



## LOCAL HEALTHCARE BILL CONSULTATION

Consultation Response by Stonewall Scotland  
March 2008.

## **1. Introduction**

Stonewall Scotland was established in 2000. Since then we have been campaigning for equality and justice for gay, lesbian, bisexual and transgender (LGBT) people living in Scotland. We work with businesses, the public sector, the Scottish Executive, the Scottish Parliament and a range of partners to improve the 'lived experience' of LGBT people in Scotland.

The work we do involves campaigning on, and raising the profile of, LGBT issues; helping to explain new policies and legislation practically to stakeholders; developing public services to involve LGBT people in Scotland; and working with employers in the private, public and voluntary sector to tackle homophobic discrimination in the workplace.

We would like to thank you for this opportunity to respond to the consultation on the Local Healthcare Bill proposed by the Scottish Government.

## **2. Existing Structures**

Stonewall Scotland have some concerns around the proposals included in this consultation and we will outline these below. We think it is important first, however, to outline the existing public involvement mechanisms and current work using these structures.

NHS Scotland has existing structures to ensure local health boards involve their communities in their decisions. The Public Partnership Forums (PPF) set up through the NHS Reform (Scotland) Act 2004 and their roles are described in SEHD guidance available here [www.sehd.scot.nhs.uk/chp/PPF%20advice%20note%20-%20PDF.pdf](http://www.sehd.scot.nhs.uk/chp/PPF%20advice%20note%20-%20PDF.pdf) .

The PPFs are used in developing new strategies for Local Health Boards and have input into how these strategies are developed.

The problems they face in effectively doing so are through a lack of proper investment in their support and structures. Support for PPFs from NHS staff usually comes as an 'add-on' to someone's job. It is our opinion that a resource such as a PPF needs a full-time commitment to ensure engagement with the local communities and 'buy in' from Health Board members.

Community engagement takes time and real effort to sustain anything more than a tokenistic approach. It is our belief that with proper investment in existing PPF structures, NHS Scotland could lead the field in community engagement with Local Healthcare. If successful, this method would put the local communities, including those who still experience

health inequalities, at the heart of their Healthcare Services and help to ensure service users become stakeholders in their own healthcare.

### 3. Direct Elections

It is our belief that direct elections to Local Health Boards will not of themselves increase the participation of the full diversity of local communities in their healthcare, especially those groups such as Lesbian, Gay, Bisexual and Transgender (LGBT) people who may be discriminated against or not electorally attractive. A process which relies on campaigning to a majority creates a very real danger of ignoring excluded groups, such as LGBT people. A focus on services of high public resonance such as consultant-led maternity or blue-light A&E risks marginalising services such as mental health.

The Scottish Social Attitudes Survey shows that around 30% of Scottish people still think same-sex relationships are wrong, 51% saying it is acceptable for a service provider to refuse services to same-sex couples, and 50% said they would be unhappy if a relative married a transsexual person. These statistics show there is a long way to go to change attitudes to LGBT people in Scotland.

### 4. Answers to consultation questions

#### **Q10 How could equality and diversity of candidates be promoted?**

With the Government's own proposed strategy for ensuring equality and diversity in public appointments being consulted on, there is a move to ensure that governance of public services represents the public they serve. If direct elections were to go ahead it would make the NHS the only public service that is not guaranteed to have full cultural competence and may be unrepresentative of LGBT people. This is not an acceptable position for Stonewall Scotland and has the potential to create a two tier system of public services for LGBT people.

If, however, elections were to go ahead there would have to be some safety net. As the current system involves ministerial control over board members, boards who do not work to reduce health inequalities can be 'disciplined' or indeed board members can be removed. Without this power being retained over elected members, it is our concern that LGBT health priorities will be overlooked in favour of more politically favourable policies. It is however, hard to see how ministerial powers can be retained over an elected member.

#### **Q13 In what circumstances might someone be disqualified from seeking election?**

Should the Government implement an electoral system for health boards, it is our belief that criteria for disqualification from seeking election should be based on the candidate's willingness to prioritise health needs. If a

candidate has expressed the view that they will place their 'moral views' above the clinical needs of service users, their eligibility should be withdrawn. Access to and funding of LGBT specific services have been seen for some time as a clinical need, ensuring the continued reduction of health inequalities for the LGBT community. If a candidate expresses a wish to reduce these services on 'moral' grounds their eligibility should be withdrawn. Subsequent to election the Minister should use their powers to remove a member from office on the same grounds.

**Q20 Would the emergence of groups or individuals with particular views be a difficulty or a potential threat to good governance and direction of the NHS in Scotland?**

Yes. This is of great concern to Stonewall Scotland. It is not that long ago that HIV was seen as 'the gay plague', or that campaigns on buses throughout Scotland fought to keep Clause 2a and indeed since religious leaders spoke out against LGBT rights and ran on that platform for the 2007 Scottish Elections. LGBT people have only recently gained the legal right to service provision, something which is still seen as controversial and something Transgender people still do not yet have in UK law.

It is our concern that these views around LGBT rights might be used by certain groups that seek to remove them, to campaign in Health Board elections. Instead of balanced debate around clinical priorities, it is our view that LGBT service provision will be seen as 'PC nonsense' and the potential of pitting children's services against already scarce Gender Dysphoria treatment is a very real threat. This style of campaigning will only serve to inflame public opinion against LGBT people and create issues where none previously existed.

**Q29 What criteria should be used to assess and evaluate the pilots?**

If direct elections are implemented, pilots must go ahead. The measure of success for these in our view must be that of positive health outcomes. These must be measured and disaggregated across the equality strands to determine whether any detrimental effect has been seen on certain groups. It must also include perception of healthcare services and electoral process amongst LGBT people and its effect on the already existing health inequalities. The views of LGBT groups, local and national, must be included.

**Q30 Should NHS Boards continue to provide generally consistent levels of performance across Scotland and follow national policies and priorities? Or should elected NHS Boards have the freedom to exercise local discretion and flexibility?**

Access to health services by LGBT people must remain consistent throughout Scotland. Perceptions around numbers of LGBT people in different local areas are often wrong and allowing a board discretionary power to remove or restrict services otherwise available in other areas

would create a 'postcode lottery' for LGBT people's access to healthcare. It is our view that not ensuring consistent levels of performance throughout Scotland will further increase health inequalities for LGBT people, especially those in remote and rural areas.

It is also of some concern to Stonewall Scotland that directly elected members of health boards could work outside of national standards frameworks. There has rightfully been a lot of time, effort and finance invested in creating national performance standards for NHS Scotland. Directly elected health board members could potentially have the power to ignore and work outside these frameworks with no intervention by QIS, SHC or ministers. This has a very real potential to compound existing health inequalities and indeed create new ones.

## 5. LGBT Health Priorities

An in depth look at suicidality of young Gay and Bisexual men in Edinburgh by Hutchison *et al*<sup>1</sup> found that they are 6.7 times more likely to attempt suicide than the general population. Clements-Nolle *et al*<sup>2</sup> also found that amongst Transgender people 32% of respondents had attempted suicide and over 60% had scored greater than 16 on the CES-D Scale (Centre for Epidemiological Studies – Depression Scale).

By comparing GHQ (General Health Questionnaire) scores greater than 4 of the general population in the Scottish Health Survey 2003 and scores greater than 4 in Warner *et al*<sup>3</sup>, it is possible to show that LGB people are around twice as likely to report clinical signs of mental health problems than the most socio economically deprived section of the general population (up to 45% LGB with GHQ >4 in Warner *et al*, around 20% General Population in 5th Quintile of Scottish Index of Multiple Deprivation in Scottish Health Survey 2003).

It is our view that the proposed 5million pound costs for the elections would be better spent on reducing health inequalities. Ensuring better funding and reduced waiting times for Gender Dysphoria treatment or better investment in Mental Health promotion for LGBT people would produce real health outcomes that make a difference to the lives of service users.

1. Hutchison, C., Porter, S. & Le Voil, S. (2003) *Live to Tell: Findings from a study of suicidal thoughts, feelings and behaviours amongst young gay and bisexual men in Edinburgh*, Edinburgh: Gay Men's Health/ LGBT Youth Scotland
2. Clements-Nolle, K *et al* (2001) HIV Prevalence, Risk Behaviours, Health Care Use and Mental Health Status of Transgender Persons: Implications for public health intervention, *American Journal of Public Health*, 91, 6, pp. 915-921
3. Warner, J. *et al* (2004) Rates and Predictors of mental illness in gay men, lesbians and bisexual men and women: Results from a survey based in England and Wales, *British Journal of Psychiatry*, 185, 479-485