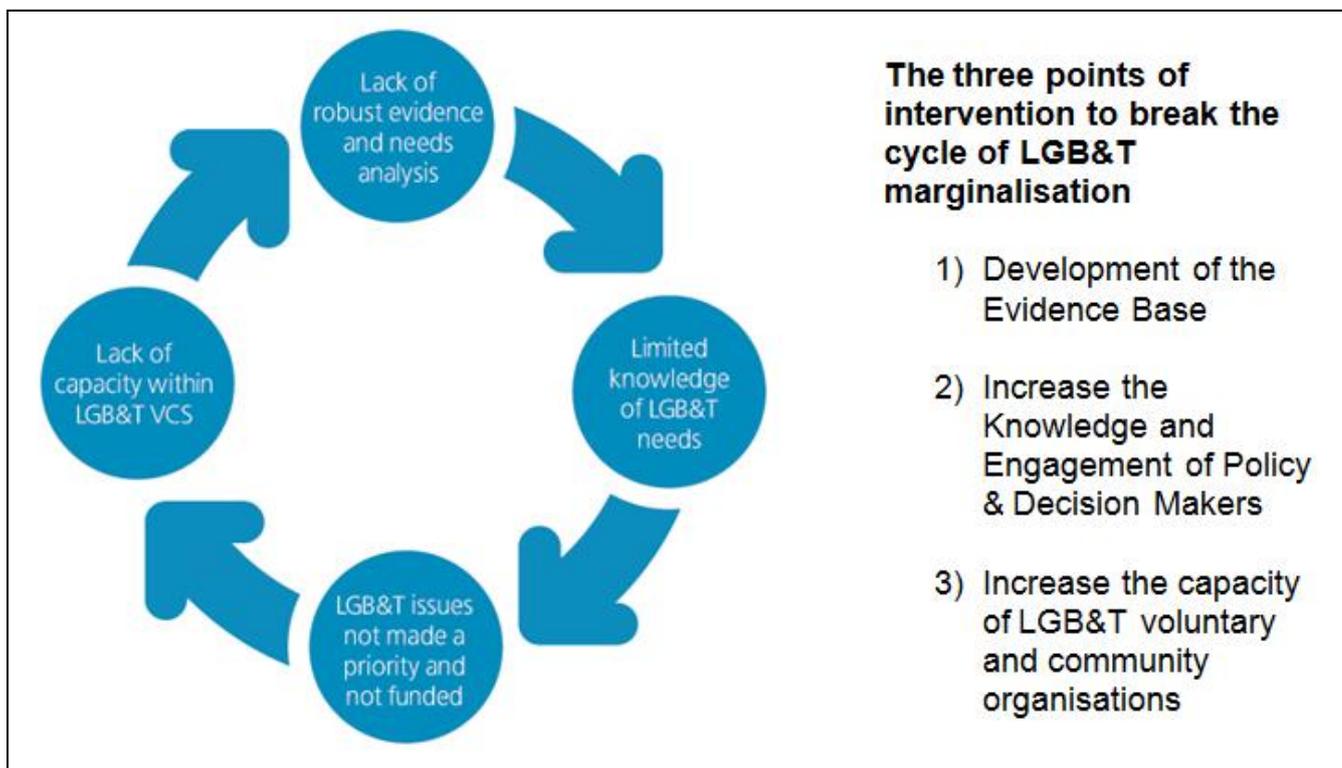


What issues does this document seek to address?

The Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy's importance in the emerging health architecture is clear. It is therefore a significant concern for lesbian, gay, bisexual and trans (LGB&T) communities, and LGB&T service providers, that **existing JSNAs often do not address LGB&T issues, needs and experiences of healthcare** in any meaningful way. **LGB&T issues within health and social care remain a relatively low priority for policy makers clinicians and commissioners**, due to a relative lack of local evidence relating to LGB&T people's needs, outcomes and experiences of health and social care services. This is despite the fact that **policy and decision makers must now take account of LGB&T people** when designing and delivering publicly funded services, under the Public Sector Equality Duty, part of the Equality Act 2010. This relative lack of LGB&T specific evidence reinforces LGB&T needs and experiences as being a low priority, which in turn further re-enforces the lack of LGB&T specific evidence.

This **cycle of underdevelopment faced by LGB&T communities** was identified by The Lesbian & Gay Foundation in its 2009 strategy "Breaking the Cycle – Supporting the delivery of a sustainable LGB&T Sector", and is described in the following diagram:



Key public health challenges disproportionately affect LGB&T populations; good public health cannot be achieved without good LGB&T public health

The public health white paper 'Healthy Lives, Healthy People' identified poor mental health, sexually transmitted infections (STIs), problematic drug and alcohol use and smoking as the top public health issues facing the UK. **All of these disproportionately affect LGB&T populations:**

- **1 in 10 men who have sex with men are living with HIV**, and 1 in 3 HIV positive men (in major UK cities) have undiagnosed HIV infection¹
- **Illicit drug use amongst LGB people is at least 8 times higher** than in the general population²
- Around **25% of LGB people indicate a level of alcohol dependency**³
- Nearly **half of LGB&T individuals smoke**, compared with a quarter of their heterosexual peers⁴
- **Lesbian, gay and bisexual people are at higher risk of mental disorder**, suicidal ideation, substance misuse and deliberate self harm⁵
- **41% of trans people reported attempting suicide** compared to 1.6% of the general population⁶

Demand for health and social care services is increasing at the same time as funding is falling across the public, private and voluntary sectors. For example, during 2010/11, the Lesbian & Gay Foundation (LGF) helped 58% more counselling clients compared to the previous year, and delivered 28% more counselling sessions. The severity of issues reported by service users also increased, with nearly half (47%) of counselling clients having previously attempted suicide. **If these service users had not been helped by the Lesbian & Gay Foundation, the eventual cost to public services in terms of hospital provision etc., and the potential cost to economic productivity, would be considerable.**

Estimates of the size of the LGB population vary, but **surveys designed to capture sexual orientation and behaviour show 5-7% of the population is LGB**⁷, which is the figure the Government used when modelling the affects of civil partnership legislation. Taking 6% as the mid point and using the most recent population estimate of 52.2m people in England⁸, we can reasonably estimate that the **LGB population of England is 3.1m people.**

In terms of the trans population specifically the information is poorer. The Gender Identity Research and Education Society (GIRES) estimate that **around 1% of the population is 'gender variant' to some degree**, although not all will seek medical treatment. The number of people seeking treatment is increasing at around 11% each year⁹.

Other challenges to good health for LGB&T people include:

- **Care pathways for trans people are not meeting the international standards** as set out by the World Professional Association for Transgender Health (WPATH)¹⁰. Care pathways remain inconsistent due to uneven commissioner and GP awareness of trans people's needs; 25% of trans people have been refused health treatment because a practitioner did not approve of gender reassignment¹¹
- **LGB&T older people are far more likely to live alone with fewer support networks**^{12 13} which means they are more likely to be isolated and/or access social care. Social care is behind other

health services in looking at LGB&T issues. The recent Equalities and Human Rights Commission report into homecare stated: “older lesbian, gay, bisexual and trans people quite often, we have found, face harassment or misunderstanding ... or ignorance of their needs in [care] services so they **often have to go back into the closet for fear of the reaction that they might get from care providers**”¹⁴

- Research suggests that gay men and lesbians are **less likely to have routine screening tests than heterosexuals**¹⁵
- 37% of lesbian and bisexual women identified they had been **told by a health professional that lesbian and bisexual women did not require a cervical screening test**¹⁶
- A survey of mental health professionals showed that **17% of therapists, psychoanalysts and psychiatrists have assisted at least one client/patient to reduce or change their homosexual feelings**¹⁷, despite that the British Association for Counselling and Psychotherapy (BACP) has stated “it would be absurd to attempt to alter such fundamental aspects of personal identity as sexual orientation by counselling”¹⁸, and such ‘reparative’ therapies may actually cause significant long term harm¹⁹.
- **20% of health care professionals admit to being homophobic.**²⁰ This has serious consequences for both care quality and patient outcomes.
- A study suggested **less than half of LGB people are out their GP**²¹, which has major implications for the quality of those patient/clinician relationships

Solutions which can be considered as part of the JSNA and Joint Health and Wellbeing Strategy process

- Ensure there is information regarding the needs of LGB&T people included in the JSNA
- Consider linking evidence about local general populations to other evidence about LGB&T people; for example high rates of harmful drinking in a local area will inevitably include a disproportionate amount of local LGB&T harmful drinkers
- Work in partnership with LGB&T voluntary and community sector groups such as The Lesbian & Gay Foundation, who have experience in bringing local LGB&T communities issues and needs to local decision makers and service providers
- The Lesbian & Gay Foundation also has a growing evidence base relating to LGB&T communities, including over 2000 responses to our ‘I Exist’ Survey of LGB&T people’s experiences and needs and our online Evidence Exchange of over 1300 LGB&T statistics, both of which will be available in spring 2012. Contact us at the details at the end of the page to find out more

Next steps for local services

- Better sexual orientation and gender identity monitoring of staff and service users in health and social care and use of the data, is absolutely essential. See <http://www.help.northwest.nhs.uk/somworkbook/> for a step-by-step guide to sexual orientation monitoring, with best practice examples from across the public sector.

- For mental health, sexual health, drug & alcohol services and smoking cessation services:
 - Consider prevention messages targeted at LGB&T populations that have been shown to be cost saving²², which demonstrates a crucial role for LGB&T specific provision
 - General or 'mainstream' services in these priority areas must be tested to ensure they are reaching LGB&T people and that LGB&T people's experiences and outcomes of these services do not differ from the general population

- Training for providers and commissioners of services to increase awareness of what Quality, Innovation, Productivity and Prevention means for LGB&T communities

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