

Item No. 8

Meeting Date

Wednesday 19th February 2025

**Glasgow City
Integration Joint Board
Public Engagement Committee**

Report By: Gary Dover, Assistant Chief Officer, Primary Care and Early Intervention

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Women's Health Plan

Purpose of Report:

To provide an update to the IJB Public Engagement Committee on the consultation process that has taken place in relation to Scotland's next Women's Health Plan. The engagement process outlined is specific to Glasgow City.

Background/Engagement:

The report describes the consultation process with recommendations from Glasgow City related to the Scottish Women's Health Plan.

Governance Route:

The matters contained within this paper have been previously considered by the following group(s) as part of its development.

HSCP Senior Management Team ☐
 Council Corporate Management Team ☐
 Health Board Corporate Management Team ☐
 Council Committee ☐
 Update requested by IJB ☐
 Other ☐
 Not Applicable ☒

Recommendations:

The IJB Public Engagement Committee is asked to:
 a) Note the contents of the report.

Relevance to Integration Joint Board Strategic Plan:

Report aligns with IJB Strategic Plan, specifically in relation to
 Priority 1: Prevention, early intervention and well being

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Priority 2: Supporting greater self-determination and informed choice
Priority 3: Supporting people in their communities

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	Report aligns with National Health & Wellbeing Outcomes: 1. People are able to look after and improve their own health and wellbeing and live in good health for longer. 3. People who use health and social care services have positive experiences of those services, and have their dignity respected. 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services. 5. Health and social care services contribute to reducing health inequalities.
Personnel:	There are no direct personnel implications as a result of the content of this paper.
Carers:	There are no direct implications for Carers as a result of the content of this paper.
Provider Organisations:	The content will have potential to influence how providers deliver services to ensure they reach more marginalised communities of women.
Equalities:	Information provided from the consultation will enable an intersectional approach to responding to the needs of women protected on the basis of a range of protected characteristics e.g. sex, race, religion, pregnancy & maternity alongside socio-economic status and class.
Fairer Scotland Compliance:	Not Applicable.
Financial:	Not Applicable.
Legal:	Not Applicable.
Economic Impact:	Not Applicable.
Sustainability:	Not Applicable.
Sustainable Procurement and Article 19:	Not Applicable.
Risk Implications:	Not Applicable.
Implications for Glasgow City Council:	Not Applicable.

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Implications for NHS Greater Glasgow & Clyde:	Not Applicable.
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1. Purpose

- 1.1 To provide an update to the IJB Public Engagement Committee on the consultation process that has taken place in relation to Scotland's next Women's Health Plan. The engagement process outlined is specific to Glasgow City.

2. Background

- 2.1. The report describes the consultation process with recommendations from Glasgow City related to the Scottish Women's Health Plan.
- 2.2. Launched in August 2021, the Scottish Government's Women's Health Plan, <https://www.gov.scot/publications/womens-health-plan>, aims to enhance health services for women and girls by addressing unique biological, social, and economic factors experienced by women throughout the life course. Glasgow Women's Health Network (GWHN) facilitated consultations with network members/service providers and the women they support using a range of methodologies including a discussion event, focus groups, questionnaire and telephone interview.
- 2.3. The report has been shared with GGC Equality & Human Rights Team, Scottish Government/ Women's Health Plan Team and the wider GWHN. On 10th December 2024, GWHN attended a Scottish Government Women's Health Plan development session wherein findings and recommendations relating to the focus of the next Women's Health Plan helped shape discussions.
- 2.4. A range of themes and associated recommendations were identified from the consultation (see full report for further detail):
- Mental health and trauma responsive services informed by workforce knowledge and lived experience
 - Nature based solutions that support trauma recovery, for example, green care prescribing, outdoor programmes and access to safe greenspaces
 - Education, prevention and holistic health including earlier intervention on life stage programmes, for example menopause, via the establishment of women's health hubs alongside peer led initiatives with access to information in key languages
 - Access to gender-sensitive and culturally appropriate health and leisure services

3. Recommendations

- 3.1. The IJB Public Engagement Committee is asked to:
- a) Note the contents of the report.

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Glasgow's Women's Health Network

Consultation Report on Scotland's Women's Health Plan

October 2024

Prepared by: Stephanie McCulloch, Health Improvement Practitioner and Al Breen, Health Improvement Lead, Glasgow Health & Social Care Partnership, South Glasgow Health Improvement Team on behalf of the Women's Health Network

Introduction

This report outlines a consultation with recommendations from Glasgow City related to the Scottish Women's Health Plan.

Launched in August 2021, the Scottish Government's Women's Health Plan, developed with lived experiences at its core, aims to enhance health services for women and girls by addressing unique biological, social, and economic factors felt by women throughout the life course. Initial priorities include:

- Ensuring easy access to postnatal contraception;
- Improving access to contraception and abortion services, particularly for young women;
- Enhancing menopause services and increasing awareness among women, families, healthcare professionals, and employers;
- Reducing health inequalities affecting women, such as endometriosis;
- Addressing women's general health inequalities, including cardiac disease.

Glasgow's Women's Health Network (WHN) welcomed the Women's Health Plan as a guide to strengthening their ongoing work to improve women's health. The development of WHN from a locality to a city network, has been key for sharing policy information and gathering local perspectives.

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Background to WHN

The WHN emerged from primary care and place-based work within South Glasgow's Govanhill and East Pollokshields neighbourhoods during 2018. It was a response to concerns about the number of women disclosing gender-based violence (GBV), their experience of accessing services and the impact of disclosures on staff/volunteers who felt ill equipped to respond appropriately. There was a need for stronger collaboration and grassroots connections between healthcare providers, 3rd sector providers and other services. This collaboration proved essential during the Covid-19 pandemic as lockdowns and reduced services disproportionately impacted women, especially those facing domestic abuse and wider GBV. WHN ensured local knowledge about impact on women was shared with the Women's Stream of the Social Recovery Taskforce and coordinated support and funding activity to respond to local needs.

WHN launched as a city network during International Women's Day 2023, members include third sector leaders and health & social care staff from across the city. The network's aims are:

- To build connections among organisations providing services to women in Glasgow;
- To better identify and respond to emerging women's health issues in line with Scotland's Women's Health Plan, Gender-Based Violence, and the Social Recovery Taskforce Women's Stream Action Plan;
- To create a collaborative space for sharing best practices and supporting those addressing trauma and distress.

Louise Carrol, Public Health Programme Manager and women's health lead for Greater Glasgow and Clyde, joined the WHN and invited responses from local organisations in the network on future health plan priorities, which initiated this consultation.

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Consultation Methodology

Women's Health Network Discussion Event	1 session of 9 attendees, members of staff and volunteers from network organisations supporting women in Glasgow
Focus Groups	3 sessions with 28 attendees in total, members of the public who attend network organisation's services
Questionnaire	4, network members
Telephone interview	1, network member

We began with a discussion session in July 2024, inviting network members to the tranquil setting of the Wee Retreat in Glasgow's Southside, who kindly provided the space in kind. This followed with a questionnaire to the network distribution list and an invitation to groups of women accessing the services of network members to take part in focus groups. The questionnaire received few responses despite being opened and viewed 86 times, we wonder if the broad nature of the questions were a barrier to responses. We also offered 1:1 telephone interviews, timetabling was a challenge with this as organisations of course need to prioritise front line service delivery, which was at times strained due to the school summer holidays and other factors.

We drew upon data from previous consultations with women:

- Focus group data gathered as part of the Women's Stream of the Glasgow City Covid 19 Social Recovery Task force
- Focus groups data gathered as part of consultation on the National Wellbeing Hub development.

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Whilst these weren't directly asking about the Women's Health Plan, the issues and themes highlighted are of relevance for women's health policy consideration. A thematic analysis was undertaken, key themes and their insights are highlighted below along with recommendations for consideration.

Discussion

Women highlighted numerous themes in relation to their health and wellbeing, the conversations leaned more towards accessing services and the social and environmental determinants of health compared to conversations about biological health factors, this may be reflective of the broad nature of the questions used. Participants really valued the roles of the national health service and local community organisations in supporting their health and wellbeing, it was noted the role that health visitors and community midwives play in South Glasgow in supporting women to access local services as health visitors are often seen walking women to groups in the communities. There was awareness of the constraints on health services which was mostly felt by increased waiting times for health services and the challenges with securing timely primary and secondary care appointments.

Many barriers to accessing community, leisure and healthcare opportunities were acknowledged. Some could affect anyone in the population, irrespective of sex, for example location of services and availability of services. Some barriers were related to cultural identity, for example language barriers. Additionally, there was a distinct set of barriers that specifically related to the participants experience of being a woman and the gendered aspects of their lives such as mothering and childcare, caring for the wider family, receiving dismissive views of female health concerns from health providers and fear of gender-based violence in outdoor settings.

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The experience of accessing healthcare or leisure opportunities was further compounded by participants' cultural or religious identities, for example some Muslim women in the study highlighted that they can only take part in leisure activities in women only spaces and some African women highlighted the taboos of discussing aspects of female health with husbands or males in the community, at times lacking the support necessary at home to be able to access further support from services.

There was a strong desire for female only health clinics and leisure spaces, with many participants citing their experiences of women's health clinics in countries of origin such as Nigeria, Rwanda or participants recalling their experiences of various women's health clinics here in the UK in the late 80's through to the early 00's. This was seen as a logical space to address a multitude of the challenges, a place for clinical input, education and preventative support all with a trauma informed ethos. However, it was noted that based on the multitude of issues that local 3rd sector services were addressing specifically around the social determinants of health, they were acting as local women's wellbeing hubs in their own rights, only lacking the clinical inputs to address biological health aspects and working in very challenging funding environments also.

Key themes and recommendations

Access to green spaces and outdoor activities
<i>"Coming to the garden groups, our wellbeing feels improved going to these groups where we can gather, be together and learn things." (Participant, Shields Community Garden Group)</i>
<i>"I've also learned new skills that are useful in other parts of my life, and I can share with other people. It's like a strong circle of positivity which starts at the garden and keeps growing wider. I'm so grateful for that circle and to be a part of it."</i>
<i>(Participant, Shields Community Garden Group)</i>
Key Insights

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- Women emphasise the importance of green spaces, nature and fresh air for physical and mental wellbeing
- Organisations that offer organised greenspace use and organised trips are valued by local groups in South Glasgow
- Weather conditions, such as lack of sunlight and excess rain, are seen as obstacles to wellbeing, as well as the expense of protective weather gear
- Women are fearful of accessing green spaces alone they fear for their personal safety, citing fear of attacks due to gender or islamophobia

Recommendations:

Promote Outdoor Programs for trauma recovery: group activities, such as walking clubs, community gardening projects or more focused mental health interventions that provide safe, social, and inclusive environments for women to engage in movement, self-development and connection with nature.

Social & Green Care Prescribing: stronger focus on opportunities that offer holistic health recovery in nature, for example Branching Out, an innovative offer from the Forestry Commission for adults who use mental health services. This programme was adapted to provide bespoke delivery to women affected by homelessness during the pandemic

Access to safe green spaces: Ensure that women's safety needs are a key consideration for community planning partners when upkeeping, regenerating and developing public infrastructures and green spaces

Education, prevention and holistic health

'There's lots more information available now and lots of awareness raising, but not the resources to match the need for accessing services '

(WHN Member)

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'No-one told us about the menopause you know, no-one, it just happened and then I asked my mother and she said yeah, that happened to me too when I was 47, no one told us these things. the children, the younger ones, they know more about health and bodily things than we do, they learn in school and college, or the internet, but we didn't know these things'

(Participant, Sharpen Her-The African Women's Network)

Key Insights

- Women value holistic approaches to health, including creative and integrative health care, peer-led models and the use of greenspaces for recovery.
- Education about specific female biological morbidities is welcome, such as endometriosis, menstruation, menopause, and whilst there has been an increase in information, women find it frustrating to have the health information but lack the access to tailored services, especially in relation to fertility, miscarriage and menstrual health (including endometriosis and menopause). One woman cited being refused access to gynaecology for suspected endometriosis due to choosing not to trial hormonal contraception first
- Women felt let down by the delay in menopause information, there is frustration that it hasn't been spoken about early enough. Many women are currently gaining detailed information about menopause after it's already happened, especially those from minoritised ethnic communities.
- Women have experienced sudden menopause due to hysterectomy for cancer or medications for endometriosis, but didn't understand or felt they weren't informed at the time that it was sudden or induced menopause that they were experiencing
- Network members could see a rise in women's health information available, but women accessing services who have English as a second language felt there wasn't enough information for them in their languages

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- It is thought that stronger preventative messages need to be offered to women in their late 20's and early 30's in relation to calcium, heart health, muscle building and osteoporosis.
- There is a desire to have specific healthcare & community pathways for supporting fertility journeys and recovery from miscarriage, it's also felt that there is a disparity across workplaces in the city when it comes to policies to support the fertility journeys and any miscarriages experienced by staff and their families.

Recommendations

Address gaps in life stage health support: Improve early intervention strategies, bring more focus to early prevention and education, this could be in further partnership with education providers or in dedicated women's health hubs

Fund the development of peer-led health initiatives: support peer led networks and models for women's health knowledge and access to holistic therapies such as massage. Building on the knowledge of the local mental health ambassador project to consider a women's health ambassador model

Develop comprehensive fertility & miscarriage care: ensure fertility and miscarriage support is embedded within women's health policy, including encouraging workplaces to have policies to support women undergoing these challenges

Key Languages: further work to ensure that health practitioners and the public know where to access key health information in international languages (NHS Inform)

Public health messaging campaign: targeted for early intervention in relation to osteoporosis prevention

Sudden menopause care: more emphasis in clinical guidelines about the impact that sudden menopause from surgery or medication has on women, there is a case

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to be made for women in this category to be a priority group with a clear clinical pathway for accessing menopause support and mental health care

Endometriosis Pathways: clearer pathways to gynaecological care for suspected endometriosis, with a view to preventing discrimination and withdrawal of services from women who choose not to use the contraception pill

Mental Health and trauma-informed responsive services

'The women we support are chronically ill as a result of their trauma and experiences of child abuse, child sexual abuse, forced marriage, rape assault, forced pregnancy, forced abortion. These are the realities of the experiences of women and as an organisation, we are supporting women to overcome their trauma and to live with their chronic health conditions'

(WHN Member Organisation)

'We need a stronger focus and recognition on the impact of trauma, women need opportunities to learn about their nervous systems and opportunities to rest'

(WHN Member Organisation)

Key Insights

- Women express frustration with the overuse of antidepressants without adequate exploration of underlying issues, especially in cases of trauma and domestic or sexual violence
- Women feel they must re-tell their traumatic experiences, especially when engaging with health & social care professionals not known to them or when accessing a new service
- Trauma and subsequent post-traumatic stress disorder (PTSD) is reported as an outcome from elements of engagement with services such as maternity, obstetrics and gynaecology

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- A stronger focus on trauma informed care is desired, particularly the use of creative therapies, outdoor activities and evidence-based therapies such as Eye Movement Desensitisation and Reprocessing (EMDR)
- It's felt that local mental health services work hard to support individuals, but there are barriers to accessing universal care such as online CBT, there is a recognition in the power in women coming together for support and recovery and that group models of therapy and therapeutic interventions are welcome and is what 1 local organisation in particular is seeking to implement.

Recommendations:

Development of service passport: a patient centred way of sharing information between services, particularly when accessing a new service. A document that can highlight chosen information, whether that is information about PTSD triggers in healthcare settings, highlighting previous experience of pregnancy loss or a need to work with female staff only for example.

Social prescribing: Social and green care prescribing approaches provide opportunities to support a shift away from medical pathways, enabling women to engage in, for example, therapeutic nature based activity. Learning from existing social/green care prescribing approaches can inform further development.

Workforce knowledge: Harnessing knowledge from inside the system, workforce lived experience has the potential to accelerate service improvement, the work of the Trauma Collaborative and current efforts focussed on TIRS (Trauma Informed & Responsive Services) can inform/support

Specialist women's health champions: peer-led training and knowledge sharing within existing mental health services. Wider awareness and capacity building relating to models of recovery e.g. Judith Herman model widely use a framework for recovery in services responding to trauma and distress. This model was used to inform bespoke delivery of greenspace activity described above.

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Access to gender-sensitive and culturally appropriate health and leisure services

'It's difficult to access swimming, mixed swimming is no use to us. We need to access it during the day when husbands are working, the evenings we are busy feeding everyone, the only pool that offers it is not near our community' (Shields Community Garden Participant)

'You know, we live in two countries, outside, at the shops, in the library, we are in Scotland. But when an African woman goes home and closes the doors, we are in Africa, the African culture, the African beliefs, the African values, the good and bad, it's ok telling a woman how she should be treated in Scotland, but when the doors are closed, it's not Scotland anymore'

(Sharpen-Her, African Women's Network Participant)

Key Insights:

- There is frustration with lengthy waiting times for GP appointments, dismissive attitudes from some healthcare providers about women's health problems, and barriers to fertility and miscarriage care.
- Lack of female-only spaces, especially for physical activities like swimming and saunas, this is particularly important for women from some religious groups and for survivors of trauma especially GBV
- Women report struggling to access timely appointments for specialist clinics that address aspects of female health care, such as services for contraception, specifically appointments in Glasgow for insertion or removal of the coil and access to gynaecology services for suspected endometriosis
- Preference for female healthcare professionals, but often experience long waiting times for female doctors
- Language barriers, with many women relying on children for translation or feeling uncomfortable using interpreters when discussing intimate personal issues
- Women report childcare can be a challenge when accessing healthcare appointments or other services, women have been scolded by health care

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staff for bringing their children with them or have been turned away from some appointments at the hospitals

- Women reporting the difficulty and sometimes cultural taboos in discussing intimate female health issues with their friends, families and health professionals
- 3rd sector services highlight addressing multiple health issues within their organisations and supporting women when they are struggling to access the clinical care that they desire or need
- There is concern from practitioners that initiatives from the local authority and health and social care system to reduce spending will have a disproportionate impact on women due to their gendered roles as mothers and carers, the burden of unpaid work will increase

Recommendations:

Create Women-Only Community Health Spaces: Increase access to single-sex health clinics, swimming and exercise facilities, ensuring availability of leisure activities during the daytime to accommodate caregivers

Advocacy for and establishment of local women's health hubs in primary care: The primary care women's health forum in England has a Women's Health Hub toolkit with recommendations on how to bring together existing services to address local health challenges for the female population, consider developing a Scotland specific toolkit [Home - Women's Health Hub \(pcwhf.co.uk\)](https://pcwhf.co.uk). Child friendly services and spaces should be a part of this , as well as exploring a model for outreach women's health nurses who could offer pop up clinics in specific areas of need in support with 3rd sector organisations

Expand Access to Female Healthcare Providers: Recruit and train more female healthcare professionals in a variety of roles, particularly bilingual women, to improve communication and comfort.

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Improve Language Support Services: Ensure the availability of trained, trusted female interpreters and continue to widen the offer of health information in multiple languages.

Address Cultural Barriers: Continue to promote training for healthcare staff on cultural competence, ensuring sensitivity to religious and cultural needs.

Build on the Women's Health Networks: As a vehicle for bringing local services together to action plan on addressing local issues, strengthening organisational relationships and to celebrate local successes

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Acknowledgements and thanks

Alcohol & Drug Recovery Service

Glasgow City Health and Social Care Partnership

Glasgow and Clyde Rape Crisis

Glasgow Women's Health Network

Govan Community Project

Govan Community Project Women's Group

North East Health Improvement Team

North West Health Improvement Team

Sharpen Her, the African Women's Network

The Daisy Project

The Wee Retreat

The Well

Urban Roots and the women of the Shields Community Garden Group

Waverley Care

Women on Wheels

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