EMBARGOED UNTIL MEETING

Greater Glasgow NHS Board

Board Meeting
Tuesday, 16 March 2004

Board Paper No. 04/15

Director of Public Health/
Director of Planning and Community Care

GLASGOW WOMEN'S HEALTH POLICY

RECOMMENDATIONS

The Board is asked to:

- Note the progress made in implementing the Glasgow Women's Health Policy within the NHS in Glasgow
- Note the re-designation of Glasgow as a multi-agency WHO Collaborating Centre for Policy and Practice Development for Women's Health and Gender Mainstreaming
- Consider the how further progress on women's health and gender mainstreaming could be delivered in the context of addressing the health consequences of social inequalities within acute, mental health and primary care services.
- Consider the opportunities presented through the unified Board structure to further develop and implement policy including policy aimed at promoting the health and wellbeing of women
- Agree the establishment of a short life working group to consider the best way for the unified Board to develop a corporate approach to policy including the Women's Health Policy

INTRODUCTION

This report has been produced to highlight the work that has been carried out to implement the Glasgow Women's Health Policy, to consider progress but also the barriers to further progress and to identify the need for a strategic approach within NHS Greater Glasgow to addressing the health consequences of social inequalities. Further, it considers this work within the context of the overall approach to policy development and implementation.

BACKGROUND

A Glasgow Women's Health Policy was first launched in 1992 under the auspices of the Healthy City Partnership. Arguably, this was the first example of public involvement in the development of local health policy following research and discussions with women and women's groups. This work identified that women considered that the determinants of their poor health were not being addressed and health and social services were not meeting their needs. The policy has been modified

over succeeding years to reflect new developments in Glasgow and the latest version was re-launched in January 2002. The aims of the policy are:

- To increase awareness of and understanding of the factors which affect the health and wellbeing of all women in Glasgow
- To shape general policy development, planning and service delivery to improve the health and wellbeing of women
- To ensure that there are structures within organisations which take account of the factors affecting the health and wellbeing of all women
- To ensure that the key issues identified by women – emotional and mental health; health affects of poverty; safety in the home, community and workplace; sex differences in the presentation of various diseases, reproductive health and support for women as carers – are addressed as priorities

The Policy is based on evidence that there is a correlation between gender inequality and poor health in women, that there are sex differences in the aetiology and presentation of disease which are not sufficiently understood and that women have a more complex reproductive system than men.

THE PROCESS OF IMPLEMENTATION

Greater Glasgow Health Board first adopted the policy at the time of its initial launch and appointed a Women's Health Coordinator. The other partners of the Healthy City Partnership similarly adopted the Policy. Currently, implementation within NHS Greater Glasgow takes place in two main ways. Firstly, there are programmes of activity on women's health and gender-based violence (aimed at addressing the health consequences of domestic abuse, rape and sexual assault and child sexual abuse) led from within the Public Health and Health Promotion Directorates. The main focus of this work is to inform the GGNHSB planning process, to develop models of good practice, to ensure that women are involved within the work on patient and public involvement and to develop programmes of patient education. Monitoring of the Cervical and Breast Screening programmes is also carried out within the context of this work.

Secondly, there is a Women's Health Policy Planning Group chaired by a GGNHSB non-executive Board member. The chairperson is currently Councillor Danny Collins. The Group comprises representatives of the Trusts and GGNHSB Directorates. Its role is to coordinate activity on women's health across NHS Greater Glasgow to ensure a standardised response, to agree programmes of work which ensure that women's health needs are taken into account in the delivery of services and to identify resources.

LINKS TO THE WORLD HEALTH ORGANISATION

The World Health Organisation (WHO) in Europe has identified the work on women's health in Glasgow as an example of good practice. Glasgow was first designated as a WHO Collaborating Centre for Women's Health in 1997 and recently, it has been redesignated as a Collaborating Centre for Policy and Practice Development in Women's Health and Gender Mainstreaming. Coordinated by the

GGNHSB Women's Health Coordinator, the following organisations are represented within the Centre - GGNHSB Public Health and Health Promotion Directorates, Greater Glasgow Primary Care Trust through the Sandyford Initiative, North Glasgow NHS Trust through the Women's Reproductive Health Service, University of Glasgow Department of Public Health and Glasgow Healthy City Partnership.

The Collaborating Centre has contributed to the development of the WHO Strategic Action Plan for Women's Health in Europe and to the production of information for other European countries on the nature of the work in Glasgow. It has provided training for personnel from countries within Eastern Europe and has supported programmes of work in addressing gender based violence. Currently, it is working with WHO in the development of gender and health indicators.

DEVELOPMENTS IN GENDER AND HEALTH

The Women's Health Policy for Glasgow recognises the importance of gender as a fundamental determinant of health. Gender has been defined as the socially constructed and culturally determined characteristics associated with women and men and the value that they are accorded by society. Internationally, there has been a recognition that a focus on gender and health is the best way forward to address the health needs of women and men and that a population approach which is gender blind does both sexes a disservice. The Scottish Executive has recently commissioned NHS Health Scotland to produce a report on gender and health with recommendations as to how health policy could be made more gender sensitive and a number of officers with NHS Greater Glasgow are leading in the production of this report.

PROGRESS TO DATE

Successful implementation of the Women's Health Policy or indeed any such policy which seeks to address the health consequences of social inequalities presents a number of challenges and difficulties to the health service. Firstly, considerable responsibility has been placed on the NHS by national health policy to address causal factors over which it has little control. Secondly, there has been little application of a social model of health to improving the quality of practice and delivery of health care.

Within this context, progress on implementing the Glasgow Women's Health Policy can only be regarded as partial. Both women's health and the issue of gender based violence have been identified within the Local Health Plan and resources allocated to programmes of work. Some Trusts have responded by ensuring that work on addressing women's health needs are included in their implementation plans whilst others have been less proactive in incorporating this work into their change planning in a coherent, consistent and corporate way. The Primary Care Trust has been particularly innovative in this regard. In general however, it seems that change of this sort does not attract the level of priority and corporate ownership accorded to other more traditional Health Service change programmes. Progress in relation to gender based violence has been reported previously to the Board but recently considerable attempts have been made to integrate an understanding of the effects of abuse into planning for mental health and into the delivery of services for homelessness people.

There have also been some notable service achievements particularly in relation to the development of the Centre for Women's Health and latterly, the establishment of the Sandyford Initiative. These services strive to ensure that the social determinants of health are taken into account in the assessment and management of sexual health, reproductive health and mental health problems and to ensure that an understanding of gender issues is integral to planning and practice. As such, the Sandyford Initiative serves as a model for other health services and settings.

The development of the user involvement network for maternity services (MATNET) can also be viewed as a major success and the model used is also one which would be replicable for other services and areas of health.

A shift in approach towards gender and health has ensured there is now thinking emerging within GGNHSB as to the implications of gender for women and men. Both the women's health team and the men's health officer have been collaborating with addictions services to identify how an understanding of gender is integrated into the practice of Community Addiction Teams. The expectation is that this will contribute to addressing the current excess of abuse problems amongst men but should also ensure that the reasons for female drug use will be better understood and taken into account in redesign of services.

BARRIERS TO FURTHER PROGRESS

It is anticipated that there will continue to be many positive developments in relation to gender and health in Glasgow and that this will yield improvements in the way that services respond to both women and men. It nevertheless remains the case that there are a number of barriers to further progress. These can be summarised as follows:

- Traditionally, the NHS has been shaped by clinical requirements rather than being policy driven. As such there are limited corporate mechanisms available for the design and implementation of policy aimed at addressing service delivery and practice. This has weakened the ability to implement the Women's Health Policy or introduce a gender perspective into the Board's work and the accountability mechanisms for ensuring delivery lie with the Women's Health Team only. Similar difficulties exist with other policy developments such as addressing diversity and health inequality. This is likely to be particularly problematic once the new Equality and Diversity Strategy is developed for the health service in Scotland.
- There are limited resources within Trusts to undertake joint planning for addressing strategic as opposed to operational issues and no appropriate OD framework.
- The commitment in the Local Health Plan to addressing health inequalities does not extend to a consideration of the implications for health care delivery and practice.
- The debate and commitment to addressing inequalities in health has not embraced the need to address differences in the health of women and men nor the reasons for their poor health which are linked to their experience as women or men. The common experiences which exist across all forms of inequality are not readily understood either and separate strategies are being

developed to respond to the issues of race and disability rather being brought together in a combined approach to inequality.

- An understanding of the benefits of introducing a gender perspective to the work of the NHS is not widespread. Staff in frontline services may view the work on gender and abuse as an unwanted extra burden rather than as a fundamental component of making services effective. Others who recognise the importance of the issue find it difficult to juggle the requirements of implementation alongside other priorities. Dedicated resources are not allocated within Trusts to ensure support for internal developments.

OPPORTUNITIES FOR INNOVATION AND CHANGE

Planned changes in the organisation of Health Boards and Trusts present a number of opportunities for potentially overcoming the barriers to gender sensitive policy development and implementation. These include:

- The unified Board structure should allow for a wider perspective moving beyond traditional medical boundaries and for connected leadership on gender mainstreaming with the possibility of joint management arrangements for policy implementation.
- Partnership for Care aims to narrow the boundaries between acute and primary care services. This could help ensure that the differential uptake and response to women and men is considered and addressed across the whole system
- The focus on public involvement in helping to set priorities for Community Health Partnerships should allow for the differential needs of the different groups within the population.
- Improved workplace policies should provide a more supportive and safe working environment which will allow staff to embrace new ways of working more effectively.
- Common data sets, better interconnectivity and sharing of knowledge should improve understanding of differences between the sexes and therefore inform planning and redesign of services

IMPLICATIONS AND RECOMMENDATIONS

There exists a paradox in Glasgow. By comparison with other cities in both the UK and the rest of Europe, it is generally regarded as having made considerable progress firstly in raising the profile of women's health and secondly in developing thinking about gender and health. Progress has obviously been made on both fronts, yet although staff perceptions are everyone's concern they appear to be no-one's responsibility. Consideration needs to be given as to how the barriers that currently exist might be overcome and how innovation and change in addressing the health consequences of social problems be fostered, both within the health service and across other agencies charged with health improvement in Glasgow.

There are a number of dimensions to addressing the difficulties encountered in the work described in this paper, namely:

- the establishment of more explicit accountability and monitoring mechanisms for the development and implementation of policy
- recognition of the interrelationship between different forms of inequality and the need to bring existing work closer together

- consideration of the role of officers currently responsible for the delivery of the Women's Health Policy across NHS Greater Glasgow
- mapping of current and future needs

The introduction of the new unified Board presents opportunities to introduce such mechanisms and it is recommended that a short life working group is established to identify the best way of bringing this about. This group should comprise senior representatives of Board directorates and Trust management and report in three months.