

Lesbian, Gay, Bisexual, Transgendered Health and Inclusion Project (LGBT HIP project)

Background

Brighton and Hove has a large lesbian, gay, bisexual and transgendered (LGBT) population. It has a wide range of well-established community and voluntary sector organisations that offer a range of support including: specialist mental health services, sexual health projects, youth groups and transgender social and support groups. However, there has been a clear gap in terms of generic LGBT engagement over the last few years and both LGBT communities and the public services that work with them were keen to resolve this.

Summary

During 2010, the Brighton and Hove Primary Care Trust (PCT) had worked with a consortium of local LGBT organisations to create a new engagement and consultation project – LGBT HIP (Lesbian, Gay, Bisexual and Transgendered Health Involvement Project) and, as a result, there was a positive focus on the engagement of LGBT communities in health services.

LGBT HIP is directed by a consortium of six local organisations engaged in work with LGBT people in the city. These organisations are:

- Brighton and Hove LGBT Switchboard
- Terrence Higgins Trust (THT) South
- MindOut
- Allsorts Youth Project
- Brighton Bothways
- The Clare Project.

In early 2011, the commissioner for communities and equality in the council approached the PCT and consortium with regard to possible expansion of this model to include wider council engagement priorities, and this negotiation was successful.

As a result, the project changed its name to the LGBT Health and Inclusion Project (LGBT HIP), and agreed the following mission statement:

“To provide a mechanism for engagement with LGBT people who live, work and socialise in Brighton and Hove. The focus is on the planning, provision and evaluation of NHS and Council services and policies and the project scope is city-wide. The project aims to bring about tangible and positive improvements in these areas for the benefit of local LGBT people”.

Who is involved?

LGBT HIP has a coordinator, who is jointly managed by the centre manager (THT South) and Services Manager (Brighton and Hove LGBT Switchboard). The post-holder works from both THT South and Brighton and Hove LGBT Switchboard offices. LGBT HIP volunteers also contribute to the work of the project. Both the Communities and Equality team and PCT are also represented on the steering group and day to day contract management of the council commission is provided by Nicky Cambridge, People and Place Coordinator.

The challenges for us

The key challenge was to find a way to ensure that LGBT communities had voice, influence and involvement in public service provision in Brighton and Hove. Despite a well-received community consultation in 2011 entitled 'Count me in too', there was little focused ongoing engagement and consultation which ensured that LGBT issues were embedded in mainstream policy and practice. As a diverse city with a large LGBT population, Brighton and Hove is well-versed in supporting the needs of LGBT communities but in an era of budget reduction and increasing demand, it is critical to ensure targeted involvement of equality groups. It is also recognised that there is less engagement with bisexual and transgendered communities in particular.

[Count me in too](#)

The solution was to build on local expertise and arrangements through the LGBT community and voluntary sector in order to increase the capacity to work on wider public issues. As an established health engagement project, LGBT HIP provided an excellent vehicle for this, particularly given its strong LGBT-led governance structure. New outcomes were negotiated with the project based on the identified issues within the community and the needs of the council.

Outcomes

There are a number of specific examples that highlight the direct impact of this work:

Neighbourhood Councils

Brighton and Hove City Council wanted to canvass the views of LGBT people about the Green administration proposal to implement a policy of local neighbourhood councils (forums with devolved decision-making powers and budgets). LGBT HIP convened a roundtable discussion with the LGBT HIP consortium and a discussion session with local LGBT people about the issues. This raised concerns about how previous 'neighbourhood initiatives' had not met the needs (and sometimes further exacerbated the exclusion) of LGBT communities. As a result, the council is now ringfencing funding and commissioning extra work to ensure the engagement of LGBT people within the pilot projects. These pilots will then inform the city-wide roll out of neighbourhood governance with LGBT issues mainstreamed.

Trans Equality Scrutiny

HIP has good engagement and representation of the local transgendered community and the community groups that support it. Earlier in the year, some members of the Trans community approached the council with regard to their concerns that Trans's issues in the city were hidden and not being addressed. Furthermore, the community felt that their relationship with the council was distant and they had little influence in decision making. As a result the council agreed a Trans Equality Scrutiny which is currently underway. LGBT HIP has undertaken all of the consultation with the Trans community through a variety of processes (including online surveys, public meetings and closed confidential sessions). This is still underway but has been hugely successful and well attended. Outcomes already include:

- Trans Awareness Training for cross-party councillors and officers involved in the scrutiny process.
- A review of housing-led services and their impact on Trans tenants.
- Consideration of the leisure and sporting needs for the Trans community (for example, changing facilities and specialist activity groups).

Sexual health and cancer screening work

'Count me in too' presented a number of important findings in relation to sexual health and Trans's people. The research indicated that trans people were less likely than non-trans people to say that they needed a

sexual health check-up, were less likely to have had one in last six months and more likely to have never had one. Trans respondents were also more likely to say that they would not know where to find help around sex and relationships and were more likely to regard sexual health resources as not relevant to their sexual practices or gender identity.

The LGBT HIP coordinator worked collaboratively with two sexual health advisors and cancer prevention health advisor to design an intervention. The intervention was planned as a two-hour session, which included three sexual health advisors, a sexual health doctor, a health trainer and a clinic receptionist. Participants were recruited through the two Trans support groups operating in Brighton (FTM Brighton and the Clare Project) and members of LGBT HIP. An article was also published in the local LGBT magazine 'GScene' to publicise the session.

An evaluation of this work was undertaken with all participants and the following outcomes were identified:

- Improving knowledge about the services sexual health clinics provide.
- Improving knowledge of how to be seen at a sexual health clinic.
- Improving knowledge about cancer prevention (including the fact that trans men were not being routinely offered breast and cervical cancer screening and trans women prostate screening)
- Increasing confidence that staff have thought about how to make services welcoming.
- Increasing confidence in respectful treatment by clinic staff.
- Increasing confidence to discuss sexual health matters with medical professionals.
- Increasing intention to visit a sexual health clinic in the next six months.

Additionally, and as a direct result of this work, the first local trans-specific sexual health clinic will take place in the next few weeks.

While we do not have economic cost-benefit data for the project, we do know that the cost of providing effective sexual health interventions is vastly outweighed by the benefits in economic terms. For example, lifetime cost of treating just one HIV infection is estimated to range from £280,000 to £360,000. If this intervention was successful in preventing just one infection, it would have covered the cost of the entire LGBT HIP project many times over. (Source: House of Lords Report – 'No vaccine, no cure')

What we learnt

Some of the primary difficulties have arisen as the result of the need to deliver on a work programme strongly oriented towards providing specific activities, interventions and outputs, while also attending to the developmental needs of a new 'start-up' project. For example, integrating the new project within the local voluntary sector 'scene', recruiting and supporting volunteers and establishing consortium working processes were necessary to achieve the project objectives but were not accounted for in the work programme. The primary solution has been to allow significant flexibility on outputs and other deliverables to accommodate the competing priorities. Other learning points are:

- Work with local expertise and ensure the work is managed by the community (and where necessary resource the expertise required).
- Work alongside partners in jointly commissioning activities.
- Build in sustainability planning from the beginning of the project.

- Consider hidden and less vocal communities within an overall Equalities approach – in this case the Bisexual and Transgendered community and where necessary pro-actively outreach and engage to ensure their involvement.
- Work with all members of the project to identify the benefits and opportunities of being involved in the project to ensure their longer term buy in (for example, what do they get from it, how does that benefit them, what do they need more/less of?).
- Establish robust communication strategies across a range of media.
- Work with volunteers from the community to increase scope, reach, and to offer them learning experiences.
- Support community members to meet directly with service providers to understand each other's perspectives, priorities and to learn about unrecognised needs and holistic solutions.
- Build the project into appropriate strategic context, policy and practice (e.g. Healthwatch, Third Sector Infrastructure and Council Scrutiny).
- Consider legislative and policy initiatives' nationally and locally to analyse their potential impact on LGBT communities (for example, welfare and health reforms, equality strategies).
- Finally, be realistic about expectations in delivery particularly in the start up of a new project.

The project is facing an uncertain future due to the re-organisation of the NHS and reducing council budgets. Currently it is funded until March 2013 with a minimal commitment to core costs from the council beyond that time. Work is underway to consider how best to sustain the project and it is likely that it will move from being consortium-led to being based within one of the LGBT organisations if funding can be found. This process is identifying the need for innovation in future approaches for example consideration of consultancy services being provided on a national basis.

Contact

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For further information on the work of LGBT HIP please go to:

[LGBT HIP](#)