

Taking Forward the Challenge for Change

Implementing the Recommendations of the Bradford and District LGB Health Needs Assessment 2009



The Equity Partnership, June 2010



1.0 Introduction

This document is a 'sister' report intended to sit alongside the 'The Challenge for Change' Bradford and District Lesbian, Gay and Bi-sexual Health Needs Assessment, produced by an independently commissioned consultant.

The purpose of this document is:-

- To highlight some of the broad recommendations from the independent consultant's report, and to turn them into tangible practical actions that local organisations and The Equity Partnership can implement.
- To set the recommendations and the Health Needs Assessment in an up to date policy context (the research was concluded at the end of 2009 and there have since been changes of government and shifts in policy).
- To provide guidance, and identify partnership working opportunities in areas where The Equity Partnership can offer support and expertise to local service commissioners and providers.

2.0 Setting the scene

Health and social care services cannot be 'world class' or 'high quality' without including action to tackle discrimination and promote equality.¹

2.1 Background and policy context

The Equity Partnership is a Lesbian, Gay and Bi-sexual (LGB) community based and run organisation. It's committed to meeting the needs of the LGB people living, working and socialising in the Bradford and Airedale area. It has also been commissioned to undertake a regional role, to network LGB organisations across the Yorkshire and Humber area. The Equity Partnership is committed to grassroots engagement with LGB people to identify the issues and experiences that concern them, in order to inform its work.

There are no comprehensive official statistics on sexual identity but currently it is estimated that the lesbian, gay male and bisexual population is between 5 and 7 per cent of the total population (<http://www.stonewall.org.uk/>). Thus it can be assumed that there are between **33,446** and **47,780** people in Bradford who identify as lesbian, gay or bisexual. Yet there is very little data available compared to other geographical or equalities communities.

The Equity Partnership developed the LGB Health Needs Assessment as a tool to gather information from LGB communities in Bradford and District. The first assessment was in 2007 and The Equity Partnership decided to repeat it in 2009. The initial Health Needs Assessment was commissioned by the now defunct Bradford City Primary Care Trust, but its findings were progressed by

¹ Department of Health: Single Equality Scheme 2009-2012: p.5: June 2009

NHS Bradford and Airedale (the local Primary Care Trust). The same body commissioned the second report.

World Class Commissioning is driving the work of all NHS commissioning bodies, including NHS Bradford and Airedale. The Department of Health's Single Equality Scheme strategy highlights two important links between equalities and effective commissioning.

Commissioning decisions are critical to meeting the equality duties placed upon NHS and social care organisations. The accurate, efficient matching of resources with need requires a detailed understanding of the needs and preference of local people and local communities, and that requires a strong focus on equality. Ensuring PCTs commission to achieve better outcomes for all is at the heart of the World Class Commissioning (WCC) programme.²

The **Department of Health's Single Equality Scheme 2009 – 2012** notes:

All public organisations, including the Department of Health and public providers and commissioners of health and social care services, have a duty to promote equality. The fulfillment of these duties is a necessary part of the health and social care system's mission to offer services that deliver high quality care for all.³

The Equality Act 2010

In April 2010, Parliament brought together the existing duties on race, gender and disability and gender reassignment, age, sexual orientation and religion or belief into a single generic equality duty for public authorities in a new Equality Act. In all the Equality Act brings together 9 major equality laws and about 100 smaller laws under one single parliamentary act. The law now gives protection from discrimination against protected characteristics including race, gender, disability, age, religion and belief, and sexual orientation. Public bodies are subject to duties on race, gender, sexual orientation, age, faith and disability that require them to promote equal opportunities.

Soon the public sector equality duty will apply to a further 2 'protected characteristics'; pregnancy and maternity and gender reassignment.

The new public duties mean that organisations have to look at the effect of policies and service provision on all of the abovementioned areas which could be made possible through the use of equality impact assessments. The use of equality schemes is recommended, explaining actions they are going to take to improve equality of opportunity for all the groups included within the legislation.

² Department of Health: Single Equality Scheme 2009-2012: p.14: June 2009

³ Department of Health: Single Equality Scheme 2009-2012: p.3: June 2009

The Equality Act aims to strengthen protection, advance equality and simplify the law through:

- the introduction of a new strategic socio-economic duty to reduce socio-economic inequalities
- a new public equality duty that would extend duties to age, sexual orientation, religion or belief, gender reassignment, also including pregnancy and maternity
- clarification that procurement can be used to drive equality
- banning age discrimination for those over 18 in the provision of services.

The Act allows **positive action**. This means that employers and service providers can think about equality when looking at who they might supply their services to, or employ. It might mean providing services in a different way and giving people information or training. For employers it might mean choosing between two people who can do the job as well as each other.

One of the key objectives in the **Department of Health Business Plan 2009 to 2011** is “Promoting equality and diversity” .

Key priorities:

- *embedding consideration of equality and human rights across all areas of our business; and*
- *improving the information and analytical base needed to support our work on equality and human rights.*

The NHS Operating Framework 2010 – 2011 states that as part of its role in improving the health and well-being of the population:

The NHS can make significant improvements to meeting and improving the immediate and future health needs of communities and equality target groups. Prevention work can help people to stay healthy, support those most at risk of ill health and provide a rapid diagnosis when symptoms of ill health present.⁴

The Secretary of State, the Right Honourable Andrew Lansley MP, has identified **five main priorities for the NHS**, all of which have relevance for LGB communities and individuals:

- A patient-led NHS
- Delivering better health outcomes
- A more autonomous and accountable system
- Improved public health
- A focus on reforming long-term care including increasing accessibility and a focus on prevention, personalisation and partnership delivery.

⁴ Para 2.44 p 21

This latter priority is one which can be used to target support, services and personal budgets to communities with protected characteristics, where main stream services may not be suitable, acceptable nor accessible.⁵

The first principle of the **NHS Constitution** states:

*The NHS provides a comprehensive service, available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief. It has a duty to each and every individual that it serves and must respect their human rights. At the same time, it has a wider social duty to promote equality through the services it provides and to pay particular attention to groups or sections of society where improvements in health and life expectancy are not keeping pace with the rest of the population.*⁶

Equality Impact Assessments (EqIA). Organisations are likely to be required to have specific equality objectives, and show what has been done to meet them. EqIA's enable public sector bodies to systematically assess any effect their functions, policy and strategy could have on equality. The Department of Health, and most local public bodies, including those in the Bradford District have developed their own Single Equality schemes and have extended their EqIA's to include sexual orientation, age and religion or belief. Equality legislation currently requires public bodies to assess the effects that a new proposal or change to existing policies could have on equality in relation to race, disability and gender.

The Department of Health is currently working on the design of an **Equality Information Strategy**. This recognises that equalities data collection by public sector bodies, as employers, commissioners/procurers and as service providers, is some way of being able to provide statistical data to fully inform local needs assessment and service planning. This is focusing not only on data collection but also data use. Complementing statistical information, which is very difficult to collect accurately for LGB communities due to concerns for many regarding 'coming out' and mis-trust of who data will be shared with, or how it will be used, with the actual experiences of local LGB people, is essential.

The initial Health Needs Assessment was deliberately designed around the priorities identified by the key health strategy White Paper, '**Choosing Health (2004)**'. This document recognised that health and well-being is very much linked to how people live their lives, and aimed to tackle the causes of ill health and reduce inequality. The strategy paper also identified specific areas that are known to have some relevance for LGB communities, as for most communities; smoking, alcohol consumption, exercise, diet and nutrition, sexual health and obesity. The Health Needs Assessment also included

⁵ Presentation to Department of Health staff 14th May 2010

⁶ The NHS Constitution for England 2010

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_113645.pdf accessed July 2010

questions on a range of health areas identified as important by local LGB communities.

The NHS Operating Framework for 2010-2011 reinforces the importance of addressing lifestyle factors to both reduce the incidence of chronic disease and prevent premature death.⁷

The five year vision for the NHS 2010 to 2015 reasserts the commitment to putting patients at the centre of care noting:

*....a collective voice is a powerful lever for change.*⁸

This Health Needs Assessment seeks to provide that collective voice for local LGB communities.

This same document states:

*We will remain committed to tackling inequalities and promoting equality. This means challenging perceptions and attitudes and fulfilling the legal responsibilities of each NHS organisation to tackle discrimination and promote equality.*⁹

2.2 Policy and strategy in the Bradford District: how this HNA can contribute to needs assessment, planning and service delivery

As well as assisting local organisations and partnerships to take forward national policy and legal requirements this LGB Health Needs Assessment will help with the implementation of the **Sustainable Community Strategy: Big Plan** (and Big Plan 2, currently at the evidence collection stage and due to be published in 2011). This major local strategic document acknowledges the importance of an integrated approach to health improvement, delivering services closer to home, providing choices in care services (including personalisation and patient held budgets), and expresses a commitment to reducing health inequalities.

This Health Needs Assessment also makes a useful contribution to the **Joint Strategic Needs Assessment** (JSNA) for the District as currently there is very little specific information and no tangible data in relation to Bradford's LGB citizens. As the JSNA notes:

Communities of Interest (COI) are groups of people who share an identity or experience in life that may lead them to suffer greater levels of disadvantage

⁷ Department of Health: NHS Operating Framework 2010-2011: Overall Context para 1.11 Dec 2009

⁸ Department of Health: NHS 2010-2015: from good to great: preventative, people-centred, productive: Dec 2009

⁹ Department of Health: NHS 2010-2015: from good to great: preventative, people-centred, productive: p12: Dec 2009

and discrimination because of that identity or experience, including possible exclusion from mainstream services. They may have specific needs that can be missed or misunderstood by commissioners and service providers. Examples of COIs include homeless people, the deaf community, offenders, survivors of sexual abuse, some Black or Minority Ethnic (BME) communities, the lesbian, gay and bi-sexual communities and the Gypsy and Traveller community.... any strategic needs assessment must take account of the potential needs of COIs, alongside other characteristics.¹⁰

3.0 What has happened to the findings from the LGB Health Needs Assessment 2007?

A great deal has happened since the initial Health Needs Assessment report was completed and promoted to a range of health and social care bodies in the Bradford district. Many of the changes have come about through the continued efforts of The Equity Partnership and key individuals in a range of roles within local NHS bodies in particular. Some of the changes have happened by virtue of local responses to national drivers (for example Staff LGB Networks are now established in most of the major public sector bodies).

Specific responses which relate directly to the first LGB Health Needs Assessment include:

- The establishment of a working group across the main NHS organisations to consider the implications for the document. This is still meeting and although progress is slow, some tangible outcomes have been seen.
- The commissioning by NHS Bradford and Airedale of a health project based at the Equity Partnership, which both provides training to a wide range of health and social care staff and provides 'healthy living' type support, information and activities to the local LGB communities in relation to physical and mental health issues.
- The commissioning by NHS Bradford and Airedale of a specific mental health project based with Yorkshire MESMAC (men who have sex with men action in the community).
- A lesbian focus group to help inform new cervical screening training/guidance.
- Commissioning by NHS Bradford and Airedale of a 2 year project focusing on lesbian cervical screening (in partnership with the Department of Health's Pacesetters initiative), based upon the feedback from the initial focus groups above and those conducted as part of the 2 year project.
- The commissioning of this follow up LGB Health Needs Assessment.

¹⁰ Bradford Joint Strategic Needs Assessment: Nov 2009:
<http://www.bradford.nhs.uk/observatory/Documents/2.6%20%20Communities%20of%20interest.pdf> accessed June 2010

It's important also to mention here the efforts which local NHS trusts have made towards getting onto the Stonewall Workplace Equality Index; an indication of commitment to understanding and supporting LGB staff. Local trusts have also encouraged awareness raising of LGB health and other needs through the delivery of workplace training (provided by The Equity Partnership).

4.0 How the 2009 Bradford LGB Health Needs assessment was undertaken

The Health Needs Assessment takes the form of a questionnaire, which included a range of question formats from grid based to open ended questions in order to gather both qualitative and quantitative data. The HNA questionnaire was promoted and distributed through:

- the Equity Partnership website
- the local press
- wider regional LGB press
- local Equity Radio (LGB radio)

In addition to this paper questionnaires were taken out to:

- various organised LGB Groups
- LGB events
- commercial scene venues.

5.0 Taking Forward the findings of the 2009/10 Bradford & District LGB HNA

The HNA made 17 recommendations. Some of these related only to The Equity Partnership and have been dealt with separately. In order to ensure that recommendations are targeted to enable action and implementation, those relating to local service commissioning and provision are the focus of the more detailed recommendations below.

5.1 Train staff in LGB Equalities and Understanding LGB Needs

The Equity Partnership is currently commissioned (until March 2011) by NHS Bradford and Airedale to provide training to a range of health and social care staff in a range of commissioning/procurement and provider organisations.

Although a significant number of training events have been delivered, there is still a wide range of professionals and settings that have had , as yet, no exposure to this training. The Equality Act now makes this even more important, both in terms of commissioning and service delivery. It's crucial to be systematic and industrially scale the delivery of training to raise awareness and promote creative thinking in relation to commissioning and delivering services to meet the needs of LGB communities and individuals. To this end we recommend that:-

- 5.1.1 LGB awareness is built into mandatory training across all NHS and social care bodies in the district
- 5.1.2 Training be provided to Trainers so that a wider pool of people can deliver in house within their own organisations, to extend reach. The Equity Partnership is willing and able to provide training for trainers' however we feel it is important to maintain quality and to ensure that all trainers are fully supported, and able to draw on personal experience of homophobia if possible, as we find this adds significantly to the impact of the training.
- 5.1.3 Consideration be given at an early stage as to the future of the LGB Health Project, including the training elements so that planning for all the above can be put in place.

5.2 Understanding LGB Health Needs

LGB people are part of public life, as are all citizens (to a greater or lesser degree). As such, their health, well being, and experiences of health and social care services are shaped by many factors, in addition to their sexual orientation. However, the findings also indicate that people's fear of being "outed" and/or of discrimination means that they often do not disclose their sexual orientation even when this may be directly relevant.

The findings also highlight that there are certain lifestyle factors and/or health needs that are different for LGB people and within this there are differences between the needs of lesbians and gay men that relate specifically to gender.

Increasing the knowledge and skills amongst professionals from different agencies about the health needs and experiences of LGB people, and how sexual orientation may impact on their health and well-being is an important part of the training outlined in recommendation 1.

We recommend that:-

- 5.2.1 A PowerPoint presentation of the main findings, supplemented by other national research is shared with a number of key professionals through existing professional development structures. For example, commissioners and service providers such as GP's, Practice Managers, Community Health Teams
- 5.2.2 The Health Needs Assessment, this document and a PowerPoint presentation outlining the findings, are made available publicly on the websites of all local health and social care organisations. Including, to be published on the Joint Strategic Needs Assessment website.

5.3 Improve Monitoring of Sexual Orientation

Without monitoring LGB people's engagement with services, exclusion (even when unintentional) and uptake, they will remain invisible. For example, there

is no tangible data in relation to a growing perception that lesbians may be more pre disposed to breast cancer¹¹, and a perception that more gay men smoke and take recreational drugs. Without this crucial data, specifically targeted services cannot be commissioned appropriately and to the correct system and scale.

We recommend that:-

- 5.3.1 As the local leader of the NHS, NHS Bradford and Airedale should pilot the sexual orientation monitoring of staff and patients/service users. The Equity Partnership can provide support and advice appropriately.
- 5.3.2 As the lead agency for social care commissioning/procurement and as the leader of the Local Strategic Partnership, Bradford Metropolitan District Council should pilot the sexual orientation monitoring of staff and service users/carers. The Equity Partnership can provide support and advice appropriately.
- 5.3.3 The Equity Partnership develop and implement further training and consultancy in partnership with local health and social care agencies in relation to monitoring sexual orientation of all staff and service users.

5.4 Encourage Organisations to Come Out as 'LGB Friendly'

Recent research by Stonewall (the national LGB research and campaigning organization) clearly demonstrates that LGB staff who feel able to be 'out' in the workplace are more productive and happier. Stonewall have developed the concept of 'Stonewall Champions' which enables accredited organizations to display a logo on all recruitment materials etc. Several local organizations are already Stonewall Champions and others are working towards inclusion in the Stonewall Workplace Equality Index.

Increasingly, it is recognized that displaying a rainbow flag or emblem indicates to LGB people that a business or organization is LGB friendly.

We recommend that:-

- 5.4.1 The Equity Partnership develops a 'rainbow flag' type charter mark that local organisations can sign up to which show that they are LGB friendly and welcoming.
- 5.4.2 Local organizations who are already Stonewall Champions, or on their Workplace Equality Index, be encouraged to support other local bodies to apply to be Stonewall Champions and share their experience and expertise of the accreditation process. With support from the local Stronger Communities Partnership, The Equity Partnership is willing to initiate this process.

¹¹ Meads, C et al (2009), A systematic review of lesbian, gay, bisexual and transgender health in the West Midlands region of the UK compared to published UK research: A West Midlands Health Technology Assessment Collaboration Report. University of Birmingham

5.5 Develop Health Information for LGB People

Recently some valuable work investigating the need for cervical cancer screening for lesbians has demonstrated that there is inaccurate information provided to this group, and that many service providers (including GP's) misunderstand what is necessary and appropriate for lesbians. Locally this work was taken forward by The Equity Partnership and NHS Bradford and Airedale through a range of materials designed for lesbians and service providers.

The success of this joint partnership work indicates that the 'social marketing' approach could be followed for other health issues, such as smoking and alcohol use, breast cancer screening and referral to Increasing Access to Psychological Therapies (IAPT) services.

We recommend that:-

- 5.5.1 The Equalities Lead officer within NHS Bradford and Airedale shares with colleagues across local public sector service commissioners the learning and expertise developed through undertaking the work on lesbians and cervical screening
- 5.5.2 The lead commissioners for these services work with The Equity Partnership to explore ways of working together, using a social marketing approach, to explore how best to raise awareness, and to target services to LGB communities including commissioning LGB specific health sessions where appropriate

5.6 Increase Visibility

Different agencies and service providers need to have up-to-date information on display to create a welcoming and safe atmosphere for LGB people. This could include posters showing racially and ethnically diverse LGB people, disabled LGB people and same sex parents.

Positive images of LGB people could be used in general publicity materials. Increased visibility would mean that LGB people would feel more included/safe and therefore be able to discuss their health needs with a healthcare worker.

We recommend that:-

- 5.6.1 Service providers be made aware by The Equity Partnership of the range of existing free materials and good practice in the design of LGB friendly materials.
- 5.6.2 All service commissioners and providers consider displaying LGB images and materials, alongside the Bradford LGB friendly charter mark (see recommendation 4.1 above) in their premises.

5.7 Develop Tailored Services

In some parts of the country there are services that are targeted specifically at lesbians and/or gay men.

We recommend that:

- 5.7.1 Commissioners and service providers contact The Equity Partnership to discuss the hosting or promotion of certain services where social marketing or service monitoring indicates lower levels of take up of existing services than would be expected.

5.8 Review and Make Complaints Procedures Clear

LGB people may not make complaints about homophobic attitudes for fear of a backlash, or just from years of experience of not being listened to.

We recommend that:-

- 5.8.1 The local Patient and Public Involvement leads, Patient Advisory and Liaison Services (PALS) of all the local health and social care commissioning and provider organizations, and LINKs come together to develop a consistent approach to; a) promoting their services to LGB people and b) handling complaints about homophobia or lack of services that meet the needs of LGB people (as per the Equality Act), c) the best way of promoting rights of LGB people under the Equality Act and wider NHS and social care rights (e.g. Patients Charter) to LGB communities.

5.9 Develop Services for Men Experiencing Domestic Violence

A clear need has emerged from the needs assessment in relation to service provision for gay and bisexual men experiencing domestic violence and abuse.

We recommend that:-

- 5.9.1 Key local agencies working on the domestic violence agenda, especially the LGB Sub Group of the Domestic Abuse Partnership, meet with The Equity Partnership to agree the most appropriate way of identifying what exactly is needed and the best way of delivering such provision.

5.10 Develop a LGB Mental Health Initiative

Mental health came through in the research as an important issue, and one where existing services do not appear to be fully aware of LGB needs.

We recommend that:-

5.10.1 Key local agencies responsible for commissioning and providing mental health services meet with The Equity Partnership to agree the most appropriate way of identifying existing needs, and the best way of delivering such provision. This should include IAPT services as mentioned in recommendation 5.

5.11 Explore wellbeing and social care needs of older LGB people

Given the breadth of ages covered, and the specific focus upon health within the research, an issue that the Equity Partnership has identified, (through our own local contact with LGB people and small scale service provision), as a key priority did not emerge as a specific recommendation in the independent consultant's report.

We recommend that:-

5.11.1 The joint commissioning body for older people in Bradford and Airedale invite the Equity Partnership to discuss the best way to identify the specific needs of LGB older people living in the district

5.12 Monitor and assess effectiveness of engagement with, and provision to LGB communities

It will be important to keep under review the specific recommendations in this document, and the implementation of the findings of the health needs assessment research overall.

We recommend that:-

- 5.12.1 A cross agency coordinating group is convened to keep the overview of each of the recommendations, to support their implementation into action and to develop a plan to monitor the effectiveness of the changes in. This could be an extended version of the LGB Health Improvement Group that was established in response to the 2007 LGB Health Needs Assessment.
- 5.12.2 NHS Bradford and Airedale, as the current local leader of the NHS initially to convene and chair this group.
- 5.12.3 This group seek the involvement of Practice Based Commissioning leads as soon as possible, and support the transition of this group, and responsibility for implementation for the above recommendations, when local commissioning leadership moves more tangibly to GP Commissioning clusters in the near future.