not address the problem in a sustainable way. Action is needed on all fronts; this is ‘team work at scale’.

Get the word out: Make it known that LGBT health inequalities are on the agenda. Social media brings lots of opportunities to spread the message. Webinars and podcasts are effective ways of reaching people who would not otherwise attend workshops or seminars.

Kotter Element 5: Enable action by removing barriers

Remember the system is not just made up of organisations: The communities with whom services seek to work are part of the system too. LGBT people must be engaged in defining priorities, evaluating successes, and sharing ideas about what can be done. To have communities on board will make success more likely, minimise waste, and help build a strong focus on preventative measures. Involving communities takes time - especially when trust is lacking - and needs sufficient dedicated resource.

Build on the enthusiasm that is already there; coordinate and promote it: There will be quick wins, but sustainable change takes time. Very often there is stuff already underway. A whole systems approach works best when the burden of change is shared; all too often it is carried by individuals who, because of the volume of work, are susceptible to burn out.

Change the ways organisations work: It was noted widely that there is a pressing need to train staff in public services, to understand and challenge LGBT-phobia and deliver services in a way that demonstrates respect for LGBT people. Data collection was also noted as an urgent area for development, as a means of better understanding the needs of the LGBT people and increasing their visibility as service users.

Kotter Element 6: Generate short-term wins

Build on early success: They may seem really small, but any element of change achieved can have a big impact. Look closely at small changes and make them a reality—it will give people the enthusiasm and encouragement to achieve bigger change.

Anyone can action short-term wins: Look around the coalition of organisations engaged in a whole systems approach and see what small change each partner can make. A policy change in one organisation or commitment to staff training in another can be the starting points to sustained change and engagement with LGBT health and wellbeing issues.

Encourage collaboration: Short-term wins may be more easily achieved through organisations collaborating and sharing the task. Who in the room has similar ambitions and can easily work together?

Kotter Element 7: Sustain acceleration

Promote the visibility of LGBT people: Demonstrating how working with communities can help statutory and voluntary sector organisations make progress in their commitments to improving health and wellbeing for the general population is an important element in re-orientating their approaches to actively engage and meet the needs of LGBT people. Universal services are seldom attuned to their needs and, as such, limit their access.

Build networks of influence: Harnessing formal structures is helpful in securing sustainable solutions; they ensure that progress is enshrined in the highest-level commitments of organisations. Just as important, however, are the working relationships you build with people who are also committed to bringing about change.

Assure high level accountability: Health and Wellbeing Boards are high level strategic partnerships, getting sign up there will help keep LGBT issues on the map.

Kotter Element 8: Institute change

Keep it fresh: The world moves quickly; there are numerous political and organisational priorities vying for attention at any time. The needs of LGBT people will change and there is a need to adapt accordingly. Conversely, there will be long standing needs that are yet to be addressed. Strong links with LGBT communities will keep the work grounded. Adapt to the language of current policy; be sensitive to prevailing political winds. New issues emerge and leaders – and the systems they lead - need to be able to respond quickly. There is always a strong campaigning element to whole systems change. Identify your key messages and repeat them. Harness social media, existing groups, newsletters and networks to keep the debate going.

Introduction

It is estimated that between 3 and 7% of the population are lesbian, gay, bisexual or trans², yet LGBT communities remain poorly understood. They are changing rapidly. The effects of technology and the fast-changing online environment have changed the ways in which identities are expressed and enacted. Shifts in public attitudes are creating both new opportunities and challenges for LGBT people: on the one hand there is greater tolerance; on the other hand there have been recent increases in hate crime.

There exist clear inequalities in the health and wellbeing between LGBT people and the general population, which are avoidable and preventable. The World Health Organisation defines health inequalities as 'differences in health status or in the distribution of health determinants between different population groups. For example, differences in mobility between elderly people and younger populations or differences in mortality rates between people from different social classes'³.

Health inequalities between LGBT people and the general population are most marked in relation to mental health, including suicide and self-harm, as well as drug and alcohol use and sexual health. Loneliness and isolation are endemic^{4 5}. Younger and older LGBT people seem especially – though not exclusively – vulnerable in this regard⁶. Further detail on health inequalities in mental health are outlined in the box below.

Health inequalities in mental health: Mind Out, Brighton

(<https://www.mindout.org.uk/>)

Helen Jones, Chief Executive Officer of Mind Out notes:

- Lesbian, gay and bisexual people are at least twice more at risk of suicide attempts than the general population
- Gay and bisexual men are over four times as likely to have attempted suicide in their lifetime as heterosexual men
- Lesbian, gay and bisexual people are 1.5 - 3 times more likely to experience depression, anxiety and substance use
- Lesbian and bisexual women are at high risk of substance dependence
- Across all age groups, lesbian, gay and bisexual people are up to seven times more likely to use substances; longer substance use than heterosexuals
- People who are socially isolated are three times more likely to attempt suicide /consider suicide
- RaRE report in 2015 by PACE: 70% of young lesbian, gay and bisexual people and 89% of young trans people had considered suicide
- 84% of trans people had considered suicide, drops to 3% post transition
- 90% of trans and non-binary Mind Out clients talk about their experience of suicide

² <https://www.gov.uk/government/publications/inequality-among-lgbt-groups-in-the-uk-a-review-of-evidence>

³ <http://www.who.int/hia/about/glos/en/index1.html>

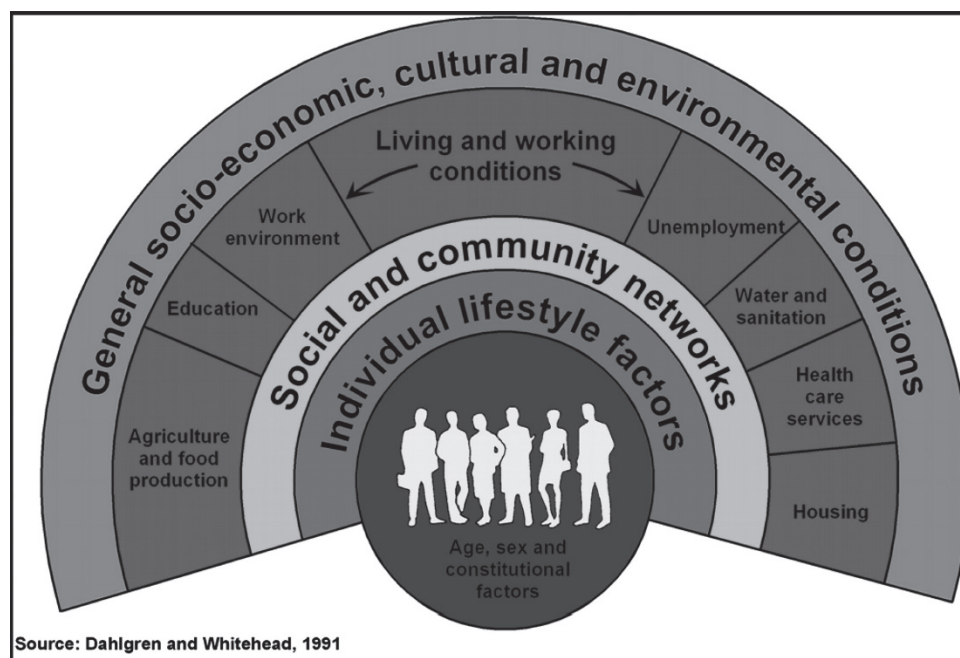
⁴ <https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-gay-bisexual-and-other-men-who-have-sex-with-men>

⁵

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/689713/Improving_health_and_wellbeing_LBWSW.pdf

⁶ <https://lgbt.foundation/resources-and-information/policy/guidance/lgbt-public-health-outcomes-framework-companion-document>

Causes of health inequalities are not just determined by genetics and individual lifestyle factors, but also due to the wider determinants of health. These are factors such as poverty, unemployment, substandard working conditions, poor housing and environment, and low educational attainment, summarised by the Dahlgren and Whitehead⁷ model below. Access to health services, including primary care, is also critical⁸. These wider determinants all have negative effects on our health and action is needed to address the inequalities they create.



However, people are seldom just one thing – their socio-economic status, age, ethnicity, (dis)ability, and sexual orientation are also facets of who they are. For example, trans people can also be lesbian, gay or bisexual and vice versa. Furthermore, LGBT people who are homeless, ex-offenders, Gypsies and Travellers, sex workers and looked after children leaving the care system carry extra burdens of disadvantage. Many face discrimination and stigma, including LGBT-phobia, which exacerbates their isolation and exclusion and results in poorer health and shortened life expectancy⁹. Therefore any action on the wider determinants of health needs to be complemented with system-wide interventions to reduce stigma and discrimination. This and how people's lives are a complex interaction of identities, needs to be better understood and addressed by professionals, including policy makers and service providers.

Each geographical area is unique and a whole systems approach is likely to have differing complexities – i.e. towns vs. cities vs. rural areas. Opportunities to bring about change vary depending on the scale of the challenges faced, the capacity of local organisations to engage, and local leadership. There are however several common characteristics, described here in relation to each of the elements of the 'Kotter 8' - a tried and tested method of bringing about successful transformational change, based on learning from the business sector.

⁷ <http://www.esrc.ac.uk/about-us/50-years-of-esrc/50-achievements/the-dahlgren-whitehead-rainbow/>

⁸ <http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>

⁹ <https://lgbt.foundation/resources-and-information/research/current/smd-research> and <http://www.revolving-doors.org.uk/file/2066/download?token=F57vohnQ>

What is a whole systems approach?

Basically, team work at scale. Organisations work together to set a vision and implement actions to tackle LGBT health inequalities. This approach is currently being used to tackle the obesity crisis facing the UK.

Our definition is: *‘A whole systems approach seeks to link together many of the influencing factors on LGBT health inequalities and requires co-ordinated action and integration across multiple sectors including health, social care, planning, housing, transport and businesses to bring about major change to combating LGBT health inequalities, making better use of resources and improving wellbeing and prosperity.’* This is an adapted definition from the whole systems approach to obesity¹⁰.

Who leads a whole systems approach?

Leadership and collaboration is key across organisations, for example voluntary and community sector, local businesses, local council, GPs, and hospitals. No single organisation can effect real change at scale on its own. In forming a coalition, careful thought should be spent on who should be involved and who can get things moving. This may include organisation leads and politicians and should also include influential workplace and community representatives – it is critical that the voices of community members are at the heart of the approach.

Within organisations, leadership should be present at all levels. The key is bringing people along with you and capturing hearts and minds – you are a leader if and only if people choose to follow you.

What should the geographical footprint be?

The geographical footprint may vary from area to area, e.g. a council area or a larger footprint such as STP (Sustainability and Transformation Partnership) areas, of which there are 44 in England. Click on this link to understand more about STPs and why they are important: <https://www.kingsfund.org.uk/topics/integrated-care/sustainability-transformation-plans-explained>

How do you take a whole systems approach?

An influential academic from Harvard University, John Kotter, wrote a significant paper ‘Leading Change’¹¹, originally published in 1995, which has stood the test of time. It is short and well worth the read. Kotter studied over 100 businesses to come up with 8 golden elements for successful transformational change. These 8 elements are reproduced on the following page:

¹⁰ Leeds Beckett University. A Whole Systems Approach; [cited 2018 Feb 24]. Available from: <http://www.leedsbeckett.ac.uk/wholesystemsobesity/a-whole-systems-approach/>

¹¹ Kotter, JP. Leading Change: Why Transformation Efforts Fail. Boston USA: Harvard Business Review; 1995 [updated 2007 Jan; cited 2018 Feb 24]. Available from: https://wdhb.org.nz/contented/clientfiles/whanganui-district-health-board/files/rttc_leading-change-by-j-kotter-harvard-business-review.pdf

1. **Create a sense of urgency** – identify & discuss opportunities and potential opportunities
2. **Form a powerful guiding coalition** – with enough power to lead the change efforts and get them working together well as a team. Get buy-in from the start.
3. **Create a clear vision and develop strategies to achieve it** – co-development is key to bring people along with you and capture hearts and minds
4. **Communicate the vision** using different vehicles & use the guiding coalition to model the behaviours you want in the new world
5. **Empower others to act on the vision** – remove obstacles and change systems or structures that undermine your vision
6. **Plan for, create and welcome short-term wins** – recognise and celebrate them as they are important milestones and build morale
7. **Consolidate improvements** – and keep reinvigorating them
8. **Embed the new approaches** and make sure people ‘get’ the connections between them and success

Originally these 8 elements were 8 steps. In a 2014 update, Kotter stated the steps often take place at the same time during change, not in a stepwise fashion. This is represented in the diagram below¹². The 8 elements are centred around ‘The Big Opportunity.’ Common pitfalls under each of these elements are presented in his paper and worth reading up on.

Kotter’s 8 golden elements for successful transformational change



What is The Big Opportunity?

In the widest sense, this would be tackling LGBT health inequalities leading to improved health and wellbeing of LGBT people. However, this transformational change is a long-term goal. Creating short, medium and long-term plans, which include ‘quick wins’ is key. Focus on interventions which will have most impact on a population, such as tackling bullying in schools, anti-discrimination policies in workplaces or support for LGBT youth who find themselves homeless after coming out.

¹² Kotter Inc. 8-step process [Image on internet]; [cited 2018 Feb 24]. Available from: <https://www.kotterinc.com/8-steps-process-for-leading-change/>

Relationships are key.

Organisations have differing strategies and priorities which can make identifying common ground difficult. Trying to change and align these across different organisations is a longer-term prospect, or may be impossible. Successful strategies and action plans to tackle LGBT health inequalities may be born out what is achievable rather than what is perfect. For example, ask each organisation 'what can you bring to the table?' This will help with ensuring accountability and put a name next to each action. Some actions may be dependent on factors such as the political and social environment, and resources, so when the time is right for these actions, seize them.

The approach

The content of this report is informed by collaboration with two pilot sites – Leeds in West Yorkshire and Lambeth in South London – from October 2017 to March 2018. The project sought to build knowledge and deepen understanding of how a whole systems approach could be used to improve the health of LGBT, as well as tackle inequalities.

Action research methods were used – i.e. learning how to do through observation and reflection¹³ – to deepen our understanding of how to successfully implement a whole systems approach.

Focus groups were undertaken in each site to build knowledge about local need. A key component in each place was a whole systems event, using world café¹⁴ and large group methods, to build networks, share knowledge and identify actions.

Additional information came from case studies from service providers across England focusing on critical aspects of working with vulnerable populations—older people, people with poor mental health, sex workers, Gypsies and Travellers and people living with severe and multiple disadvantage (appendix 1). There were also four national round table discussions with leaders in the field, colleagues from front line services and LGBT people (appendix 2). A programme of webinars presented issues pertinent to LGBT health which benefit from a whole systems approach—housing, mental health, drugs and substance misuse, end of life care, sexual orientation monitoring and dementia. These stimulated debates and informed the content of the report (Appendix 3).

We learnt that for webinars to be successful it is important that all the presenters have time to rehearse, that there is a strong and reliable internet connection, and that they are well publicised. If it is possible to record the webinar, and share the link to it after the event, its impact will be maximised.

The following pages detail, using the ‘Kotter 8’ elements, how a whole systems approach can help reduce health inequalities for LGBT populations.

¹³ <https://research-methodology.net/research-methods/action-research>

¹⁴ <http://www.theworldcafe.com/key-concepts-resources/world-cafe-method>

Create a sense of urgency

Learning from Kotter ¹⁵:

Examine any existing data on LGBT health inequalities. Identify and discuss crises, potential crises and opportunities for action. Use this information to convince people that doing nothing is not an option.

Convince 75% of key people of the need for change through a bold, aspirational opportunity statement that communicates the importance of acting immediately.

Potential pitfalls:

- Underestimating the difficulty of driving people from their comfort zones
- Becoming paralysed by risk which may result in inaction

Promote the visibility of LGBT people

Demonstrating how working with communities can help statutory and voluntary sector organisations make progress in their commitments to improving health and wellbeing for the general population is an important element in re-orientating their approaches to actively engage and meet the needs of LGBT people. Opening Doors London, a charity which supports older LGBT people, has worked with several London boroughs and asked the question: how well do your services meet the needs of older LGBT people? Universal services are seldom attuned to their needs and, as such, limit their access.

The simple presentation of data can have a significant impact

In recent years there have been significant advances in securing equality for LGBT people. However, stark differences remain in health outcomes, not least in relation to mental health and wellbeing, most starkly seen in suicide and self-harm. There are higher levels of drugs and substance misuse amongst LGBT people as well as social isolation, especially for younger and older people. Influence is best achieved combining 'hard facts' with stories. Simply reporting key facts to local decision makers – for example commissioners and councillors - can have an immediate impact, especially if local estimates are derived: 'If 5% of the population is LGB or T, we can estimate that there are X number of LGB or T people in this town'. The LGBT Foundation provides an Evidence Exchange of key LGBT data¹⁶.

Inclusion of LGBT data in local Joint Strategic Needs Assessment sets the tone for change

JSNA guidance states clearly that the needs of LGBT people are important. JSNAs are important documents; they define the priorities in a local system - directly influencing the priorities of the Health and Wellbeing Board, for example. They are used by policy makers, commissioners and service providers alike. Building alliances with colleagues in Public

¹⁵ Kotter, JP. Leading Change: Why Transformation Efforts Fail. Boston USA: Harvard Business Review; 1995 [updated 2007 Jan; cited 2018 Feb 24]

¹⁶ <https://lgbt.foundation/evidence>

Health departments who write and refresh JSNAs is beneficial. Some areas have LGBT specific JSNAs, or dedicated sections within the main document. Examples include:

- **Manchester City Council:** brings together key policies and data sources, as well as local information, and shows how Manchester has a larger than average LGBT population. (http://www.manchester.gov.uk/downloads/download/6746/adults_and_older_peoples_jsna_-_lesbian_gay_bisexual_and_trans_lgbt_people).
- **Reading Council:** shows data in clear tabular form, draws on national sources and uses estimates to paint a compelling picture of need (<http://www.reading.gov.uk/jsna/lgbt>).
- **Wokingham Borough Council:** has a website which considers various aspects of LGBT need. (<http://jsna.wokingham.gov.uk/people-and-places/lesbian-gay-bisexual-and-trans-lgbt-people/>).

Local research with a focus on engaging local people is persuasive

The Leeds LGBT Mapping Project¹⁷ commissioned by Leeds City Council and delivered by voluntary sector colleagues provides in-depth information about LGBT needs. It has two elements. First, it provided a comprehensive list of LGBT organisations and agencies and other organisations with specialist LGBT services in the city. Second, it records the views of LGBT people, speaking about their wellbeing. Key issues are detailed within the report which reflect interviewees' key concerns, including community safety, mental health, and alcohol and drugs. A large event in Autumn 2017 brought people from across the system, including community members, to share the findings of the research and identify ways forward.

Focus Groups are a good way of building local knowledge about LGBT needs

In Leeds and Lambeth focus groups were effective in getting people to talk, describe their experiences, share what works well and identify how things could be better. The focus groups also signalled how important LGBT people were to the process. In Lambeth, there was a focus on the needs of trans people, as well as on people from black and ethnic minority communities - priority groups about whom not enough was known. In Leeds, the focus of the project was on drugs and substance issues for LGBT communities. Focus groups were set up to hear individuals' views. However, it soon became obvious that focus groups were not useful in discussing chemsex – men sought one to one conversations. Keeping a flexible approach is key.

Case study: alcohol services for lesbian and bisexual women in Leeds – findings from focus groups

Lesbian & bisexual (L&B) women are more likely to misuse alcohol than their non-lesbian peers, yet there is little, if any, dedicated provision. Judgements are often harsh on women who drink excessively; the stigma of being addicted to alcohol can deter women from seeking help. L&B women face difficulties in accessing services if they are family carers and/or in work, as the demands on their time are significant. Having a small social scene in Leeds which makes building social networks challenging. Loneliness and depression are cited as critical issues in understanding why women drink excessively. L&B women's needs have been ignored for too long; immediate action is required.

¹⁷ www.opforum.org.uk/lgbt

Build a Guiding Coalition

Learning from Kotter¹⁸:

Assemble a group with shared commitments and enough power to lead the change effort, i.e. to guide it, coordinate it, and communicate its activities. Get them working together well as a team, outside the normal hierarchy.

Potential pitfall:

- No prior experience in teamwork at the top

Find energetic and passionate people

Bring them together and start a conversation. Ideally these should be people from a collection of public, voluntary and community sector organisations. Some might bring material resources, others knowledge and insight; all of them should be committed to taking action. This initial group of people – a project group made up of council officers and voluntary sector workers in Leeds and Lambeth - provided impetus throughout; they made the subsequent actions happen. It is helpful to find people who sit in strategically useful parts of the system. For example, in Leeds, one of the project group worked in the heart of the City Council, in the Equalities Team, the other worked in Public Health.

Agree key principles about how to work together

It is crucial that the key people engaged in the early stages agree and share their approach. As one council officer summarised: 'We'll keep it simple. We'll identify key outcomes. We'll seize opportunities as they arise'.

Be creative in collaboration

It is important that a balance is struck: engage the people who want to be at the table – their enthusiasm and commitment are welcome - but also encourage those organisations who might not immediately see their role but have an important role to play.

Set up an advisory group to guide the process

Once clarity has been achieved and a work programme sketched out, it is timely to broaden the involvement of others. In Lambeth an informal event was organised to promote the project, share its objectives and explain why it needed the active support of key stakeholders – to champion the work and to identify opportunities. It was decided at the event that an Advisory Group would be set up, consisting of the people at the event, as well as others. It agreed to meet for 18 months and then review its role. The focus of the work – on mental health and trans and BAME people – influenced the group's membership. In Leeds, links were made with other alliances focused on LGBT issues, including the Leeds Hub and the LGBT Mapping Project, to spread the word and identify how synergy could be achieved.

¹⁸ Kotter, JP. Leading Change: Why Transformation Efforts Fail. Boston USA: Harvard Business Review; 1995 [updated 2007 Jan; cited 2018 Feb 24]

Form a Strategic Vision and Initiatives

Learning from Kotter¹⁹:

Clarify how the future will be different from the past and how you can make that future a reality through strategies/initiatives linked directly to the vision.

Potential pitfall: Presenting a vision that's too complicated or vague to be communicated in 5 minutes

Visions for change have three critical elements

Its focus; its purpose; what it will achieve. These elements identify what needs to change, how the change will be achieved and how the change will be measured. These elements also need to be specific enough to clearly convey what its objectives are without being so detailed that it excludes the support of potentially important partners.

Agree a simple message about the vision

It is critical there is sufficient shared understanding of the vision amongst key players so that a simple and repeated message is conveyed at every possible opportunity. In Lambeth, news of the work spread quickly, and messaging was important. One of the key issues was how we described the focus of the work – should it be 'mental health' or 'mental wellbeing'? We agreed on the latter because it potentially would appeal to a broader group of people who might normally think of 'mental health' as the business of psychiatric services only, whereas 'mental wellbeing' was less specific, and encapsulated a broader preventative agenda.

Don't wait for the vision be perfect

It doesn't have to be complicated or detailed initially. Identify areas that will grab the attention of local opinion formers and change makers. In Lambeth, this was promoting mental wellbeing, especially for trans people and black and minority ethnic LGBT people. In Leeds, there was a focus on drugs and substance misuse. It was fully expected that the intended outcomes would change over time as the debate changed and more partners engaged. Once priorities were selected, it was then easy to bring together the right people to fine tune the vision. What was critical was a focus that appealed to a wide range of stakeholders, one which would help them achieve other objectives - for example in relation to community safety or homelessness, as well as improve the health and wellbeing of LGBT people.

¹⁹ Kotter, JP. Leading Change: Why Transformation Efforts Fail. Boston USA: Harvard Business Review; 1995 [updated 2007 Jan; cited 2018 Feb 24]

Work with existing strategies and policies

Leeds Multi Agency Drugs and Alcohol Strategy is being refreshed in 2018. Previous iterations of the strategy did not address the needs of LGBT people, despite strong evidence that alcohol and substance misuse - and addiction - are critical issues. Discussions explored how the targets of the strategy overall would not be met without a focus on LGBT people, given the numbers who experienced substance and alcohol misuse and associated issues.

Be ambitious but don't get overwhelmed

It is important that a bold vision is developed and shared but a great deal can be achieved by well-coordinated and well publicised small actions, which build confidence and enhance the profile of the work. Keep your eyes on the big prize but build momentum – and success – incrementally.

Enlist a Volunteer Army

Learning from Kotter²⁰:

Use different vehicles to communicate the new vision and strategies for achieving it. Use the guiding coalition to model the behaviours you want in the new world.

Potential pitfalls:

- Under-communicating the vision
- Behaving in ways antagonistic to the vision

Get the word out

Make it known that LGBT health inequalities are on the agenda. Social media brings lots of opportunities to spread the message. Podcasts are effective ways of reaching people who would not otherwise attend workshops or seminars. Written briefings for councillors can be effective, as can blogs and articles in newsletters and updates in information bulletins.

Bring everybody together

Whole system events, which bring a cross section of people together from statutory, voluntary and community organisations, are effective ways of communicating the vision, fine tuning it, and engaging others in its delivery. Be ambitious, and ideally, involve people who would not normally engage. There are several ways to deliver such events; colleagues who lead service consultations or programmes of organisational development will be able to advise.

Case Study: A whole systems event in Leeds and Lambeth

Both Leeds and Lambeth staged large scale events where 65 and 95 people, respectively, came from across the system to communicate the vision and to discuss how to work together to improve the health and wellbeing LGBT people and reduce inequalities.

The events were challenging, with lots of discussions to capture, and ideas to explore. Key stakeholders spoke and expressed their enthusiasm and commitment. From the group work exercises grew a shared sense of ownership for the work and desire to working differently. Participants noted that they enjoyed the energy of the events and that they were optimistic for the future, despite the challenges that services faced in times of constrained resources.

Actions were agreed; enablers and barriers were identified; outcome measures were agreed. These are the basis for a longer-term plan in each place.

²⁰ Kotter, JP. Leading Change: Why Transformation Efforts Fail. Boston USA: Harvard Business Review; 1995 [updated 2007 Jan; cited 2018 Feb 24]

Empower Action By Removing Barriers

Learning from Kotter²¹:

Removing barriers that undermine your vision, such as inefficient processes and hierarchies, provides the freedom necessary to work across silos and generate real impact. Encourage considered risk taking.

Large-scale change can only occur when massive numbers of people rally around a common opportunity. They must be bought-in and are urgent to drive change – moving in the same direction.

Potential pitfall:

- Failing to remove obstacles or powerful individuals who resist the change effort

Change the ways organisations work

It was noted widely that there is a pressing need to train staff in public services, to understand and challenge LGBT-phobia and deliver services in a way that demonstrates respect for LGBT people. Training for GPs was highlighted as a specific issue in both Leeds and Lambeth, spearheaded by a handful of sympathetic doctors who wanted to improve General Practice, especially in relation to the need of trans people. It was noted that developments should be strategic, not piecemeal, aiming to equip all parts of the system to treat LGBT service users with respect.

Seek existing examples of good practice

Examples of good practice include the accreditation scheme Pride In Practice, which addresses service quality in primary care, delivered by the LGBT Foundation (<https://lgbt.foundation/>), and Stonewall's Diversity Champions programme (<https://www.stonewall.org.uk/diversity-champions-programme>)

Case study: young LGBT people in Lambeth

Schools are crucial sites for promoting the mental wellbeing of young LGBT people. The importance of inclusion in schools for LGBT students as well as students with same sex or trans parents was noted by stakeholders in Lambeth.

LGBT-phobic bullying remains an issue; it demands whole school responses with coordinated approaches to policy, practice and engagement of students and parents. There were specific concerns for young trans people in schools; they were likely to be bullied and ostracised. The parents of young trans people might need specific support.

Training is an important element in keeping schools abreast of issues and responsive to the needs of young LGBT people. The changing needs of LGBT young people means that dialogue and training should be continuous, with raising awareness amongst staff, students and parents an on-going priority and started in primary school. Opportunities to participate in sport should be equal and not determined by gender. Positive role modelling in schools should be promoted.

Generate Short-Term Wins

Learning from Kotter²²:

Wins are the molecules of results. Define and engineer visible performance improvements.

Short-term wins must be recognised, collected, celebrated and communicated – early and often. They are important milestones, build morale and energise people to persist. Recognise and reward team members contributing to those improvements.

Potential pitfalls:

- Leaving short-term wins up to chance
- Failing to score success early enough (12-24 months into the change effort)

The early wins

Some of the early wins identified in Leeds and Lambeth:

- Governance from Health and Wellbeing Boards ensured actions are regularly monitored, with senior political commitment. In public sector bodies with cultures of strong performance management, once commitments are written into plans, action follows.
- In Lambeth, an end of year social event brought interested parties together to hear about the project. An Advisory Group was created as a result which will meet for 18 months.
- Lambeth publicised their whole systems event widely, working with colleagues in the Council's Communications Team to maximise its reach, as well as using their extensive networks and existing relationships, for example with GPs.
- Reports from the whole systems events have been written and circulated. Papers are being drafted for high level strategic boards.
- In Leeds, a commitment to design and deliver a training and awareness raising offer for clinicians - including GPs - and others has been agreed. It will introduce issues about gender, sexuality and mental health – including drugs and substance misuse – in established educational forums. Similar work is underway in Lambeth.
- Seizing opportunities brought by the refresh of Leeds Drugs and Alcohol Strategy, engagement with the strategy leads will ensure that it addresses LGBT issues.
- Greater collaboration and co-production between commissioners and communities, especially for trans and black and ethnic minority communities, has been initiated, working closely with, and through, existing organisations such as Black Thrive in Lambeth and Yorkshire MESMAC in Leeds.
- A review of systems within Lambeth Council is ensuring the timely and accurate collection of LGBT data to promote visibility and improve knowledge about unmet need and experience of services.
- In Leeds, where there is a great deal of activity in relation to the LGBT community, coordination is being developed by the Leeds LGBT Hub²³.

²² Kotter, JP. Leading Change: Why Transformation Efforts Fail. Boston USA: Harvard Business Review; 1995 [updated 2007 Jan; cited 2018 Feb 24]

²³ <https://www.leeds.gov.uk/your-council/equality-and-diversity/equalities-assembly>

Sustain acceleration

Learning from Kotter²⁴:

Press harder after the first successes. Your increasing credibility from early wins can help change systems, structures, and policies undermining your vision. Recruit, promote, and develop team members who can implement your vision. Reinvigorate the change process with new projects and change agents.

Be relentless with initiating change after change until the vision is a reality.

Potential pitfalls:

- Declaring victory too soon – with the first performance improvement
- Allowing resisters to convince ‘troops’ that the war has been won!

Engage influential people as soon as you can

Think carefully about who needs to be involved to maintain momentum – councillors, community leaders, senior managers. Recognise seniority is not always synonymous with influence; some of the most effective leaders for change are found elsewhere in the system, in junior positions, for example. What is critical is that there are people driving the agenda in the areas where change needs to happen most quickly as well as where impact will be greatest. Getting the right people engaged might take time. However, once the support of a small number is secured, others will follow. In both Leeds and Lambeth, senior politicians committed to taking the work forward from the Whole Systems Events and would monitor progress through their Health and Wellbeing Boards – crucial in engendering ownership of the work across the entire health and social care system.

Assure high level accountability

In Lambeth and Leeds, the Health and Wellbeing Boards took on responsibility to ensure progress across the partnership in relation to improving the health of LGBT people. The Cabinet members who chaired the Boards spoke at each event and made public commitments to embedding actions in their work programmes. This was an important step as in both Councils there is a strong focus on performance management and accountability.

Build networks of influence

Harnessing formal structures is helpful in securing sustainable solutions; they ensure that progress is enshrined in the highest-level commitments of organisations. Just as important are the working relationships built with people committed to bringing about change. This is being developed in Leeds through their LGBT Hub, which brings together colleagues from across organisations to identify opportunities to improve LGBT wellbeing. Sometimes support is found in unlikely places. Knowing where key people are and how best to involve them pays dividends. Building relationships with community leaders and senior local politicians is crucial; it gives the work legitimacy and gravitas.

²⁴ Kotter, JP. Leading Change: Why Transformation Efforts Fail. Boston USA: Harvard Business Review; 1995 [updated 2007 Jan; cited 2018 Feb 24]

Learning from Kotter²⁵ :

Embed the new approaches and make sure people 'get' the connections between the new approaches and success. This will allow the change to become strong enough to replace old habits.

Create leadership development and succession plans consistent with the new approach.

Potential pitfalls:

- Not creating new social norms and shared values consistent with the changes
- Promoting people into leadership positions who don't personify the new approach

Keep ahead of the game

The world moves quickly; there are numerous political and organisational priorities vying for attention at any time. The needs of LGBT people will change and there is a need to adapt accordingly. Conversely, there will be long standing needs that are yet to be addressed. Strong links with LGBT communities will keep the work grounded. Adapt to the language of current policy; be sensitive to prevailing political winds. New issues emerge and leaders – and the systems they lead - need to be able to respond quickly.

Work with existing organisations

After the Lambeth Equality Commission in 2010, an organisation was established called Black Thrive to address issues of equality and justice for black and ethnic minority communities in the borough. It is a well-established and well respected voluntary sector organisation which collaborates with Lambeth Council, the Metropolitan Police and other agencies. As it became clear that the needs of LGBT people from black and ethnic minority communities would feature in the Lambeth action plan, closer collaboration with Black Thrive followed, enabling them to extend their reach and work on an agenda that had hitherto been poorly served.

Work with existing strategies and policies

Leeds Multi Agency Drugs and Alcohol Strategy is being refreshed in 2018. Previous iterations of the strategy did not address the needs of LGBT people, despite strong evidence that alcohol and substance misuse - and addiction - are critical issues. Discussions explored how the targets of the strategy overall would not be met without a focus on LGBT people, given the numbers who experienced substance and alcohol misuse and associated issues.

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²⁵ Kotter, JP. Leading Change: Why Transformation Efforts Fail. Boston USA: Harvard Business Review; 1995 [updated 2007 Jan; cited 2018 Feb 24]

Appendix 1: Roundtables

To complement findings from the 2 pilot sites, four roundtable events were organised. Their purpose was to bring national perspectives on a whole systems approach to tackling inequalities in health for LGBT people. They each had a focus on the next ten years and considered the changing needs of LGBT communities, as well as the challenges faced by the organisations that work with them. They were:

1. Promoting the health and wellbeing of LGBT people
2. Promoting the health and wellbeing of trans and gender fluid people
3. Promoting the health and wellbeing and gay, bisexual and other men who have sex with men, including trans men
4. Promoting the health and wellbeing of lesbian, bisexual and trans women

Four things we learnt from the Round Tables

1. The needs of LGBT communities are likely to become ever more complex over the next ten years, as the population ages and inequalities in income widen. Various external factors – such as technological advances, the changing labour market, and further resources constraints across public services – will bring new challenges. There are particular challenges in meeting the needs of LGBT people who experience severe and multiple disadvantage.
2. We have an inconsistent picture of the needs and experiences of LGBT people. This is pronounced in relation to trans and bisexual people in particular. Time and resources should be put into building and sharing knowledge about these communities. One lever is Sexual Orientation Monitoring which, in its standardised form, could be rolled out across all partner organisations to build a full and consistent picture across local systems.
3. Organisations from across public, private and community and voluntary sectors must work together to tackle inequalities in LGBT health and wellbeing. As resources tighten, ever greater collaboration will be needed. This will demand strategic approaches by all sectors, as well as creativity in delivering services.
4. It is essential that LGBT people, as well the organisations who advocate on their behalf, are at the heart of decision making. It is critical that they directly influence the priorities and actions of partner agencies in local systems. As such, participation and engagement should be appropriately resourced and supported.

Roundtable 1: Improving the Health and Wellbeing of Lesbian, Gay, Bisexual and Trans People

At a Roundtable event in Central London in November 2017, members of the National LGB&T Partnership and invited guests from other agencies discussed what they thought would be the challenges facing LGBT people over the next 10 years and how the LGBT sector, in partnership with others, needed to adapt. They considered how a whole systems approach could be best used to meet changing needs.

- The conversation was set in the context of a changing picture of needs - with a likely continued widening of inequality - and continuing resource constraints, the unknowns of

Brexit, and the political interests of which political party is in power. The challenges of severe and multiple disadvantage will endure.

- The trajectory of squeezed resources will continue; there will be no money for growth, only to meet needs through new, ever more cost-effective service models. In allocating funds for local health and social care interventions, it is critical that LGBT health issues are factored in – this is a leadership challenge for local authorities and NHS strategists.
- As resources continue to be constrained, it will be critical for organisations – and sectors - to work ever more collaboratively, breaking out of current silos. This might be challenging where there is little or no history of working together or where trust has been previously compromised. Organisations that have historically worked in competition will have to consider the option of collaboration. Joint bids to deliver specific elements might become more common leading, over time, to new organisations.
- The LGBT sector will need strong and well-resourced infrastructure support to promote, communicate, maximise potential, share learning, and broker new alliances.
- A greater understanding of LGBT community needs and effective interventions – building on what works - will drive commissioners' interests and determine the work of provider organisations. The LGBT sector will need to know how to intervene, at the best price, with greatest impact.
- Provision will be a mix of specialist and community services as well as work with mainstream organisations to increase their understanding of LGBT need and cultures and adapt their services appropriately and deliver respectful, person-centred care.
- There will be risks for smaller voluntary and community sector organisations who might not have the capacity to deliver services in ways which satisfy commissioners' funding for large populations.
- The LGBT sector will be in a strong position to demonstrate the value of its preventative work – notably in relation to sexual and mental health – as well as its crisis interventions, for example in domestic violence and sexual violence and preventing evictions or deportations. As long-term curative and rehabilitative measures are costly, it is imperative that the value of upstream preventative interventions is proven.
- Meaningful engagement with LGBT communities is crucial throughout periods of change. They are a source of ideas for how to better use resources as well as a sounding board for options for change. Without the support of communities, a whole systems approach will fail. The challenge of leadership to maintain engagement with communities, as well as influence their shared understanding of what is possible, will be significant.

Roundtable 2: Promoting the Health and Wellbeing of Trans and Gender Fluid People

At a Roundtable event in January 2018, a group of experts from across the country discussed what they saw as the health challenges for trans people over the next ten years. They considered how a whole systems approach could be best used to meet changing needs.

- Trans and gender diverse people are routinely attacked and demonised in the press and by exclusionary feminists. They are simultaneously invisible and overlooked, excluded from mainstream services and civic life.
- The exclusions and challenges that they experience impact on all aspects of their lives, including their health and wellbeing.
- The interests of trans and gender diverse people should be protected and enhanced through all public policies

- Section 149 of the Equality Act 2010 clearly sets out that there are duties for public bodies to pay due regard to the promotion of equality in relation to a range of protected characteristics, including LGBT. It is important that public bodies are held to account.
- Trans and gender diverse people are likely to experience poor mental health which can lead to prejudice and discrimination. Black trans women are over represented as victims of street-based hate crime. Trans and gender diverse people are likely to have limited incomes and work can be in a hostile environment.
- Leeds Gate has developed a tool which could be applied to understanding how Trans and gender diverse people navigate complex systems in the context of the stigma, prejudice and discrimination they face <https://leedsgate.co.uk/>
- The strategic approach to bringing about change undertaken by the Scottish Transgender Alliance was praised (<https://www.scottishtrans.org/>). Underpinning this work were principles of co-production.
- Participants questioned how a whole systems approach would gain traction until a clearer picture of need, assets and effective ways of working is established.
- There are examples from which health and social care and others can learn. These included the development and rollout of Sexual Orientation Monitoring (<https://www.england.nhs.uk/about/equality/equality-hub/sexual-orientation-monitoring-information-standard/>) and Higher Education Standards for data collection for trans and gender diverse staff and students. Sexual health clinic data can also be useful as they collect data related to gender in accurate ways.
- The work of CliniQ in London (<https://cliniq.org.uk/>) and Clinic T in Brighton (<http://brightonsexualhealth.com/service/clinic-t/>) was praised in this regard. Their data monitoring systems could be used elsewhere.
- Trans and gender diverse people need assurance that their personal information will not be used for any other means than those they had agreed. It is important, therefore, that the uses of data are carefully described and that all data is secure.
- Local organisations need to fully understand their roles and be supported in implementing change.

Roundtable 3: Promoting the Health and Wellbeing of Gay, Bisexual and Other Men Who Have Sex with Men, including Trans Men

At a Roundtable event in March 2018, a group of experts from across the country – commissioners, service providers and researchers - discussed what they thought the health challenges would be for gay and bisexual men in ten years' time. They considered how a whole systems approach could be best used to meet changing needs.

- Developments in language to describe and express sexuality and gender – in terms of being queer or non-binary or having gender fluidity, for example - bring challenges for policy makers and service providers to remain inclusive, relevant and appropriate. The next ten years will undoubtedly see further changes in the language we use; the system must keep up.
- Despite equality in the eyes of the law, stigma and isolation will persist – in fact, they might worsen – and gay and bisexual men will continue to be subjected to hate crimes and be excluded by hostile groups in society. It is important efforts to protect their safety and rights are maintained.
- Social media has revolutionised the ways in which gay men and bisexual can meet. Conversely, it has resulted in the reduction in opportunities to meet others face to face

and socialise. The impact of the increasing digital influence in our lives will continue to have both positive and negative effects.

- The wide spread use of Pre-exposure prophylaxis (or PrEP) will see dramatic reductions in human immunodeficiency virus (HIV) infections but might herald an increase in other sexually transmitted infections. The need for sex education and health promotion will not reduce, but their focus will change.
- As people with HIV live longer, the likelihood of them developing other long-term conditions grows. There is a need to learn from other areas of self-care and chronic disease management, such as in relation to type 2 diabetes. Care will be routinely provided in primary care settings, relieving the burden on specialist, and costly, hospital-based services.
- The widening gap between rich and poor will be reflected amongst LGBT people. Long term unemployment, homelessness and destitution will persist, perhaps worsen, placing heavy burdens on housing, health and social care services; meeting their needs will be costly and challenging. LGBT people experiencing severe and multiple disadvantage – for example refugees and asylum seekers – are especially affected.
- As the population grows older and lives longer – one in 4 of the population will be over 65 in 2040²⁶ – there will be a growing burden of dementia in the general population. For gay and bisexual men, who are likely to live alone, this will bring significant challenges.
- Social isolation will be a critical issue; an ageing population will see greater numbers of people unable to participate in social activities. Lonely older people are vulnerable and susceptible to poor mental and physical health. Opportunities and places to meet others should be developed.
- Developments in information technology (IT) and social media will help build a fuller picture of what is known about gay and bisexual men in the population, how many there are, and increase their visibility as well as deepen understanding of their needs and experiences.

Roundtable 4: Promoting the Health and Wellbeing of Lesbian, Bisexual and Trans women

At a Roundtable event in Women's Health Week, 2018, a group of experts – commissioners, service providers and researchers from across the country - discussed what they thought the health challenges would be for lesbian, bisexual and trans women in ten years' time. They considered how a whole systems approach could be best used to meet changing needs.

- The UK will be different in ten years' time. It is unclear, post Brexit, whether Equalities legislation will still stand and how well resourced public services will be. This has direct implications for communities with specific needs and the public and voluntary sector agencies who support them. Developments in IT will change the ways services are delivered. One participant asked, 'which services will we fight tooth and nail to keep?'
- LGB women are a diverse group people whose identities have other facets – ethnicity, age, disability, and critically socio-economic status, for example - yet they remain largely invisible.
- There is a lack of evidence about Lesbian, Bisexual and Trans women's needs. This is because data is not routinely collected and analysed.

²⁶ https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/late_life_uk_factsheet.pdf

- Poor mental health – evidenced by self-harm, for example - is evident amongst LBT women. Lesbians are more likely to drink to excess than their heterosexual counterparts – an indicator of poor mental wellbeing.
- Specialist agencies report that lesbians and bisexual women are as likely as other women to experience sexual and domestic abuse.
- The rate of teenage conceptions amongst bisexual women is higher than the average.
- Women live longer than men; isolation is common for older LBT women who do not have family support; living with long term co-morbidity is challenging.
- Women are also likely to have low incomes; a third of LGBT people live on less than £15000 a year in London. Trans women find work a hostile environment.
- There are specific issues to be addressed for women who live outside of towns and cities. Rural poverty and poor transport links create social isolation.
- There are few openly LBT women in leadership roles, even in LGBT specific voluntary sector organisations.
- Generic services exclude women. Anecdotal evidence suggests, for example, that experience of maternity services is poor.
- Specialist LGBT services or organisations report that fewer women than men engage²⁷.
- Strategic approaches to building data are required. The Sexual Orientation Monitoring standard will improve our knowledge in this regard in relation to the NHS (<https://lgbt.foundation/som-guide>). Its principles should be rolled out across all public agencies.
- Mainstream services should be responsive to the needs of LGT women. Two examples of schemes to develop health and social care organisations were highlighted: the LGBT Foundation's Pride In Practice programme (<https://lgbt.foundation/>) and Opening Door's London Pride In Care programme (<http://openingdoorslondon.org.uk/>).
- Specific and targeted messages – focusing on sexual health - are necessary. There are numerous issues relating to sex that are not discussed: risk; consent; pleasure; wellbeing; knowledge of anatomy. Online resources are useful in this regard (<https://lgbt.foundation/who-we-help/women>).

²⁷ <https://www.trustforlondon.org.uk/publications/still-out-there-exploration-lgbt-londoners-unmet-needs/>

Appendix 2: Case Studies

To complement the knowledge built through the work with pilot sites and the Roundtables, a small number of organisations were asked to be case studies to deepen our understanding of:

- a) the different ways community and voluntary sector organisations are influencing local systems to focus on the health of LGBT people
- b) the needs of LGBT people who experience severe and multiple disadvantage and as such carry a disproportionate burden of poor health

Case Study 1: MindOut, Brighton

MindOut is a community organisation based in Brighton which has deep roots in the City's large and vocal LGBT community. It believes that mental health cannot be understood outside of the social, economic and political conditions in which people live, especially for LGBT people living in poverty or in receipt of low income. The project's core objectives include improving mental wellbeing, removing barriers to support, eliminating inequalities and reducing mental health stigma. The prevention of suicide and self-harm provides a significant focus. A strong volunteer base underpins the work.

Over the past 18 years, MindOut has secured strong progress by:

- A sense of ownership within the LGBT community
- Influencing decision makers and others in Brighton and Hove City Council and in the NHS
- Working in partnership with others locally and nationally
- Delivering a range of services provided by, and for, LGBT people with lived experience of mental health issues;
- Training staff in other organisations to better understand the challenges faced by LGBT people and how to respond effectively.

MindOut's services work with over 1,300 people each year, offering:

- Advice and information on all aspects of mental health
- Advocacy Services for those who require support and representation including specific advocacy services for trans and non-binary people, for people with housing issues and for those in crisis
- Peer support groups: 'Out of the Blue,' a suicide prevention group and 'Work it Out,' a group for people in employment who struggle with mental health, a group for BAME LGBTQ people and one for trans and non-binary people dealing with suicidal distress
- Volunteer-led peer mentoring service which works to support people to engage socially, to seek work and access further education
- A rolling programme of wellbeing courses, workshops and community events, including mindfulness, coping with winter blues, sleep matters and living well on a low income
- A food bank for people in food poverty and a cost price wholefood distribution group
- Counselling service - up to 12 affordable sessions, run by and for LGBTQ people
- Anti-stigma events and campaigns, aiming to reduce mental health stigma within and outside LGBT communities

Website: www.mindout.org.uk

An asset-based, community members' organisation for Gypsies and Travellers in West Yorkshire, Leeds Gate is driven by its core value – to help people to help themselves. The community with whom it works has high levels of poverty and poor outcomes: lower than average life expectancy, consistently poor health, and high levels of discrimination – with 90% of young travellers reporting physical and verbal abuse due to their ethnicity. Educational attainment is poor.

Leeds Gate's belief that people on the margins are not helpless underpins the services they provide, which include an advocacy service, a community development project, a youth work project. They also influence local strategies to ensure equity for Gypsies and Travellers, by helping partner organisations consider the context of historical and current prejudice and discrimination against them and what can be done to combat it. They were increasingly aware of the invisibility of LGBT people within their communities, highlighted by the Leeds LGBT Mapping.

Working with the LGBT Foundation in Manchester, Leeds Gate identified anecdotal evidence of high levels of suicide amongst LGBT people from Gypsy and Traveller Communities. Taking a cautious approach initially, the two organisations shared their insights into the two communities to begin to understand how to work with LGBT Gypsy and Travellers. Leeds Gate designed and delivered a programme of training to colleagues at the LGBT Foundation focusing on understanding cultural norms. Both agencies agreed that building trust with communities cannot be rushed but is crucial.

Leeds Gate also shared their Roads, Bridges and Tunnel mapping tool²⁸ which helps service providers understand where there are gaps in provision, where Gypsies and Travellers are excluded, and how they find solutions to problems elsewhere. The tool helps build a vision for inclusive systems. The tool enables participants to quickly and easily establish common language about complicated situations and methodologies with a wide range of stakeholder and crucially communities themselves. The tool allows its users to map communities' interaction with systems, taking account of the barriers they face. It highlights how they navigate complex systems to compensate for the barriers and prejudice they face and figure out their own solutions. Finally, the tool places the experiences of communities and individuals at the heart of understanding how systems work; the basis from which strategic influence can be brought to bear.

Both organisations – committed to ongoing support and learning – report that each is more able to understand the needs of LGBT Gypsy and Travellers. As a result, they have developed joint resources. They report that working collaboratively takes time but has been beneficial.

Website: <http://leedsgate.co.uk/>

²⁸ <https://leedsgate.co.uk/tags/roads-bridges-tunnels>

Case Study 3: Opening Doors London

Opening Doors London (ODL) provides information and support for older LGBT people in the UK. Its aim is to ensure that older LGBT people can live happy, healthy and independent lives that are free from loneliness, isolation, prejudice and discrimination.

Older LGBT people are increasingly diverse; notably, their aspirations and expectations are different to previous generations. Longevity is often accompanied by complex chronic diseases, including poor mental health and dementia. Poverty in old age is common; family networks are often weak; social isolation and loneliness are the reality for many. Older people are living longer, and on occasion can resource their desire to live independently. The needs of older LGBT people, their families and carers can be overlooked in terms of primary care, palliative care and social care. An insensitivity to specific personal needs as well as overt homophobia are identified as critical factors to be addressed. Meeting the needs of older LGBT people means thinking beyond a one-size fits all approach and prioritising a personalised model of care in later life.

The following services are provided: over 45 social activities and events each month across London; specialist support groups; a befriending service; an intergenerational volunteering programme; training & consultancy; and a national kite mark.

ODL is supporting local systems to change. Over recent months, ODL has begun a project of working in partnership with local authorities in London. ODL has been delivering half day sessions, hosted by the local authority, and aimed at all organisations working with older people to consider both the needs and experience of older LGBT people, including addressing barriers to accessing mainstream services. These sessions have begun to open a dialogue with commissioners, providers and service users to begin the process of whole system culture change to improve outcomes for older LGBT people. Following the event, a report is produced outlining what is known about older LGBT communities in that borough, what challenges they face, and feedback from participants about what further action is required. Buy-in from senior officers and elected members has been critical.

To date this work has led to the following outcomes across 3 boroughs:

- Increased awareness and understanding of the needs of older LGBT communities both generally and in that specific borough
- Increased awareness of support and services available to this community
- Managers being more aware of some of the issues they need to consider in supporting their staff to deliver appropriate, personalised services.
- ODL being commissioned to pilot the delivery of services to older LGBT people in one London borough.

Most older LGBT people do not want a different or special service – they want a respectful and appropriate service. This work is designed to further that aspiration.

Website: <http://openingdoorslondon.org.uk/>

Appendix 3: Webinars

A series of webinars were delivered which addressed issues of health inequality for LGBT people, made cases for taking whole systems approaches and demonstrated how working in partnership is beneficial. Each webinar included a 30-minute presentation and 30-minute discussion.

- An introduction to a Whole Systems Approach, the National LGB&T Partnership and Public Health England
- Inequalities in mental health and wellbeing in LGBT communities, MindOut Brighton
- Housing, inequalities in health in LGBT communities, Stonewall Housing
- Drugs, alcohol in LGBT communities, Antidote London Friend
- End of Life Care for LGBT communities, LGBT Consortium

Materials from the webinars can be found at
www.nationallgbtpartnership.org/workstreams/wsa

Appendix 4: Whole Systems Approach Event Leeds

The following notes are a summary of a whole system approach event held as part of our pilot in Leeds on the 23rd January 2018 at the Civic Hall in Leeds.

Introduction

On 23rd January 2018, almost 60 people attended an event to tackle inequalities in health and wellbeing and improve services for LGBT people in Leeds. The event was opened by Tom Doyle, Chief Executive of Yorkshire MESMAC and Cllr Rebecca Charlwood (Chair), Executive Member for Health, Wellbeing and Adults, Leeds City Council. They each stressed their commitment to improving the health and wellbeing of LGBT people in Leeds and endorsed agencies working together to tackle inequalities. Other speakers from Public Health England, Leeds City Council, Yorkshire MESMAC and Trans Leeds all reiterated the need to be ambitious and include LGBT people in plans to improve health and wellbeing. The event was interactive with a series of small group discussions and feedback

Background

Leeds Council and Yorkshire MESMAC, with the support of the National LGB&T Partnership, have been working together to improve the health of LGBT people in Leeds, with a focus on reducing the misuse of drugs and alcohol.

Public Health England describes a whole systems approach as one which ‘seeks to link together many of the influencing factors on LGBT health inequalities and will require co-ordinated action and integration across multiple sectors including health, social care, planning, housing, transport and business to bring about major change to combating LGBT health inequalities, making better use of resources and improving wellbeing and prosperity’. Working closely with LGBT communities is a critical element.

A whole systems approach—where organisations and communities take coordinated and concerted action to tackle inequalities in health for LGBT people—provide opportunities to be proactive rather reactive; to focus on prevention rather than responding to crisis; and can potentially ensure that better value for money is assured as resources are equitably deployed.

Learning from the project informs a national report for public, voluntary and community sector organisations. The event brought together colleagues from each sector as well as community members.

Context

Data shows that misuse of drugs and alcohol is higher amongst LGBT communities resulting in a disproportionately high burden of resultant poor physical and mental health²⁹. The recent community needs assessment, the Leeds LGBT Mapping Project³⁰, highlighted drugs and alcohol as issues of concern for LGBT people.

²⁹ <https://lgbt.foundation/resources-and-information/policy/guidance/lgbt-public-health-outcomes-framework-companion-document>

³⁰ https://issuu.com/lopf7/docs/leeds_lgbt_mapping_project_full_re

Summary Notes

The notes from the event have three sections:

1. A summary of key actions that were proposed at the event
2. A summary of the needs and assets of the LGBT communities in Leeds
3. Photographs of flipcharts from the event detailing project plans for four key actions

Key actions

- Ensure that action with, and for, LGBT communities in relation to drugs and alcohol is prioritised. Participants were vocal but needed to be convinced that action would follow. The refreshed Leeds Drugs and Alcohol Strategy should build-in a focus on LGBT communities with the causes and consequences of the misuse of alcohol and drugs detailed, as well as effective interventions and ways of measuring progress. The strategy must determine commissioning priorities and ensure LGBT need are met.
- Promote collaboration across sectors and organisations. For example, Trans community groups and specialist voluntary sector services could support professionals and practitioners in mainstream organisations to up their game. This work needs to be properly commissioned, resourced, promoted and supported. There are examples from which the wider system can learn, for example the partnership between Yorkshire MESMAC and Barnardo's.
- Invest in specialist services for LGBT, such as community outreach, SMART groups and counselling services.
- Develop monitoring systems – ‘if you’re not counted, you don’t count’. Systems need to be developed and implemented across all services to record the number of LGBT people using services. This will improve service planning and commissioning as well as increase visibility. Appropriate terminology and language should be used, developed in collaboration with LGBT people.
- Use existing data and information better. There is a growing evidence base of need in Leeds, such as the LGBT Mapping Project, data from PHE, and service performance data held by commissioners. Our understanding of the LGBT communities could be deepened if the data were analysed and interpreted effectively. Where gaps in knowledge persist, local studies should be commissioned.
- Remove barriers to services. We need to better understand what stops LGBT people from accessing drugs and alcohol services and ensure that access for all is secured. It is not sufficient to say that a service is universal. LGBT people experience exclusions in a myriad of ways. Services should take person centred approaches, make no assumptions about individual needs, and ensure that LGBT feel safe and supported in accessing services. Previous negative experiences impact on the willingness of individuals to use services in the future. Better marketing of services is an important element of this work.
- Deliver training to GPs and their colleagues. Primary Care, specifically General Practice, is the first port of call for patients seeking help. Whilst some practices welcome LGBT people, others don't. Knowledge and understanding of LGBT issues must increased.
- Maintain high level support from elected members. The commitment of the Health and Wellbeing Board is a key asset. Progress will be secured because of the Board's determination to tackle inequalities in health and wellbeing for LGBT communities.
- Engage communities in the design, delivery and evaluation of services. Engaging individuals in focus groups or other consultation activities needs to be managed carefully to ensure that there is as wide a spread of interests and views as possible. It is vital that organisations listen to critical feedback and act upon it.

Issues raised: Understanding LGBT Communities

- LGBT communities remain poorly understood. They are changing rapidly. The effects of resource constraints on public services, the fast-changing on-line environment, and shifts in attitudes, most notably amongst young people, are creating new opportunities and challenges for LGBT people. Recent increases in hate crime across society have impacted on LGBT people.
- Intersectionality is a critical issue; a fuller appreciation of how different aspects of identity interact needs to be established amongst service providers. People are seldom just one thing; their socio-economic status, age, ethnicity, (dis)ability, and sexual orientation, for example, are also facets of who they are. Trans people can also be LGB – and vice versa - this complexity needs to be understood and addressed.
- It is important to remember that there are significant numbers of LGBT people who experience severe and multiple disadvantage, for example street homeless, ex-prisoners, sex workers and Gypsies and Travellers.
- Loneliness and isolation are endemic. Younger and older LGBT people seem especially, though not exclusively, vulnerable in this regard.
- The visibility of LGBT communities in Leeds is growing. The success of Pride is an example.
- Specialist services are poorly resourced.

Issues raised: Alcohol and drugs and LGBT Communities

- The 'scene' can provide opportunities to meet people, have fun, and engender feelings of belonging. It can also, in part, provide a refuge for individuals who routinely face challenges because of their sexual orientation and/or gender identity. However, the centrality of alcohol and drugs to the social scene creates challenges. There is little commercial interest in creating alternatives.
- Alcohol and drugs are used to cope with stress and difficult situations, which might include, but are not limited to: poverty; unemployment; homelessness/sofa surfing; violence; history of/current sexual abuse; pressure from family or religion to conform; relationship breakdown; discrimination and exclusion.
- There are few opportunities to discuss the impact of drugs and alcohol on LGBT people, notably in relation to causing or exacerbating depression and anxiety.
- Drinking and taking drugs with others can create temporary feelings of connectedness, of belonging, of intimacy. The immediate health impacts are significant – not least in relation to sexual health and mental wellbeing. In time, dependency can take hold. Recovery can be isolating. The centrality of drugs and alcohol to LGBT communities excludes LGBT people who no longer drink or take drugs but wish to develop and maintain social networks.
- A greater number of safe, and dry, spaces is needed. These might be found outside of the city centre or scene area. In fact, significant change is needed to change the cultural significance of alcohol for LGBT communities. More investment in community outreach would be beneficial.

Issues raised: Lesbian and bisexual women

- Lesbian women are more likely to misuse alcohol than their non-lesbian peers, yet there is little, if any, dedicated provision.
- Judgements are harsh on women who drink excessively. The stigma of being addicted to alcohol can deter women from seeking help.
- Lesbian and bisexual women face difficulties in accessing services if they are family carers and work as the demands on their time are significant.
- There is a small social scene in Leeds which makes building social networks challenging. Loneliness and depression are cited as critical issues in understanding why women drink excessively.

Issues raised: Gay and bisexual men

- There are assets in the community: organisations such as Yorkshire MESMAC and Leeds Forward; peer networks; the legacy of the activism of the HIV epidemic; 'gay men in their everyday lives'.
- Gay and bisexual men face stigma: homonegativity/heterosexism/homophobia. Despite significant advances, coming out remains difficult for many gay and bisexual men, especially young men.
- The space in which gay men meet are changing – the on-line environment Grindr, Scruff, Hornet, Recon. This means that the interventions to support them need to be mindful of the context in which they live.
- Chemsex is sexual activity with one or more partners incorporating the use of crystal meth, mephedrone and GHB. There are concerns for the physical, sexual and mental health of the men who participate. (PEP and PREP are changing the nature of sex, and redefining what constitutes safer sex).

Issues raised: Trans people

- 'Many trans people have endured multiple losses. Drugs and alcohol are used to medicate grief'
- Trans people are often pathologised by professionals and practitioners. Their gender identities are seen as the problem from which issues arise, seldom considered is the role of life's challenges in inhibiting the expression of their gender identities.
- For some trans people, there is distrust of services outside of the community. And there are concerns about confidentiality. These issues inhibit the use of services.
- Young trans people face specific issues: the commercial scene is not an option; services do not adequately work with families of young trans people; schools can be hostile environments; support/youth groups are lacking.
- There are significant issues in relation to long waiting lists for hormones. These result in individuals self-medicating and purchasing hormones via the internet; many are unmonitored.

Next Steps

The summary notes of the event will be used as a basis for a work programme to embed whole systems change.

Appendix 5: Whole Systems Approach Event Lambeth

The following notes are a summary of a whole systems approach event held as part of our pilot in Lambeth on the 20th February 2018 at The Assembly Hall in Lambeth.

Introduction

On 20th February 2018, Lambeth Council and the national LGBT Consortium jointly hosted an event aimed at improving mental wellbeing and reducing health inequalities for LGBT people in Lambeth. The event was held in the Assembly Hall in Brixton Town Hall and was attended by over 95 people from LGBT communities, the voluntary and community sector, senior councillors and officials from the council, the NHS, Public Health England and a range of other agencies. Participants engaged in vibrant discussions and a variety of group-based activities to build knowledge, share ideas and agree priorities as part of an ongoing commitment to secure long term improvement to health outcomes for LGBT people living and working in Lambeth.

The event was opened with a series of short presentations from:

- Cllr Lib Peck, Leader of Lambeth Council
- Dr Adrian McLachlan, Chair of Lambeth CCG
- Ruth Hutt, Director of Public Health
- Ian Howley, Chief Executive, HERO/GMFA
- David Orekoya, Lead Commissioner for Health Improvement, Lambeth Council

Each speaker emphasised their commitment to improving mental wellbeing and reducing health inequalities for LGBT people in Lambeth by taking co-ordinated action across all sectors and working closely with LGBT communities.

Participants evaluated the event positively; they found it useful and well organised and their feedback after the event suggested that they were optimistic that it would have a real impact on actions to improve LGBT health.

Background

The event was part of a national pilot project to promote the uptake of a whole systems approach to reduce inequalities in LGBT health. Lambeth Council and HERO/GMFA, with the support of the National LGB&T Partnership, have been working together on the project aimed at improving the mental wellbeing of LGBT people in Lambeth, with a particular focus on Black and Minority Ethnic communities and Trans and non-binary people. Learning from the project will inform the national report for public, voluntary and community sector organisations.

The Structure of the Report

This report summarises the ideas shared at the event on 20th February 2018 and is divided into two parts. The first part details the content of focused topic-based discussions on barriers, current areas of strength and opportunities to improve. The topics included: promoting the health and wellbeing of LGBT people, with a specific focus on trans and non-binary people's needs; promoting the health and wellbeing of LGBT people with a specific

focus on people from Black and Ethnic Minority communities; Children and Young People; Primary Care; and using data to make sure people count.

Promoting the Wellbeing of Trans and Non-Binary People

Participants recognised that, despite an openness to learn and improve services in Lambeth, trans and non-binary people often experience stigma, discrimination and rejection in their neighbourhoods, in the work place, and from their families. The needs of trans and non-binary people need to be included in all policies as for too long they have been misunderstood and ignored.

Overall, there is little known about the numbers of trans and non-binary people who live, work or socialise in Lambeth. Service monitoring systems seldom adequately capture information as it relates to trans and non-binary people, their needs, or their use and experience of services. An exception is found in sexual health services. Many of these issues relate to Primary Care (see PRIMARY CARE, below).

Practitioners report that they struggle to know what to ask or how to listen to trans and non-binary people's needs. There is, therefore, an urgent need to train (and retrain) professionals to interact better with trans and non-binary people. Conversely, trans and non-binary service users report an apparent unwillingness overall for services to really understand the complexities of their needs and respond accordingly.

It is important that service providers remain alert to trans and non-binary people's existing or emerging needs or those relating to physical or learning disability, for example. Mutual trust and respect, supported by good communication, are vital.

There are few services in Lambeth focused specifically on the needs of trans and non-binary people. There is no gender identity service at SLAM, for example, or specialist refuge for trans or non-binary people experiencing domestic violence, which means they are forced to travel out of borough.

It seems there are no services for older trans and non-binary people who might transition late in life or who have faced discrimination and stigma for decades, or for trans and non-binary people from Black and Minority Ethnic communities. Loneliness and social isolation are acute for those groups. Young trans and non-binary people fear prejudice and discrimination (see CHILDREN, YOUNG PEOPLE AND THEIR FAMILIES, below). Overall, there is a need for an inclusive approach to ensure that trans and non-binary people have access to leisure, recreation and other social and community opportunities that most other people take for granted. There is also a need for services and support that does exist to be better promoted.

Promoting Wellbeing for LGBT Black and Minority Ethnic (BAME) People

Overall, Lambeth is a friendly place with many diverse and visible BAME communities. They differ greatly from each other yet experience similar challenges and are disproportionately affected by poverty. Severe and multiple disadvantage, being long term street homeless, for example, has a direct impact on mental wellbeing and brings other challenges to maintaining mental wellbeing. Other groups of LGBT people are also adversely affected. Migrants who have little understanding of the system might fear stigma in accessing services. Some assume that disclosure that they are LGBT will affect their ability to stay in the UK. Language barriers are significant. The needs of older BAME LGBT people are overlooked.

LGBT people from BAME communities often face prejudice, especially from within communities where religion is strong. They experience compounded stigma, in terms of their gender identity and sexual orientation, as well as their ethnicity. They are often isolated from society, family and peers. Loneliness is increasingly recognised as a critical determinant of poor wellbeing. With some notable exceptions, for example the Royal Vauxhall Tavern, there are few dedicated and safe social spaces to meet and make new friends. Many spaces have closed and meeting face to face has been replaced with social media.

Being able to confidently access services, including health, police and housing, is critical in terms of inequality in health and wellbeing. For example, early diagnosis with HIV can avoid the catastrophic effects which late diagnosis might bring. Barriers to accessing services which promote or protect mental wellbeing include: real or perceived prejudice amongst staff, shown by the misreading of cultural norms, for example; general lack of knowledge of how to navigate systems; underinvestment in services; culturally inappropriate provision; lack of engagement and consultation on service development issues; lack of appropriate representation in promotional and information materials, in relation to sex and drugs, for example; and few frontline staff and practitioners from BAME communities. Services which demonstrate their commitment to inclusion in 'actions and not just words' are welcomed. Dialogue with cultural and faith groups regarding issues of religious and cultural homophobia and stigmatisation is also essential given the intrinsic role they continue to play in the lives of many BAME communities including those are LGBT.

The work of Black Thrive, which addresses the recommendations of the Lambeth Equality Commission³¹, has been very successful. However, violence and the fear of violence remain critical issues. Black Thrive's focus on supporting LGBT members of BME communities was welcomed.

Children, Young People and Their Families

The richness and complexity of young people's lives must not be underestimated; their identities, and their resultant needs and experiences, relate to a range of factors, for example, to their age, ethnicity, socio economic status and physical and mental health, as well as to their gender identity and sexual orientation. For many LGBT children and young people, not least from BAME communities, poverty can blight their life and limit the opportunities they have to fulfil their potential.

Despite progress, LGBT children and young people often, quite legitimately, fear the consequences of coming out and anticipate rejection, stigma and violence from peers and others. There are additional barriers in some communities where cultural LGBT phobia is strong and well established. These factors affect the mental wellbeing of LGBT children and young people. Social isolation is common, especially if they are unable to locate other LGBT peers. On occasion, young LGBT people reject their own identities which in turn can lead to depression, self-harm and thoughts of suicide.

It was noted that young people's entry into the commercial 'gay' scene can bring additional wellbeing challenges which are difficult for vulnerable people to manage, for example in relation to sexual health, sexual exploitation and drugs and substance misuse.

Participants sought clarification about how levels of provision for children and young people, both general and LGBT specific, compared to other similar boroughs. It would be advantageous to build stronger links with other boroughs to share resources and to learn from each other's practice, in relation to children and young people's services, but also more broadly.

³¹ http://future.lambeth.gov.uk/equality_commission

Training for practitioners, volunteers and others was seen as critical in challenging prejudice and improving services.

Schools are crucial sites for promoting the mental wellbeing of young LGBT people:

- The importance of inclusion in schools for LGBT students as well as students with same sex or trans and non-binary parents was noted. The changing needs of LGBT young people – coupled with the turnover in staff and students in schools - means that dialogue and training should be continuous. Raising awareness amongst staff, students and parents should be an on-going priority and should start in primary school. Opportunities to participate in sport, for example should be equal and not determined by gender. Positive role modelling in schools should be promoted.
- LGBT-phobic bullying remains an issue; it demands whole school responses encompassing coordinated approaches to policy, practice and engagement of students and parents. There were specific concerns for young trans and non-binary people in schools. They were likely to be bullied and ostracized. The parents of young trans and non-binary people might need specific support.
- There were concerns about whether Sex and Relationship Education prepared young LGBT people adequately for successful and healthy relationships. Participants sought assurance that faith schools were engaged.

It is important to promote the services that are already there; lack of awareness of services is a perennial problem for young, isolated people. Primary Care, youth services and libraries have roles in signposting young LGBT people to appropriate universal and specialist services.

There are innovative projects in Lambeth, for example the Lambeth Early Action Partnership (LEAP), and it was suggested that the National Children's Bureau, the delivery agency, should ensure that there is coverage for LGBT young people and their families. Specialist services – for example Mosaic – could share their expertise with others. It was noted that a great deal could be achieved on line, but there was also a need for support groups.

Discussion about whether services should be specialist or integrated into mainstream provision included psychiatry services; there is currently no specialist children's or young people's provision within SLaM, for example.

Primary Care

General Practice is well regarded in Lambeth. Individuals' experiences depend on their interactions with individual receptionists, practice nurses and doctors, for example, which in turn depends on their understanding and experience of working with LGBT patients. Whilst some are excellent, there are GPs who are willing to listen and change the way they work, for example, others need to be trained. The quality of the relationship between clinician and patient is critical. Mutual trust and respect are important: 'continuity can be great when you find a GP who has the right attitude, approach, language, communication skills and knowledge'. Training and refresher training for GPs and others working in Primary Care is critical.

Many LGBT patients are expert in their own needs and conditions and have great insight. It is important that the clinicians and patients work out together what relates directly to being LGBT, such as need for hormones and endocrine care, and what is independent of their LGBT identity but might be exacerbated by associated stigma and prejudice, for example, depression or psychosis. It is important that clinicians and LGBT patients work in partnership to secure the best possible outcomes.

There are specific issues relating to trans and non-binary patients, depending on their clinical needs. Care for trans and non-binary patients was highlighted as an area for development. Screening and treatments relating to their previous sex might get overlooked. Clinicians in Primary Care and elsewhere should resist making assumptions in this regard. There are examples of good practice in relation to trans and non-binary healthcare in Lambeth, notably CliniQ, from which other specialities could learn.

Despite significant improvements, such as monitoring of new and existing patients' sexual orientation, there remain significant challenges in record keeping and data collection in Primary Care. They relate to the limitations of NHS IT systems and data collection protocols, including how data is shared between agencies (see DATA section, below).

Often, it is the connections between Primary Care and other parts of the system that create unnecessary challenges. Coordination between services, signposting and referral pathways should be reviewed and improved.

Participants discussed the potential of accreditation schemes for GP surgeries which would indicate that LGBT patients are treated with respect when accessing services there. A kite mark would be awarded once training to improve knowledge and raise awareness of staff had been delivered and operational practices had been checked. It was suggested that each practice might have a volunteer champion to champion LGBT related service development issues. 'Ask the expert' sessions, as well existing training methods, for example on-line learning, and academic networks should be used.

Data and Making Sure People Count

Collecting accurate data about the LGBT population in Lambeth is a critical step in raising their visibility as users of services. In turn, building a full picture of unmet need and LGBT use and experiences of services will inform future developments. Success in data collection demands coordination across agencies, underpinned by shared terminology, agreed collection protocols, and strong data sharing agreements, as well as a willingness on the part of LGBT people to share personal information, confident that it will be used productively and anonymised wherever necessary.

Developments in online interaction with service users enables fast and accurate collection of data. For some LGBT people, there are literacy and language issues to be addressed to enable full participation, but in general, developments in IT minimise the possibility of mistakes and inaccuracies in data collection.

Resistance to sharing personal information is most often found amongst people whose experiences of services have been poor or individuals have felt judged or misunderstood. It is critical that we address any concerns LGBT people might have, so that they are comfortable in sharing information.

A shift in culture is needed amongst practitioners; data collection needs to be a core element of their work, rather than an add-on. There is a need to train staff in this area both in terms of the technicalities of data collection, but also the reasons for collecting data.

Priorities For Action

Participants in discussion groups identified priority areas for future partnership work and these were made available to the full group to vote on so as to determine a set of shared priorities for further detailed discussion and action planning. Each participant had 8 votes. As expected there was some overlap in topic areas coming out of the discussion groups.

Issue	Votes
1. Leadership in mainstreaming LGBT Issues	31
2. LGBT friendly kite mark for GP and other services, demonstrating that organisation is open and comfortable with LGBT issues	19
3. Increase our knowledge of issues and services available	6
4. Identify LGBT groups (i.e. over 55's, migrants) and their needs to get clarity of issues and the barriers they encounter	21
5. A BME LGBT Youth service funded by Lambeth Council and the CCG	36
6. Visible signals i.e. Pride in 'Practice, Pride in Care'*	23
7. Training across all services to recognise the issues affecting trans and non-binary gender people	40
8. Greater visibility and representation of BME LGBT community, resources and facilities	35
9. Whole Practice LGBT awareness training delivered by LGBT people so all staff are comfortable and confident, welcoming and engaging with their LGBT patients	33
10. More trans spaces where trans people can communicate with each other and more training on trans issues	25
11. Improving training of professionals - i.e. school nurses, GPs, reception staff- to understand the needs of LGBT children and young people	30
12. Consistently collecting data underpinned by staff training and a more welcoming culture	19
13. We need to be better at measuring the experience of LGBT young people when accessing services	20
14. Bridging gaps in support network for LGBT Young People	16
15. GPs educating themselves about patients on endocrine care	9
16. Increase our knowledge base on issues and services available	6
17. Not enough resources/facilities to support & encourage BME LGBT people and more support to tackle identity issues, stigma and isolation amongst BME people	28

Action Plans

Once the priorities were agreed, each group discussion the priority and drafted a list of key actions that would need to be undertaken to make sure that we achieve what we intended. These have been collated in the action plans in the Appendix to this report. The action plans each cover one of the key areas for change that have been identified which included:

- Raise awareness, improve training of doctors and other staff in local GP surgeries
- Help professionals understand needs of and improve services for LGBT young people
- Greater visibility of trans people and their needs
- Greater visibility and representation of LGBT BAME people
- Improving consistent capture and make better use of data regarding LGBT use of local services.

Next Steps

We would like to thank everyone who took the time and effort to attend the event last month. This shows that there is very real appetite, energy and commitment to continue to change things for the better for LGBT people who live, work and socialise in Lambeth. Following on from the meeting we now embarking on a number of steps to take things forward including:

- Compiling an action plan based on the priorities, ideas and feedback that we have received. This will be the focus of what we do over 2018.
- Establishing a small task and finish group that help drive the work forward and hold the council and its partners to account and make sure we do the things we have said we would as a far as possible.
- Providing regular updates on progress via a quarterly bulletin to stakeholders and to the Lambeth Health and Well Being Board.
- Holding follow up event early in 2019 to let everyone know of progress made and decide any further action

Contact details for further information or to get involved in the task and finish group:

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