



Humber and North Yorkshire
Health and Care Partnership



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Pride in Our Health

October 2023

A partnership approach to engaging with
the LGBT+ community



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Executive Summary

Introduction

The notion that communities are 'hard to reach' can be unhelpful and harmful as the connotations suggest that this is the fault of the 'community' rather than every service or organisation around them. In other words, it puts the onus on communities and individuals for not engaging when the responsibility lies with services and organisations to engage with those who are seldom heard.

Improving engagement with our LGBT+ communities will enhance our understanding of local need so service provision, access, and experience is improved, ultimately reducing health inequalities and improving health outcomes.

Aims

This report aims to detail what we understand about LGBT+ experiences across Humber and North Yorkshire (HNY) and highlight progress that has been made as a Health and Care partnership (HCP) to improve engagement, experiences, and health outcomes for our LGBT+ communities.

The report includes:

- National health inequalities statistics
- Findings from local LGBT+ insight
- Results from HNY HCP's 'Pride in our health' survey
- Information and outcomes of HNY HCP's 'Let's take pride in our health' campaign and other LGBT+ projects

Conclusions

Health inequalities and poor outcomes for LGBT+ people are well documented nationally, and it is evident from local insight (Healthwatch York, 2018; Hull City Council, 2020; HNY HCP 'Pride in our health' survey, 2023) that the local picture is reflective of national statistics. For example, in HNY:

33.3% experienced negative attitudes related to gender identity or sexual orientation in the last 12 months: 43.3% from GP or doctor; 33.3% from mental health services / support; 20% from Hospital A&E and ED.

76% of young people have been threatened, harmed, or abused as a result of being LGBT+: physical abuse was reported by 10%; verbal abuse was reported by 89% (54% face to face and 35% online).

75% of people have been / felt discriminated against for being LGBT+ either in the workplace, at work, in education, when accessing health and care services and as a consumer.

Several key themes have emerged by triangulating the existing engagement findings across HNY that relate to barriers and challenges faced by the LGBT+ community when accessing health and care, alongside suggestions made by LGBT+ people on how to improve access and overall experiences.

Barriers to accessing healthcare

Several perceived barriers and challenges are faced by LGBT+ people when it comes to accessing health and care across HNY.

Like NHS75 engagement findings, LGBT+ people expressed concerns relating to accessing services as a result of waiting times and difficulties getting appointments that are appropriate for their need- specifically within primary care.

Concerns were also raised relating to waiting times for secondary care services- specifically for mental health services and trans healthcare, reflective of national challenges. Extensive waiting times have led to poor health outcomes for our local LGBT+ people and communities, impacting their mental health. This is especially the case for trans people who are waiting, in some cases years, to access gender identity clinics and begin hormone replacement therapy. Local insight tells us that there are incidences of trans people within our patch that are resorting to accessing hormone replacement therapy from unregulated pathways at their own risk as a result of lack of local NHS provision and support.

A lack of appropriate and timely support for LGBT+ people has led to poor experiences of healthcare, which in turn creates a barrier to future access. Our local insight tells us that LGBT+ people have experienced negative attitudes and discrimination across the system which has resulted in a negative perception of health and care support available and a reluctance to engage. This is inextricably linked to the perception that health and care staff across the system have a lack of LGBT+ awareness, knowledge and understanding which leads to LGBT+ people experiencing negative assumptions and judgements from staff and professionals.

Finally, there is a lack of understanding of what support and services are available locally, with a view that information is often unclear and outdated when actively seeking help.

Improving health and care for LGBT+ people

Local engagement with LGBT+ people across HNY has helped to identify ways in which health and care can be improved.

LGBT+ people suggested the adoption of flexible opening hours for key services across primary and secondary care to allow for more appropriate appointment times to meet local need e.g., weekend and evening opening hours. Furthermore, multiple routes and options to access services and book appointments was deemed important. For example, the ability to book and receive appointments online, over

the phone and in person would improve access for all, ensuring that appointment type met and catered to individual needs and preferences.

The need to improve the promotion and awareness of local services across HNY was highlighted as a requirement to improvement by LGBT+ people, with an onus on providing information relating to opening hours, referral pathways, symptom checkers and how to access/book appointments.

Several recommendations were suggested to improve trans health care, specifically associated with supporting primary care to better understand trans healthcare needs by providing clear and up to date advice for staff (clinical and non-clinical). Furthermore, suggestions were made to provide clear guidance and support for GPs to support trans patients with shared care agreements when seeking private hormone replacement therapy.

Improving LGBT+ awareness across health and care was a key theme acknowledged by local LGBT+ people. Many feel that health and care staff and professionals need to be better educated, trained and skilled to support LGBT+ people and communities effectively. This in turn will help to reduce the occurrences of negative experiences in healthcare settings as a result of stigma, assumption making, and discriminatory attitudes.

HNY Progress

HNY HCP has made progress in improving services and support for LGBT+ communities. This report showcases several examples of positive work and efforts to work with and for LGBT+ people to meet their needs when accessing specific health and care services.

Extensive engagement locally throughout the 2023 Pride period has helped HNY HCP to understand ways to improve health and care experiences for local LGBT+ people and communities. Attending Pride events allowed HNY HCP colleagues the opportunity to engage with over 2000 people within an LGBT+ inclusive space, providing opportunities to speak to and support LGBT+ people with their health and care needs. As previously mentioned, negative perceptions of health and care often stem from poor experiences of accessing and speaking to healthcare professional and staff. Efforts to attend LGBT+ spaces, work with LGBT+ communities, and stand in solidarity with the community will help to alleviate these negative perceptions, paving the way for a more inclusive, open space where we can learn and improve as a system.

Efforts have been made across HNY HCP to improve LGBT+ awareness, knowledge and understanding. This report specifically showcases the good work of Hull University Teaching Hospital (HUTH) who have recently embarked on the Rainbow Badge Scheme to promote that they are aware of the issues that LGBT+ people can face when accessing healthcare and are committed to putting plans in place to improve their policies and practice to improve LGBT+ patient experiences.

Finally, partners across the system have evidenced ways in which they have worked to tailor support for LGBT+ communities. For example, YorSexual Health provided walk in clinics specifically for trans and non-binary people in safe and inclusive spaces and Hull and East Riding Fertility Clinic focused attentions on engaging with LGBT+ people throughout 2023 to raise awareness of fertility options available in the local area. Alongside this, 2023 was the first year that showcased a unified HNY wide campaign approach to support LGBT+ people and colleagues across the health and care system.

These pockets of good work must be recognised, showcased, and learned from to improve LGBT+ experiences and health outcomes across HNY.

Recommendations

- Improve consistent engagement opportunities with local LGBT+ communities throughout the year by linking with existing networks and forums across HNY. This will help to ensure LGBT+ people are meaningfully involved in shaping and developing current and future services, LGBT+ projects and campaigns, and broader inclusivity workstreams. This will also strengthen and improve relationships and trust with LGBT+ communities.
 - It would be beneficial to plan more targeted engagement work with specific communities within the wider LGBT+ community umbrella, specifically those who experience intersectional inequalities such as LGBT+ people with disabilities, of ethnic minority backgrounds etc.
- Identify and invest in training, education, and resources to ensure that health and care staff and professionals have sufficient knowledge to ensure inclusive policies and practices are developed and maintained across HNY. This should be consistently implemented across all health and care services.
- Facilitate opportunities across HNY HCP to share good practice from those who have experience of working with and supporting LGBT+ communities. Utilise existing LGBT+ networks, forums and working groups to create a collaborative space where partners across HNY can work together and learn from one another.
- Support Primary care to establish and agree LGBT+ principles of good practice so that models of shared care between GenderGP services, other private trans health care and NHS GPs can be validated and maintained.
- Utilise the findings of this engagement to build on the Digital Hub and communications messages developed for the 'Let's take better pride in our health' campaign- specifically recommendations and suggestions made with respect to accessing and promoting service information and advice.
- Share this report, key themes, and findings with partners across HNY to raise awareness of LGBT+ challenges to support colleagues to improve the inclusivity of their services.

What do we know?

This section provides national data and information on health inequalities, poor outcomes, and experiences of LGBT+ individuals, groups, and communities. Following this, local data is presented that helps to estimate the size of our local LGBT+ population based on National Census findings 2021. Finally, attention is drawn to the local LGBT+ picture, presenting key findings of previous LGBT+ engagement work that has been completed across HNY.

Health Inequalities and Poor Outcomes

Health inequalities and poor outcomes for LGBT+ people are well documented Nationally (LGBT in Britain- Health Report, 2018; National LGBT Survey, 2018; Stonewall, 2017,2018). The headings below give an overview of key health inequalities impacting LGBT+ communities.

Accessing health and Care

- **1 in 7** LGBT+ people **avoid seeking healthcare for fear of discrimination** from staff.
- **1 in 8** LGBT+ people have **experienced some form of unequal treatment from healthcare staff** because they are LGBT+.
- **1 in 20** LGBT+ people **report having been pressured to access services to question or change their sexual orientation** when accessing healthcare services (so called conversion therapy).
- **Almost a quarter of NHS patient-facing staff** have heard their colleagues **make negative remarks about LGBT+ people.**
- **1 in 4** LGBT+ people have **witnessed discriminatory or negative remarks against LGBT+ people by NHS staff.**
- Almost **6 in 10 health and social care staff do not think sexual orientation is relevant in healthcare** (despite evidenced inequalities and ignorance around key screening such as cervical screening).
- **1 in 5** LGBT+ people **are not 'out' to any healthcare professional about their sexual orientation** when seeking general medical care.

Mental Health and wellbeing

- **52%** of LGBT+ people reported **experiencing depression** in the last year (2018 study).

- **Almost half (46%) of trans people have thought about taking their own life** in the last year (2018 study).
- **31%** of cis LGBT+ people said they had **thought about taking their life in the past year** (2018 study).
- **41% of non-binary people said they had harmed themselves in the last year** compared to 20% of LGBT+ women and 12% of LGBT+ men (2018 study).
- **92% of trans young people have thought about taking their own life** (2017).
- **45% of trans young people have tried to take their own life** (2017).
- Nearly **half of LGBT+ teenagers reported being bullied at school** for being LGBT+ (2017).
- **Bisexual people are three times less likely to be 'out'** to their families compared to gay and/or lesbian people (Stonewall, 2020).
- **3 in 5 (59%) bi people experience depression compared** to 46% of lesbian and/or gay people (Stonewall, 2020).
- **1 in 4 bi people self-harm compared to 1 in 10 lesbian and/or gay people** (Stonewall, 2020).

Safety and Hate Crimes

- **Hate crimes against trans people have risen by 56%** in 2022.
- There has been a **400% increase in trans media reporting** (2009-2019).
- **Trans people are twice as likely to be victims of crime** and **four times as likely to be victims of violent crime including rape or sexual assault** (these figures rise higher for ethnically minoritised and/or disabled trans people).
- LGBT+ people are **more likely to become homeless**.
- As many as **24% of young homeless people are LGBT+**.

Our local LGBT+ population

The National Census Data 2021 can go some way to help us determine our LGBT+ population across HNY. However, it is important to note that gender identity and sexual orientation questions include a 'prefer not to say' option and so this data only provides an estimation of this demographic- 10% of our 1.7million HNY population did not answer questions related to gender identity and sexual orientation. Based on the inequalities and poor outcomes faced by LGBT+ people highlighted above, it could be implied that a proportion of our local LGBT+ population did not disclose this information at the time of completing the National Census. For those that did, **50,729 people across Humber and North Yorkshire are LGBT+ (3%)**.

Local Insight and Engagement



York LGBT+ experiences of health and social care services - 2018

A Healthwatch York and York LGBT Forum report looking at LGBT+ people's experiences of health and social care services in York.

A 19-question survey was developed and open from January 2018 – April 2018, with **116 responses**.

Key Findings:

54.7% of LGBT+ respondents had felt **reluctant to disclose their sexual orientation or gender identity** when accessing health and or social care.

33.3% experienced negative attitudes related to gender identity or sexual orientation in last 12 months:

- **43.3% from GP or doctor**
- **33.3% from Mental Health Service/support**
- **20% from Hospital A&E and ED**

Only **one in five (18.8%)** respondents would **know how to report negative attitudes in health and social care settings**.

25% experienced barriers to accessing health and or social care. Reasons include:

- **Fear around disclosure**

"I haven't mentioned the fact I'm bi/queer because I worry about being denied help."

- **Lack of training and knowledge from medical professionals**

"My doctor was uninformed but made referrals based on passing me to someone who is trained and informed."

- **Poor experience and care as a result of issues around sexuality**

"I have had to explain my gender identity to multiple health professionals repeatedly, had the wrong name used, and had my sexuality questioned by both health professionals and social care services."

Hull LGBT+ children and young people's experiences 2020

A Hull City Council report looking at experiences of young people living in Hull.

A survey and interview schedule were co-produced with young LGBT+ people to explore experiences. Young people were able to complete the survey online or arrange a 1-1 interview with the project lead by phone or video call. The engagement period ran from August 2020- November 2020. **54 young people completed the survey, and 3 interviews were held.**

Key findings:

44% felt somewhat **accepted by society.**

19% felt they were **not accepted very well by society.**

Only **11%** felt **completely accepted** by society.

76% have been **threatened, harmed, or abused** as a result of being LGBT+:

- **Physical abuse was reported by 10%**
- **Verbal abuse was reported by 89%: 54% face to face and 35% online**

Several challenges were identified by young people as a result of being LGBT+ including:

- **Stigma**

"Being non-binary in a society designed only for binary genders - constant minor exclusion and explanation." (Non-binary, 17-20, bisexual)

"Ignorance of others and misinformation." (Female, 10-16, pansexual)

"Probably the misrepresentation in the media." (Non-binary, 10-16, gay)

- **Lack of support and services**

"Parents and schools not respecting or helping... also for trans people getting medical help." (Non-binary, 21-25, gay)

"I don't know of any specific services and support for LGBTQ+ which is the main problem. We aren't being informed of them. We need to spread awareness and let people know that this is where they can go." (Gender fluid, 10-16, lesbian)

Young people identified **ways to improve support for LGBT+ people and communities:**

- **Improve access to support, services, and resources for young LGBTQ+ people**

“Improve access to gender affirming treatments and mental health help (involving increasing funding, removing gatekeeping, reducing wait times).” (Non-binary, 21-25, bisexual)

“Access to counsellors in order to help understand feelings about being LGBTQ.” (Female, 17-20, pansexual)

“Easier access to support for transgender children and teenagers. There are services but they’re not always there for you ASAP.” (Trans male, 10-16, bisexual)

“I think offering more resources for people to get out of abusive or unaccepting households, even just for a few hours to meet other LGBTQ+ people.” (Non-binary, 10-16, pansexual)

- Increase promotion and advertisement of support and services

“Promotion. Promotion. Promotion! You can have the best mental health resources in the world but if nobody knows they’re available nobody will get to use them - this needs to be done, locally, regionally, and nationally!” (Male, 17-20, gay)

“I feel like there needs to be a lot of social media presence. Having an account on every platform where people can access and publish informative articles. Maybe having website where you can be anonymous or public about your identity. There would be forums to talk about the different topics and issues.” (Female, 10-16, biromantic)

- Ensure LGBTQ+ acceptance and understanding within services and support

“Particularly for trans people, the reformation of the GRA would make it easier for trans people to feel comfortable in their identities and it would make the process of transition less humiliating and if possible, not having that roadblock in the first place.” (Trans female, 10-16, pansexual)

“Clearly state that services are LGBTQ friendly. More openly queer therapists.” (Non-binary, 21-25, gay)

“In therapy one of the first questions I was asked was 'sexual orientation', I wasn't in therapy for that I felt really bothered by that question as I didn't feel comfortable with my sexuality at that point, and I wasn't really 'out' (aged 20) so when I said "I'm not sure" the therapist gave me a strange look which felt like a barrier going up. So, I think everyone working in mental health needs LGBTQ training, and be informed that queer, non-binary, trans identities are valid.” (Non-binary, 21-25, gay)

HNY HCP Pride in our health survey 2023

The aim of the survey was to:

- Begin to understand LGBT+ people's key health concerns.
- Begin to understand views on accessing health and care services and support.
- Determine LGBT+ people's views on how to improve health and care for their community.

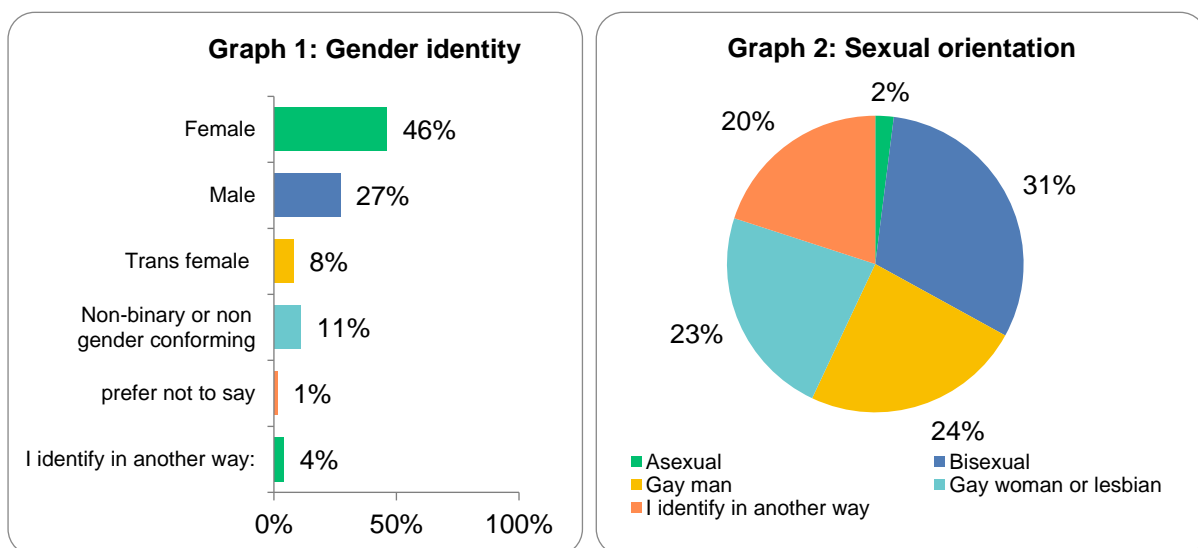
Survey questions were developed with the HNY HCP Pride Task and Finish Group and formatted online and in paper format.

The survey ran from June-September 2023 and was promoted via HNY LGBT+ Staff Network members and system partner channels, networks, and social media. The survey was also promoted at local Pride events attended by HNY ICB engagement colleagues. Individuals were given the option to complete the survey via paper copy or online via QR code/ click link.

Engagement reach

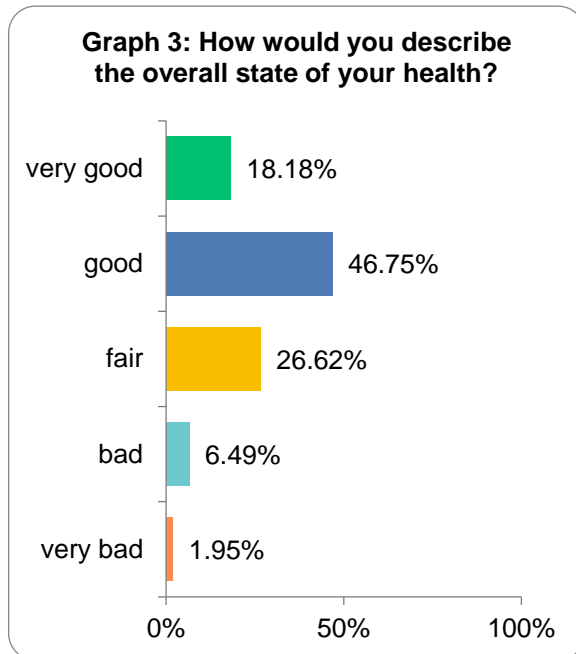
182 people completed the Pride in our health survey.

40% of respondents were willing to share demographic information with us. From this insight we know that **70% of respondents are LGBT+** (see graph 1 and 2). Age range of respondents span from 16-64 years of age; the majority of respondents were aged 25-34 years at the time of completing the survey (31%). 95% of respondents are White / White British and have no religion, belief, or faith (74%). 70% shared that they had a disability / impairment, most commonly a long-term health condition, mental health condition, learning disability and / or physical impairment. For a breakdown of all demographic questions please see Appendix 2.



Results

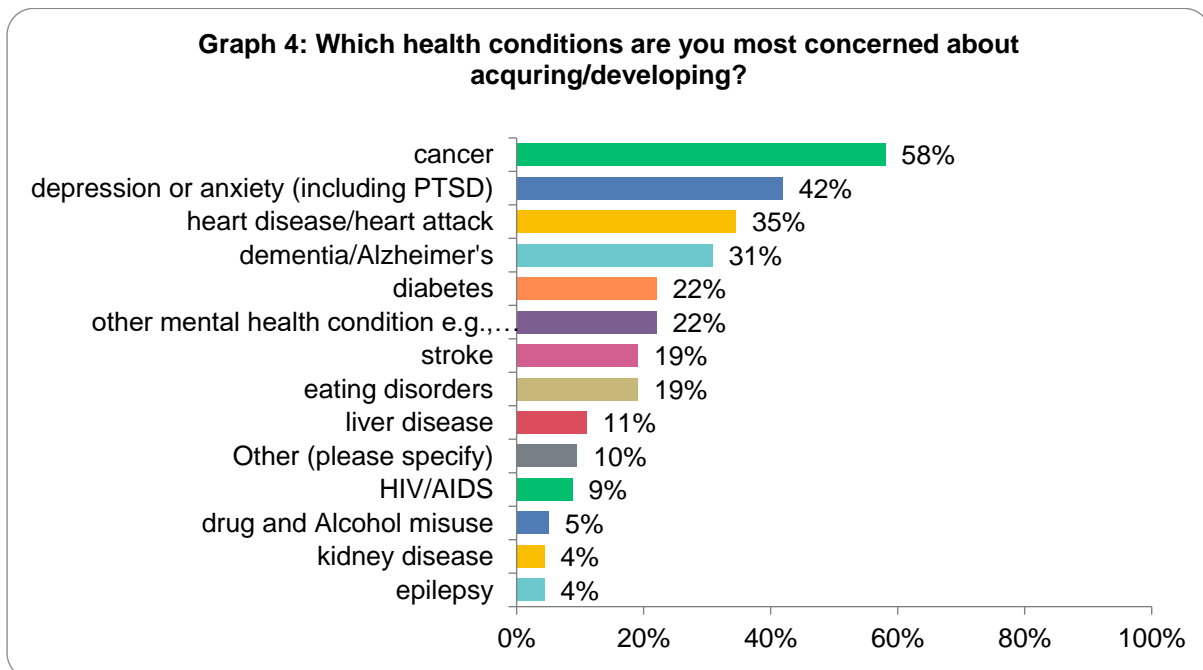
General Health



Within the survey we asked respondents questions related to views on their general health, health concerns, and views towards changing health behaviours.

Most respondents felt that their general health was good (47%) or very good (18%) at the time of completing the survey (see graph 3). When asked which health conditions they were most concerned about acquiring / developing (see graph 4), the top five conditions highlighted by respondents were:

1. Cancer (58%)
2. Depression or anxiety (42%)
3. Heart disease/ heart attack (35%)
4. Dementia/ Alzheimer's (31%)
5. Diabetes (22%); mental health conditions (22%)



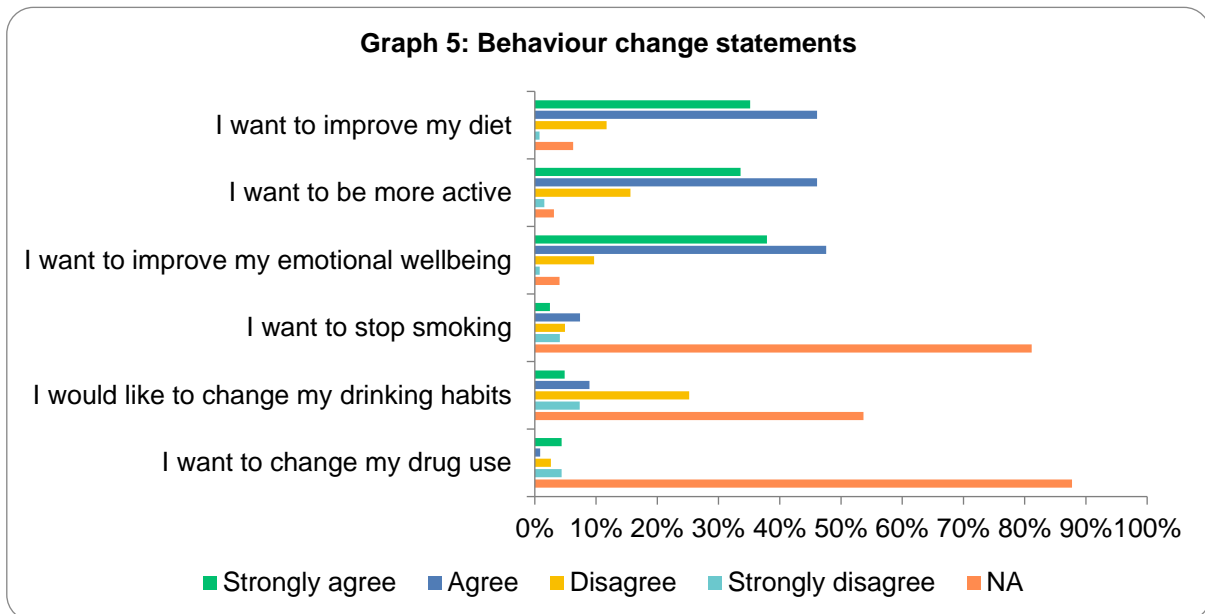
When asked about changes to their lifestyle (see graph 5), **the vast majority of respondents agreed that they want to:**

- **improve their emotional wellbeing (85%)**
- **improve their diet (80%)**

- **be more active (79%)**

For the majority, improving smoking, drinking habits and drug use was not perceived as applicable. However, for those who felt these habits applied to them, the desire to positively change these habits were mixed:

- **50/50 split between smokers wanting to stop smoking**
- **70% did not want to change drinking habits**
- **57% did not want to change their drug use**



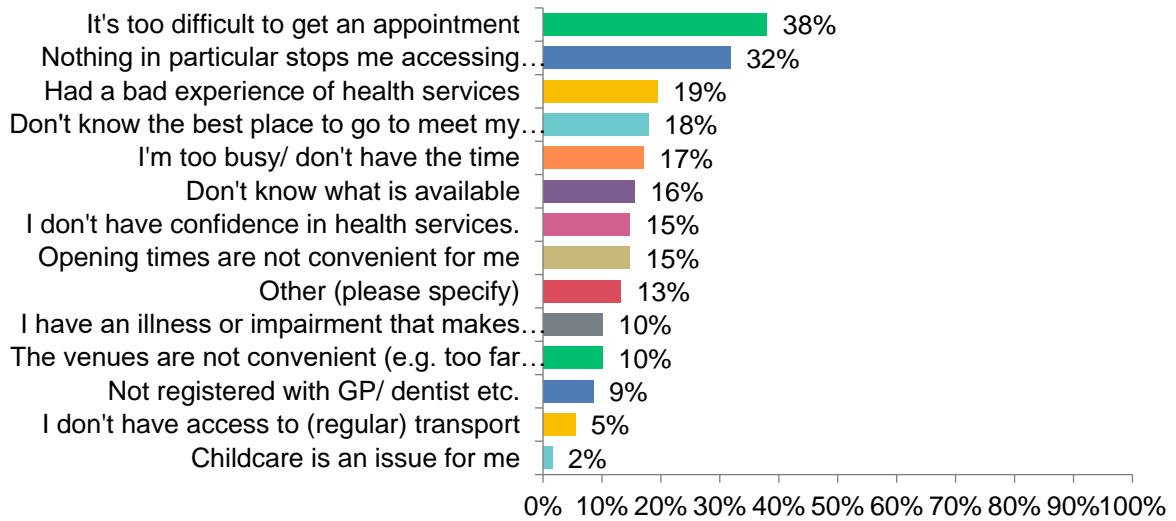
Accessing healthcare

Previous engagement and insight (HNY NHS75 engagement; Local Healthwatch insight, HNY ICB PALS data) highlights that our local population feel that accessing healthcare is a challenge. We asked questions within the survey to better understand the challenges and barriers to accessing support. Furthermore, we asked specific questions to determine ways of helping to improve knowledge and understanding of local health and care information.

32% of respondents felt that nothing particularly prevents them from accessing healthcare. However, for those that were of the opposing view, the **top five greatest challenges (see graph 6) when accessing healthcare were identified as:**

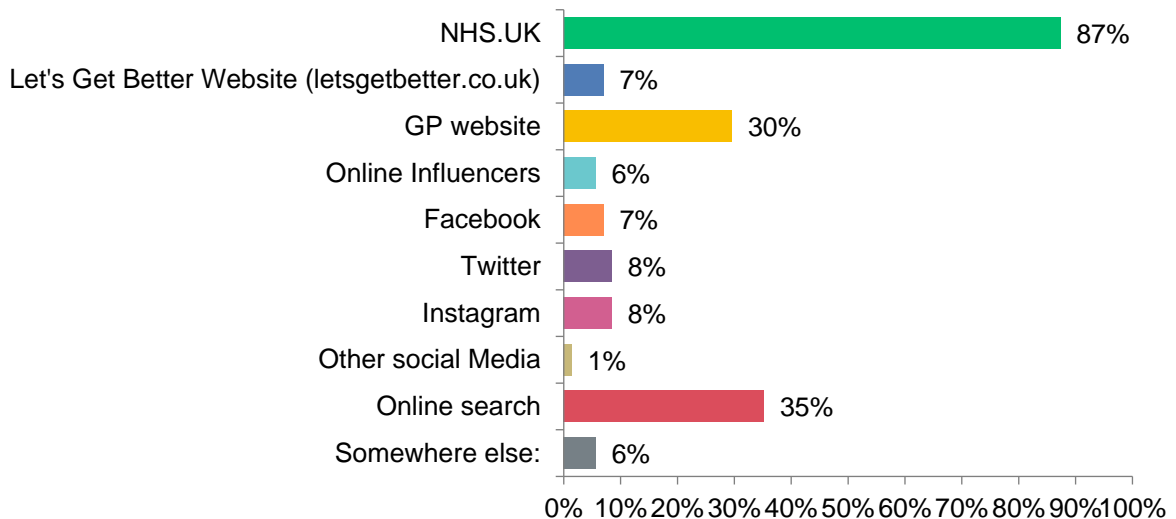
- 1. Difficulties getting appointments (38%)**
- 2. Bad experiences of health services in the past (19%)**
- 3. Uncertain of the best place to go to meet needs (18%)**
- 4. Too busy/ do not have the time (17%)**
- 5. Unsure what is available (15%)**

Graph 6: Barriers to accessing healthcare

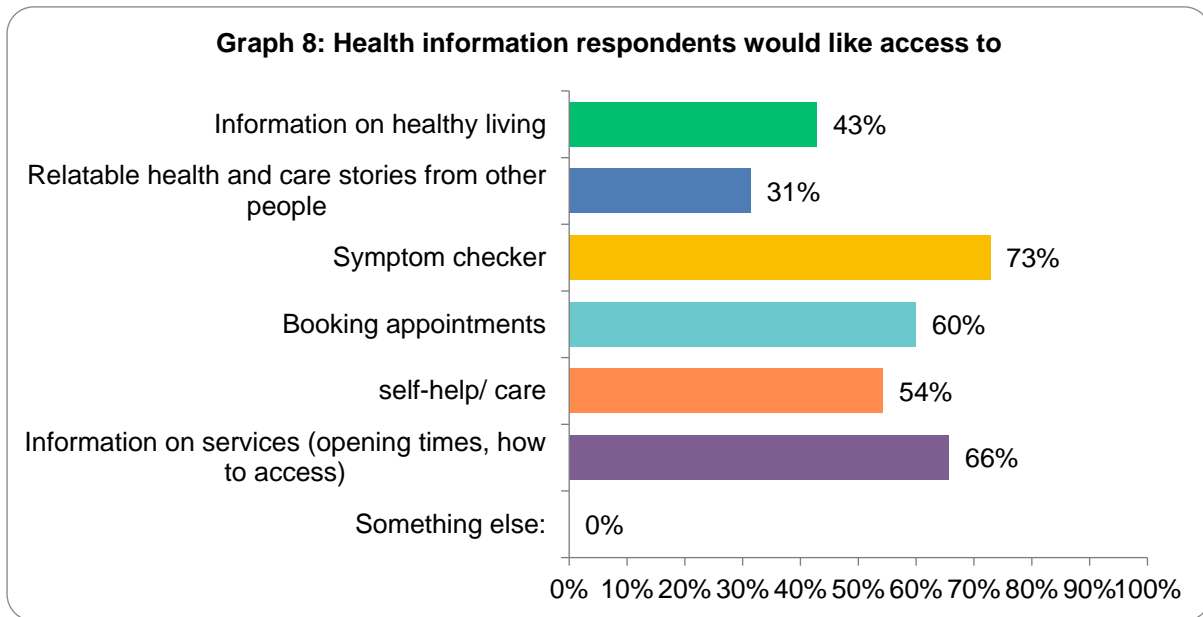


When it comes to accessing local health information, we found that 98% of respondents have access to the internet and social media **and 87% would choose to access local health information via NHS.UK**. 35% would rely on a general online search, and 30% would search via their GP's website. 25% would search via social media and less than 10% would seek health information from online influencers and the 'Let's Get Better' website (see graph 7).

Graph 7: Where respondents seek local health information online



With regards to the type of health information that people would find useful to access (see graph 8), **symptom checkers (72%), local service information relating to opening times and access pathways (66%), and the ability to book appointments online (60%) were deemed most significant.**



Experiences of Discrimination

Based on national and local insight related to LGBT+ experiences of discrimination, we asked respondents two questions that linked to where and why they may have been discriminated against (see graphs 9 and 10)

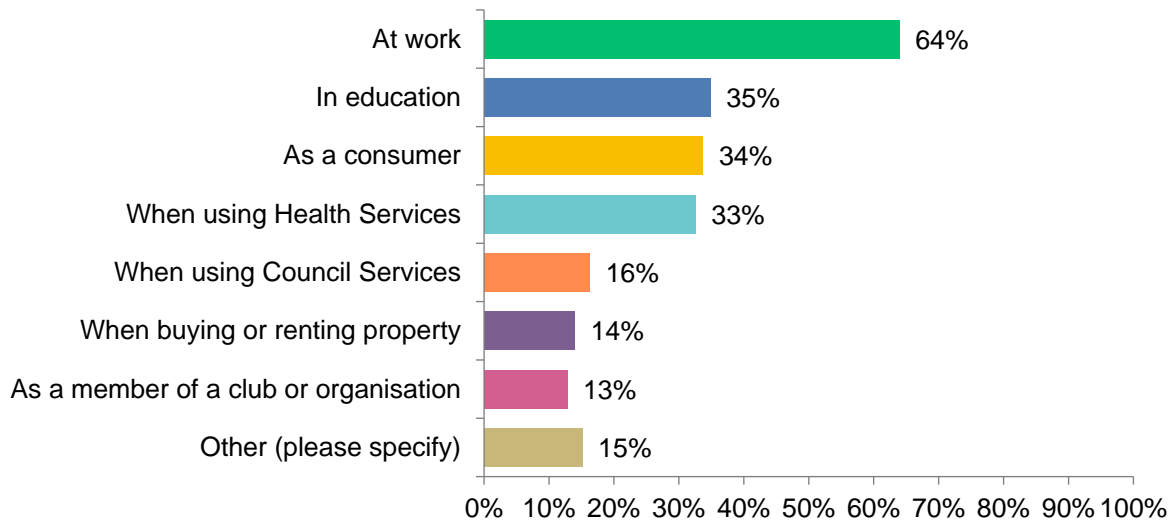
The most common reasons for discriminatory behaviour included:

- Gender identity (36%)
- Age (32%)
- Disability (30%)
- Sexual orientation (23%)

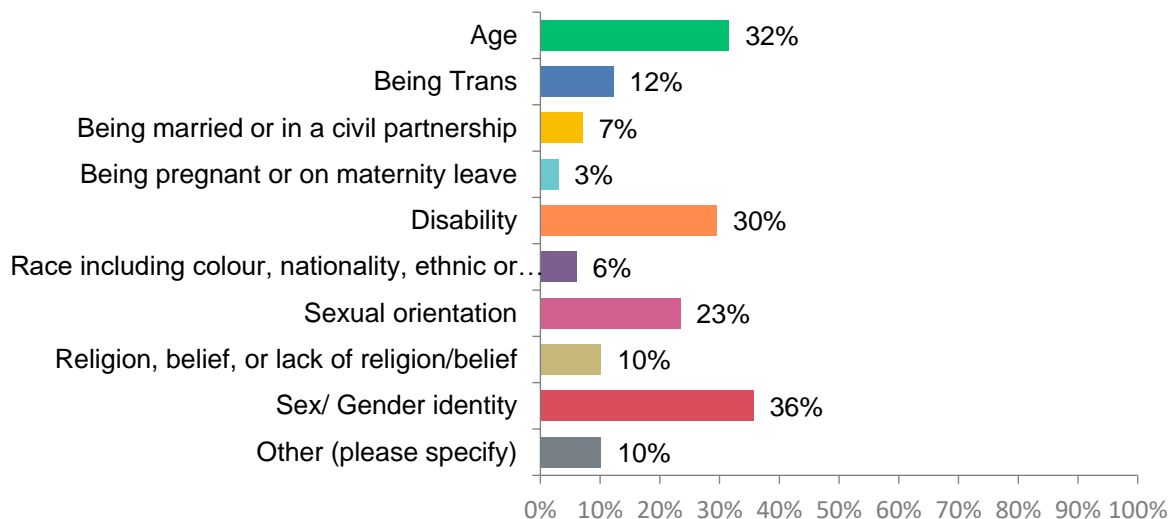
The most common places discrimination occurred were:

- Workplace (64%)
- Education (35%)
- As a consumer (34%)
- When using healthcare services (33%)

Graph 9: Places respondents feel they have been discriminated against



Graph 10: Perceived reasons for discriminatory behaviour



Improving health and care for LGBT+ communities

We provided the opportunity for respondents to tell us how they feel health and care can be improved to support our local LGBT+ communities. Respondents were asked to rank the following three key improvement statements by order of importance:

- Improve inclusivity across health and care.
- Increase the promotion of and awareness of services and support available.
- LGBT+ education and awareness for health and care professionals and staff.

‘LGBT+ education and awareness for health and care professionals and staff’ was ranked as a **top priority** for 48% of respondents, with an additional 29% ranking it as second most important. This was closely followed by *‘Improving inclusivity across health and care’* which was ranked as a top priority by 30% of respondents, with a further 33% ranking it as second most important.

Respondents were also given the opportunity to make their own suggestions on how to improve health and care. 64 open-ended responses were received. These responses were analysed and coded to identify emerging trends and key themes.

Five key themes related to improving health and care for LGBT+ communities were identified:

1. **Access to health services**, with 42% of comments referencing this.
2. **LGBT+ and inclusivity training, education, and awareness** with 33% of comments referencing this.
3. **Mental health support** and **Trans healthcare**, both referenced in 11% of comments.

Access to health services

Respondents expressed a desire for services to be easier to access with respect to obtaining and maintaining appointments without having to wait for significant amounts of time- with a specific reference to primary care, and NHS dentistry:

“Make it easier to get an appointment”

“Less waiting time/ more appointment available”

“Better access to NHS Dentists”

“More access to GP appointments”

Respondents identified several ways to improve access to services and support. One suggestion was to adopt flexible opening hours for key services to allow for more appropriate appointment times for example, evening and weekend availability:

“Later in the day and weekend appointments as I am self-employed”

“Better opening hours”

Other suggestions included making the appointment booking process easier, and providing different types of appointments including face-to-face and phone appointments:

“Easier to access face to face appointments”

“More phone appointments”

“Being able to book a GP appointment in advance”

Finally, several respondents highlighted the need to provide more information on what is available locally, with up to date information on services, specifically online:

“Better awareness of what is available”

“Keep information about the services they offer up to date. Online and visible.”

“Clear information on health services website.”

It is worth noting that similar access themes featured heavily in the NHS75 engagement work produced by HNY ICB engagement and insight team. Here, respondents expressed a desire for improved primary care access, more local services, and a desire for face to face, in-person appointments. There was also a reference to extensive waiting times and difficulty accessing NHS dental services.

LGBT+ and inclusivity training and resource

Improving LGBT+ awareness was a key theme acknowledged by respondents. Many felt that health and care staff and professionals needed to be better educated, trained and skilled to support LGBT+ people and communities effectively- with specific reference to primary care staff and medical professionals.

“Mandatory LBGT+ awareness for health professionals.”

“Improved GP training for trans healthcare and training GPs re inclusivity.”

“I would like to feel more confident in trusting my GP with things related to my sex and gender identity, I am not sure how to change this, maybe knowing that they have had some training to help them understand people’s needs.”

This recommendation was linked to negative experiences of health and care, specifically around assumptions and negative attitudes based on gender identity and sexual orientation:

“Can we help health professionals to not make assumptions about people and what is important to them. Just because someone appears "straight" or "middle-class" doesn't mean they are. When someone makes assumptions about me, it is harder for me then to be my authentic self and be honest about what that means in a healthcare (or any other) setting”

“Educating health professionals in how to ask sensitive questions, or appropriate ones. like not being surprised that a child has 2 mums and requiring only to speak to the one who gave birth.”

“If my GP or health service would listen to my concerns about my health without using a judgemental approach towards me.”

“Challenging the assumption that everyone is heterosexual so that I don't have to continually 'come out' or correct people when they misgender my spouse. More education around trans inclusively too; I've heard lots of derogatory comments while in healthcare environments.”

Mental health Support

Improvements in access to mental health support was highlighted as important to respondents. Suggested recommendations included community led support, online access, and early help and preventative support prior to crisis:

“More support in community for mental health.”

“Usually my problems aren't severe enough, I was refused treatment for my eating disorder as I wasn't bad enough.”

“Easy online access to mental health support.”

Trans healthcare

Respondents also highlighted a need to improve trans healthcare, specifically improving local access and availability of support to gender identity clinics and hormone replacement therapy:

“Increased provision of trans healthcare.”

“I would like for a closer gender identity service to serve people in Rotherham, Doncaster and South Humber.”

The lack of NHS trans support and services have resulted in trans people having to wait years to start physical transition or seek private trans health care at a significant financial cost. This often results in poor mental health outcomes and gender dysphoria with a number of trans people opting to seek hormone replacement therapy from unofficial, unregulated pathways at their own risk:

“Reduce waiting time for gender identity, I was waiting 5 years with very reduced communication.”

“I am transgender and have to go to London to get blood tests every 3 months as my GP is unwilling to offer me a hormone blood test to check my levels. I have been diagnosed with Gender Dysphoria and am on the waiting list to see the Children and Young Person's services at the new centres but being 17 I doubt I would be seen at all by them.

The lack of blood tests is very concerning; I have had many complications from my levels being incorrect. Additionally, my GP is unwilling to enter into a shared care agreement with my private hormone provider, and I have to pay £42 a month for my prescription of Testogel because of that.

I should be able to access care on the NHS but due to hurdles outside of my control, it is not likely I will be seen by the NHS for several years. This results in many of my friends "DIYing" treatment unsafely, without blood tests and with them unsure of what blood tests they do need or the efficacy or safety of their medication.

I just wanted to inform the ICB as it is new and taking over such a wide area of England. I'm located in Cleethorpes, and no GP in my area would take me on for blood tests.

I would appreciate being involved in any future campaigns offering to help LGBT people, as at the minute my area is suffering immensely on lack of a clear directive on what GPs should do when presented with a transgender patient. If I may suggest the ICB put out clear advice for GPs on the matter of shared care for transgender people seeking private treatment (or harm reduction strategies for those DIYing), I would be very happy."

Suggestions to improve GP knowledge around trans healthcare was noted by respondents, specifically providing clear and up to date advice for primary care staff (clinical and non-clinical) to support trans patients with shared care agreements.

Progress: supporting our LGBT+ people and communities across Humber and North Yorkshire

This section showcases some of the good practice and progress made across HNY to support and improve experiences and outcomes for our LGBT+ population.

Let's take pride in our health campaign



The HNY HCP developed and implemented a system wide Pride campaign that ran from June-September 2023.

This campaign focused on three key phases including:

- Access to services and screening.
- Workforce and people
- Intersectionality.

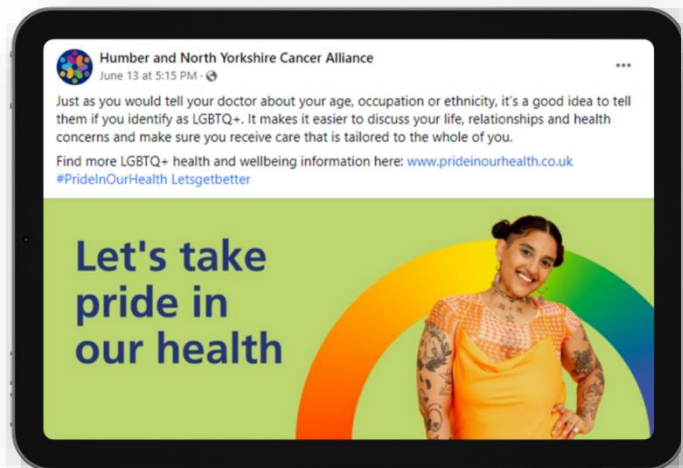
A digital campaign was co-designed by HNY LGBT+ Staff Network members and delivered across system partner channels. The campaign included a unified brand, approach, and key messages.

Objectives:

- To support members of the LGBT+ community to access health care services appropriately through clear and accessible communication.
- To support members of the LGBT+ community to proactively look after their own health and wellbeing.
- To inform and educate staff working across Humber and North Yorkshire Health and Care Partnership on:
 - LGBT+ health inequalities.
 - How to create an inclusive and safe workplace / health setting for LGBT+ communities – particularly primary care.
- To position HNY HCP as an LGBT+ friendly organisation.

Each campaign phase had an accompanying communications toolkit that included:

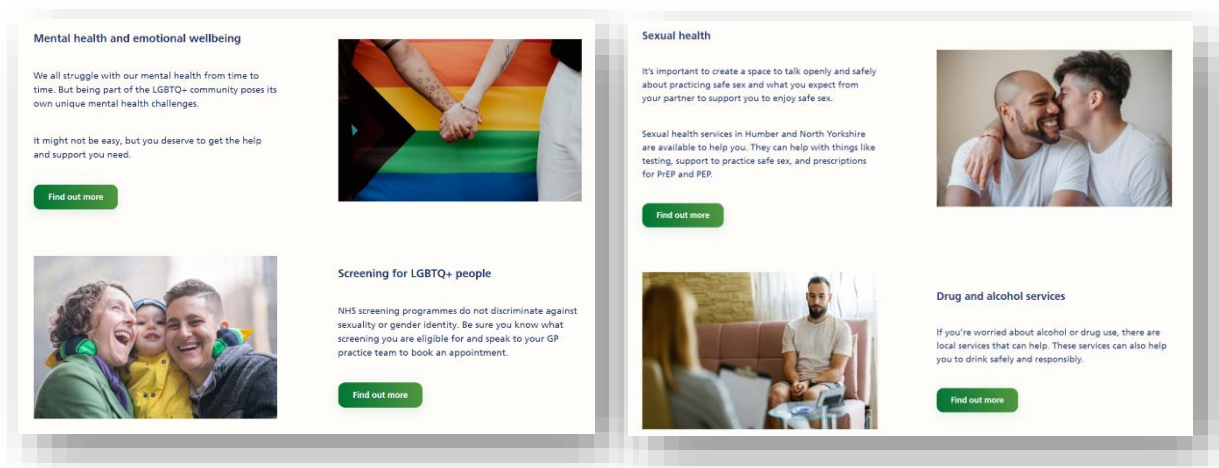
- Background information.
- Newsletter / bulletin content.
- Social media content.
- Content for staff briefings.
- Event details.
- Signposting to resources and guides.



The following were created and launched as part of the campaign and will continue after it ends:

- Launch of a dedicated LGBTQ+ digital health hub (www.prideinourhealth.co.uk)
- HNY Inclusive Language Guidance (see page 33 for more information)
- Executive blog around allyship
- Peer blog around intersectionality
- Inclusive language sessions for key teams including communications, marketing and engagement
- Lunch and Learns including LGBTQ+ History

LGBT+ Digital Hub



Launched in conjunction with the campaign, a digital health hub was co-designed with members of the LGBTQ+ community and health care partners to provide information on what is available locally for LGBTQ+ people and communities to provide a well-rounded picture of inclusive health and wellbeing support. The webpages feature information on topics such as mental health and emotional

wellbeing, screening programmes, sexual health, drug, and alcohol use, and eating disorders. Users can also find information on how to register with a GP practice and how to change your name and gender on your medical record.

Pride events



Alongside this communications and marketing campaign, HNY HCP supported several Pride events across the patch. As health and care professionals across the system, it is a key priority to improve patient and service user experience, specifically for those who experience health inequalities. Pride events were a unique opportunity to engage with our local LGBT+ communities to:

- Provide health and wellbeing information, guidance, and support for LGBT+ communities and people in a safe, inclusive, and accessible space.
- Position HNY HCP as an LGBT+ friendly system.
- Position our system as a great place to work.
- Build recognition in members of the LGBT+ community of the 'let's take pride in our health' campaign and wider brand.
- Enhance our understanding of key health concerns, priorities, and experiences of the LGBT+ community.

Local Pride events were a unique opportunity to reach our local LGBT+ community in an inclusive, relatable, and comfortable space, build and develop our relationship and trust with the community, and provide an environment where they feel empowered to participate in conversation and dialog. Several engagement activities were available for the LGBT+ community during local events:

- **Pride in our Health survey** helped to gather an understanding of LGBT+ people's key health concerns, needs and priorities (see pages 10-18 for more information).

- **Pride Pals**- wellbeing initiative to provide positive, supportive letters to take away or write for LGBT+ people. Individuals had the opportunity to sign-up to receive regular letters in the future that include relevant support information from organisations across the HNY HCP.
- **Raising awareness and promotion of community engagement in health and care**- Individuals were able to sign-up to receive engagement information and opportunities.
- **Voting station**- aimed to expand our knowledge of how to improve accessibility of health services for LGBT+ community (see page 27 for results).

Spotlight on: Hull Pride

Hull Pride was our main focus in terms of events for 2023. The health and wellbeing offer at Hull Pride was a true partnership across the system including Health, Local Authority and VCSE colleagues from:

- Blue Door
- City Health Care Partnership (CHCP)
- House of Light
- Hull and East Riding Fertility
- Hull and East Riding Local Authorities
- Hull and East Yorkshire Mind
- Hull Community Pharmacy
- Hull NHS Talking Therapies
- Hull Primary Care Networks
- Hull University Teaching Hospital (HUTH)
- Humber and North Yorkshire Cancer Alliance
- Humber and North Yorkshire Integrated Care Board (HNYICB)
- Humber Teaching NHS Foundation Trust (HTFT)
- Moorview Care
- ReNew
- SHOUT Youth Group
- Space 2 Be Heard
- Springfield Healthcare
- Thrive Hull
- Yorkshire MESMAC

The health and wellbeing tent provided a safe, accessible, and inclusive space for all. Each health zone within the tent was co-designed with our key partners and reviewed by HNY LGBT+ Staff Network and communities. Each zone included activities that encouraged engagement, discussion, and improved understanding and awareness of key health topics (see table below).

<p>Physical health zone</p> <ul style="list-style-type: none"> • Breast Screening <ul style="list-style-type: none"> - Breast examination models - Bra pong activity • Bowel screening <ul style="list-style-type: none"> - Bristol stool chart - screening quiz - poo in the loo activity • Access to healthcare <ul style="list-style-type: none"> - right service right time • Information, resources, and giveaways 	<p>Emotional Wellbeing and Mental Health zone</p> <ul style="list-style-type: none"> • Promotion and awareness of emotional wellbeing and mental health offer across Hull and East Riding • Sign up to MIND's call back service • Information, resources, and giveaways
<p>Sexual Health and Fertility zone</p> <ul style="list-style-type: none"> • Promotion and awareness of sexual health and fertility offer across Hull and East Riding • Information guidance and resources • Activities and giveaways 	<p>Drug, Alcohol and Smoking zone</p> <ul style="list-style-type: none"> • Promotion and awareness of drug, alcohol and smoking support services in Hull and East Riding • Information, guidance, and resources • Activities and giveaways
<p>Workforce and Recruitment</p> <ul style="list-style-type: none"> • Career planning • Recruiting to current vacancies in the health and care system • Advice and guidance e.g., CV writing, interview skills • Activities and giveaways 	<p>Additional activities</p> <ul style="list-style-type: none"> • Parade march • NHS Choir performances

Let's take pride in our health: campaign and event outcomes

Let's get better social media - organic

16 posts

Total reach: 2,105

Total engagements (likes and shares): 114

HNY HCP Facebook page - organic

18 posts

Total reach: 3,745

Total engagements (likes and shares): 187

Digital health hub engagement

Top three pages:

- Let's Take Pride in our Health – 1461 views, 1162 users, average engagement time of 16 seconds

- Pride in our Sexual Health – 46 views, 37 users, average engagement time 23 seconds
- Pride in Practice – 24 views, 20 users, average engagement time 30 seconds

The top referrals across all pages were:

- Direct
- Organic social
- Referral from a link on another site

Blog post views: over 400 views via the Partnership website

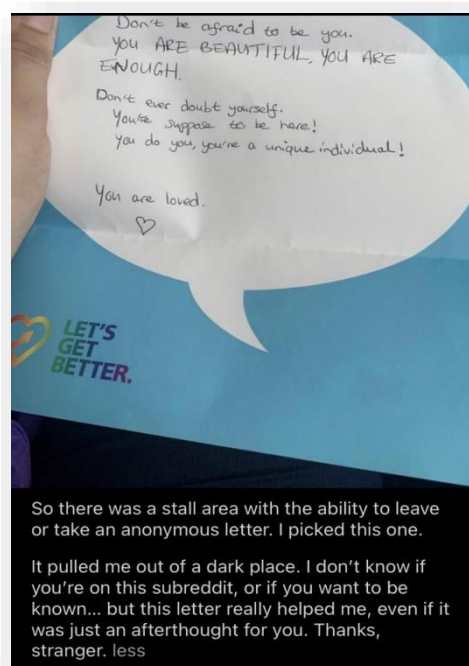
Pride events

- **We engaged with over 2000 people** across all Pride events attended.
- **Over 200 people representing health and care marched in Pride Parades.**
- **We received over 60 Pride Pal letters** that included themes such as:
 - Fears of coming out
 - Being your true self
 - Improving mental health and wellbeing
 - Loneliness
 - Being out and proud

Each letter will be shared via the pride pal e-series and each handwritten letter was shared between Hull and East Yorkshire Mind and Wold's pride event organisers to share with LGBT+ people who would benefit.

- **338 people voted on 'how we can improve LGBT+ experiences of health and social care in HNY'**

Voting option	votes
Improve inclusivity across health and care	95
Increase the promotion and awareness of services and support available	89
LGBT+ Awareness and education for health and care professionals	138
Other	16



LGBT+ community reflections

As part of the Pride in our Health survey we asked respondents about their experiences of 'Let's take pride in our health' spaces at local Pride events. Findings are shared below.

- **60% of survey respondents had attended** or were planning to attend local **Pride events in HNY**. These included:
 - Bridlington, Doncaster, Goole, Hull, Pocklington, Scarborough, Wolds, and York.
- **80%** of those who had attended a local pride event **visited the 'Let's take pride in our health' spaces**.
 - 50% passed it during the event
 - 40% were told to visit during the event
 - Remaining had seen it advertised on social media or Pride websites
- **70%** of respondents who had visited 'Let's take pride in our health' spaces **felt they had shared their views and opinions in some way**.
- **87% felt that the information provided at 'Let's take pride in our health' spaces was helpful** and:
 - Made them aware of something they did not know.
 - Prompted them to act/ make a change.
 - Sparked an interest to find out more.

"I liked that some of the NHS staff running the stall were also members of the LGBTQ+ community and were knowledgeable beyond the typical medical and health aspects affecting just cisgender and heterosexual people."

(Trans Female, age 35-44)

Feedback on 'Let's take pride in our health' campaign material:

"I love the trans inclusivity of these posters. It's refreshing to see something supportive for a change and is something that I firmly believe the NHS and we as a trust should stand up against and provide support for."

(HNY LGBT+ Staff Network member)

"In recent years I often worry when rainbows are put on things that people tend to associate them with just the NHS, however these posters are clear and concise in their message that this is about Pride and the NHS."

(HNY LGBT+ Staff Network Member)

HNY HCP staff reflections

“Hull Pride was a positive and enjoyable event. The team were made to feel welcome by the wider HNY Integrated Care Board attendees, as well as the local cancer screening teams.

The team were able to have a significant number of important conversations with key target audience members. The occasion and activities represented an excellent engagement opportunity, attracting those from the LGBT+ community to an environment where they could comfortably talk about cancer and screening.

The use of entertaining and interactive games, like Bra Pong, can attract people to the stand and create opportunities for more prolonged engagements and therefore more in-depth conversations. These activities are useful tools in attracting people who might not normally have attended or interacted with a “health stand” to have important conversations about cancer and screening. The team are exploring the potential for further engagement tools such as this to create time and space for engagements in entertaining and culturally appropriate ways. These and other positives from Hull Pride can be used to aid and coordinate similar or more targeted activity at other Pride events in 2024/25.”

(HNY Cancer Alliance colleague)

“We interacted with a lot of people and gave out a lot of our QR codes which we feel worked better than leaflets. Having a gimmick like the poo in the loo encouraged people to come over and being next to bra pong was also good to have the two activities together.

There was one person who had received the kit and was unsure how to take the sample, we were able to get their address and send them some easy read leaflets on how they can complete the kits and about screening.

Another couple had a friend recently diagnosed with bowel cancer, and we were able to give them information to support their friend.”

(CHCP colleague)

“I have supported Pride as an ally for most of my adult life but never felt strong or brave enough to do that as my authentic self. Working together on a system-wide Pride campaign this year gave me the confidence to march for the very first time (I'm normally behind the scenes, taking photos and sorting tents and stands). I cannot express enough how liberating this was for me - although to many I was marching as an ally, it represented the first step towards this changing for me in future. Thank you for giving me the opportunity and for creating a space safe enough for me to take this step.”

(HNY ICB colleague)

“Since attending Hull Pride 2023, the clinic has seen an uplift in the number of LGBTQ+ patients enquiring about fertility preservation and treatment. This includes enquiries into surrogacy arrangements and a number of transgender preservations, predominately trans-female. It is very rewarding for the Clinic to be able to offer these services to people to allow them to preserve their future and fulfil their dreams of having a family.”
(Hull and East Riding Fertility)



“I just want to thank you for allowing me to be part of this incredible pride journey. as someone who is relatively shy, I have often been overlooked in terms of contribution. I just want to take the time to thank you both, and the others too (but I can't remember their emails so please forward them to them if you can!) for allowing this originally wobbly, slightly wonky concept to become a thriving reality.”
(HUTH colleague)

“Alongside national Pride campaigns, YorSexual Health (YSH) have been working to promote service recognition and improve access to sexual health care across North Yorkshire's LGBTQ+ population. Staff attendance at local Pride events including Scarborough, York, Skipton, Malton, and Pride in the Dales provided the service with opportunities to enhance understanding of who we are and what we offer. Free sperm keyrings and condom packs distributed at Pride stalls allowed local people to take our contact details and engage in dialogue in fun, safe, and inclusive spaces.”
(YorSexual Health)



HUTH Rainbow Badge Assessment

In January 2023 Hull University Teaching Hospital (HUTH) signed up to the Rainbow Badge Scheme, an initiative that provides staff with a way to show that they are aware of the issues that LGBT+ people can face when accessing healthcare. The scheme was launched in October 2019 and has since been adopted by 150 NHS Trusts in England.

The Rainbow Badge Assessment consists of five key elements. Details of HUTH's assessment process is highlighted below:

1. Policy Review – key policies submitted February 2023
2. Patient Survey – **92** responses received
3. Staff Survey – **817** responses received
4. Services Survey – **39** responses received
5. Workforce Assessment – submitted July 2023

HUTH has completed the assessment process and are currently undergoing scoring by the LGBT Foundation whereby they will receive an assessment report and plan of action moving forward.

The Pledge

In addition to the scheme, HUTH designed a Rainbow Badge pledge process with some **637** pledges so far from staff. Everyone who makes a pledge receives an enamel NHS Rainbow Badge. One of the HUTH LGBTQ+ Staff Network objectives for 2023/24 is to receive **1,000** pledges.

YorSexual Health LGBT+ walk-in clinics

In celebration of International Transgender Day of Visibility, YorSexual Health (YSH) hosted dedicated booked and walk-in clinics for transgender and non-binary service users. Attendees provided valuable feedback through an online survey on the benefits of dedicated walk ins:

'Makes me feel a lot more safe and comfortable knowing that the medical staff are trans affirming'

'I would feel more comfortable being myself'

Feedback from the LGBT Foundation, July 2023:
'These are some of the highest numbers of survey responses we've seen, particularly in the staff survey, so I hope you're proud of yourselves. This doesn't necessarily guarantee a high score, as the scoring does depend on the quality of responses and evidence, however it is still a huge sign of your trust's dedication and enthusiasm for this work that you have so many responses.'

Following a positive reception for dedicated walk-in services, YSH are holding a transgender and non-binary walk-in clinic on 18th November 2023 in celebration of Transgender Awareness Week.

Digital campaigns and outreach are designed to build recognition in members of the LGBT+ community and to promote YSH as a service that is LGBT+ friendly. The YSH website features LGBT+ specific pages to redirect service users to the most appropriate sexual health guidance.



Hull and East Riding Fertility Clinic

As East Yorkshire's only registered clinic providing specialist infertility investigations and treatment, Hull and East Riding fertility have many years of expertise in helping same-sex couples and singles throughout the region, with their fertility journey. The clinic understands that every person is unique, and we treat everyone with the care, compassion and understanding they deserve.

The clinic has attended several local Pride events across HNY and met many LGBT+ people at varying stages of their fertility journey. Talking to clinic staff has left people feeling better informed about their options for the future, whether this is through fertility preservation of eggs, sperm or embryos or having initial investigations performed. Trans and non-binary people particularly benefit from considering their fertility at an earlier stage and the clinic has years of experience discussing fertility preservation.



The clinic receives many enquiries from same sex couples about accessing treatment as same-sex female or same-sex male couples and provides information booklets which are tailored to offer advice dependent on individual circumstances.

One aim of attending Pride events in 2023 was to raise awareness of the need for more sperm and egg donors. The clinic takes pride in being able to provide its own donor sperm bank, giving choice, flexibility, and ease to patients.

www.hulleastridingfertility.co.uk

HNY HCP Inclusive Language Guidance

The HNY HCP Inclusive Language Guidance has been co-developed in partnership with a diverse group of colleagues from minoritised groups across health and care to increase confidence when using inclusive language about a range of topics, including LGBT+.

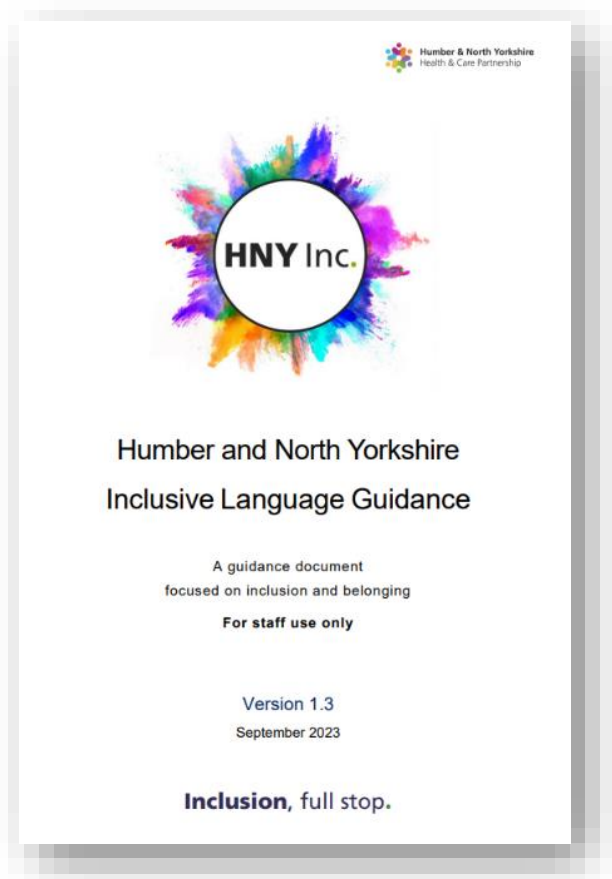
It provides an overview and a starting point for colleagues across the partnership to learn about the diversity of those around us and will be continually reviewed as language changes.

Using this guide will:

- Support colleagues in both their written and spoken communication.
- Promote productive discussions about inclusivity.
- Promote consistent use of appropriate language across health and social care in HNY.
- Allow a more positive environment.
- Allow colleagues and staff to feel like they belong, are valued, and are free to bring their whole selves to work.

It is a starting point on HNY HCP's journey to understand the power of inclusive language, so all people – whether patients, service users or colleagues – can feel safe and welcome across the partnership.

Download the HNY Inclusive Language Guidance [here](#).



Appendices

Appendix 1: National Census 2021 Data

North Yorkshire

Sexual Orientation

	Persons	
	North Yorkshire County	
	count	%
All usual residents aged 16 and over	516,179	100.0
Straight or Heterosexual	470,861	91.2
Gay or Lesbian	5,773	1.1
Bisexual	4,461	0.9
Pansexual	668	0.1
Asexual	276	0.1
Queer	64	0.0
All other sexual orientations	48	0.0
Not answered	34,028	6.6

In order to protect against disclosure of personal information, records have been swapped between different geographic areas and counts perturbed by small amounts. Small counts at the lowest geographies will be most affected. Source: ONS - 2021 Census (TS079)

Gender Identity

	Persons	
	North Yorkshire County	
	count	%
All usual residents aged 16 and over	516,180	100.0
Gender identity the same as sex registered at birth	489,220	94.8
Gender identity different from sex registered at birth but no specific identity given	598	0.1
Trans woman	319	0.1
Trans man	254	0.0
Non-binary	173	0.0
All other gender identities	135	0.0
Not answered	25,481	4.9

In order to protect against disclosure of personal information, records have been swapped between different geographic areas and counts perturbed by small amounts. Small counts at the lowest geographies will be most affected. Source: ONS - 2021 Census (TS070)

York

Sexual Orientation

	Persons	
	York Local Authority	
	count	%
All usual residents aged 16 and over	172,085	100.0
Straight or Heterosexual	148,921	86.5
Gay or Lesbian	3,507	2.0
Bisexual	4,904	2.8
Pansexual	609	0.4
Asexual	324	0.2
Queer	160	0.1
All other sexual orientations	50	0.0
Not answered	13,610	7.9

In order to protect against disclosure of personal information, records have been swapped between different geographic areas and counts perturbed by small amounts. Small counts at the lowest geographies will be most affected. Source: ONS - 2021 Census (TS079)

Gender Identity

	Persons	
	York Local Authority	
	count	%
All usual residents aged 16 and over	172,083	100.0
Gender identity the same as sex registered at birth	160,735	93.4
Gender identity different from sex registered at birth but no specific identity given	242	0.1
Trans woman	171	0.1
Trans man	170	0.1
Non-binary	318	0.2
All other gender identities	161	0.1
Not answered	10,286	6.0

In order to protect against disclosure of personal information, records have been swapped between different geographic areas and counts perturbed by small amounts. Small counts at the lowest geographies will be most affected. Source: ONS - 2021 Census (TS070)

East Riding

Sexual Orientation

	Persons	
	East Riding of Yorkshire Local Authority	
	count	%
All usual residents aged 16 and over	288,141	100.0
Straight or Heterosexual	262,847	91.2
Gay or Lesbian	2,995	1.0
Bisexual	2,325	0.8
Pansexual	303	0.1
Asexual	102	0.0
Queer	30	0.0
All other sexual orientations	25	0.0
Not answered	19,514	6.8

In order to protect against disclosure of personal information, records have been swapped between different geographic areas and counts perturbed by small amounts. Small counts at the lowest geographies will be most affected. Source: ONS - 2021 Census (TS079)

Gender Identity

	Persons	
	East Riding of Yorkshire Local Authority	
	count	%
All usual residents aged 16 and over	288,136	100.0
Gender identity the same as sex registered at birth	272,645	94.6
Gender identity different from sex registered at birth but no specific identity given	350	0.1
Trans woman	163	0.1
Trans man	162	0.1
Non-binary	84	0.0
All other gender identities	63	0.0
Not answered	14,669	5.1

In order to protect against disclosure of personal information, records have been swapped between different geographic areas and counts perturbed by small amounts. Small counts at the lowest geographies will be most affected. Source: ONS - 2021 Census (TS070)

Kingston Upon Hull

Sexual Orientation

	Persons	
	Kingston upon Hull, City of Local Authority	
	count	%
All usual residents aged 16 and over	213,878	100.0
Straight or Heterosexual	188,281	88.0
Gay or Lesbian	3,655	1.7
Bisexual	3,522	1.6
Pansexual	605	0.3
Asexual	179	0.1
Queer	48	0.0
All other sexual orientations	49	0.0
Not answered	17,539	8.2

In order to protect against disclosure of personal information, records have been swapped between different geographic areas and counts perturbed by small amounts. Small counts at the lowest geographies will be most affected. Source: ONS - 2021 Census (TS079)

Gender Identity

	Persons	
	Kingston upon Hull, City of Local Authority	
	count	%
All usual residents aged 16 and over	213,877	100.0
Gender identity the same as sex registered at birth	197,316	92.3
Gender identity different from sex registered at birth but no specific identity given	632	0.3
Trans woman	242	0.1
Trans man	242	0.1
Non-binary	166	0.1
All other gender identities	96	0.0
Not answered	15,183	7.1

In order to protect against disclosure of personal information, records have been swapped between different geographic areas and counts perturbed by small amounts. Small counts at the lowest geographies will be most affected. Source: ONS - 2021 Census (TS070)



North Lincolnshire

Sexual Orientation

	Persons	
	North Lincolnshire Local Authority	
	count	%
All usual residents aged 16 and over	139,467	100.0
Straight or Heterosexual	126,559	90.7
Gay or Lesbian	1,565	1.1
Bisexual	1,281	0.9
Pansexual	309	0.2
Asexual	51	0.0
Queer	5	0.0
All other sexual orientations	27	0.0
Not answered	9,670	6.9

In order to protect against disclosure of personal information, records have been swapped between different geographic areas and counts perturbed by small amounts. Small counts at the lowest geographies will be most affected. Source: ONS - 2021 Census (TS079)

Gender Identity

	Persons	
	North Lincolnshire Local Authority	
	count	%
All usual residents aged 16 and over	139,466	100.0
Gender identity the same as sex registered at birth	130,991	93.9
Gender identity different from sex registered at birth but no specific identity given	423	0.3
Trans woman	104	0.1
Trans man	116	0.1
Non-binary	43	0.0
All other gender identities	42	0.0
Not answered	7,747	5.6

In order to protect against disclosure of personal information, records have been swapped between different geographic areas and counts perturbed by small amounts. Small counts at the lowest geographies will be most affected. Source: ONS - 2021 Census (TS070)

North East Lincolnshire

Sexual Orientation

	Persons	
	North East Lincolnshire Local Authority	
	count	%
All usual residents aged 16 and over	127,524	100.0
Straight or Heterosexual	115,780	90.8
Gay or Lesbian	1,564	1.2
Bisexual	1,400	1.1
Pansexual	196	0.2
Asexual	68	0.1
Queer	11	0.0
All other sexual orientations	25	0.0
Not answered	8,480	6.6

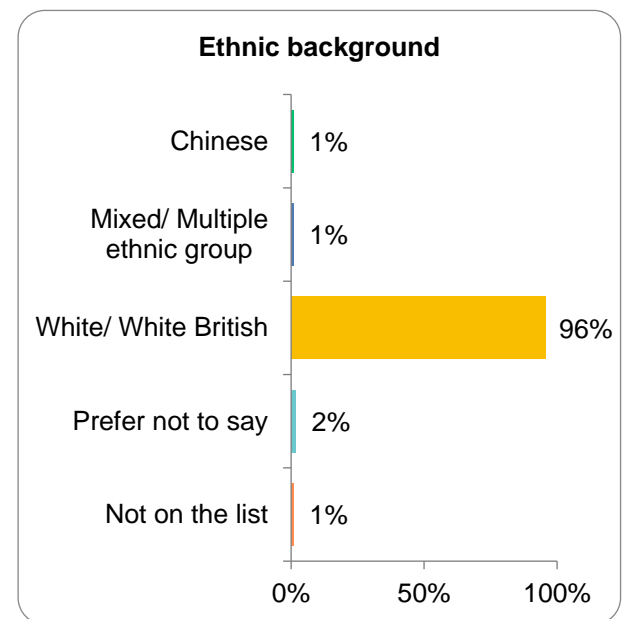
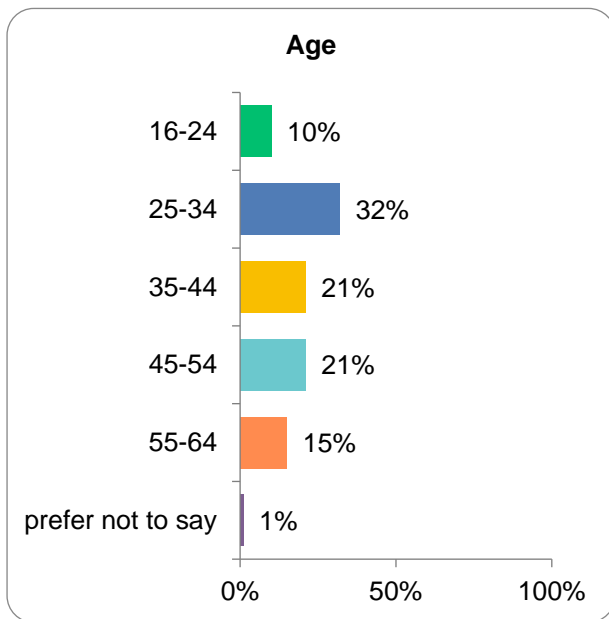
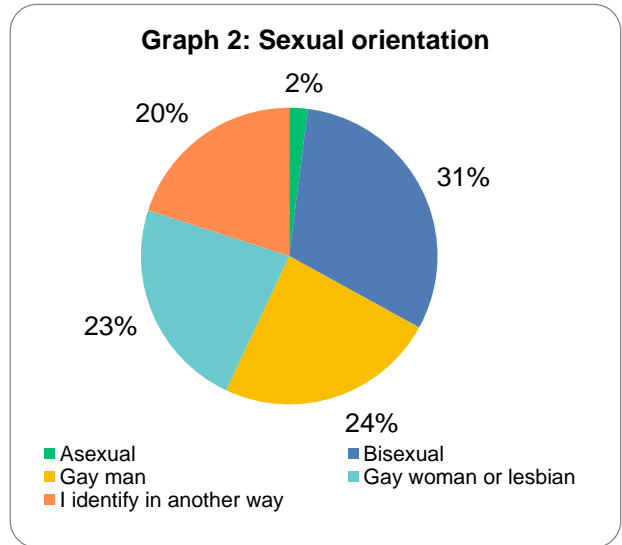
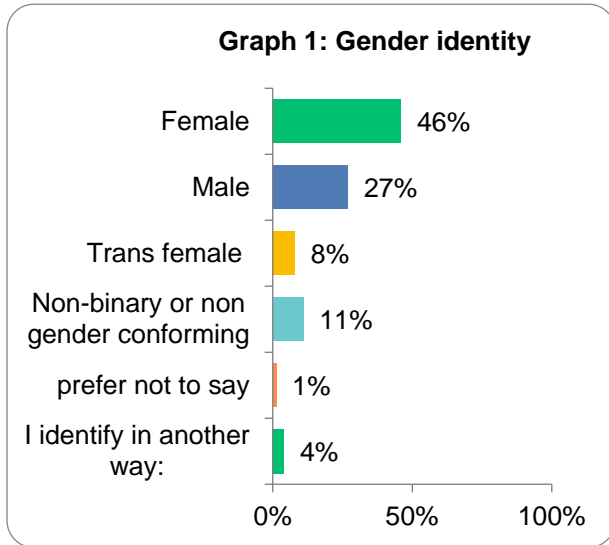
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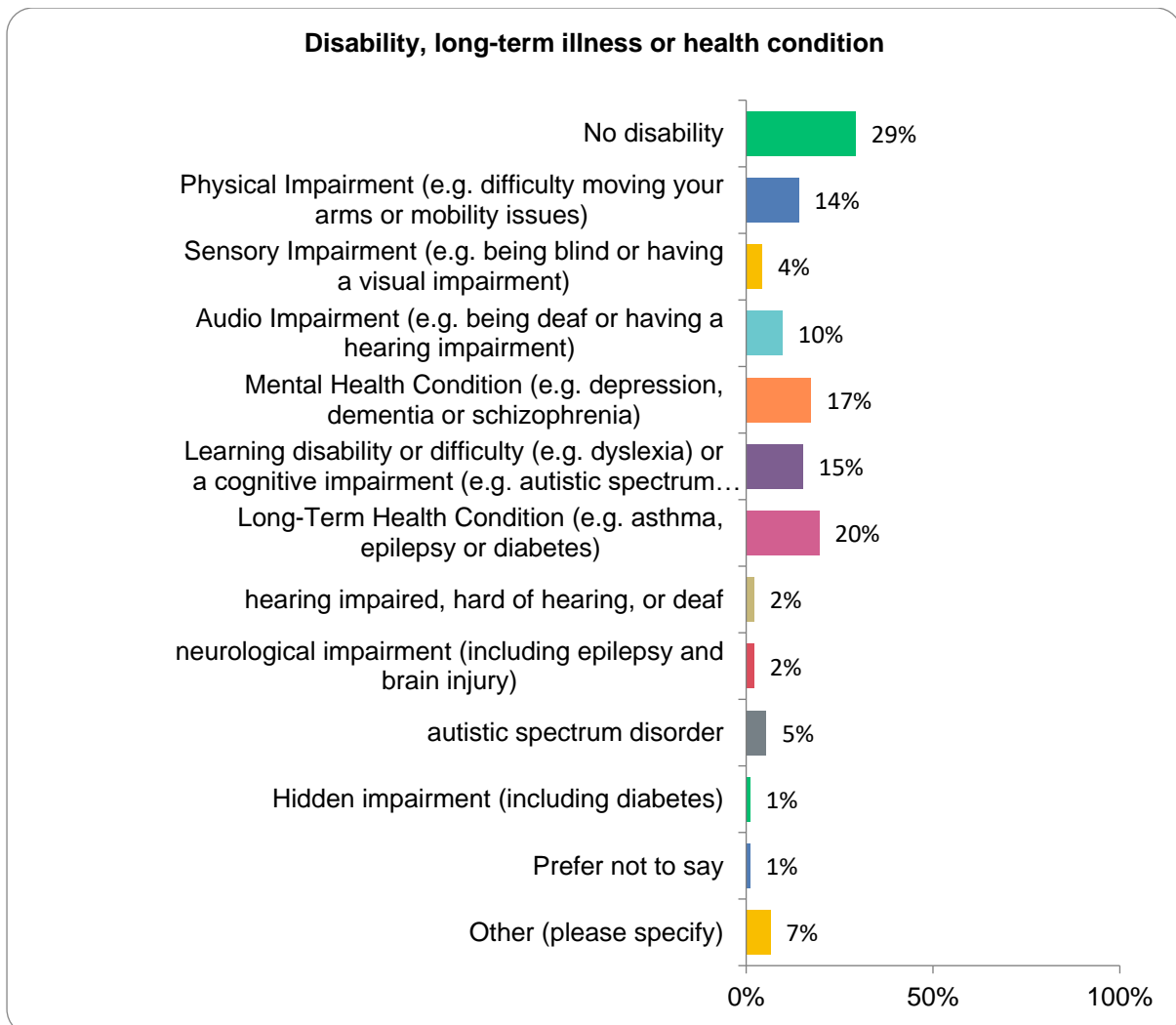
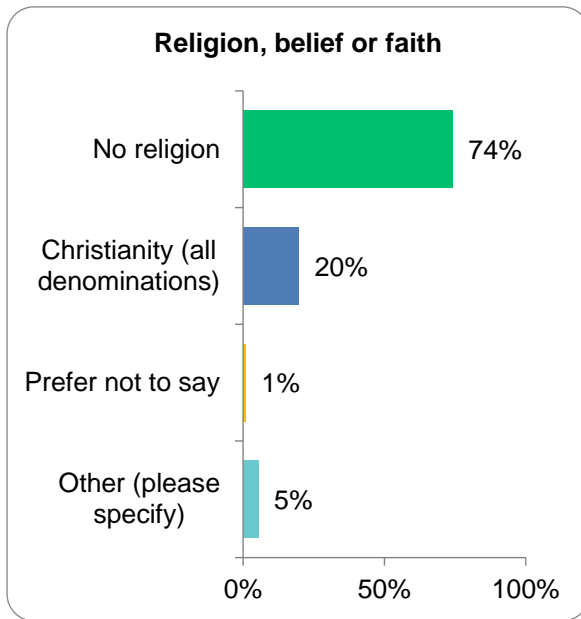
Gender Identity

	Persons	
	North East Lincolnshire Local Authority	
	count	%
All usual residents aged 16 and over	127,524	100.0
Gender identity the same as sex registered at birth	120,178	94.2
Gender identity different from sex registered at birth but no specific identity given	276	0.2
Trans woman	101	0.1
Trans man	115	0.1
Non-binary	39	0.0
All other gender identities	38	0.0
Not answered	6,777	5.3

In order to protect against disclosure of personal information, records have been swapped between different geographic areas and counts perturbed by small amounts. Small counts at the lowest geographies will be most affected. Source: ONS - 2021 Census (TS070)

Appendix 2: 'Pride in our Health' survey demographic data





Appendix 3: open-ended responses from 'Pride in our Health Survey 2023

Access:

- cut waiting times and not cancel appointments
- better times for appointments
- get there on time for your appointments
- ease of getting appointments. A&E- triage as you walk in as can be sat for hours when 111 has advised you to go there.
- easier to access face to face appointments and quicker. lists are too long.
- better opening hours
- more accessible/ more phone appointments
- GP accessibility
- more availability
- make it easier to get an appointment
- easier to make appointments
- opening times and easier appointment bookings
- more appointments
- Have more one stop shops for general health needs.
- Clear information on health services website. Chance to describe symptoms in detail (with an option of written format)
- Being able to book a GP appointment in advance (my surgery only allows you to call on the day itself)
- Easier access to appointments.
- Keep information about the services they offer up to date. Online and visible.
- better access to GPs
- availability
- less waiting time/ more appointment available
- shorter waiting times
- Access to NHS dentist.
- Better access to NHS dentists
- later in the day and weekend appointments as I am self employed
- more access to GP appointments
- Better awareness of what is available

LGBT+ and inclusivity education and training:

- education of staff. awareness. regular training.
- understand!
- better understanding of us
- mandatory LBGT+ awareness for health professionals
- improved GP training for trans healthcare and training GPs re inclusivity.
- better training for medical staff. positive action taken over complaints.
- Staff training and attitudes / acceptability / inclusion
- Better understanding and better use of language e.g., always assume in health that partner is male

- Can we help health professionals to not make assumptions about people and what is important to them. Just because someone appears "straight" or "middle-class" doesn't mean they are. When someone makes assumptions about me, it is harder for me then to be my authentic self and be honest about what that means in a healthcare (or any other) setting.
- More accepting doctors
- educating health professionals in how to ask sensitive questions, or appropriate ones. like not being surprised that a child has 2 mums and requiring only to speak to the one who gave birth.
- people could stop assuming that my wife is my mother (she is younger than me)
- if my GP or health service would listen to my concerns about my health without using a judgemental approach towards me
- Challenging the assumption that everyone is heterosexual so that I don't have to continually 'come out' or correct people when they mis-gender my spouse. More education around trans inclusively too; I've heard lots of derogatory comments while in healthcare environments.
- More understanding of us
- I would like to feel more confident in trusting my GP with things related to my sex and gender identity, I am not sure how to change this, maybe knowing that they have had some training to help them understand people's needs.
- increase LGBT+ education and awareness for health and care staff and promote that this has been done.
- disabled access.
- understanding of disability and the social model of disability.
- Also improve electronic patient record systems to accommodate non-binary people.
- Use of inclusive language and actually having inclusive services.

Mental health support:

- better mental health care. More support in community for mental health.
- easy online access to mental health support
- Better mental health services,
- more mental health support
- more access to mental health DRS
- struggle to get appointment when needed, usually my problems aren't severe enough, I was refused treatment for my eating disorder as I wasn't bad enough
- more appointment available online for mental health issues

Trans health care:

- fix the trans healthcare waiting list. require GPs to enter into shared care arrangements with private trans healthcare providers until the waiting list problem is fixed.
- increased provision of trans healthcare.
- Improve the current GIC system and reform the law to allow for easier gender self-ID.
- Ready access to gender affirming care for trans brothers & sisters
- hormone therapy should be available through primary care system

- I would like for a closer gender identity service to serve people in Rotherham, Doncaster, and South Humber
- waiting time for gender identity, I was waiting 5 years with very reduced communication

