

LGBTQIA+ Health inequalities in City & Hackney

Community Voice Forum
26 September 2023





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Introduction

In seeking to shed light on the diverse healthcare needs of residents across City & Hackney, Healthwatch Hackney's Community Voice team decided to focus a lens on people whose healthcare needs have historically been marginalised and misunderstood: the LGBTQIA+ community.

Statistics highlight the urgency of this inquiry. A Stonewall report indicated that LGBTQIA+ people face discrimination and lack of understanding of their specific health needs when accessing services.¹ Healthcare services have a legal duty under the Equality Act 2010 to treat LGBTQIA+ people fairly and without discrimination. However, research shows that LGBTQIA+ people continue to face barriers in accessing healthcare treatment today.

Furthermore, In March 2023, during a Hackney Council 'Health in Hackney scrutiny committee', one councillor remarked that:

*"the inequality faced by trans people is stark, with 57% avoiding going to the doctor when unwell and disabled trans people more likely than trans people without disabilities to experience delays to healthcare – unacceptable inequalities caused by a combination of structural causes as well as stigma (...) we must make sure we are listening to people's experiences and do all we can to address barriers which continue to stop trans people to fully participate in society and live full and healthy lives."*²

In Hackney and the City of London, where diversity is a strength, such statistics are disheartening. What becomes evident is that inequalities are not just a matter of access, but also of quality and appropriateness of care. These inequalities in healthcare contribute to disparities in mental health, chronic disease outcomes, and overall well-being for LGBTQIA+ individuals.

¹ https://www.stonewall.org.uk/system/files/lgbt_in_britain_health.pdf

² <https://www.hackneycitizen.co.uk/2023/03/02/inequality-councillors-healthcare-barriers-transgender-non-binary-people-hackney/>

The Community Voice project's intention is twofold. First, we aim to give a platform to City & Hackney LGBTQIA+ residents, allowing their voices and experiences to inform and shape future healthcare provision. Secondly, to provide evidence-based recommendations to healthcare providers and policymakers, in a bid to support them by suggesting actionable systemic changes.

This report aims to highlight some of the challenges faced by the LGBTQIA+ community in City & Hackney and steps that can be taken to build a healthcare system that better serves all its residents, irrespective of sexual orientation, gender identity, or any other characteristic.

Executive Summary

Forum participants were given a presentation by Emmie Bathurst (LBH Strategic Delivery Officer) on the London Borough of Hackney's new Equality Plan, which aims to replace the previous single equality scheme and focuses on a more collaborative approach involving community input.

The plan is informed by the borough's diversity and includes significant components like the Anti-Racist Plan and the LGBTQIA+ strategy. Though delayed due to the mayor's resignation and upcoming elections, the consultation process is set to restart, aiming for finalisation by end of January.

The Equality Plan addresses broader issues like the cost-of-living crisis and government cuts. It is guided by four main objectives, including tackling inequality and ensuring workforce diversity. The Council is open to community input, especially from organisations with firsthand knowledge of these issues. Emmie rejected using the lack of data as an excuse and emphasised an outcomes-first approach to address root issues affecting intersecting communities.

Participant feedback centred on the need for trauma-informed practices and recognition of PTSD in the LGBTQIA+ community. Other concerns raised include the need for sober, communal spaces for the LGBTQ community and criticism of the conflation between LGBTQ identity and poor mental health.

Questions about metrics for success were met with a commitment to six-month and annual reviews. The Equality Plan aims to be more than a tick-box exercise, seeking meaningful, long-term transformation based on comprehensive community input and ongoing review mechanisms.

The Equality Plan is an ambitious attempt to tackle systemic inequalities. While challenges remain, especially in translating these plans into actionable steps with meaningful outcomes, the Council's consultative, intersectional approach sets a precedent that other local governments could learn from. The emphasis on trauma-informed policies and PTSD, the focus on community involvement, and the willingness to adapt and learn, all signal a nuanced approach to tackling the multifaceted issue of inequality.

In a second presentation, on the Public Health Sexual and Reproductive Health strategy for City & Hackney, Froeks Kamminga (Senior Public Health Specialist in Sexual and Reproductive Health for LBH and City of London Corporation) emphasised high STI rates and inequalities. Key goals include fostering healthy sexual relationships, good reproductive health, and STI prevention, with a focus on vulnerable populations.

The strategy aims for zero new HIV transmissions by 2030 and explores the potential of pre-exposure prophylaxis (PrEP) among different groups. Questions and concerns raised during participant feedback exposed gaps in services for non-binary and LGBTQIA+ individuals, as well as the unique needs of bi+ people.

Participants criticised a systemic binary perspective in healthcare and highlighted the lack of proper treatment for lesbian couples in fertility clinics. Issues surrounding PrEP availability in pharmacies were discussed, with one participant warning about inadequate consultation facilities in some Hackney pharmacies. Froeks acknowledged these issues and spoke of ongoing work to rectify them.

The meeting concluded with Healthwatch Hackney advocating for broader discussions and further focus groups in support of the development of LBH's Equality Plan, particularly around mental health within the LGBTQIA+ community.

Presentation on London Borough of Hackney Council's Equality Plan

Emmie Bathurst's presentation revolved around Hackney's new Equality Plan, which aims to address various forms of inequality within the London Borough of Hackney (LBH). Hackney is particularly diverse, with the highest number of people identifying as non-binary, bisexual, and queer. This diversity is informing how the Council approaches services, including healthcare.

The new Equality Plan is set to replace Hackney's previous single equality scheme, which ran from 2018 to 2022 and during which focus groups and engagement on the Council's approach were carried out. The new plan is to be collaborative and involve further community input.

The public sector equality duty mandates consultation on new equality objectives, but LBH wishes to go a step further: the aim is to initially release a summary Equality Plan and gather input from residents, particularly those experiencing inequalities. The plan will serve as a framework for addressing specific inequalities, needing research within different communities.

Two significant components of this new Equality Plan are the Anti-Racist Plan and the LGBTQIA+ strategy, which have been in the works for the past few years. However, the consultation has been temporarily put on hold due to the mayor's resignation and an impending election, which requires the Council to enter a "pre-election period", imposing limits on Council activity.

The intention is to restart these discussions in mid to late November, post-election, and aim to finalise the plan by the end of January. The election has now been confirmed to be on 9th November, the Council intend to restart the consultation and engagement on the 20th November, carrying out as much work with various communities as possible between 20th November and 15th December, to allow time to incorporate all the input into the plan to go to Full Council by the end of January.

To this end, the Council is releasing a set of initial objectives and ideas and seeking to determine if they are the right ones during the November and December consultation. They are interested in understanding what might be

missing, what needs changing, and what can be learned from various communities. They particularly value the input of voluntary and community organisations, who often have a better grasp of these issues from the frontlines of community work.

The Equality Plan also aims to consider broader issues such as the cost-of-living crisis, the effects of the pandemic, government cuts, and increasing demands for community support. Budgetary decisions will be made, keeping inequalities in mind. Four main objectives guide this initiative: tackling inequality at every life stage, building prosperity and wellbeing, celebrating and valuing diverse communities, and developing a leadership and management culture to ensure workforce diversity.

Lastly, this new engagement strategy is viewed as a trial for improving future public engagement. The Council is self-reflective, looking to address institutional biases within its workforce and aims to be trauma-informed and resident-focused. This entails a deep dive into understanding structural issues affecting leadership and community engagement to ensure a more effective, inclusive approach moving forward.

At this point, one LGBTQIA+ Hackney resident praised the proposed plan while emphasising the need to consistently apply the Equalities Act throughout its implementation, pointing out that this was particularly crucial for financially constrained boroughs that might limit their activities to "statutory responsibilities", which could potentially exclude marginalised groups. They argued that by adhering closely to the Equalities Act, we can ensure these groups are also considered under statutory duties and responsibilities, thereby preventing their exclusion.

"I just wanted to say, this is excellent. This is brilliant. But (...) We have to make sure that we use the equalities act every step of the way to make sure that we are actually included in statutory duties and responsibilities."

In response, Emmie mentioned plans to improve the Council's understanding and application of equality impact assessments. They rejected the common approach of claiming lack of data as an excuse for not understanding the impact on various groups, arguing that you don't necessarily need specific data to gauge how policy changes might affect a community. They identified strengthening internal understanding of the Equality Act and its implications for adjusting and preventing discrimination in service delivery as a key focus moving forward.

Another LGBTQIA participant also commented on the importance of the Equalities Act, sharing that they had even worked on the Act itself. They stated that, while most people understood how it applied to them, they often did not understand how the Act could impact on communities as a whole:

"I actually worked on the equalities act (...) I'm old, I'm disabled, I'm a lesbian (...) and I do find that people know where they stand regarding the Act but have no understanding of other people and people that actually cross over. I identify with several of them. So, I think it's really important to look at it as a whole, not just in different parts, and how they relate to each other."

Emmie went on to outline the complexities and challenges of implementing a comprehensive Equality Plan within a large organisation such as LBH. They explained that one of the core problems encountered was the tendency to address individual protected characteristics separately, leaving gaps where intersections of communities could be overlooked. To counter this, the approach has been flipped: rather than starting with individual characteristics, the focus is now on unequal outcomes. The aim being to work backwards to address the root issues affecting various intersecting communities.

The new LGBTQIA+ Strategic Framework, which was developed as part of the broader Equality Plan, stemmed from a need identified in a previous equality scheme: to include gender diversity and LGBTQIA+ inclusion across all

services. Due to pandemic-related delays, this piece of work has now been incorporated into the new plan.

The Framework, along with an Anti-Racist Plan, forms the basis of a broader approach to Equality. Emmie highlighted six key themes of focus:

- Accessibility and service provision
- Intersectionality
- Demographics and Data
- Informed Allyship
- Participation and Engagement
- Community resilience and belonging.

These were developed into "aspirations" rather than concrete objectives, to encourage ongoing, transformative work rather than mere tick-box exercises.

Emmie also briefly delved into the Anti-Racist Plan, which had its origins in a 2020 motion adopted by the Council to become an anti-racist organisation. The Anti-Racist Plan has five key objectives:

- Tackle racial inequality at every life stage, by taking protective, preventative and positive action.
- Build prosperity and wellbeing, ensuring a focus on racial inequality.
- Embed anti-racism into service plans and practice.
- Celebrate and serve diverse communities and value their contribution.
- Change as an institution: the leadership and management culture and diversity of leadership.

Finally, Emmie expressed excitement over this new, experimental approach to planning for Equality; welcoming input on the plans and suggesting various avenues for stakeholders to share their thoughts and hold the Council accountable. While the strategy is ambitious and multi-faceted, they acknowledged that the challenge would be to ensure that the plan amounted to more than just well-intentioned ideas, genuinely had "teeth" and would bring about meaningful, systemic change.

In addition to residents taking part in the online consultation, they also welcomed submissions of evidence responding to the question, either from existing insight or from events where responses to the questions could be taken. These could be Council-run focus groups or community-led activities depending on what is likely to get the most meaningful responses. While the Council cannot run these events during the pre-election period, residents and groups are welcome to independently explore the summary plan and the questions and submit their feedback at any time to research@hackney.gov.uk

Participant Feedback

One of the participants, who identified themselves as an LGBTQIA+ academic researcher studying the experiences of gay Northern Irish men living in London, shared that they had recently been focusing on Post-Traumatic Stress Disorder (PTSD) within this community. The speaker expressed surprise at not only discovering the prevalence of PTSD in their study population but also realising that they themselves had experienced symptoms of PTSD.

"I was trying to make sense of these men's experiences (...) you'll find PTSD in LGBTs and I was really quite taken. I was quite surprised to find that I'm suffering from it myself."

They pointed out that although it's challenging to cover every aspect of someone's life in social policy, there is nonetheless a pressing need to consider PTSD when discussing the health and well-being of gay men from Northern Irish and Irish traveller backgrounds. They introduced the idea of "intersectionality" and "trauma-informed practices" as important lenses through which to view these communities' unique challenges and concluded by saying that while existing plans for addressing health inequalities look promising, there is a gap in acknowledging and addressing PTSD, which they intended to cover in their own research.

"PTSD should be taken into consideration as much as you can. I know, people can't cover every single aspect of everybody's lives, but I think it's something that's really been overlooked and I'm going to use it in my research."

Another LGBTQ participant concurred that Post-Traumatic Stress Disorder (PTSD) is endemic in the LGBTQ community, an issue largely overlooked, especially among its elders. They mentioned the establishment of an organisation called "Compassionate Care", focusing on how LGBTQ individuals are treated in residential or home care. The respondent shared

an experience of trying to bring up the issue of LGBTQ-specific care in an Older Persons' Reference Group (OPRG) meeting but being dismissed. They were appalled that an organisation tasked with looking after all citizens wouldn't consider the specific stress and trauma experienced by the LGBTQ community.

"So when you've got organisations in the borough that are supposed to be looking after the interest of all elders, that won't address the LGBTQ issue and the stress and trauma that we've gone through in life, then you begin to see the hill we have to climb up."

They also criticised the lack of action from political figures, emphasising the importance of intersectionality on social boards, lamenting that previous boards had focused on race, homophobia, and misogyny but were dissolved into a single board for cost-cutting reasons, rather than retaining the intersectional approach.

They went on to cite an example where a young autistic LGBTQ individual was barred from a pub, illustrating that discrimination still exists outside of governmental bodies and concluded by urging the need for broad community engagement to better reflect the community's diverse needs and to implement retraining programs for staff across various organisations.

"I think the whole idea of intersectionality is really central to all this (...) And I think it's good to see that we're beginning to look at this again. In a much more constructive way. I look forward to working with that [and] I want to say we must engage the community seriously in order for it to reflect what our needs are, because they're very, very, very wide."

Fabien of Healthwatch Hackney proposed that Healthwatch Hackney host a health-related focus group for LGBTQ elders, to capture their experiences and feed into the strategy.

Emmie then mentioned a similar initiative in Lambeth called '*Not going back into the Care Closet*,' organising workshops for the LGBTQ community, and offered to share more information about their campaign, suggesting that it might serve as a model for Hackney.

An LGBTQIA+ Hackney resident confirmed the effectiveness of Lambeth borough's initiative, stating that they had attended some of their meetings, but emphasised that it would now be up to the Hackney LGBTQIA+ community and Hackney Council to construct a similar support structure.

The next contribution came from a gay man, working for a voluntary sector organisation in Hackney. He addressed the lack of communal spaces in Hackney for the LGBTQ community, especially when compared to other East London Boroughs. He mentioned that while bars and clubs served as inclusive spaces, sober spaces for community connection and mobilisation were lacking. He noted that this was disappointing, given Hackney's vibrant LGBTQIA+ community.

"A positive is that a lot of those bars and club nights are really inclusive from what I can see, they're very community-led, it reflects the diversity that you've mentioned, that's reflected in the census. But also, it feels like when it comes to sober spaces and spaces where we're able to meet and connect and mobilise, there isn't as much provision there which feels really disappointing..."

He also discussed the need for funding and consultation in creating safe and inclusive spaces. He suggested utilising available spaces like conference rooms at Hackney CVS for community gatherings, emphasising the value of intersectional and intergenerational spaces, where shared learning could occur, especially in the context of the broader discussion about PTSD within the LGBTQ community.

He went on to advocate for an accreditation scheme for trauma-informed resources, stressing the importance of including people with lived experience

in shaping these services. He criticised the pathologising often encountered when accessing mental health services as an LGBTQ individual, stating that being LGBTQ should not be equated with having poor mental health.

“What's really annoying is when you try to access mental health services and you get pathologised, “I've got poor mental health because I'm gay”. Whereas “No, I just happen to be a depressed gay man”.

He concluded by commending the decision to delay the consultation, stating that being an LGBTQ person in 2023 is itself a political act, arguing that the discussion needed to fully engage with the realities faced by marginalised groups within the LGBTQ community, including refugees, migrants, and trans or non-binary people. He further insisted that acknowledging the current hostile political environment was crucial for making meaningful progress.

Catherine of Healthwatch Hackney thanked Emmie for the presentation and asked them if they could say something about how monitoring would form part of the plan. In response to the question, Emmie explained that the plan was still in its summary phase, noting that the final actions might differ based on community engagement, which could steer the project in new directions.

They said that different components of the plan would have unique measurement metrics, some of which would be agreed upon with residents. Emmie added that the plan's impact would be reviewed every six months by corporate leadership and annually by residents, emphasising the importance of accountability to the community rather than to politicians or leaders.

“It might be that when we do the engagement, things come up for the community that lead us in a different direction. Some of those are going to have different measurements (...) agreed with residents as those plans solidify. That's when we'll be talking about: how would we measure that? How

would we be held accountable for that? in terms of the impact of the overall plan?"

They also gave an example from the LGBTQIA strategic framework, highlighting the need for trauma-informed data collection methods. They suggested that a successful implementation of such methods would result in fewer people choosing the "prefer not to say" option on data forms, indicating that residents would feel safer providing their information.

Catherine acknowledged the importance of having a baseline for measuring progress and expressed support for generating reports intended for everyday people, not just councillors. She emphasised that this approach was crucial.

Emmie shared that this was important to her and elaborated on the challenges of enacting systemic change, which can be slow and hard to measure. They stressed the importance of selecting actions that could result in meaningful, long-term transformations rather than choosing easily measurable but ultimately shallow (tick-box) achievements.

An LGBTQIA+ Hackney resident discussed a proposal they had made two years ago about conducting a multi-layered research plan to better understand the needs of the borough. They emphasized the need for comprehensive research that would map the community, identify its members, and understand the issues affecting them, pointing out that the borough has changed significantly over the past 15-20 years and that there had been a lack of updated research during that time.

They suggested that this multi-layered research could be done in collaboration with various stakeholders and that the research would provide a clearer understanding of the borough's specific needs, providing them with the evidence needed to engage effectively with the Council.

"...a multi-layered research plan of the borough (...) can be done with the assistance of the hospital, the GP practices, all the partners right across the borough, along with the people

who live in the borough, and then we would have a much clearer picture of the borough and what the particular needs are and where they stem from (...) and it would give us the strength to be able to go to the Council and say “well, hey, here's what the situation is in the borough on the ground at the moment. We need to address that”.

Presentation on Sexual and Reproductive Health Strategy for C&H

Next, Froeks Kamminga (Senior Public Health Specialist in Sexual and Reproductive Health for London Borough of Hackney & City of London Corporation) outlined the aims of the Public Health team's five-year strategy, emphasising the high rates of sexually transmitted infections (STIs) and existing inequalities among different population groups in the area. She highlighted the team's goal to work collaboratively with the NHS and the Integrated Care Board (ICB) to improve outcomes in sexual and reproductive health for residents.

Froeks also touched on the importance of consultations with partners and residents to identify correct priorities and outcomes. She laid out the main themes of the proposed strategy, which include promoting healthy and fulfilling sexual relationships, good reproductive health across a person's life-course, STI prevention and treatment, achieving zero new HIV transmissions, and focusing on vulnerable populations and those with complex needs.

She discussed specific intended outcomes, such as providing trauma-informed psychosexual support and counselling and addressing inequalities in maternity outcomes for black mothers and babies and in the uptake of termination of pregnancy services. She spoke of the team's ambition to tighten referral pathways, aiming to reduce inequalities in service access and uptake.

Froeks further highlighted STI prevention, with particular focus on young people and men who have sex with men, who account for the highest rates of STIs. The goal for HIV aligns with broader UN Aids goals and the Fast Track Cities London target of zero new infections, deaths, and stigma by 2030. She also discussed the uptake of pre-exposure prophylaxis (PREP) among different groups and the need to provide community as well as clinical care.

Lastly, Froeks talked about vulnerable populations and those with complex needs, although she deliberately left these terms undefined. She noted that more information is needed on how services are functioning for these groups and mentioned the potential for tailored services for transgender and non-binary residents.

Froeks concluded by saying that the general online survey had closed but that she is still actively seeking views from partners, stakeholders, and the interested public on whether the strategy is headed in the right direction.

Participant Feedback and Q&A

In response to Froeks' presentation, one gay participant offered some nuanced insights into how sexual health services often operate with a binary perspective, particularly when it comes to gender or gender presentation. He pointed out that women who seek sexual health services are frequently first questioned about contraception and pregnancy, highlighting a broader issue of assumptions made by these services.

The participant raised concerns about the experiences of bi+ individuals, stating that their treatment can vary depending on their current partner or sexual activities. He mentioned a forthcoming presentation from the national LGBTQIA+ partnership on this subject, based on a report called "Hard Done By," which examines the unique needs of bi+ people when accessing health services.

He also brought up the issue of bi+ 'erasure' in sexual health services. He said that current protocols, especially those that include retrospective inquiries into sexual activity for determining things like window periods for STI testing, might not fully encapsulate the experiences of bi+ individuals.

Furthermore, he expressed that there are often systemic assumptions made about lesbians, particularly when it comes to reproductive health. He suggested that the services often operate on assumptions about whether lesbians may want to start families, and that there is a need for a systemic cultural shift to address these and other issues.

"It was something that came up for me when I was working in LGBT services and in sexual health around bi+ erasure (...) I also think there are a lot of assumptions around the reproductive healthcare needs of lesbians and whether lesbians may also want to start

a family or not, and a lot of things that are just assumed to not be a want or a need and that feels like a [needed] systemic cultural shift.”

This participant clearly felt that changes are needed on multiple levels, including policy and practice, to make sexual health services more inclusive and responsive to the real-world experiences of various groups within the LGBTQIA+ community.

One lesbian participant shared a personal anecdote about two young friends in City and Hackney who are attempting to conceive through fertility clinics. She expressed serious concerns about the way they are being treated, highlighting a significant gap in the healthcare services presented by Froeks. According to the participant, the couple is not being treated according to their specific needs; instead, they are being treated as though they are a heterosexual couple engaging in penetrative sex, indicating that the healthcare system isn't adequately recognising or addressing the unique circumstances of their situation.

The point was to highlight a considerable shortfall in the provision of sexual and reproductive health services, particularly for non-traditional couples or those not fitting into binary gender and sexual orientations. This participant's comments added an extra layer of critique to the discussion, pointing out that while strategies and plans are being discussed, there are immediate, real-world issues and gaps in service that urgently need addressing.

“I have two young [lesbian] friends in City and Hackney, who are trying to have a baby and they're being treated so badly at fertility clinics (...) They're really upset with what's going on. They're being treated like a male and female couple. Nobody's recognising that they're not having penetrative sex and the hoops they are having to jump through, it's absolutely unbelievable.”

In response to this participant's concerns about the poor treatment of her friends, Froeks acknowledged the issue and mentioned that earlier in the year, a new NEL-wide strategy on assisted conception had been accepted. This new strategy aimed to be more inclusive and eliminate disparities across local authorities in North-East London, particularly for same-sex couples. Despite this, Froeks agreed that there are issues in the areas of maternity, assisted conception, and fertility services that need to be addressed. She assured the group that she would make a note of these concerns for future action.

Next, in answer to an enquiry in the chat into the provision and availability of Pre-Exposure Prophylaxis (PrEP) in Hackney, Froeks confirmed that PrEP is, in principle, available to anyone who needs it. She mentioned a programme called 'Open Doors' that specifically works with both male and female sex workers. This programme has a dedicated outreach worker focusing on PrEP and assisting those who lead complex and often chaotic lives. Froeks also pointed out that injectable forms of PrEP are an option.

Additionally, she confirmed that Homerton hospital is a starting point for people interested in PrEP. She noted that they were looking into the feasibility of making PrEP available at selected pharmacies, so people wouldn't necessarily have to visit a clinic and that she anticipated changes in this area over the next five years.

Lastly, Froeks touched on ongoing discussions about potential drawbacks, specifically regarding drug resistance, highlighting concerns that using Doxycycline Post-Exposure Prophylaxis (DoxyPEP) as a prophylaxis could increase drug resistance rather than provide effective prevention, describing this as a simplistic answer to a complex issue.

In response to Froeks' mention of the potential availability of PrEP in pharmacies, one gay participant responded by referencing recent research conducted by Healthwatch Hackney, noting that the study had found challenges in pharmacies within the borough concerning access to

contraception. Specifically, some pharmacies lacked proper consultation facilities and staff to handle the distribution of free, accessible contraception.

As a result, people had to pay for these services privately. The participant expressed concerns that these issues could extend to the distribution of PrEP in pharmacies. He suggested that if Healthwatch Hackney has identified such problems, similar issues could arise with PrEP distribution and that there would be a need to address these shortcomings.

"...there was recent research by Healthwatch Hackney into the pharmacies in the borough, around access to contraception or reproduction (...) some of the chemists didn't have the proper consultation facilities and the staff to deal with the distribution of free, accessible contraception (...) if Healthwatch Hackney has identified that and they see there's a problem there, then perhaps we'd be faced with the same problem when it comes to the distribution of PrEP in the pharmacies. I think there would be a need to tighten up on that."

Froeks responded to this concern by acknowledging the Healthwatch Hackney mystery shopping exercise, which revealed that some pharmacies were not providing Emergency Hormonal Contraception (EHC) for free for various reasons, such as the absence of an accredited pharmacist on the premises. She clarified that services like emergency contraception and chlamydia treatment are governed by patient group directives, requiring accredited pharmacists, assuring that her team were aware of the issues and working on solutions.

She then suggested that if PrEP were to become available in pharmacies, it would likely start in those with good service delivery records, high uptake, and positive feedback. The approach would be more of a 'hub and spoke' model, where surrounding pharmacies could refer someone to a more specialised pharmacy if needed. Froeks also indicated that this would likely begin on a trial or pilot basis to assess its effectiveness.

The participant who had raised this question clarified that he had done so to raise the possibility of younger women, who might not be able to afford private consultations, being potentially excluded from receiving treatment.

"I raised this because it would mean, on the experience which Healthwatch Hackney found in the pharmacies, that if you couldn't afford to pay for that private medication then you would effectively be excluded from it and that would have huge outcomes for those young women."

Froeks acknowledged the importance of this issue and stated that her team were actively working to address this, either by directing patients to pharmacies that *do* offer free services or by helping pharmacies with their accreditation processes. She emphasised that the goal is to provide EHC for free, without any age limitations.

In his final comment, this participant highlighted the importance of peer-to-peer support and knowledge sharing in the context of sexual health, particularly in communities where cultural factors are closely tied with health behaviours.

He cited the example of Doxycycline Post-Exposure Prophylaxis (DoxyPEP) as emerging from peer support, he thought, and argued for a more nuanced and supportive approach, as opposed to merely labeling certain activities like 'chemsex' as high-risk, especially since such activities can be integral to the culture among gay and bisexual men.

He stressed that communities often possess valuable information and insights and suggested that sexual health services could benefit from tapping into this existing knowledge, emphasising the role of platforms like Grindr, where community members can share informed, digestible, and sex-positive advice. He concluded by urging an approach that focuses on advising and being supportive, while recognising the value of peer-to-peer knowledge.

The meeting was concluded and gratitude was expressed by the Community Voice team to everyone involved. Fabien remarked that although the meeting had ended, the discussions felt like an introduction to a larger subject matter. He suggested that Healthwatch Hackney could play a role in conducting LGBTQIA+ community focus groups in support of LBH's Equality Plan consultation. These could focus on mental health, which appeared to be one of the most pressing issues for the LGBTQIA+ community. He conveyed his anticipation for future discussions and developments.

Conclusion

The London Borough of Hackney's newly outlined Equality Plan and the Public Health Sexual and Reproductive Health strategy represent comprehensive approaches to tackling systemic inequalities at the local level in City & Hackney. The forum discussions about these plans were robust, offering helpful perspectives from diverse community stakeholders.

A Collaborative, Community-Informed Approach

Emmie Bathurst's presentation outlined LBH's efforts to replace a single equality scheme with an intersectional, outcomes-focused Equality Plan. The plan aims for substantive impact, rather than settling for procedural compliance, signalling a proactive approach to eradicating the root causes of these social issues, rejecting the often-used excuse of "*lack of data*."

Addressing Sexual and Reproductive Health

Froeks Kamminga's presentation unveiled the Public Health Sexual and Reproductive Health strategy with key goals in fostering healthy relationships, good reproductive health, and STI prevention. Amongst others, the aims to achieve zero new HIV transmissions by 2030 and the exploration of PrEP availability are ambitious but necessary targets.

Critical Feedback and Adaptation

Both presentations faced constructive scrutiny. Community feedback highlighted gaps in service provisions, especially for non-binary and LGBTQIA+ individuals. Specific criticisms around the lack of trauma-informed practices, the needs of bi+ people, and treatment disparities in fertility clinics demonstrate that the plans need to adapt if they are to meet the needs of the LGBTQIA+ community in City & Hackney.

Next steps

Healthwatch Hackney welcomes London Borough of Hackney Council's openness to feedback and have suggested holding focus groups to garner feedback from the LGBTQIA+ community and feed into LBH's consultation on the new Equality Plan (particularly around the mental health challenges faced by the local LGBTQIA+ population).

Final comments

In summary, Hackney Council's multi-faceted approach could well serve as a model for other local governments. Its intent to create an environment that nurtures diversity, equity, and inclusion is commendable. The Council is setting a promising course for meaningful, long-term social transformation and Healthwatch Hackney hopes to contribute constructively to this positive outcome for our LGBTQIA+ residents.

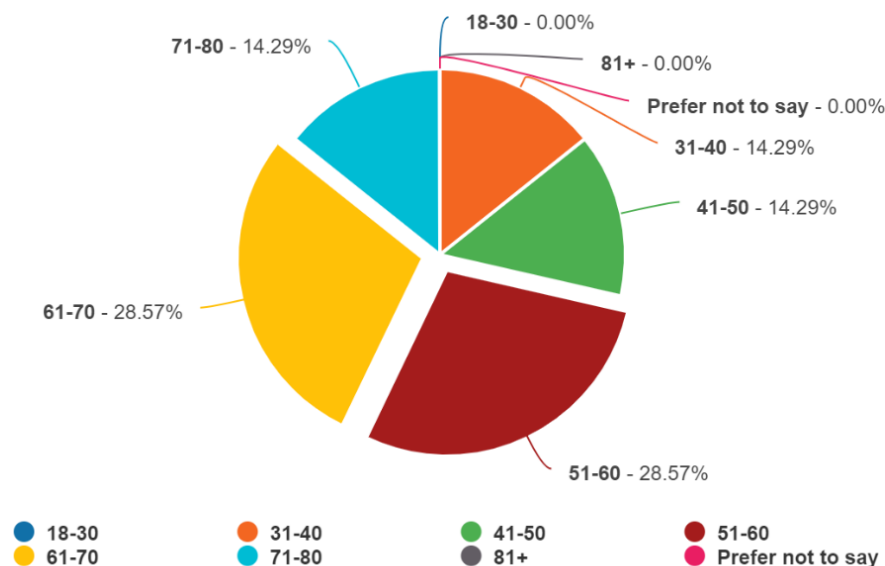
Appendix

Demographics of participants

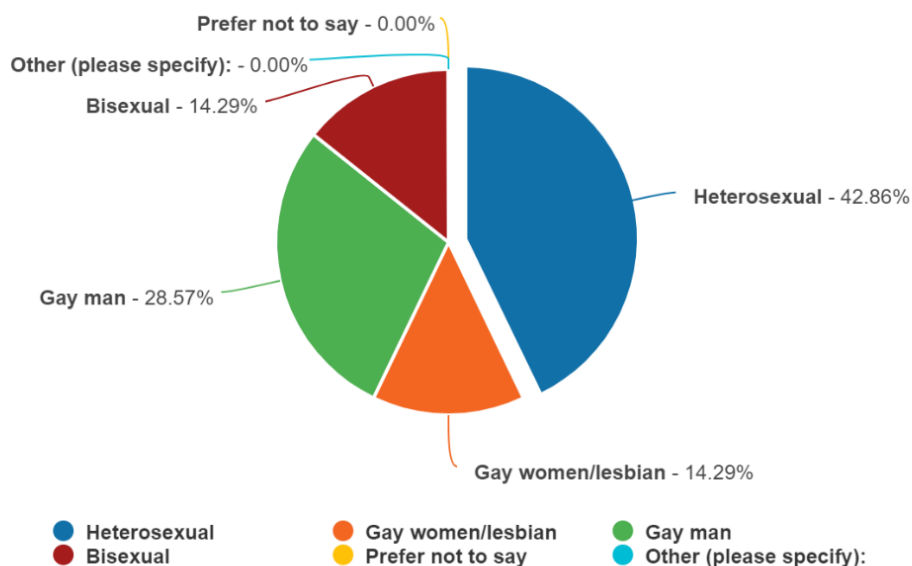
There were 9 forum participants, all of which were sent an online survey following the session. 7 completed the survey.

Of the 7 who responded, 3 identified their ethnicity as 'White British', 2 as 'Irish', 1 as 'White Other' and 1 'Mixed'.

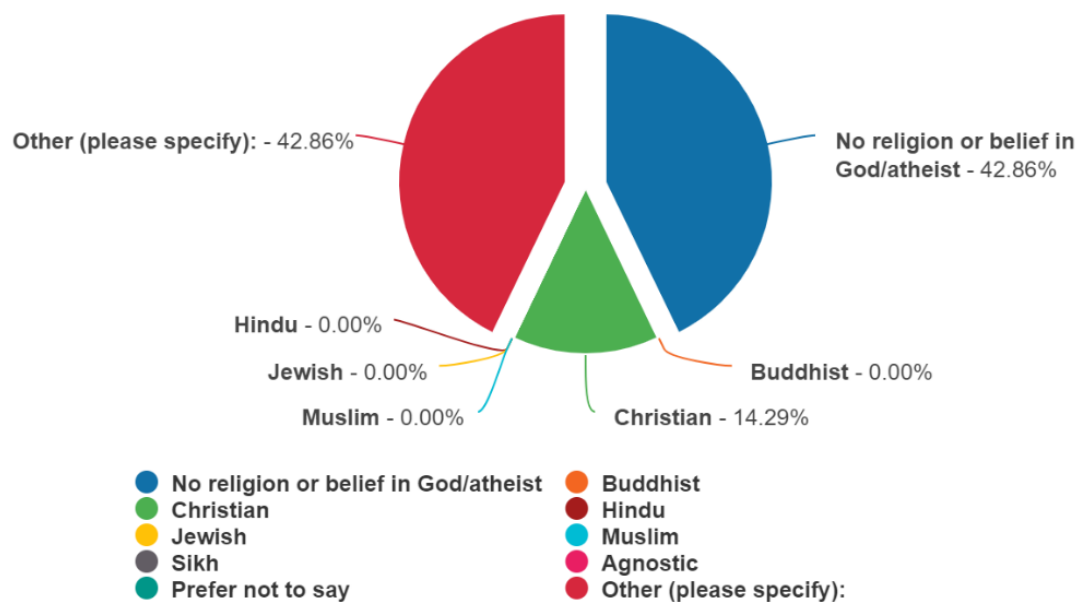
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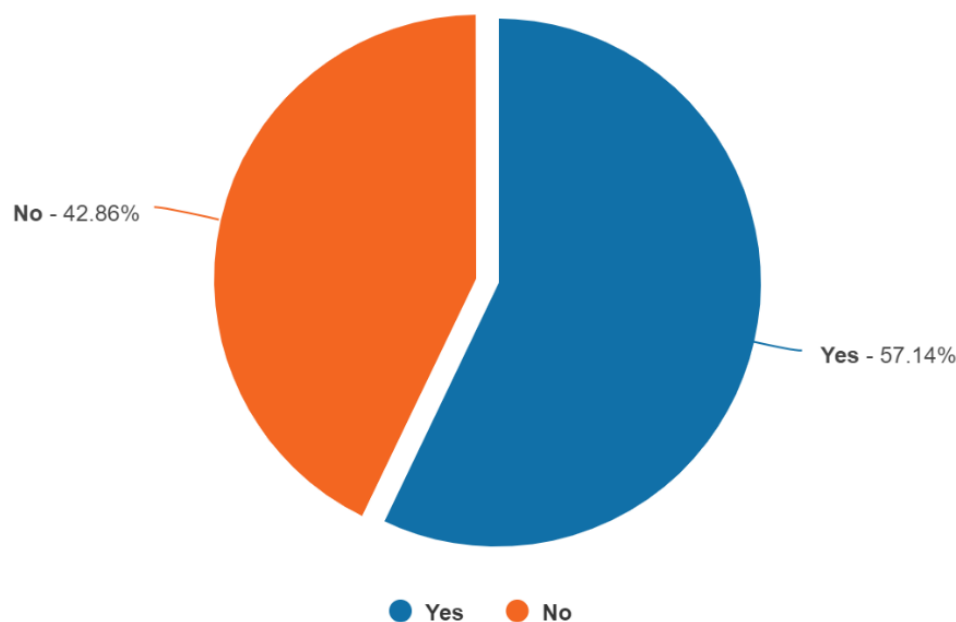
What is your sexual orientation?



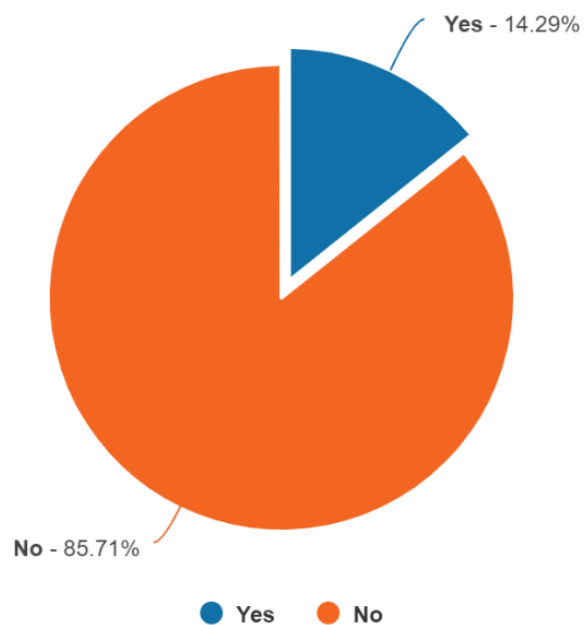
What is your religion or belief?



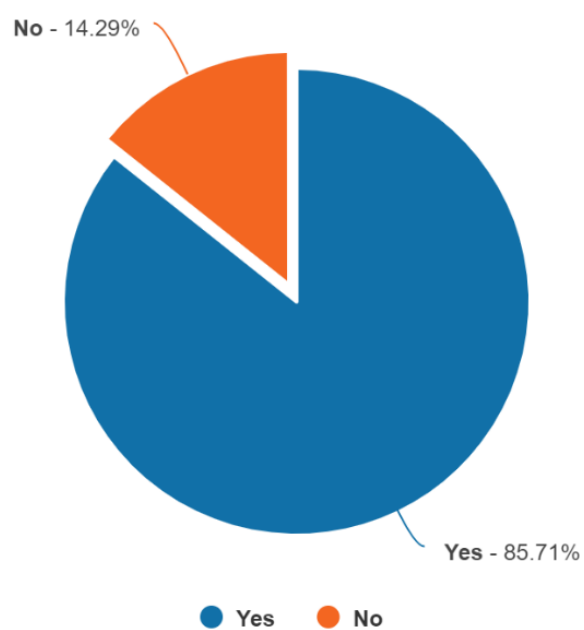
Do you consider yourself disabled?



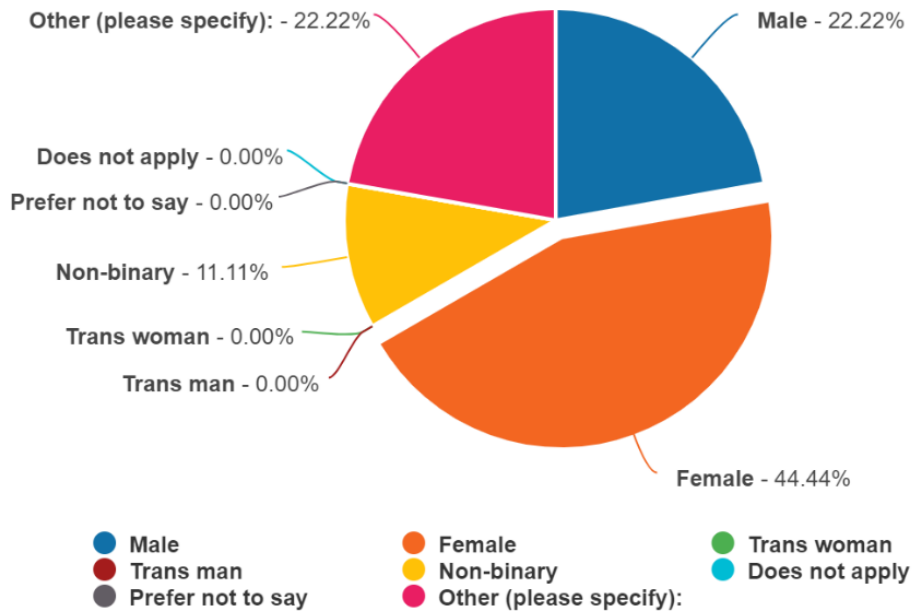
Do you have any caring responsibilities?



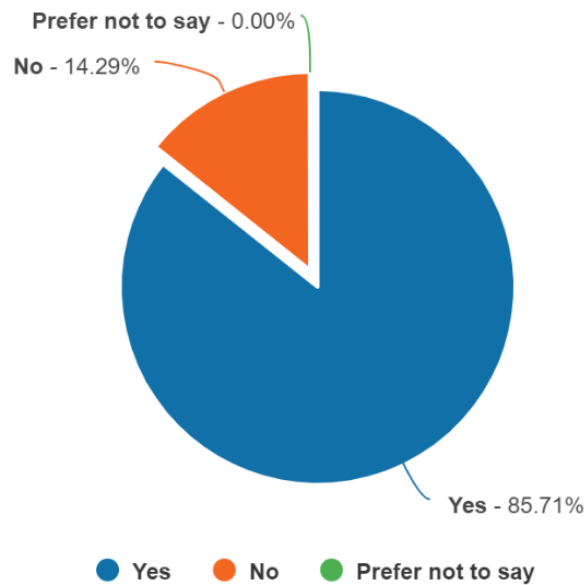
Is English your first language?



How do you currently identify your gender?

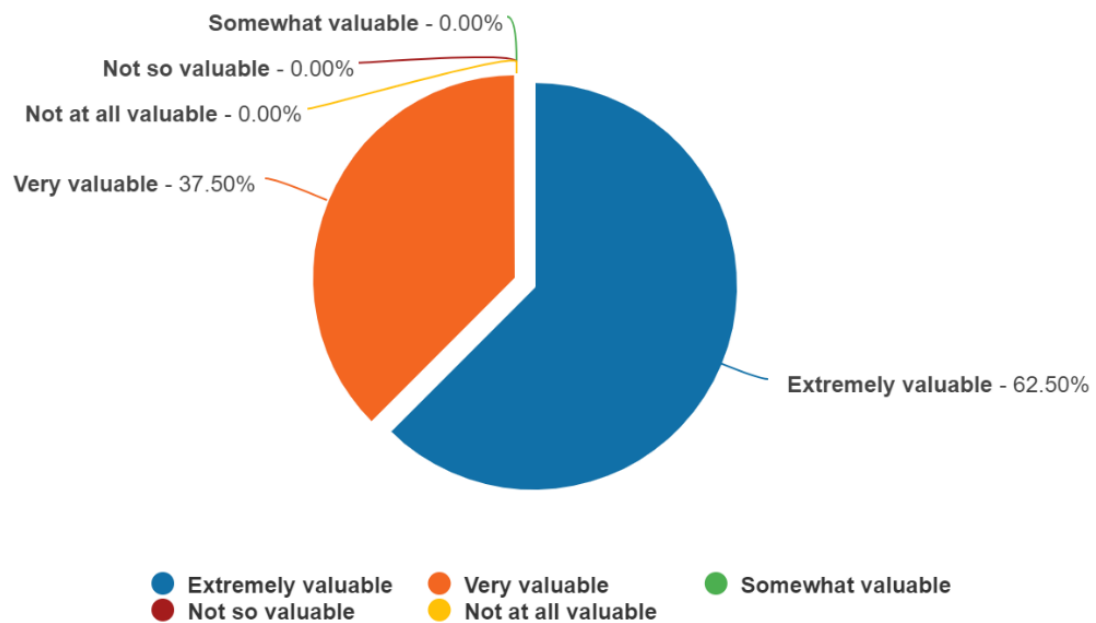


Is your gender identity the same as the sex you were assigned at birth?

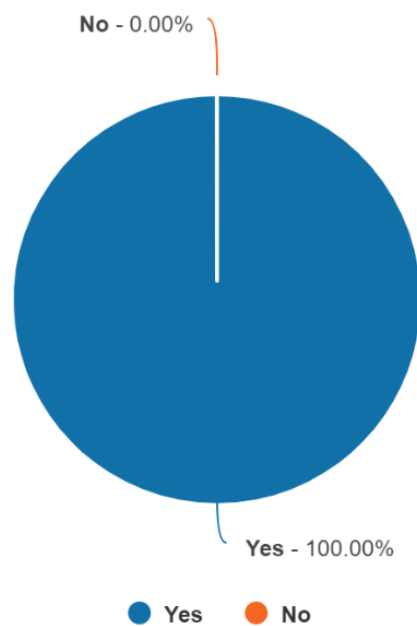


Forum evaluation

Overall, how would you rate this event?



Do you feel better informed about the topic of the forum?



Additional comments:

"I think the needs of elderly LGBTQs and in particular, the needs of elderly LGBTQs that fled their countries in the past such as Ireland for example be considered as many may be suffering from the impact of minority stress including forms of PTSD. Similarly, the needs of recent LGBTQ immigrants to the borough need to be addressed."

What could have been done better?

"Nothing really."

"Hybrid meetings are often challenging but i think with time we'll all get used to them - and they do help increase participation."




healthwatch

Hackney

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