Women's Health Plan
Equality Impact Assessment Record (EQIA)

Title of policy/ practice/ strategy/ legislation etc.	Women's Health Plan	
Minister	Minister for Public Health, Women's Health and Sport	
Lead official	Chief Medical Officer/Deputy Chief Medical Officer	
Officials involved in the EQIA	**Name**	**Team**
	Nicola Cogan Anne Lillico Denise McLister	Women's Health Plan Team
Directorate: Division: Team	Directorate for the Chief Medical Officer: Chief Medical Officer and Deputy Chief Medical Officer, Women's Health Plan Team.	
Is this new policy or revision to an existing policy?	This is a new policy	

1. Screening

Policy Aim

The development, promotion and implementation of a Women's Health Plan.

The Programme for Government 2019-20 'Protecting Scotland's Future', published on 3 September 2019, announced a commitment to develop a Women's Health Plan. This commitment was reaffirmed in the 2021-2021 PfG.

The aim of the Plan is to improve health outcomes and health services for all women and girls. Acknowledging that a range of biological and social factors impact women's health, the Plan sets out how the Scottish Government intends to reduce inequalities in health outcomes affecting women. The initial priorities for this plan are to focus on sex specific conditions, such as endometriosis and menopause, and general health issues, such as cardiac health.

Specifically the five initial priorities covered in this plan are to:

1. Ensure rapid and easily- accessible postnatal contraception;
2. Improve access to abortion and contraception services for young women;

3. Improve services for women undergoing the menopause, including increasing the understanding and knowledge of women, families, healthcare professionals and employers.
4. Reduce inequalities in health outcomes which affect women, such as endometriosis and antenatal care;
5. Reduce inequalities in health outcomes for women's general health, including work on cardiac disease.

It will contribute to the following National Outcomes[1]:

- **Children and Young People**: We grow up loved, safe and respected so that we realise our full potential;
- **Communities**: We live in communities that are inclusive, empowered, resilient and safe;
- **Fair work and Business:** We have thriving and innovative businesses, with quality jobs and fair work for everyone;
- **Human Rights:** We respect, protect and fulfil human rights and live free from discrimination;
- **Health**: We are healthy and active; and
- **Poverty:** We tackle poverty by sharing opportunities, wealth and power more equally.

And the following United Nations Sustainable Development Goals[2]:

- **Goal 3:** Health and Wellbeing
- **Goal 5:** Gender Equality
- **Goal 10:** Reduced Inequalities

Who will it affect?

This policy will primarily impact women and girls, and has the potential to affect all women in Scotland across their life course. However, the benefits of reducing health inequalities has the potential to directly and indirectly impact everyone in Scotland.

The Women's Health Plan aims to take an intersectional approach, recognising that many women and girls in Scotland will face multiple inequalities and barriers to accessing good healthcare. These factors include the named protected characteristics in the Equality Act and extend beyond including: income, education, geography, culture and more. People experience different combinations of these factors, which has implications for the health inequalities that they are likely to experience.

While, for this purposes of this EQIA, each protected characteristic is presented separately it is acknowledged that women and girls often face multiple and/or interdependent inequalities. We hope that by taking an intersectional, holistic and life course approach in the development of this plan inequalities will be better understood, addressed and reduced.

[1] Scottish Government, National Performance Framework - National Outcomes
[2] Scottish Government, National Performance Framework – Sustainable Development Goals

What might prevent the desired outcomes being achieved?

- Limited awareness of sex and gender within the healthcare services and the need for a specific Women's Health Plan.

- Data gaps, particularly the lack of data disaggregated and analysed by sex (and other protected characteristics).

Finances

- Reduction in national and local authority funding/Health Board funding leading to reductions in frontline services.

- The PfG contained a financial commitment of £205k in 2019/20 and £410k per annum thereafter. A significant proportion of this funding will be spent on staffing the Women's Health Plan team. Therefore, there are currently limited resources available to develop additional proposals at this stage and any new priorities and recommendations that arise from the development of this plan will need to be carefully considered.

- Limited resources to make significant changes, for example the need for health settings to be accessible and appropriately equipped to ensure disabled women have full access to healthcare, particularly primary health care, was discussed in the development of this plan. The cost for this will need to found from core funding.

COVID-19

- Disruption or delay to development and implementation of the plan as a result of the COVID-19 pandemic, including capacity issues for NHS Scotland.

- Additional pressure on front line services as a result of COVID-19 could impact ability to implement the plan at a national and local level.

- Prioritisation of remobilisation, recovery and redesign .

2. Stage 1: Framing

Results of framing exercise

The primary aim of this policy is to reduce health inequalities for women, the equality duty and importance of EQIA has been considered from the outset of policy development.

Engagement and Evidence Gathering

Since the commitment to develop a Women's Health Plan was confirmed in the 2019-2020 PfG, different evidence gathering approaches have taken place to inform development of the plan.

Reports

Officials reviewed a number of recent and relevant reports and research papers. A list of the key resources and reports which have informed this plan can be found at Annex A.

Women's Health Group and Subgroups

A Women's Health Group was established with representation from clinicians, third sector, policy officials, royal colleges and academia. The group has been established to:

- identify gaps in the provision of services, consider areas of best practice, and develop practical actions to address these gaps.
- in doing so make appropriate links across NHS Scotland and Scottish Government policy teams.
- ensure that service users have an opportunity to contribute to its work (through the Lived Experience sub group).
- report and make recommendations to the core Women's Health Group.

The Women's Health Group has been consulted during this EQIA process to ensure due regard and consideration has and is given to the equality duty of eliminating discrimination, promoting equality of opportunity and fostering good relations.

At the first meeting of the Women's Health Group, it was agreed that five sub-groups would be established. These groups have provided insight and evidence which is captured in this EQIA document.

- Sexual Health, Abortion, Contraception and Pre-conception care
- Menopause, Menstrual Health including Endometriosis
- Heart Health
- Lived Experience
- Gender and Health

Membership of these groups includes representation from: subject matter experts; clinical staff; service users; third sector; and Scottish Government policy leads.

Officials and chairs of each subgroup discussed where additional expertise and experience may help to inform this policy and help to ensure due regard and consideration is given to the equality duty.

Gender and Health Sub-group

A gender and health sub-group was established with the specific remit to:

- Make recommendations encouraging the women's health group to include gender-sensitive recommendations on cardiac health, menopause, abortion and contraception, and endometriosis in the women's health plan;
- Provide cross-cutting recommendations around gendering health policy and programme design, from an intersectional perspective to the women's health group;
- Share knowledge about gender and health, developing gender competence, and gender mainstreaming to inform the women's health plan;
- Apply a gender analysis to draft recommendations from the other workstream groups on cardiac health, menopause, abortion and contraception, and endometriosis; and
- Identify gaps in gender competence, gender mainstreaming, and gender-sensitive policy and programme design, and make recommendations for change.

In addition a Gender and Health member also sat on the other sub-groups to ensure intersectionality and gender competence was considered in the development of all actions included within the Plan.

An additional document was drafted with support from this subgroup to ask specific questions to inform this EQIA. The rapid EQIA document is attached at Annex B.

While there is a general lack of data disaggregated by protected characteristic, the gender and health subgroup suggested we specifically focus on race, disability, sex and gender as these are the areas where most data is currently available.

Lived Experience Engagement

A lived experience subgroup was established to ensure women's views informed the development of the Plan.

Due to the COVID-19 pandemic, the Lived Experience sub-group revised its programme from a face-to-face programme of engagement to an online survey and digital discussion events. This two stage approach was taken to mitigate the potential disadvantages of each method of gathering lived experience.

This group is led by the Health and Social Care Alliance Scotland (the ALLIANCE). The ALLIANCE is an independent Scottish charity and strategic partner of the Scottish Government. The ALLIANCE, as a national third sector strategic intermediary, has strong expertise in engaging people with lived experience in policy and practice development across health and social care in Scotland, and is well

placed to develop and host this work. The ALLIANCE has extensive experience in facilitating events and conversations and drawing out practical steps from discussion.

As part of this lived experience engagement, we sought views from a wide range of stakeholders and representative organisations including equalities organisations, a full list is included at Annex C.

Online survey

A survey was developed in collaboration with the ALLIANCE, with input from the sub-group chairs. The survey asked a range of questions to seek women's views and to ensure women's experiences and voices were central to the development of the Plan.

We acknowledge the limitations to this approach. The survey was online only, meaning it was accessible to those who have a computer and internet connection. The survey was distributed in English only, so respondents needed enough English language skills to respond.

The survey was shared via the ALLIANCE's social media platforms and via targeted emails to organisations in a stakeholder list who were asked to share the survey with their contacts. This approach was taken to ensure as representative a group of people were reached with the survey as possible. The survey was open from 26 August to 14 September 2020 and had 405 responses in total, with a reasonable range of respondent demographics.

The full survey and analysis can be found here.

Engagement Events

A series of lived experience digital discussion events were held in early 2021. The first event was an open-invite meeting on 13th January 2021, advertised through the ALLIANCE bulletin, social media and emails to the stakeholder list. A further event was held in partnership with Sharpen-Her, the African Women's Network, in addition to three phone conversations with Gypsy/Traveller women were arranged through the MECOPP Gypsy/Traveller Women's Voices Project. This targeted approach was taken to ensure we heard from women with a diverse range of views and experiences

The digital discussion events aimed to facilitate more in-depth conversations than were possible with the structured survey. The discussions at the events were focussed around themes from the survey.

An analysis report of these events can be found here.

It is intended that a lived experience subgroup will continue. It is expected that the lived experience subgroup will provide increased opportunity for people with lived experience to meaningfully contribute to effective policy development and service improvements within women's health. The aim of the continuation of the lived

experience subgroup is to improve experience and outcomes of women's health going forward.

The group is intended to be as geographically and demographically representative of women living in Scotland as possible. The group will:

- Ensure that service users and women with lived experience have an opportunity to contribute to development of the Women's Health Plan, both in terms of their lived experience, and future service provision;
- Feed in to, and consider proposals coming out of, the other sub groups from a perspective of women with lived experience; and
- Report and make recommendations to the core Women's Health Group.

Extent/Level of EQIA required

A full EQIA is required.

3. Stage 2: Data and evidence gathering, involvement and consultation

There is generally a lack of data which is disaggregated and analysed by protected characteristic, particularly with regards to the theme of women's health. This has made evidence gathering challenging and also demonstrates why a Women's Health Plan is needed. A cross cutting recommendation of the Plan is: 'to improve collection and use of data, including qualitative evidence of women's lived experiences, ensuring disaggregation by protected characteristics. Robust intersectional analysis of this data w be used to inform service design and improve healthcare services and women's care and experiences.'

The Equality Act 2010 sets out each protected characteristic separately as such and for the purposes of this document data and evidence is presented below by protected characteristic. However, the Women's Health plan aims to take an intersectional approach which recognises that many women and girls in Scotland will face multiple, and often overlapping, disadvantages and barriers to accessing good healthcare.

Intersectionality acknowledges that there are many different factors that make up people's identities, for example their sex, ethnicity, sexual orientation, socio-economic background, disability, religion and more. Relationships between ethnicity, socio-economic position and health for example, are extremely complex[3].

All actions included within the Plan ultimately are included to reduce health inequalities. Actions included within the Plan to specifically address inequality for those with protected characteristics include:

- Improve collection and use of data, including qualitative evidence of women's lived experiences, ensuring disaggregation by protected characteristics. Robust intersectional analysis of this data should be used to inform service design and improve healthcare services and women's care and experiences.

- Develop a programme to ensure that cultural competence, gender competence, trauma informed practice and human rights is embedded as a core component within all clinical education, training and Continuing Professional Development (CPD).

- Establish a Health Equality team within Scottish Government, to pursue intersectional healthcare policy with a particular focus on sex, race, disability and sexual orientation.

- Build an intersectional evidence base around women's health inequalities ensuring women's healthy life expectancy and quality of life are used as measures in addition to total life expectancy.

[3] Walsh, D; Duncan, B. Fischbacher, C. Douglas, A. Erdman, J. McCartney, G. Norman,P. Whyte,B . Increasingly Diverse: the Changing Ethnic Profiles of Scotland and Glasgow and the Implications for Population Health. Applied Spatial Analysis and Policy; 2019; 12; 983-1009.

- Build an evidence base on women's health inequalities, with specific focus on the impact of sexism, racism, ableism, and other forms of discrimination including homophobia and transphobia on women's health.

- Develop tools, including a toolkit and coaching, to support HR managers in the health and social care sector to develop and implement employment practices and policies which are intersectional and gender-competent.

The data listed below is not exhaustive but provides an overview of the evidence which as informed this Plan.

3.1 Age

Age has been considered throughout the development of the Women's Health Plan.

The Royal College of Obstetricians and Gynaecologists (RCOG) distinguishes three key stages in a woman's life course, while recognising 'that many issues in women's health may be present in several life stages, such as those related to menstruation and control of fertility'[4].

Adolescents and young adults (Puberty to 25 years)
This is a crucial stage in the female life course with the onset of menstruation, sexual activity and fertility.

According to a NSS (NHS *National Services Scotland)* Surveillance report, in Scotland, women aged under 25 are the group most at risk of being diagnosed with an STI[5].

Middle Years (From 25 to 50 years)
In addition to the ongoing need for contraception and promoting healthy lifestyle advice, many women will require specific help to manage menstrual disorders such as heavy bleeding and pelvic pain.

The later years (From 51+ years)
Historically, this stage of a woman's life course has received little attention and many women find themselves without support from health care services until they present with an acute episode or medical problem. Managing the transition through the menopause including treatment of symptoms where appropriate, provides further opportunities to promote healthy lifestyles and decrease the likelihood of the early onset of chronic diseases such as osteoporosis, cardiovascular disease, frailty and dementia.[6]

This period of later life, women often experience increasingly complex health needs, menopause has been identified as a key area of focus for the Women's Health Plan. The British Heart Foundation also explains that before the menopause, women have

[4] The Royal College of Obstetricians & Gynaecologists (RCOG) (2019) Better for Women, p.30
[5] NHS National Services Scotland, (2019), Surveillance report Genital chlamydia and gonorrhoea infection in Scotland: laboratory diagnoses 2009 – 2018, p.1 – accessed 02 July 2021

[6] The Royal College of Obstetricians & Gynaecologists (RCOG) (2019) Better for Women, p.30-31

a lower risk of being affected by coronary heart disease, but risk increases after the menopause and according to cardiovascular disease (CVD) is the leading cause of morbidity and mortality in postmenopausal women. Around 400,000 women in Scotland are of menopausal age[7].

3.1.1 How this data and consideration of Age has informed the Plan:

The aim of the Women's Health Plan is to reduced health inequalities over the course of women's lives. The data collected highlights that women have differing health needs and health risks over the course of their lives.

This Plan is underpinned by four principles, adopting a life course approach to women's health is one of these. The life course approach emphasises the importance of identifying opportunities to prevent disease and promote health at key stages of life from pre-pregnancy through pregnancy, childhood and adolescence, to adulthood and later life. The life course approach focuses on promoting health and disease prevention at all stages of life and understanding how each stage brings both challenge, change and opportunity. For example, the majority of women have predictable long-term reproductive healthcare requirements and more frequent interactions with health services than men, this can be used effectively to ensure women are informed about their current and potential future health. For example, an action within the plan is to use existing programmes, such as the HPV vaccination programme, to provide general information to young people about periods, menstrual health and management options.

3.2 Disability

There is limited data available regarding disabled women in Scotland and understanding of disabled women's experiences is extremely limited, particularly learning disabled women.

- 37% of women in Scotland report living with a limiting long-term condition or disability[8]

- On average, the life expectancy of women with a learning disability is 18 years shorter than for women in the general population[9]

- According to an article published in the British Medical Journal, women with a disability were 7.2 times more likely to have unmet needs due to cost of care or medication, compared with men with no disability.[10]

[7] National Records of Scotland (2019), Mid-2018 population estimates Scotland– accessed 02 July 2021

[8] Scottish Government, Scottish Health Survey 2019 - volume 1: main report, p.33
[9] MENCAP, (2020) Learning Disability - Health Inequalities Research – accessed 02 July 2021
[10] Sakellariou D, Rotarou ES (2017) Access to healthcare for men and women with disabilities in the UK: secondary analysis of cross-sectional data, BMJ Open 2017;7:e016614. doi: 10.1136/bmjopen-2017-016614

- Mencap highlight various barriers which impact on the ability of people with a learning disability to access good quality healthcare
    - a lack of accessible transport links
    - patients not being identified as having a learning disability
    - staff having little understanding about learning disability
    - failure to recognise that a person with a learning disability is unwell
    - failure to make a correct diagnosis
    - anxiety or a lack of confidence for people with a learning disability
    - lack of joint working from different care providers
    - not enough involvement allowed from carers
    - inadequate aftercare or follow-up care[11]

3.2.1 How this data and consideration of disability has informed the Plan:

During the lived experience engagement women told us they would like to see more flexibility to access healthcare services around their lives. Specific actions have been included within the Plan to expand women's options about how they choose to access healthcare services, for example:

- Promoting the use of video or telephone, in addition to face-to-face, consultation for women to provide greater privacy, dignity, choice and flexibility and making telephone or video consultation universally available as an option for abortion services.
- Provide training for non-NHS staff to support conversations with women about health and healthcare services
- Provide creative, holistic and outreach models of care for sexual health and contraception services to meet the varied needs of all women, including disabled women.

3.3 Sex and Gender

There is generally a lack of data disaggregated and analysed by protected characteristic, including sex.

- 51% of Scotland's population are women[12]

- 61% of unpaid carers are women[13]

- Average life expectancy at birth for a woman in Scotland is 81.1 years[14]

[11] Mencap, (2021) Learning Disability - Health Inequalities Research
[12] National Records of Scotland (2019), Mid-2018 population estimates Scotland – accessed 02 July 2021
[13] Carers Week (2020) Carers Week 2020 Research Report, p.29 – accessed 02 July 2021 – accessed 02 July 2021
[14] National Records of Scotland (2020) Life Expectancy in Scotland, 2017-2019 – accessed 02 July 2021

- Almost 1 in 10 deaths in women in Scotland each year are caused by ischaemic heart disease[15]

- It is estimated that endometriosis affects 1.5 million (1 in ten) women in the UK of reproductive age, and it takes an average of 8.5 years to diagnose[16]

- In the most affluent areas of Scotland, women experience 25.1 more years of good health compared to the most deprived areas[17]

- Women's life expectancy at birth in the most deprived areas is 75.6 years compared to 85.6 years in the least deprived areas[18]

- Death from stroke is more common for women than men[19]

A 2016 Oxford University report highlights the importance of specifically working to improve women's health, stating: "for many years, it was widely assumed that the occurrence and outcomes of disease were the same for men and women, and that our understanding of disease processes based on studies involving only men would be equally relevant for women. An increasing body of evidence suggests that this is not the case, and that we can improve our knowledge about disease occurrence and disease outcomes – for both men and women – by undertaking analyses of health data disaggregated by sex and informed by a gender perspective, as well as by including sufficient numbers of women in scientific studies."[20]

According to the George Institute: "there is considerable evidence of women being undertreated or presenting disease in a different way to men. However, not enough is being done to understand these differences, which is a critical first step in creating evidence-based policies, trainings and other interventions that improve recognition of sex differences and reduce gendered health inequities"[21]

A key recommendation from the Royal College of Obstetricians and Gynaecologists, Better for Women: Improving the health and wellbeing of women and girls (2019) called for the creation of national strategies for women's health based on a life course approach.

3.3.1 How this data and consideration of Sex and Gender has informed the Plan:

[15] National Records of Scotland (2019) Vital Events Reference Tables 2018 - Section 6: Deaths – Causes - accessed 02 July 2021
[16] All Party Parliamentary Group (APPG), (2020), Endometriosis in the UK: time for change, APPG on Endometriosis Inquiry Report 2020, p.4 - accessed 02 July 2021
[17] National Records Scotland (2021) Healthy Life Expectancy 2017-2019 p.5
[18] National Records of Scotland (2020), Life Expectancy in Scotland, 2017-2019 – accessed 02 July 2021
[19] NHS National Services Scotland, Scottish Stroke Statistics, Year ending 31 March 2018, p.3 – accessed 02 July 2021
[20] R Norton, S Peters, V Jha, S Kennedy, M Woodward, Women's Health: A New Global Agenda (2016), University of Oxford, p.4
[21] George Institute (2021), Women's health and sex inequalities

The primary purpose of this Plan is to reduce health inequalities and improve health services for women in relation to the priorities named in the Plan. As the data presented shows, women have specific health needs throughout their lives, both sex-specific such as menstrual health, endometriosis and menopause and non-sex-specific, such as heart health. All actions included within the plan have been developed with a view to improve healthcare for women and improve information for women.

A priority of the Plan is to improve data collection and disaggregation and analysis, while the focus of this is to improve women's health and healthcare, this is likely to benefit both men and women. Additionally, women's equality has been identified as a key principle for the Women's Health Plan. Long term principles for Gendering Health policy have been developed and included within this plan.

3.4 Pregnancy and Maternity

- In 2020 there were 46,809 live births in Scotland[22]
- Heart disease is the leading cause of maternal death in the UK[23]

3.4.1 How this data and consideration of pregnancy and maternity has informed the Plan:

The life course approach also emphasises the importance of identifying opportunities to prevent disease and promote health at key stages of life from pre-pregnancy through pregnancy. Pregnancy, for women who become pregnant, is presented as a key opportunity to support women and improve health.

Actions have been included in this Plan in relation to pregnancy and pre-pregnancy, such as: develop a pre-pregnancy framework and to raise awareness of optimising health before pregnancy; provide accessible information and advice on pre-pregnancy care; in all heart health consultations, opportunities should be taken to provide individualised advice and care to women, and in all pregnancy and pre-pregnancy discussions and interactions opportunities should be taken to optimise women's heart health to optimise women's holistic health as part of the life course approach.

For many young women with long term health conditions, the transition from paediatric to adult care is a crucial phase. The Plan emphasises the importance of ensuring pre-pregnancy care and counselling is available for women with long term conditions, particularly cardiovascular conditions.

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[22] National Records of Scotland (2021) Deaths up 10% as births fall to new low in 2020 – accessed 15 July 2021

[23] Knight M, Bunch K, Tuffnell D, Shakespeare J, Kotnis R, Kenyon S, Kurinczuk JJ (Eds.) on behalf of MBRRACE-UK. Saving Lives, Improving Mothers' Care - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2015-17. Oxford: National Perinatal Epidemiology Unit, University of Oxford 2019 – accessed 02 July 2021

3.5 Gender Reassignment

There is limited evidence on the experiences of transgender people in Scotland. Many surveys and data sources do not include questions on a person's trans status or provide a non-binary response to the sex/gender question.

It is not possible to find a precise estimate on the number of trans people in Scotland, the most commonly used figure is 0.5% of the population[24].

A research survey[25] conducted by the Scottish Trans Alliance, STA surveyed 895 non-binary people from across the UK, found that many non-binary people did not feel comfortable being out about their identity to key services, for instance:

- 60% never felt comfortable being out to general NHS services
- 50% never felt comfortable being out to their GP
- 37% never felt comfortable being out to sexual health services.

We recognise that there are specific barriers faced by trans, intersex and non-binary people in accessing health services.

3.5.1 How this data and consideration of gender reassignment has informed the Plan:

The Women's Health Plan and this document uses the term 'women'/'woman' throughout, this is being used broadly and includes: girls and teenagers, trans, intersex and non-binary people. It is important to highlight that it is not only those who identify as women who require access to women's health and reproductive services.

The RCOG, in their 'Better for Women' report states that "it is important to acknowledge that it is not only people who identify as women for whom it is necessary to access women's health and reproductive services in order to maintain their gynaecological health and reproductive wellbeing… delivery of care must therefore be appropriate, inclusive and sensitive to the needs of those individuals whose gender identity does not align with the sex they were assigned at birth." The WHP similarly makes this acknowledgement.

An action is included within the Plan to build an evidence base on women's health inequalities, with specific focus on the impact of discrimination including homophobia and transphobia on women's health. The aim of this action is to ensure there is a greater understanding of the barriers and discrimination faced by trans people in Scotland, particularly when accessing healthcare services.

There are specific actions included within the Plan to ensure healthcare services meet the holistic and individual needs of all. A stated ambition of the Plan is that

[24] R Thomson, J Baker, J Arnot (2018) Scottish Public Health Network (ScotPHN) Health Care Needs Assessment of Gender Identity Services
[25] Scottish Trans Alliance, (2016) Including non-binary people: guidance for service providers and employer

healthcare will be holistic, inclusive, respectful, centred around the individual and responsive to their needs and choices. There are also specific actions to ensure gender and cultural competence are built into health policy and healthcare services, including in training and development for healthcare staff and policy makers.

3.6 Sexual Orientation

According to data published by the Office for National Statistics:

- An estimated 2.7% of the UK population aged 16 years and over identified as lesbian, gay or bisexual (LGB) in 2019.
- Between 2018 and 2019, the number of men identifying as LGB increased from 2.5% to 2.9% and women identifying as LGB increased from 2.0% to 2.5%.
- Younger people (aged 16 to 24 years) were most likely to identify as LGB in 2019 (6.6% of all 16 to 24 year olds, an increase from 4.4% in 2018).
- Between 2018 and 2019, the proportion of people who identified as LGB increased in Scotland from 2.0% to 2.7%.[26]

Public Health Scotland reports that there is evidence that lesbian, gay, bisexual, transgender and intersex (LBGTI) people are particularly at risk of negative sexual health outcomes such as STIs and unintended pregnancies. There is also evidence of low uptake of, or late access to services, and that stigma and discrimination is experienced by LGBTI people in Scotland[27].

3.6.1 How this data and consideration of sexual orientation has informed the Plan:

A focus of the Plan is to ensure that healthcare services are responsive and adaptive to the individual needs and experiences of women. An action is included within the Plan to build an evidence base on women's health inequalities, with specific focus on the impact of discrimination including homophobia on women's health. The aim of this action is to ensure there is a greater understanding of the barriers and discrimination faced by lesbian and bisexual women in Scotland, particularly when accessing healthcare services.

Additional specific actions are included within the Plan to increase and promote the use for telephone and video appointments to increase flexibility and options, the provision of training for non-NHS staff to support conversations with women about health and healthcare service and provision creative, holistic and outreach models of care for sexual health and contraception services.

3.7 Race

According to the 2011 census, 92% of the Scottish population identify as White Scottish/British. Scotland's population has become increasingly ethnically

[26] Office for National Statistics (ONS), (2021) Sexual orientation, UK: 2019
[27] Public Health Scotland (2021), Sexual Health

diverse[28]. The proportion of the population belonging to a non-White ethnic group increased four-fold in Scotland between 1991 and 2011 and projections suggest that by 2031, around 20% of the total population (and 25% of children) of Glasgow, Scotland's largest city, will belong to a non-White minority group[29].

Different ethnic population groups can often experience very different health outcomes, representing stark inequalities[30]. Public Health Scotland reports that there are significant inequalities between ethnic groups in Scotland when it comes to health needs and outcomes[31].

According to the British Heart Foundation ethnicity can increase risk of developing heart and circulatory diseases[32]. British Heart Foundation (BHF) Biology and Bias Report also states that women from black and minority ethnic groups may face further challenges and inequalities, but more research is needed in this area.

A report from the Scottish Government's independent adviser on race equality in Scotland (2017) stated that "the incomplete recording of ethnicity in routine health data remains an issue. The recording of ethnicity in health service data needs to be comprehensive to effectively promote and protect the health and well-being of minority ethnic communities in Scotland. Without a clear baseline it would be impossible to measure any change in relation to ethnicity and health.[33]".

3.7.1 How this data and consideration of race and ethnicity has informed the Plan:

Cultural competence, being respectful of, and responsive to, peoples beliefs, behaviours and needs in order to deliver effective healthcare, is an important theme that runs throughout the Plan. An action included within the Plan is to develop a programme to ensure that cultural competence, gender competence, trauma informed practice and human rights is embedded as a core component within all clinical education, training and Continuing Professional Development (CPD).

An action is included within the Plan to build an evidence base on women's health inequalities, with specific focus on the impact of discrimination including racism on women's health. The aim of this action is to ensure there is a greater understanding of the barriers and discrimination faced by ethnic minority women in Scotland, particularly when accessing healthcare services. This addresses the need for more focussed research in this area to better understand the experiences of ethnic minority women.

During the lived experience engagement, an event was held in partnership with Sharpen-Her, the African Women's Network, in addition to three phone conversations

[28] Walsh, D; Duncan, B. Fischbacher, C. Douglas, A. Erdman, J. McCartney, G. Norman,P. Whyte,B . Increasingly Diverse: the Changing Ethnic Profiles of Scotland and Glasgow and the Implications for Population Health. Applied Spatial Analysis and Policy; 2019; 12; 983-1009, p.983
[29] Ibid.
[30] Ibid. p.984
[31] Public Health Scotland, (2021) Ethnic groups and migrants
[32] British Heart Foundation (2020) Ethnicity
[33] Scottish Government, (2017) Addressing race inequality in Scotland: the way forward

with Gypsy/Traveller women were arranged through the MECOPP Gypsy/Traveller Women's Voices Project. This targeted approach was taken to ensure we heard from minority ethnic women and their views informed the development of this Plan. Many of the suggestions from these sessions have been included as actions within the Plan and will inform implementation, for example during these sessions women told us about the importance of having access to reliable information in different formats, including videos that can be easily shared using social media and messaging services. This has informed how we will deliver the establishment of a women's health platform on NHS Inform.

4. Stage 3: Assessing the impacts and identifying opportunities to promote equality

The data and evidence documented within this document has informed the development of the WHP and the actions included within it.

As a result of this evidence gathering, consultation and advice from the gender and health sub-group there has been a concerted effort to embed consideration of intersectionality and equality throughout the document.

NHS Inform Platform – the development of a women's health platform, a cross-cutting action within the Plan, is already underway. The development of these pages has been informed by equality evidence gathering and consultation with women. In our lived experience engagement women consistently told us that they want one reliable website to access comprehensive information about all areas of women's health[34]. Women consistently highlighted that there is particularly needed to cover the topic of menopause, many women noted that reliable and accessible information is lacking in this area. As such we have started to develop menopause pages first.

Women also noted the importance of considering other communication methods, a website will only accessible to those who can use the internet and a significant proportion, particularly of older women do not access the internet. Respondents suggested a range of communication methods including social media advertising, flyers and posters in a range of places where women are likely to be such.

In a lived experience engagement session women told us they would like to see short and shareable videos with important women's health information. These are currently being developed. Women with lived experience of the named conditions and women without experience have been asked to user test the webpages to ensure accessibility and that the pages meet their needs and expectations.

5. Shaping Policy and Monitoring

This EQIA is an ongoing process and this remains a working document covering the development of the Women's Health Plan. This will be monitored and revised as we move towards implementation of the Plan.

[34] Scotland's Health and Social Care Alliance (the ALLIANCE), (2020) Hearing the Voice of Women in Scotland: Report from our online survey October 2020, p.6

ANNEX A

Library of Resources

Books

- Caroline Criado Perez (2019) Invisible Women: Data Bias in a World Designed for Men
- Dr Alyson McGregor, (2020) Sex Matters: How male-centric medicine endangers women's health and what we can do about it by
- Michael Marmot, (2015) The Health Gap: The Challenge of an Unequal World

Reports

- British Heart Foundation (2019) Bias and Biology Policy Report
- British Medical Association (BMA), (2018) Health inequalities and women – addressing unmet needs
- British Medical Association (BMA), (2018) Reproductive health and wellbeing – addressing unmet needs
- British Menopause Society (BMS), (2020), Vision for Menopause Care in the UK
- Hankivsky, O., Reid, C., Cormier, R. *et al.* Exploring the promises of intersectionality for advancing women's health research. *Int J Equity Health* 9, 5 (2010). https://doi.org/10.1186/1475-9276-9-5 - Canadian based research
- R Norton, S Peters, V Jha, S Kennedy, M Woodward, Women's Health: A New Global Agenda (2016), University of Oxford
- Engender, (2016), Our Bodies, Our Choice: The case for a Scottish Approach to Abortion
- Engender, (2018) Our Bodies, Our Rights: Identifying and removing barriers to disabled women's reproductive rights in Scotland
- The First Ministers Advisory Council on Women and Girls (NAGWG), (2019) 2019 Report and Recommendations
- The First Ministers Advisory Council on Women and Girls (NAGWG), (2019), NAGWG Health Spotlight Report April 2019

- Rimmer A, (2020) Breaking the menopause taboo: more must be done to support doctors, says BMA, BMJ 2020; 370 :m3107 doi:10.1136/bmj.m3107

- The Royal College of Obstetricians & Gynaecologists (RCOG) (2019) Better for Women

ANNEX B

Equality Impact Assessment (EQIA)

We have a duty to consider equality in policy development. This document has been developed to prompt discussion and consideration of equality, and to assist with, a development of a full EQIA which underway for the Women's Health Plan.
Equality legislation means that we must assess the likely equality impact of new or revised policies and publish the results. It is also the right thing to do.
Equality is not always about treating everyone the same – it is about recognising our differences and treating people accordingly so that the outcome for each person is the same. Sometimes this means treating different people very differently.
It is important that policy decisions are based on evidence relating to the people the policy will affect and are responsive to the needs of different groups. There are nine protected characteristics set out in the Equality Act 2010 which must be considered.
All of us have a range of the protected characteristics (we all have a sex, for example), and most of us have several which intersect.
The most relevant protected characteristics for consideration for the Women's Health Plan are:

- Age
- Disability
- Gender reassignment
- Pregnancy and maternity
- Race
- Sex
- Sexual orientation

The following questions were circulated to the sub-group chairs for consideration and to prompt discussion.

1. **What are the critical healthcare system issues for Black and minoritised women, all women, and disabled women in the [area your working group is thinking about]?**

Black and minoritised women	e.g. practitioner stereotypes of women as less competent to understand their bodies/assess their own levels of pain		
All women	e.g. GP lack of familiarity with diagnostic criteria for endometriosis		
Disabled women	e.g. lack of hoists in GP surgeries to enable early examination of		

	wheelchair using patients, lack of skills to enable specific patient history to be taken for learning-disabled patients		

2. **What are the critical social issues for Black and minoritised women, all women, and disabled women in accessing specialist services in [domain specific area]?**

Black and minoritised women	e.g. Abortion stigmatised within specific communities.		
All women	e.g. Difficulty accessing childcare in order to travel from islands for abortion healthcare.		
Disabled women	e.g. Assumption by caregivers that learning disabled women will not be pregnant, leading to later identification of pregnancy		

3. **How will your recommendations address the barriers identified in (1) and (2)**

Black and minoritised women	e.g. Practitioner training recommendation will include cultural competency		
All women	e.g. Peripatetic abortion clinics will provide islands coverage		
Disabled women	e.g. GP surgeries will require to include hoists to enable examination and screening of		

	wheelchair-using women		

ANNEX C

Lived Experience Stakeholder List

The Lived Experience survey was circulated to the following organisations, in addition to individuals and other networks:

- Who Cares? Scotland
- Families in Trauma
- Women's Rape and Sexual Abuse Centre Dundee & Angus
- Click, partnership that supports women who sell sex
- Terrence Higgins Trust
- Waverley Care
- HIV Scotland
- Menopause Café
- Women's Menopause Group
- Endometriosis UK
- Engender
- Glasgow Women's Library
- Scottish Trans Alliance
- BHF Scotland
- Chest Heart & Stroke Scotland
- Individuals with history of heart health issues
- CEMVO
- Scottish African Women's Network
- Polish Family Support Centre
- MECOPP, including Gypsy/Traveller Women's Voices project
- Hope for Autism
- The Junction
- Young Scot

- Glasgow Disability Alliance,
- Scottish Women's Autism Network
- RNIB Scotland
- deafscotland
- Anam Cara
- LGBT Health and Wellbeing
- The Poverty Alliance
- Breast Cancer Care Scotland
- Cancer Support Scotland
- Girlguiding Scotland
- YWCA Scotland
- Sikh Sanjog
- AMINA Muslim Women's Centre
- Reach Community Health Project
- Saheliya
- BEMIS
- Stroke Association
- Shakti Women's Aid
- One Parent Families Scotland
- Scottish Refugee Council
- LGBT Youth Scotland
- GCVS
- Grampian Regional Equality Council
- West of Scotland Regional Equality Council
- Central Scotland Regional Equality Council
- Edinburgh and Lothians Regional Equality Council

- Minority Communities Addiction Support Services
- SAY Women
- Sikhs in Scotland
- Sikh Women’s Group at Glasgow Gurdwara
- Faith in Community Scotland
- Streetwork
- Simon Community
- Social Bite
- Addaction
- Alcohol and Drugs Action
- SACRO (Click partner)
- Families Outside
- Howard League Scotland
- Tomorrow’s women, Glasgow
- Scottish Women’s Aid
- Close the Gap