The National LGBT Partnership

VCSE health & wellbeing alliance

Working with Health Organisations: An Explainer for LGBTQ+ Organisations

March 2025

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Foreword

The information in this guide is intended to support our sector to start building (and continue to strengthen) relationships with healthcare organisations. It is vitally important that we create and deepen these connections, as we have the skills and expertise to effect real and lasting change within healthcare systems, to ensure our communities get the culturally sensitive support they need to live healthy, prosperous lives.

We're incredibly grateful to the LGBT Partnership's steering group, and all of those organisations who responded to the survey and who allowed us to use their experiences to inform this guidance. We understand that navigating healthcare systems working can feel impossible at times, and hope that you will use this guidance as a toolkit for beginning and continuing, to prioritise this work.

Dr Paul Martin OBE
Chief Executive at LGBT Foundation

Foreword

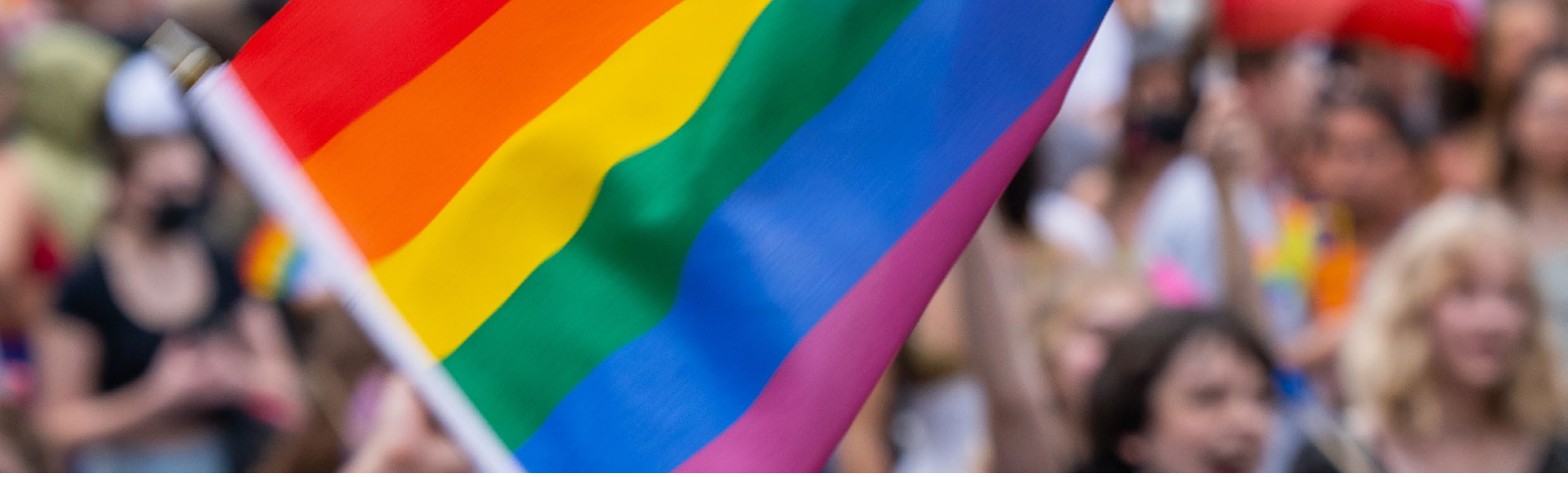
Accessible, fair and equitable healthcare is one of the highest priorities for people across our diverse and intersectional LGBT+ communities. This guide has been designed to support LGBT+ groups and health organisations to identify ways of working together which are equitable, and which nurture mutual understanding, trust and confidence.

There is a wealth of knowledge, expertise and lived experience across our communities. We must never forget the immense value this expertise brings in the work we do to improve healthcare systems. I am incredibly proud of the work of the National LGBT Partnership, as well as people and organisations from across the LGBT+ spectrum, from our dedicated staff to our Steering Group members.

There will be challenges in the coming years, but I am heartened at the LGBT+ sector's ability to come together and work with allies and partner organisations. Within these challenges lie the opportunity to change systems at all levels to break down barriers to good quality healthcare.

I hope organisations will embrace this guide and its recommendations as a tool to support them on the journey to reducing LGBT+ health inequalities, with a focus on those most in need of vital and life-saving services.

Paul Roberts OBE
Chief Executive at LGBT Consortium



Introduction

LGBT Partnership

The LGBT Partnership is a group of LGBTQ+ organisations working to address health inequalities, led by LGBT Consortium and LGBT Foundation. We're members of the Voluntary, Community and Social Enterprise (VCSE) Health and Wellbeing Alliance, a partnership between the health and care system and the voluntary sector, jointly managed by the Department of Health and Social Care, the UK Health Security Agency, and NHS England. We work to highlight LGBTQ+ health inequalities and convey LGBTQ+ voices within the wider Alliance and system partners.

Members of the LGBT Partnership deliver a wide variety of services, and work with LGBTQ+ people locally and nationally. See a list of our members on our website: https://www.consortium.lgbt/nationallgbtpartnership/about-the-partners/

How to Use This Guide

This guide is meant to help LGBTQ+ groups build and navigate relationships with health organisations at different levels. 'LGBTQ+ groups' refers to smaller, less formal and more grassroots groups, larger and more established charities, and everything between. Groups at different scales will be better suited to engage with health and care organisations in different ways.

Working with the NHS can be challenging, particularly if your organisation hasn't worked with healthcare systems before. Perhaps you don't have inside knowledge of how health organisations work. You might feel put off by language you aren't used to.

We've used the themes we identified through our engagement with LGBTQ+ groups, infrastructure organisations, and people who work in health and care, to create this resource. We wanted to find out what made these collaborations go well and what could be better.

We surveyed LGBTQ+ groups and received 41 responses from local, regional and national organisations about their experiences working with health and care organisations. We also conducted a series of interviews with LGBTQ+ groups who were working with health organisations on local, regional, and national levels.

This guide will help LGBTQ+ groups understand how NHS systems operate at local, regional and national levels, and how to navigate and build relationships within this system. It will look at how to bid to deliver NHS services, and how to develop infrastructure to support effective partnership working.

If you have 5 minutes: check out the summary at the end of this document for quick information about how you can work with your local healthcare partners.

If you have 10 minutes: read the summary and 'understanding how healthcare systems are structured and how to work within them' sections to increase your understanding of healthcare systems.

If you have 30 minutes: read the entire guide, identify which tips you want to follow and how you might want to work with healthcare organisations, and consider who else in your network might benefit from this guide.

Why should LGBTQ+ groups work with health and care systems?

It can be challenging for LGBTQ+ groups to make relationships in health and care systems. The variety of different NHS organisations, key stakeholders and scale of bureaucracy can make it difficult to know who to talk to, or how to collaborate.

Despite these challenges, it is vitally important that LGBTQ+ groups work with the NHS. Our sector has the skills, expertise and community buy-in to help tackle some of the biggest health inequalities facing LGBTQ+ communities.

As a sector, we know that LGBTQ+ people continue to face unequal access across the NHS, in services such as IVF, cancer and sexual health screening services. LGBTQ+ communities are excluded from NHS England's Core20PLUS5 strategy despite known healthcare inequalities across clinical priority areas. Record waiting lists and few commissioned services leave trans and non-binary people facing a lack of appropriate and high-quality care.

Core20PLUS5 is an approach from NHS England that aims to inform action to reduce health inequalities at a national and system level. LGBTQ+ people are likely to be excluded from the Core20PLUS5 approach, unless chosen by an Integrated Care System (ICS) as a priority. This can require someone with an LGBTQ+ identity themselves within the ICS to advocate for our communities, so that they're included in strategies to reduce health inequalities.

There are many ways in which LGBTQ+ groups might work with healthcare systems. This can include:

- Direct delivery of health and care services, such as sexual health testing, Talking Therapies and substance use recovery.
- Direct delivery of social prescribing initiatives, such as wellbeing groups for trans and non-binary people, movement and physical activity classes and self-care and resilience workshops.
- Provision of 1:1, peer led LGBTQ+ advocacy, with the goal of tackling barriers in mainstream health and social care services. For some, this has included facilitating primary care peer support groups, to allow GPs to work with other GPs with more experience in delivering trans affirmative care.
- Community outreach, such as providing targeted messaging around Covid-19.
- Community research, such as examining the impact of loneliness and isolation on LGBTQ+ people, particularly older people.
- Providing consultancy and expertise through membership of various committees, including public health strategy working groups.
- Awareness and training programmes (across primary, secondary and specialist care, as well as pharmacy, optometry and dentistry) aimed at developing culturally competent healthcare services.
- Providing accreditation to services based on their development of LGBTQ+ inclusion policies, use of affirming language, demographic monitoring and ability to provide affirmative healthcare for trans people. This could also include information on inclusive patient communications, that use affirming language and cater to a wide range of communication needs.
- Working with social care organisations to ensure housing services meet the needs of LGBTQ+ people over 50+.

- Forming coalitions with other LGBTQ+ groups to jointly deliver health and social care services, and improve access, experience and outcomes for all LGBT+ people.

If your organisation is thinking about working with health and care systems, it can be helpful to consider what work you're already doing within LGBTQ+ communities, and how you might apply this to healthcare settings.

For example, an organisation hosting craft workshops for lesbian and bisexual women may be able to work with their local primary care network to host workshops on cervical screening to their existing members.

It may also be beneficial to consider how the data you have access to might help evidence LGBTQ+ health inequalities.

For example, an organisation delivering talking therapy services for LGBTQ+ people in their local area might capture demographic data that healthcare organisations aren't able to. A lack of trust may prevent LGBTQ+ people from sharing demographic data, and health organisations may not have the infrastructure or systems to record it. The LGBTQ+ group might then choose to use the data they gather to prove the need for specialist LGBTQ+ services, share information about LGBTQ+ experiences of health inequalities, inform jointly delivered services, or share insights about how to better reach and understand LGBTQ+ communities.

Survey Themes

Working with the health and care sector can be challenging, whether you're new to this work or have been navigating relationships with the sector for a long time. We wanted to understand more about the experiences LGBTQ+ groups had in their work with health and care systems.

Our survey received 41 responses from organisations, who represent a wide variety of identities and experiences in the LGBTQ+ community, including trans and non-binary people and their parents and carers, LGBTQ+ women, older LGBTQ+ people, racially minoritised LGBTQ+ people, LGBTQ+ children & young people, and LGBTQ+ refugees & asylum seekers.

Many respondents were health and wellbeing organisations, who either deliver services for community members, campaign for greater LGBTQ+ inclusion in mainstream health services, or both. Other groups facilitate social spaces, run Pride events, or provide access to sports and exercise.

4 in 10 organisations surveyed had an annual income of under £10,000.

3 in 10 having an annual income of over £100,000.

1 in 10 survey respondents reported an annual income of £0, running on an entirely voluntary basis.

Most of the organisations we surveyed reported that they only operated within their local area or region, with just over a quarter providing services nationwide. A small minority operate entirely online.

Of those providing regional services, half are in the south of England. The midlands are particularly underserved, with 1 in 10 organisations providing regional specific services in this area.

Regarding relationships with healthcare systems, 4 in 10 organisations surveyed reported working with health and care systems either regularly or occasionally. This included:

- Providing sexual health services
- Giving feedback to healthcare providers on their inclusion strategies
- Delivering inclusion training
- Providing signposting and guidance for service users in collaboration with healthcare providers
- Providing funded therapy services, either to individuals or in a group setting
- Working within specific services (such as oncology or gender healthcare) to support patient improvement (mostly through education and NHS funded pilot programmes)

A third of groups planned to build relationships with health and care systems, with just under half stating that barriers had prevented them from doing so. These barriers were:

1. A lack of information about how healthcare structures operate
2. Tips for engaging with healthcare structures for various types of LGBTQ+ groups

Respondents felt that collaborative working between LGBTQ+ groups and healthcare providers was impacted by unclear roles and responsibilities. We heard that groups faced challenges finding the right person to talk to, the right organisations to work with, and found it hard to build and retain lasting relationships.

Many respondents cited funding as a widespread issue that impacted their ability to provide services. Some stated that non-clinical work was undervalued as a legitimate health intervention, and therefore less likely to be funded.

Respondents found it difficult to understand health and care structures, and how to get funding from them. Some organisations reported that the process of applying for funding was inaccessible for them, due to a lack of support in writing applications or wider lack of capacity within the team. Once funding is secured, the complex and detailed reporting and monitoring requirements for even small grants were felt to be a significant barrier, as teams lacked capacity to complete this additional admin as well as their service delivery work.

Aside from capacity, providing proof of the impact of a group's work for monitoring purposes was found to be difficult due to wider data collection issues in LGBTQ+ health outcomes (for example, many GPs do not ask their patients what their sexual orientation is). This prevents health and care organisations engaging with LGBTQ+ groups due to the lack of impact measurement, which further prevents good data collection.

Respondents also felt that a lack of LGBTQ+ training and education within systems prevented LGBTQ+ groups being taken seriously as legitimate partners within health and care systems. Similarly, a lack of understanding about why specific inclusion initiatives (such as training or providing specialist LGBTQ+ services) are important impacted the willingness of health system partners to engage with LGBTQ+ sector colleagues.

At the extreme of this issue, some respondents reported having their funding halted or pulled entirely due to an unwillingness to support trans and non-binary specific initiatives. It was felt that this was directed by senior managers who are increasingly less willing to work on LGBTQ+ initiatives, specifically those for trans and non-binary service users.

Many organisations wanted more information about engaging with health and care systems. This included information about:

- The commissioning responsibilities of different types of health organisation, and how this varies locally, regionally and nationally.
- How national policy affects local and regional health and care systems.
- How to link with NHS organisations to provide social prescribing solutions (i.e., access to inclusive movement and exercise).
- Navigating funding and monitoring within NHS administration.
- Funding opportunities at local and regional levels.
- Mechanisms for accountability in the provision of inclusive services within health and care organisations. For example, who people might answer to if they do not include everyone they should within their service.
- The existing health and wellbeing services that are commissioned by Integrated Care Boards.

"LGBTQ+ groups are just trying to survive and deal with crisis, which can prevent some engagement."

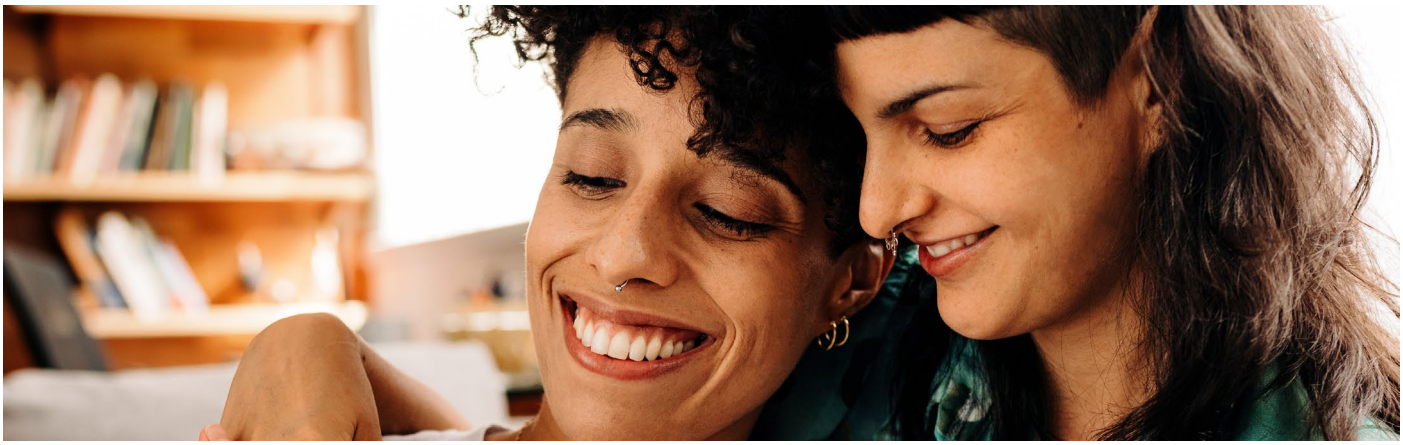
"How effective is an advocacy service when it's designed to help you navigate the system, but the system isn't navigable or friendly at all?"

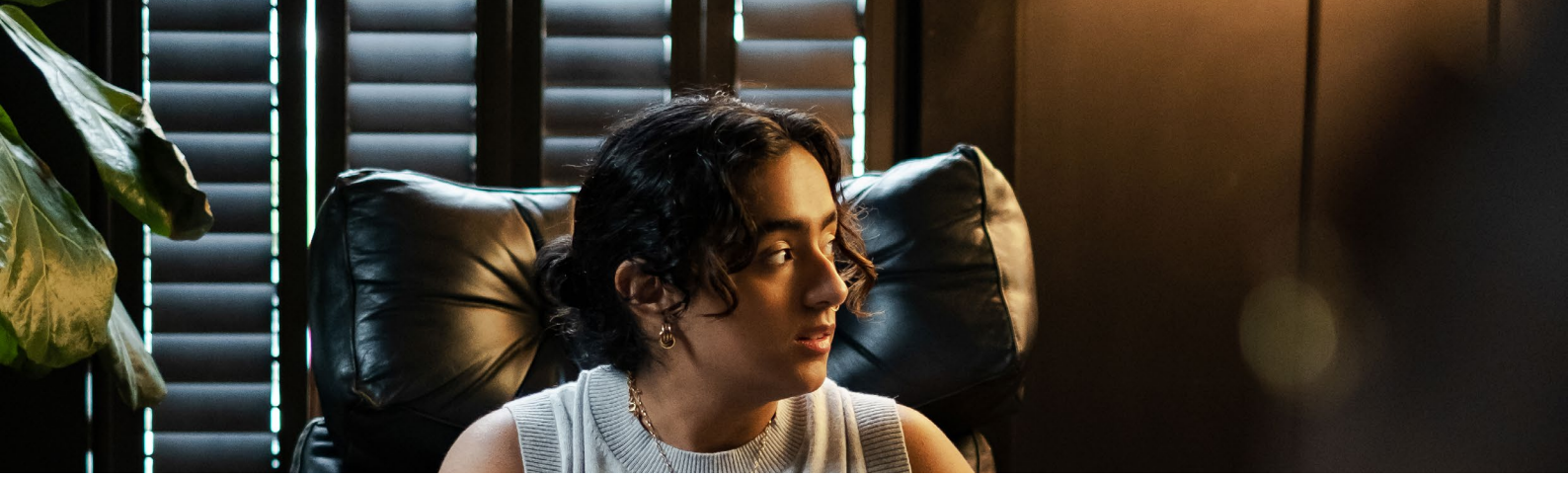
In all our engagement, we found that LGBTQ+ groups are eager to work with health organisations but face several barriers to doing so. These include systems that are difficult to understand and navigate, differences in language and organisational culture. The difficulties with funding and capacity that LGBTQ+ organisations face can be seen as the result of recent anti-LGBTQ+ decisions and attitudes across the country.

We've included an exploration of these challenges to show that they aren't individual problems. All of us have a lot to give, including flexibility, connection to our communities, tried and tested ways of working as well as innovative approaches. The survey gave us an idea of what information, tools, and skills LGBTQ+ groups felt they were missing, and we've tried to address each one in the following guide. However, it's important to acknowledge that these systems are confusing, and don't always work for us.

The NHS was created to address one-off illnesses and injuries, but now it's more widely understood that people are complex and need a more holistic (or interconnected) approach to care. More systems are understanding that there's a need for a change in approach, which will involve working with the VCSE sector.

> *"What is the language that you need to use? What priorities of the health system to pull on to advance what you're trying to do? It's about finding someone in a position of leadership and working with them."*
>
> *"Often it's the case that organisations and groups are ready to go, but the system is the blocker."*





Understanding how healthcare systems are structured

The NHS is a big organisation, and it can be confusing to navigate! There are many bodies that make up the NHS, all with varied roles and responsibilities. The NHS is structured differently across England, and opportunities to engage will vary according to where you live. This is a general guide to some of the bodies within our health service.

At a national, strategic level, the NHS is the direct responsibility of the Department of Health and Social Care (DHSC). This is a government department run by civil servants, with an elected MP as the department lead. The DHSC sets the general direction and aims of the NHS and provides its budget.

What is an Integrated Care System?

When the NHS was established in 1948, it focused on treating one-off illnesses or injuries. Integrated Care Systems (ICS) were developed to reflect a need to meet the complex, long term health needs of the population, which requires collaboration across NHS services, local authorities, and the Voluntary, Community, and Social Enterprise (VCSE) sector. ICSs were created in 2022 by the Health and Care Act, with the aim to better understand and meet the complex and long-term health needs of the population.

It's easier to think of an ICSs as a large geographical area of over a million people, rather than one specific organisation (in England, the 7 main regional areas are represented by 42 ICSs). Hearing from communities, working with VCSE organisations, and addressing health inequalities in the area they cover, are part of their functions.

All information about NHS England structures is correct at time of writing in February 2025.

ICSs are designed to allow services to work together to provide good outcomes for patients and improve overall regional health, and have four key aims:

- To improve population health and experiences of healthcare.
- To ensure inequalities in access and experiences of healthcare are effectively reduced.
- To ensure that the money we pay into the NHS as taxpayers is spent in the most effective way.
- To facilitate the further development of the NHS.

ICSs are made up of two key organisations:

- Integrated Care Boards (ICBs) replaced Clinical Commissioning Groups. They are responsible for commissioning regional NHS services (such as primary care and some specialised services), allocating budgets and producing detailed plans for the delivery of health projects and services. Members of the Board might include representatives from local NHS trusts, local government, and people representing Primary Care Networks. They must also include members with expertise in mental health services. Members and the types of services they represent will vary by location.

  Integrated Care Boards must include local populations in their work, mostly through consultation, e.g. surveys etc.

- Integrated Care Partnerships (ICPs) do not directly commission services; instead, they develop an Integrated Care Strategy to help meet regional population needs. Their membership will usually include representatives from local government, Health Watch and the VCSE sector, but may also include local housing and education representatives. The ICB uses the Integrated Care Strategy designed by the ICP to inform their decision making and commissioning.

How to get involved at System-level

VCSE organisations, including LGBTQ+ groups, are important partners within Integrated Care Systems. They can provide local services that understand and meet the needs of the communities they work with and enable people who experience health inequalities to participate and get their voices heard in health systems. LGBTQ+ groups are vital in helping the NHS to address inequalities faced by LGBTQ+ communities.

The region that your organisation works in will have its own Integrated Care System, made up of an ICB and ICP. They will have a responsibility to hear from people and communities and work with VCSE, but they will do this in different ways depending on their organisational culture. You can find your local ICB using this tool: find your local integrated Care Board.

On the website of your local integrated Care Board, you will find more information about the partnerships they already have, and how you can get involved in shaping services, either as a lived experience or VCSE partner.

Because ICSs cover such large areas, engagement with VCSE will often happen through local charity infrastructure organisations that represent a large area. Someone from these organisations might have a seat on the board of the ICB or be a member of the ICP, and represent various communities that experience health inequalities in their area. It's useful to be connected to infrastructure organisations or charities that support VCSE organisations, so they can highlight LGBTQ+ experiences.

> *"Lambeth has a director of VCSE who recognises the need to have connections with VCS and faith orgs. Not many ICS have that… so what about the areas that don't?"*

Other organisations within an ICS area

Within an ICS, which exists at a System level (regional- up to a few million people) there are several organisations that exist to deliver services at a Place (borough- up to half a million people) and Neighbourhood (local- up to 50000 people) level. Some of these include:

The ICS Structure:

Neighbourhoods: Populations up to 50,000

- Brings together Primary Care Providers - GP, Dentist, Pharmacy, Opticians and community services into Primary Care Networks (PCNs)
- Social Prescribing and Asset Based Community Development
- Population Health Management and health promotion

Place: Populations between 250,000- 500,000

Partnerships between the NHS, local government and other system partners working together in a locally defined 'place' to collectively plan, deliver and monitor services. May be part of a Health and Wellbeing Board or separate

- Supporting design, delivery and development of new service model
- Reducing Health Inequalities and supporting prevention
- Focusing on the integration of services

System: Populations over 1 million

Integrated Care Board (ICB)

New statutory organisation leading integration within the NHS, bringing together all those involved in planning and providing NHS services. Subsumes the role of Clinical Commissioning Groups.

Integrated Care Partnerships (ICPs)

Forums bringing together partners across the system responsible for developing overarching strategies that cover health, social care and public health and address the wider determinants of health and wellbeing.

"It's useful to align to NHS language- trying to fit your work with what they are talking about e.g core20 plus 5, noticing their strategic priorities on an NHS England, Integrated Care System, Care Partnership and Primary Care Network level."

All information about NHS England structures is correct at time of writing in February 2025.

Provider Collaboratives – operate at a System level and include NHS trusts, VCSE sector organisations and independent organisations (such as contracted providers). These collaboratives aim to help partners to use the same language as each other. This means that they understand each other, even if they come from different areas of work.

Place Based Partnerships – operate at a Place level and include members of Integrated Care Boards (see below), local authorities, NHS Trusts and VCSE sector organisations. Place based partnerships work to make sure that locally delivered services (such as IVF, sexual and mental health services etc) effectively meet the needs of their patients, by gathering data on regional health needs and inequalities unique to the area.

NHS Trusts (or NHS Foundation Trusts) – operate at a System or Place level and are responsible for running hospitals, mental health and ambulance services. They also run other community health services such as out of hours nursing and podiatry. Foundation Trusts are run as independent, not for profit services, separate from the Department of Health and Social Care. This allows them to develop policy and services more specific to local needs.

Primary Care Networks – networks of GPs, pharmacies, dentists and opticians working at a local level to refer patients and provide services.

> *"If you can't get in one way, try a different way. It might be the back entrance, but someone will be willing to advocate for our communities. There tends to be somebody who knows somebody who can get you in. Using persistence and creative methods are useful to smaller LGBTQ+ groups."*

Finding your local partners

Above we discussed some of the organisations that deliver healthcare services in England. However, they will all function in different ways, with a variety of organisational cultures, attitudes towards VCSE collaboration, and ways to approach them. Some NHS bodies are covering large geographical areas and need to balance diverse needs across many population groups.

After understanding what these organisations are for, it's useful to find out how they work in your area. These organisations will all benefit from working with VCSE, and particularly LGBTQ+ organisations, although it might be hard to find the right person to talk to. From our engagement, we've heard that it's useful to try a variety of different and creative approaches, to find allies and community members who work within the organisations you're trying or reach, and to work with other LGBTQ+ organisations who may have existing contacts.

> *"It's important to get something in local strategies - this gives you more of an argument around delivery. Often, people in commissioning don't understand the needs of the people experiencing health inequalities in the area they cover, or understand the services they are commissioning. We need to influence strategy to make sure what's being commissioned reflects the needs of local LGBTQ+ communities."*

How to get involved with Primary Care

Most primary care services (such as GPs, optometrists, pharmacies, dentists, community mental health services, podiatry etc) are managed by Primary Care Networks, each serving up to 50,000 people.

LGBTQ+ groups can have major impacts at the primary care level, by providing specialist services, such as sexual health testing and training and accreditation to healthcare providers. Organisations might also help to facilitate patient participation groups or provide advocacy services for LGBTQ+ service users who may need additional support to access primary care services.

While there is no tool to search for these networks, you can often find Primary Care Networks in your area with a quick internet search. For example, you might search for 'Primary Care Network in your local area'.

If your organisation wishes to begin building relationships within primary care, it's often a good idea to contact the executives managing your local primary care network, whose details are publicly available. To find these details, search for 'primary care network in [your local area]', and look through the search results until you find the name of the Clinical Director for your region. If their contact details are not listed, you can search for their name online or on a platform such as LinkedIn. If the primary care network has a general email address, you could also try asking for the Clinical Director's details by emailing there.

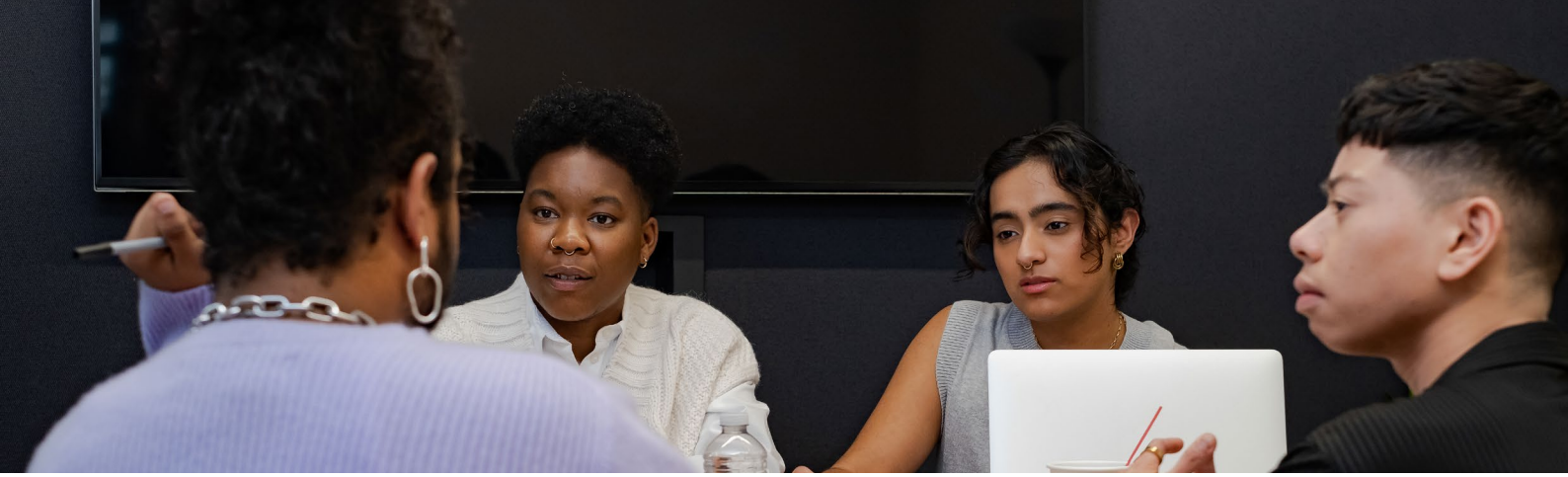
You could also contact the practice managers of services near you to inquire about networking in your local area. To find your local practice managers, you'll need to search for your local GP practices online. On the GP practice website's contact page, you will be able to find a named individual listed as the practice manager.

How to get involved with your local NHS Trust

NHS Trusts predominantly manage secondary care services, such as hospitals and ambulance services. You can find your local NHS Trust using the NHS's Provider Directory.

As NHS Trusts are responsible for setting hospital service policy priorities, there are many opportunities for LGBTQ+ groups to shape what these policies may look like through consultancy support and running focus groups.

Additionally, if your organisation has experience running specialist services for LGBTQ+ people, such as talking therapies, domestic abuse or substance misuse and recovery support, or running a group on behalf of another organisation, you may wish to work with your local NHS Trust to become recognised as a provider that other services can signpost to.



Tips for engaging with health and care organisations

We spoke to several LGBTQ+ groups who were already working with health and care organisations. We wanted to hear about their experiences, what went well as well as what was challenging, and any tips they could share with LGBTQ+ groups who are new to this work. Although they all had different experiences, there were some key themes.

Having good governance

Make sure your group is tender-ready. Having good governance and a clear organisational structure means you'll be able to apply for and deliver NHS contracts. If you're delivering services, you need to have a safeguarding policy too.

There can be pressure from health organisations to deliver beyond your capacity, or without sufficient resources. It's important to know what you're taking on, and to know what's realistic for your organisation.

It's useful to have 'limited liability' (meaning limited professional legal responsibility); this reduces the financial risk to the board members or trustees and directors of an organisation. Charities, community interest companies (CICs), charitable companies and charitable incorporated organisations (CIOs) all have limited liability. If you haven't already, work out which organisation type and governance structure suits your group.

For more support understanding governance and choosing a group structure that suits your purposes, see the following resources:

Charity types: how to choose a structure – UK Government

All you need to know about legal forms and organisational types – Co-operatives UK

Types of Groups and Legal Structures: Guidance tool – LGBT Consortium

Structure and Governance of LGBTQ+ Groups - LGBT Consortium

> *"It's concerning that disabled and neurodivergent people are so desperate for specialist support that an unregistered community group is being asked. It might not always be the case that groups have the structure (e.g safeguarding knowledge) governance or resources in place to provide this support safely but may not be able or willing to turn down referrals."*

Finding and applying for NHS business cases

One way to work with health and care services is to apply for bids to deliver services funded by the NHS.

These are mid-high value contracts, usually over 10k, advertised on business platforms such as Contract Finder.

Sometimes, LGBTQ+ groups miss out on these contracts, even though they would be well placed to deliver them, simply because they don't know where to look. Private companies often have someone whose job it is to find and apply for bids, while it's harder for smaller organisations with fewer resources to do so.

If you're considering a bid but are concerned that you may not have capacity to deliver, you could partner with another group and submit a joint bid. This can also increase capacity to deliver services and be a way for smaller LGBTQ+ groups to get support.

When applying for NHS business cases:

- Make sure you answer all the questions, even if they don't feel relevant. There are usually 4 questions, and each question will be marked out of 4.
- One question will likely be about cost. The cheapest applications are usually successful, even if they aren't the most effective offer.
- The bids will be read by various different people, so try to cover everything about what you're planning to deliver in your answer to each question.
- Sell your group. Whoever reads the bid might not have context for your organisation or the work you do, so explain why you'd be a good fit.

The Health Innovation Network has more information about writing NHS business cases on their website: https://thehealthinnovationnetwork.co.uk/how-we-can-help-you/support-for-innovators/writing-your-nhs-business-case/#:~:text=In%20simple%20terms%2C%20a%20business,can%20be%20make%20or%20break

Finding your allies in the system

We found that much of the successful work carried out by LGBTQ+ groups depended on a key relationship within a health and care organisation. This could be with someone who is LGBTQ+ themselves, or an ally. They might be a commissioner, the chair of the Health and Wellbeing Board, a GP, or someone else who can support the work or connect you to the right people. Identify what exactly it is you want to change, identify the right person who can have an impact, and build a relationship with them.

This can require a variety of different approaches. Some people working in health and care organisations won't be reachable. They may not have time, working with you may not be part of their job, or they might be reluctant to work with LGBTQ+ issues. However, there are lots of people working in health and care organisations who want to see change and who can be supportive- focus on the people in the systems who are passionate and want change.

> *"The work is most effective when you meet someone who is really keen and committed- allies or community members who work in health and care systems. Having someone like this at every level can't be understated - it is so helpful. When that person changes role or leaves, it's unstable and hard to sustain. Connections into systems can be lost."*

> *"...A lot of the time it's actually community members. For example, one of the doctors is gay or a nonbinary person works on reception. Those are the people who want to know about the work. There are a few allies, but mostly it's people who are close to the issue themselves or have a family member who is."*

> *"The NHS is a beast in itself, it has its own language and way of thinking about things. Because it's so big, it's hard to find a way into that structure or create change if you don't already know how to speak their language. The best way to go about this is having allies or people from our communities 'on the inside' to act as a translator or provide support."*

However, not every ally or community member in a health and care organisation is the best person to work with directly. Instead, they can help you find a way to be in contact with the best person to talk to about what you're trying to do- whether it's policy, provision, or something else.

"If we're approached by LGBTQ+ staff networks, we'll ask "who in your organisation will I be working with?". Staff networks can get things wrong; an undue focus on experts by experience can override best practice, in ways that are hostile, unhelpful, illegal or impractical. Good work can be undone if professional experience is not also valued."

Partnering with other VCSE organisations

It's possible to partner with other VCSE organisations, inside and outside of the LGBTQ+ sector, to achieve your aims. For example, Healthy Communities Together is a project based in Leeds, in which a solidarity network of organisations works with Leeds city council and Leeds Health and Care Partnership, to understand community needs, transform systems, and reduce health inequalities. The solidarity network is made up of Leeds Asylum Seeker's Support Network, Leeds GATE, Basis Yorkshire, and Yorkshire MESMAC. They represent Gypsy, Roma and Traveller communities, LGBTQ+ communities, asylum seekers and refugees, and sex workers.

For smaller, more grassroots or newer LGBTQ+ groups, working with bigger and more established LGBTQ+ organisations can provide organisational support, lower the risk of taking big contracts, share contacts and ways-in to health and care systems, and provide wellbeing support when working closely with your lived experience. However, working with other VCSE organisations also requires having good boundaries, and clear roles and responsibilities, just like working with health and care organisations.

"Small organisations could partner with bigger organisations to deliver contracts, locally or nationally. The big organisation can manage the grant and payroll and support the smaller organisation to grow. The smaller organisation can deliver the work if they are closer in contact with communities. Particularly for the trans sector, where organisations are often grassroots, they could deliver the work through a partnership where a bigger organisation could support them."

Connecting with local infrastructure organisations

We're using 'local infrastructure organisations' to refer to groups and charities whose purposes are to support other groups and charities in their area. Local infrastructure organisations provide information and advice, advocate for and represent VCSE on strategic bodies, host VCSE networks, and provide training.

They are often the way that the voluntary sector is represented at a system level- in ICBs or ICPs. Connecting with your local infrastructure organisation is a useful way to get support and be resourced to engage with health and care systems. It's also a way to make sure that LGBTQ+ communities are represented in strategic conversations that are already happening. You might feel that nothing is currently being done in your area, but it might just be that you haven't found it yet. Infrastructure organisations can support partnership working; for example, VOSCUR facilitates the Bristol LGBTQ+ Partnership.

Infrastructure organisations can be a great means of support for smaller groups, but they may not always match the ethos or mission of your work. Consider how your own work might be impacted by membership with an infrastructure organisation, when considering whether to join one.

> *"Decision makers really want to speak to one person who can speak to everyone. This is not representative, but it is more practical. Then the responsibility to represent all of these communities rests on one person."*

> *"LGBTQ+ groups just don't know these infrastructure groups exist and don't know they can get in touch – or maybe they don't have capacity if they are running their groups in a volunteer capacity alongside paid work."*

Using resources created by LGBTQ+ communities

The data that you have about your communities is very valuable for health and care organisations, including anecdotal and lived-experience insight. The resources we make for own communities can be useful tools to start conversations, make connections, and inform health and care organisations about the reality of LGBTQ+ health inequalities.

You can use resources created by community members and LGBTQ+ groups to show health and care organisations why they should work with us and what we can offer them. This resource, and the accompanying guide aimed at health and care organisations, are designed for you to use to advocate for our communities, make a case for your own work, and build relationships.

Some more useful resources include:

The Clare Project- Resource for GPs

KCL- The ABCs of LGBT inclusive communication

Transactual- Trans inclusive healthcare survey report

Transactual- Trans Hospital Care guide for professionals

LGBT Partnership- LBT women's sexual health

LGBT Partnership- Bi+ health inequalities

Stonewall- LGBT in Britain Health Report

LGBT Foundation- Trans status and sexuality identity data monitoring standard

LGBT Foundation- LGBT migrant inclusion in healthcare guide

LGBT Foundation- Understanding LGBT people's experiences of severe and multiple disadvantage

LGBT Foundation- Hidden Figures: LGBT+ Health inequalities in the UK

LGBT Foundation- Trans and Nonbinary experiences of maternity services

TONIC- Precarious Lives, Financial and Material Hardship among Older LGBTQ+ People

There are many more resources out there that have been created for and by our communities. You can find them on the websites of LGBTQ+ groups, through newsletters, or on social media, or you may have created your own.

> *"The best resources have been co-produced with community members or just generated from a community need. They have been used with community members, professionals and personally [...] As professionals, these resources are really useful for working with health professionals, to demonstrate that community members know their own needs and have their own knowledge. They are useful for demonstrating the extent of the need in our communities and conveying the value of the resources we create for ourselves."*

Communicating your social value

Social value is a way of understanding value beyond how much money something is worth. Instead, social value is measured in terms of the impact something has on people and communities. This might be a provable change or outcome, or something that is known among community members about the importance of a service, space, or community.

The LGBTQ+ sector provides a lot of social value. LGBTQ+ groups create spaces and maintaining services that people rely on for their sense of community. LGBTQ+ groups provide vital services which meet LGBTQ+ people's needs around housing, hate crime, domestic violence, substance use, and more all of which have an impact on people's health and how they use health services.

It's useful to understand the value that your organisation brings to the communities that you work with; think about how to measure and communicate it. This will look different depending on your capacity and resources.

Health and care organisations don't always understand the value of LGBTQ+ groups as specialist providers. On the other hand, we've heard from groups we engaged with that there can be an over-reliance on LGBTQ+ groups to meet needs that should be met by mainstream services, who instead need better training and awareness about LGBTQ+ communities. Consider the type of work you are best placed to do.

> *"It takes time to get the statutory sector to see the value of VCSEs."*

Using flexible and creative approaches, from different angles

The groups we spoke to take many different approaches to working with health and care in terms of building relationships, changing policy, providing services, and more. LGBTQ+ groups are working with health and care organisations on various levels, in different ways. The approach you take will depend on your organisation's resources and size. Even then, there isn't just one right way to work with health and care organisations, and it's useful to try different approaches to see what's effective.

> *"Working with health and care organisations is always a challenge and whichever one you are talking to will require a different approach. Things work very differently in different areas."*

> *"It can be useful to seek opportunities with systems when they are already asking for engagement and consultation. Getting in contact with professionals who others have had good experiences with has had more positive outcomes. Another useful pathway is to make use of existing connections as a way into systems."*

> *"Getting creative is important, especially regarding trans healthcare. Asking the question- 'how can we make this fit into people's existing priorities?"*

> *"Viewing the NHS as a woven cloth, putting a hole in it for us to fit might help us to unravel the rest. We're planting the seeds of something that will be destabilising to how this system works, giving people more room and more agency."*

Having clear boundaries

Setting clear boundaries around our work with health and care systems is part of understanding the value that we provide as LGBTQ+ groups. Most people in the LGBTQ+ voluntary sector are LGBTQ+ themselves, and face many of the key challenges and health inequalities we're trying to address. Working with topics that impact your community is difficult and can have an impact on mental health and cause burnout (a state of exhaustion caused by chronic stress). It can be tempting to try and do everything with very few resources, because we care about our communities.

LGBTQ+ groups should be conscious about what they choose to take on, and make sure they're paid for the work they do. If you are offering to work for free, make sure that there is an exchange.

"LGBTQ+ orgs should also have dedicated policy officers who interact with NHS / external systems, rather than frontline (service delivery) staff being expected to do this work on top of their existing support work."

"The fact is that our lived experience can mean that our work within health care spaces is triggering and harmful. Both queer organisations and NHS systems need to acknowledge this. [...] We need to maintain our boundaries and be clear about expectations."

"Queer organisations need to think about contingency plans, and policies around this that safeguard the wellbeing and invest in the best interests of their staff."

"There's a difficult balance in interacting with NHS systems, where you need to get things from [them], whilst not being seen as the traumatised patient. For example, when we work with NHS gender services, the line between patient and professionals is blurred. Trans people are often seen by the system as 'patients' when they're working professionally."

Tips for engaging with health and care organisations: Summary

Learn about the health and care organisations in your area

- Understand how they work and what they do, and identify key contacts

Be strategic

- Know why and how you want to work with health and care organisations. Set an achievable goal.

Have good governance

- Be tender-ready and create the structure to support the work you want to do

Keep track of NHS business cases

- If you have capacity, apply or partner with other organisations to apply for them

Find your allies in the system

- Be strategic about building relationships and finding the best people to work with

Partner with other VCSE organisations

- Including LGBTQ+ groups and other kinds of organisations

Connect with local VCSE infrastructure organisations

- They can support you, connect you to other organisations, and represent you on a system level

Use resources created by LGBTQ+ communities

- They can provide qualitative and quantitative evidence to support your work

Know and communicate your social value

- Understand what you do and why it's important

Use flexible and creative approaches

- Don't give up! This is a challenge. Share knowledge, try different ways-in, be persistent.

Set clear boundaries

- Agree ways of working and don't try to do it all

Glossary of Terms

Commissioning: The process by which a health organisation, such as the Department for Health and Social Care will 'buy' services from other groups or organisations. This usually involves the health organisation publishing an advertisement or 'tender' which groups can apply to deliver. The group that submits the best application (based on their experience, ability to deliver the necessary work, and expected costs) is then awarded a contract to deliver the required services, and paid to do so.

Consultancy: Giving professional advice about a topic in which you have specialist knowledge or expertise.

Co-production: When the people running a service and the people using a service come together as equals to make decisions or create changes. For more information about good co-production, see Think Local, Act Personal's Easy Read 'Tips for Co-Production'.

Department of Health and Social Care (DHSC): The government department responsible for allocating NHS budgets and setting NHS priorities.

Executive, non-departmental public body: a public body that is independently run and managed, but funded by parliament. NHS England is an executive, non-departmental public body.

Governance: The processes and structures your group have in place to make decisions and oversee the completion of projects.

Health Watch: An independent advocacy organisation supporting patients to interact with health services, and allow their lived experience to shape service design.

Integrated Care Board (ICB): An ICB is a board of members responsible for commissioning regional NHS services allocating budgets and planning the delivery of health projects and services. Members of the Board might include representatives from local NHS trusts, local government, and people representing Primary Care Networks.

Integrated Care Partnerships (ICP): Integrated care partnerships form part of a wider integrated care system (alongside integrated care boards), and are responsible for designing an integrated care strategy for the ICS to implement.

Integrated Care Strategy: Integrated care strategies are created by an ICP to meet the healthcare needs of their local population. This will include relevant public health strategies, and address any specific health inequalities faced within the region.

Integrated Care System (ICS): ICS's aim to better understand and meet the complex and long-term health of populations across England. They are not individual organisations, rather a grouping of parties across a geographical area. ICS's include integrated care boards and Integrated Care Partnerships. For more information on the relationship between Integrated care systems, boards and partnerships, see this explainer from the King's Fund.

Local Authority: A government body that is responsible for providing services in a local area, such as a city or borough council.

NHS: National Health Service - the UK's public health system.

NHS England: An executive, non-departmental public body responsible for spending money allocated by the government across England's integrated care systems.

NHS Trusts (or NHS Foundation Trusts): Regional organisations responsible for operating hospitals, mental health, ambulance and other community health services. Foundation trusts are independent, not for profit services run separately from the Department of Health and Social Care.

Patient Participation Group: A group of volunteer GP staff, patients and carers who meet to discuss how their GP practice is run, and suggest improvements.

Place Based Partnerships: Regional groups of health system partners (such as local authorities, VCSE organisations and members of ICBs) who aim to understand regional health needs to design more effective services.

Primary care services: Primary care services are the first point of contact a patient usually has with a health system. This might be a GP, dentist, optician or pharmacy. Their focus is on overall health, not treatment for specific illnesses.

Primary Care Networks: These are groups of local GPs, pharmacies, dentists and opticians who work together to treat, refer and communicate with patients.

Provider Collaboratives: These are regional groups of organisations who may work together to ensure joined-up care across a locality.

Secondary care services: Services that are more specialised than those provided by primary care. These are usually delivered in a hospital or clinic, and might include diagnostic, therapeutic or surgical services.

Signposting: Giving someone information about where they need to go for help.

Social prescribing: Connecting people to local services, groups and activities that may help support their health and wellbeing. Examples include connecting people to community cafes to reduce isolation and loneliness and providing information about local charities that provide mental health counselling.

Specialized services: Specialised services normally refer to health services aimed at treating a specific condition or illness. This could include services such as oncology, diabetes treatment programmes, or even NHS Gender Services.

Voluntary, Community and Social Enterprise (VCSE): VCSE organisations are charities, Community Interest Companies, Community Benefit Societies or otherwise unregulated or unincorporated organisations with a clear social mission, run not-for-profit.

Where to find more information on working with health organisations

Integrated Care Systems Explained – The Kings Fund

Building relationships between the VCSE sector and integrated care systems – NHS

Guidance on how health organisations should work with VCSE organisations - The Kings Fund

Common barriers to working in partnership with VCSE organisations – The Kings Fund

A systems approach to tackling health inequalities – LGBT Partnership

Embedding LGBTQ+ priorities in health systems – LGBT Partnership

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