

LGBT Partnership – LGBT+ Health Evidence Review – Case Study Submission

Impact area

- Promotion of equality
- Reduced health inequalities
- Driving transformation of health and care systems

Outcomes

Short-term:

- Improved knowledge of barriers and enablers to accessing services
- Increased sharing of lived experience with VCSE, system partners and providers

Longer-term:

- Increased evidence base of sustainable, scalable solutions to reduce and prevent health inequalities

Organisations involved

Public Sector Partners

- LGBT+ Health Evidence Review Team

VCSE Sector Partners

- [Club Kali](#)
- [Stonewall Housing](#)
- [Gender Identity Research and Education Society \(GIRES\)](#)
- [Race Equality Foundation](#)
- [Imaan](#)
- [Trans Actual](#)
- [Queer China UK](#)
- [NAZ](#)
- [Ruthless international](#)
- [BLKOUT UK](#)
- [Hidayah](#)
- [Oakleaf](#)
- [Bild for the future](#)
- [Trans Kids Deserve Better](#)
- [Disability Sheffield](#)
- [Tonic Housing](#)
- [SAYit Youth Charity](#)

- [African Queer and Creative](#)
- [Wanstead and Woodford Migrant Support](#)

Private Sector Partners

- [Human Mind](#)

Summary

The LGBT Partnership supported community organisations to contribute to the LGBT+ Health Evidence Review. The Review aims to understand the key barriers facing LGBTQ+ communities when accessing, interacting, receiving treatment from and working for the NHS.

The Partnership acted as an intermediary, allowing organisations to submit responses directly to the Partnership, which were then collected and delivered in bulk to the Review, reducing overall time and resource burden for organisations.

The Partnership also co-facilitated 6 engagement events for organisations and LGBTQ+ community members to share their thoughts directly.

As a result, we submitted 100+ articles for the literature review and engaged 6 different voluntary sector organisations to co-facilitate the sessions from a lived experience perspective. As well as submitting a large amount of evidence from people who wouldn't have contributed to the review, the majority of the 50+ attendees across all workshops had not submitted evidence to the review, and would not have participated otherwise.

What was the problem?

The LGBT+ Health Evidence Review marks the first NHS review of LGBTQ+ health inequalities. It aims to identify and address health inequalities which have been historically overlooked in the provision of healthcare in England, and led to poorer outcomes across priority areas (such as the CORE20+5) for LGBTQ+ communities.

New data from the office of national statistics when looking at sexuality-based mortality rates has found that there is a 1.3 times higher risk of death from any cause for LGB+ people compared with those identifying as straight or heterosexual. As well as there being an increase in cause specific deaths such as A 1.8 times higher risk of alcohol-specific death, a 2.8 times higher risk of death related to drug poisoning, and a 3.5 times higher risk of death from drug poisoning for or LGB+ women.

The LGBT Partnership had a unique opportunity to act as a trusted representative for individuals and organisations wanting to contribute to the Review, who may have been apprehensive to engage with the Review team directly. This may have been due to previous discriminatory experiences, strained working relationships, or a sense that, as a grassroots organisation, their experiences would not be valued. This may have been

particularly true for trans and non-binary individuals and organisations, who have reported having their views ignored in recent reviews and an increasingly hostile sociopolitical environment.

The Partnership was also able to translate NHS jargon and working practices into information and ways of contributing that better fit LGBTQ+ organisations and individuals, who may lack experience engaging with the healthcare sector, or need alternative formats for accessibility.

What action was taken?

The LGBTQ+ Health Evidence Review asked organisations to submit evidence to the review via a submission form, and include detail about what evidence was being submitted, its key themes, relevant locations and date of publication.

Recognising that this would be a barrier for some organisations, the LGBT Partnership and members utilised their contacts, including the Consortium and LGBTQ+ Foundation mailing lists, Partners through the HWA including National Voices, as well as contacting partners directly for data sets that were missing. An example of this was meeting with the valuing people alliance, who shared research done around the intersection of people with learning disabilities who are also LGBTQ+, which wouldn't have been included otherwise. The offer was if members sent any relevant publications to the Partnership team, they would extract the relevant information, and submit all of these in bulk.

In addition, the Partnership co-facilitated 6 online engagement events for organisations and LGBTQ+ community members to share their thoughts directly. These were again sent out through our networks, including approaching 80+ organisations and individuals to share their views directly. These were themed around the following LGBTQ+ communities of identity:

- Faith and religious communities
- Disabled people
- Refugees and people seeking asylum
- People experiencing (or with experience of) homelessness
- Learning disabilities, autism and other neurodiversities
- Global Majority communities

Co-facilitators were sought from organisations seen as leaders within each of these intersectionalities, leading to partnerships with:

- [Club Kali](#)
- [Stonewall Housing](#)
- [Gender Identity Research and Education Society \(GIREs\)](#)
- [Angels of Freedom](#)

- [Imaan LGBTQI+ Muslim support](#)

A survey was also sent to those who had signed up to attend, and individuals were encouraged to share this with interested parties in their organisation or community for further outreach.

Notes taken by the Partnership team, meeting transcripts and survey responses were submitted to the Review team to add to their overall evidence base.

Outputs list:

- Research outputs and evidence
- Case studies and good practice examples
- Insights from lived experience
- Insights, knowledge and expertise from organisations

What was the result?

As a result of this work, the LGBT+ Health Evidence Review team have an improved knowledge of barriers and enablers to accessing services for LGBTQ+ people with intersectional identities, and the LGBT Partnership has been able to share the lived experience of LGBTQ+ communities with the NHS. LGBT+ people's voices have been heard as part of the review, despite it taking place over a relatively short timeframe.

In the long term, it is hoped that the evidence submissions will help the Review recommend solutions to reducing healthcare inequalities for LGBTQ+ people, ultimately driving a more equitable transformation of health systems.

This work has also strengthened the relationship between the Partnership and our Policy Lead, Michael Brady, who is leading the Review.

A quote from Micheal's team about the review and our work is as follows:

"The LGBT Partnership provided invaluable support to the work of the LGBT+ Health Evidence review. It was very important to me that we engaged with LGBT+ people and communities to inform the review and, specifically, to ensure the most marginalised and disadvantaged groups could contribute.

In recognition of the fact that the LGBT Partnership and other VCSE organisations in the Health and Wellbeing Alliance are trusted by and closer to the communities they represent, the engagement sessions they facilitated in partnership were immensely helpful.

I think this work is a potential blueprint for the future and I certainly would be keen to work with the LGBT Partnership and, more widely, the Health and Wellbeing Alliance in the future to support our engagement and co-production work to implement the recommendations of the LGBT+ Health evidence review."

What was the key learning?

The alternative submission route facilitated by the LGBT Partnership was a good example of adapting the mechanisms of work to fit the requirements of under-resourced VCSE organisations, and the Partnership will look to use a similar model for future reactive work. This will ensure flexible working relationships, and help those who would not otherwise have the ability to contribute to share their views.

Similarly, the Partnership will expand the development of more accessible ways of working, such as hosting in-person engagement sessions which was possible at the end of the review. Partnership members from our steering group and wider network appreciated the flexibility of this way of working, as well as having multiple ways to have their voices heard within the review. A quote from one partnership member about submitting evidence stated *'It was helpful to submit through the partnership, we had all the research but the submission process was confusing and time consuming with the different categories.'*

Due to the short turnaround time, some organisations could not engage with the Review. It's useful to bear in mind the need for advance warning of upcoming work, to ensure that HWA partners can plan their time accordingly, allowing them to maximise engagement opportunities. This is particularly true of underserved communities, whose voices are often missed. We were fortunate to be able to run the 'Refugees and people seeking asylum' session in person with Angels of Freedom in Leeds, as attending an online session wouldn't have been accessible to many in the group, and a lot of the points raised were unique to this cohort that would have otherwise been missed.

Additionally, many LGBTQ+ organisations and the people they represent have increasing mistrust in national government, extending to the NHS and the Department of Health and Social Care. Some people refused to engage with the review on this basis. This demonstrated why it's so important for NHSE and DHSC to support VCSE orgs to continue who can build trust and bridge gaps.

What's next?

Future plans for this work will depend largely on the recommendations of the review, however we're prepared to support community consultation on the implementation of any recommendations.

Find out more

[NHS England » LGBT+ health evidence review](#)

[The National LGBT Partnership](#)