

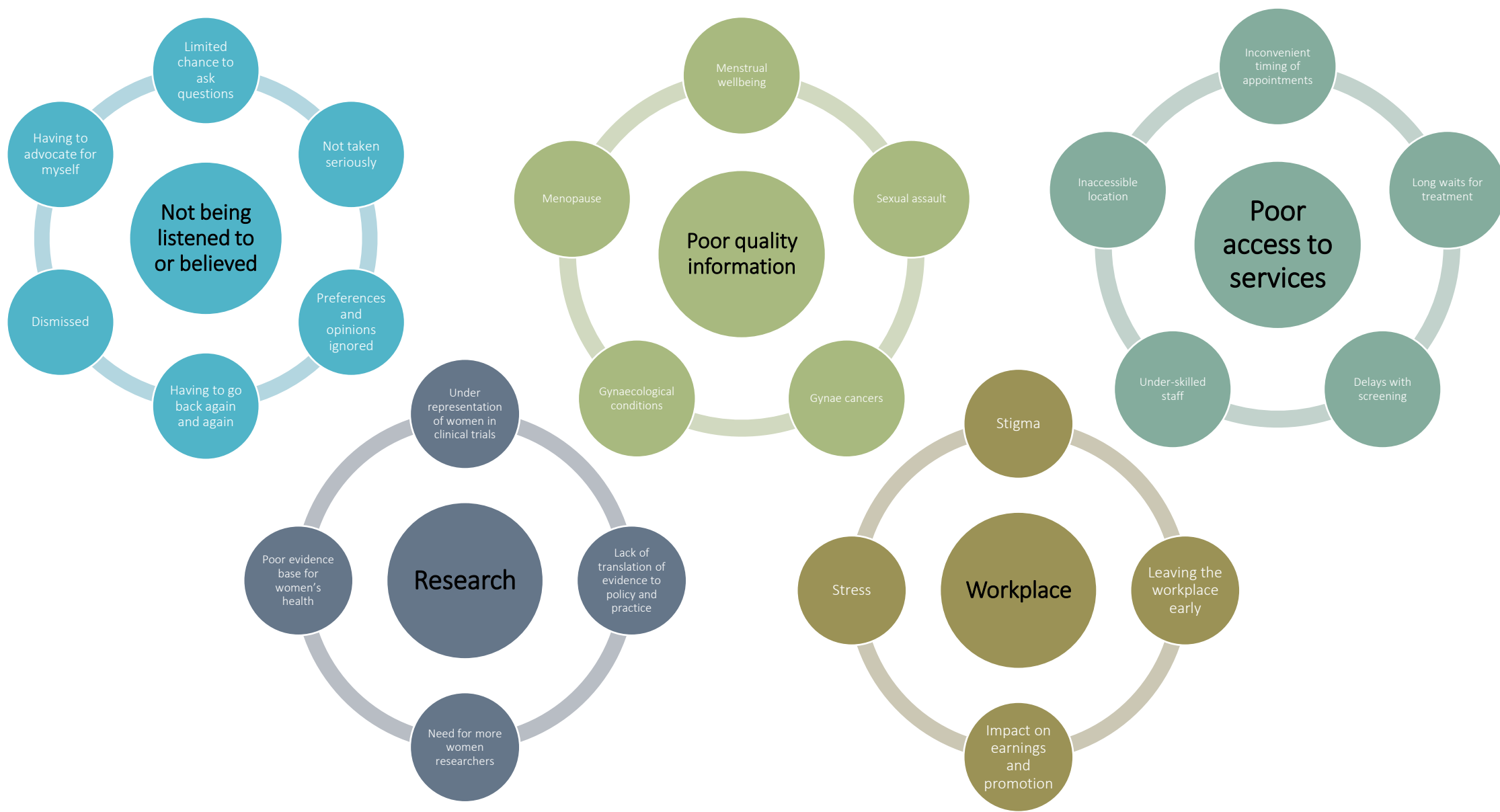
North-East and North Cumbria Women's Health Needs Assessment

Rosie Baker and Anna Pickford

Why do we need to talk about women's health?

Women live longer than men,
but in poorer health

What are the barriers to good health for women?



Women's Health Strategy for England

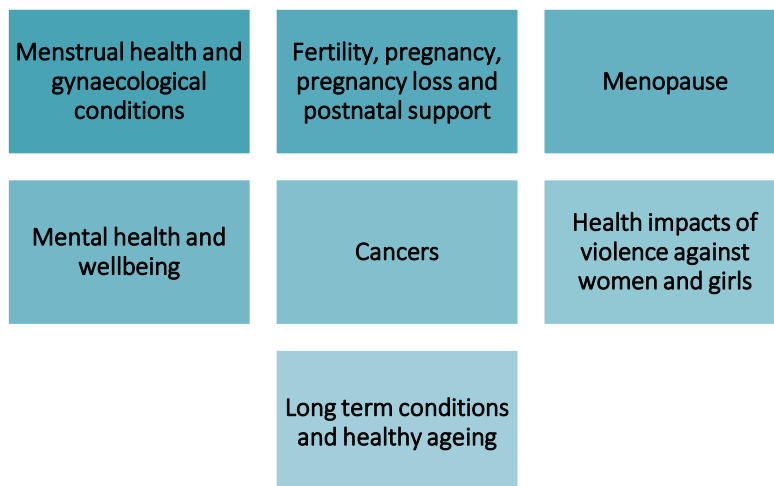
Published in August 2022 by DHSC

Led by Dame Lesley Regan, Women's Health Ambassador

Based on wide ranging consultation and the findings of multiple previous reports



Seven strategic priorities



Eight cross-cutting themes



What the strategy means for North-East and North Cumbria

'Big bang' approach: ambition to implement the strategy in full by the integrated care system

3 women's health hubs for North-East and North Cumbria

Focus on narrowing the gap in health inequalities between women whilst improving health outcomes for all

7 workstreams identified to further refine and address the key strategic priorities

Research support and women's workplace activity

Strategic needs assessment to inform a comprehensive implementation plan

The women's health needs assessment

[NENC Women' Health Data Profile](#) developed by The Local Knowledge and Intelligence Service (LKIS)

Regional cut of the [Women's Reproductive Health Survey](#)

Ways to Wellness desktop review of VCSE

Regional Women's Voice call for evidence

ARC women's health research summary and direct consultation with stakeholders

What is a women's health needs assessment for?

Improving women's health outcomes

Understanding the
gaps

Demonstrating
what works

Setting policy-
'what' we should
do

Informing decision
making- 'how' we
should do it

Identifying
opportunities to
work together

Making a case for
funding

Identifying research
and innovation
opportunities



Interactive quiz

No more window switching

Our PowerPoint add-in lets you create, edit and present your Menti. All inside of PowerPoint.



Work email

Your password

Log in

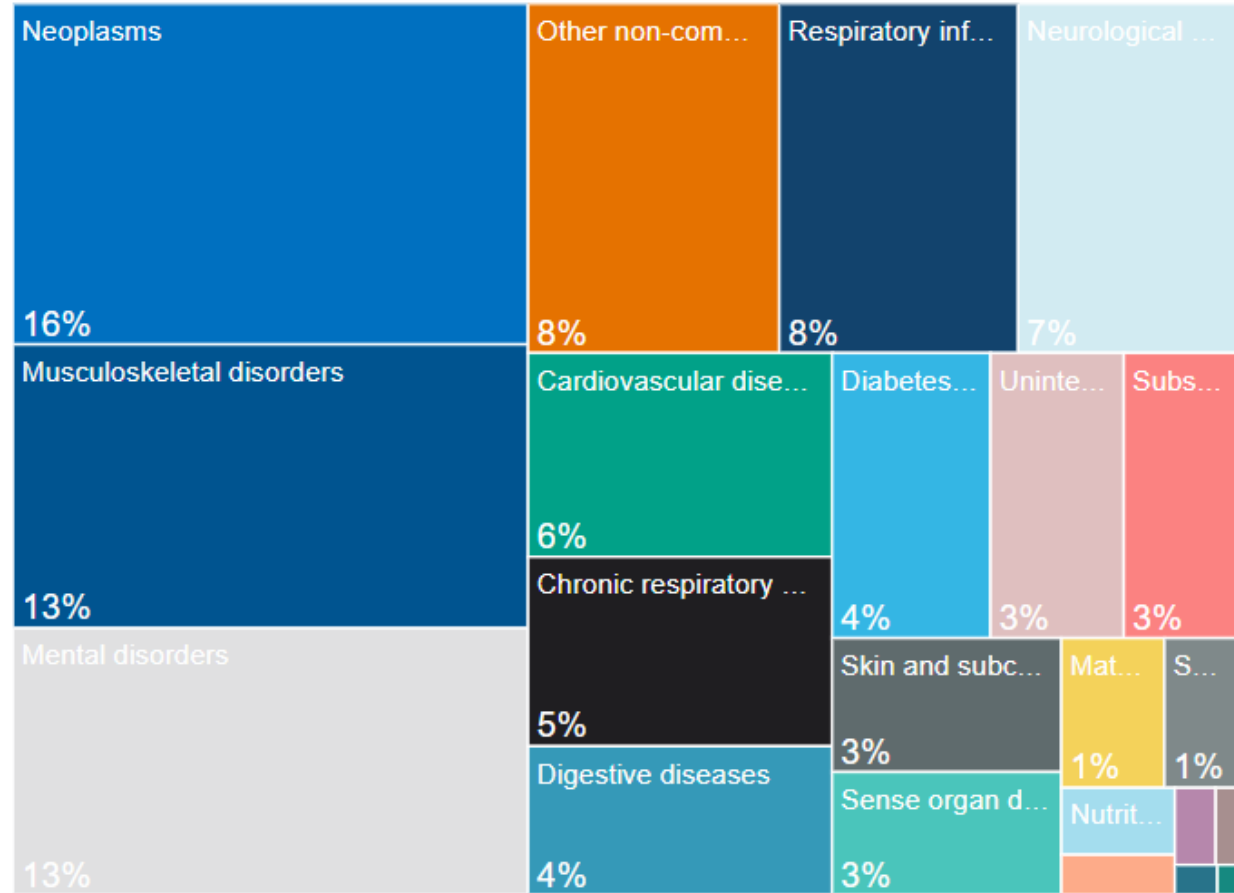
[Forgot password?](#) [Log in with SSO](#)

[New to Mentimeter?](#) [Sign up](#)

Burden of disease by broad causes

2021 | North East region and nearest local authorities in NENC (pre 2023) *

Hover over the treemap to see full labels. You can also select between local authorities and North East region, and between ages, sex and measures



No more window switching
Our PowerPoint add-in lets you create, edit and present your Menti. All inside of PowerPoint.

 Mentimeter



Work email

Your password

[Log in](#)

[Forgot password?](#) [Log in with SSO](#)

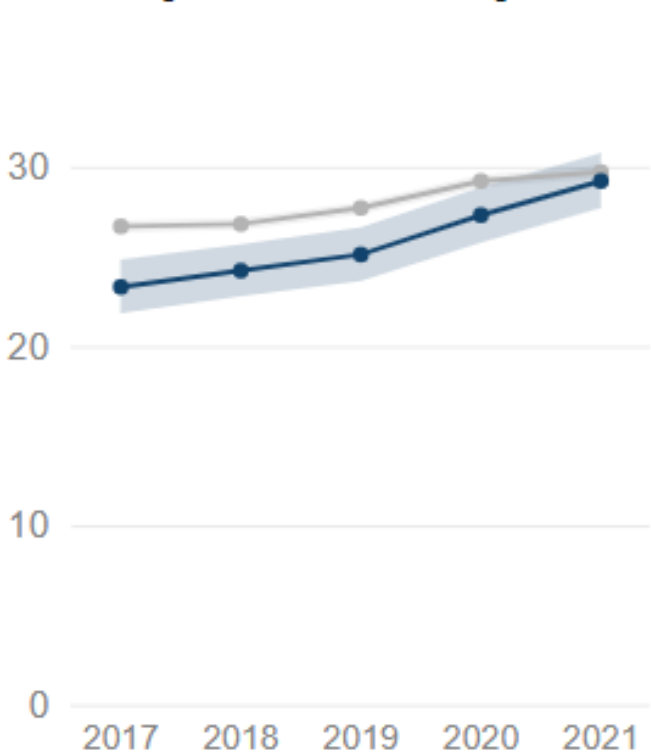
[New to Mentimeter?](#) [Sign up](#)

30%

Under 25s repeat abortions (%)

% | 2017 to 2021 | 15-24 yrs

● England ● North East region



No more window switching
Our PowerPoint add-in lets you create, edit and present your Menti. All inside of PowerPoint.

 Mentimeter



Work email

Your password



Log in

[Forgot password?](#) [Log in with SSO](#)

[New to Mentimeter?](#) [Sign up](#)

No more window switching

Our PowerPoint add-in lets you create, edit and present your Menti. All inside of PowerPoint.

 Mentimeter



Work email

Your password

Log in

[Forgot password?](#) [Log in with SSO](#)

[New to Mentimeter?](#) [Sign up](#)



Gynaecology



Trauma and Orthopaedics



Ophthalmology

Bonus question – How many women are currently waiting for a Gynaecological procedure?

23,768

No more window switching
Our PowerPoint add-in lets you create, edit and present your Menti. All inside of PowerPoint.

 **Mentimeter**



Work email

Your password

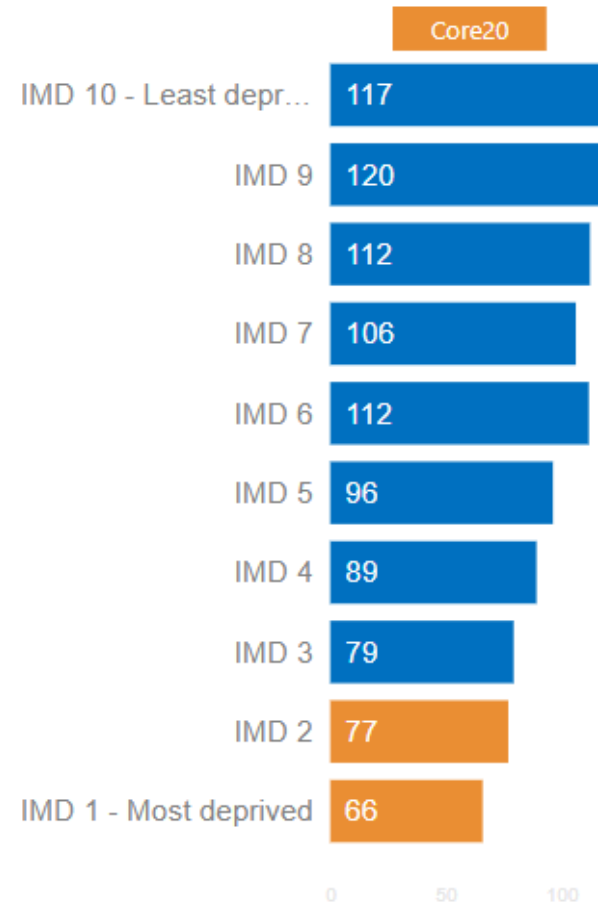
Log in

[Forgot password?](#) [Log in with SSO](#)

[New to Mentimeter?](#) [Sign up](#)

HRT prescribing by deprivation

per 1,000 | North East and North Cumbria ICB |
April 2018 - December 2022 | Ages 35-69



D O M E S T I C V I O L E N C E

Menstrual Health and Gynaecological Conditions



Not enough data are available to get a clear picture of women's menstrual and gynaecological outcomes

Identify key metrics and establish a monitoring framework

Women sometimes find barriers in getting treatment such as LARC for menstrual conditions, due to commissioning structures

Gynaecology services and commissioners of contraceptive services to work together to improve access

There is unwarranted variation in access to services for pelvic health, recurrent UTI and vulval health across the region

The ICB to map and review services to understand the reasons behind the variation

Satisfaction around current services for PCOS and endometriosis is low

Review diagnostic pathways and capacity and improve awareness

Fertility, Pregnancy, Pregnancy Loss and Postnatal Support



The majority of the birthing population of the North-East and North Cumbria lives in areas of deprivation

Maternity services to adopt the principles of Poverty Proofing©

Timely access to contraception remains a challenge, especially in the postnatal period

Work collaboratively to ensure a universal offer of preferred contraceptive to women immediately following delivery

Good progress has been made by maternity teams in preventing ill health and poor pregnancy outcomes, but data flows could be improved so this can be monitored

Work to improve data quality of the collection and recording of modifiable risk factors for poor maternal and neonatal health outcomes

There is unwarranted variation in postnatal support for women across the region, after both live birth and pregnancy loss

Work to reduce the geographic variation in new birth visits and to roll out the 6-8 Week Postnatal Maternal Health Review Template

Menopause



Access to HRT in the North-East and North Cumbria is lower than in the rest of England

Improve staff training and roll out the [NENC ICB regional menopause guidelines for primary care](#)

Prescribing of HRT is socially patterned, with women living in the most deprived areas least likely to access it

Primary and secondary care to work to understand the reasons behind inequalities in HRT access

Women clearly describe the significant impact menopause has on their personal and professional lives and have specific requests of the system to improve

Listen to the voices of women and implement their suggested improvements to services

Not enough is known about management of early and premature menopause, which can result in ill health and early death if not properly treated

Primary care to audit the care of women diagnosed with early and premature menopause against NICE quality standards

Mental health



The North-East and North Cumbria is home to a high proportion of women with multiple unmet needs

Adopt the recommendations of the Dismantling Disadvantage for system change

Women in the region have higher rates of early death in severe mental illness than the rest of England

Work to understand the underlying factors driving this inequity

Our region's females are diagnosed with more mood disorder than males

Improve prevention of mood disorder by upskilling all staff to deliver [Connect 5](#) conversations

Fewer females than expected are diagnosed with learning disability in the region

The whole system to work to understand and address the apparent underdiagnosis by sex

Perinatal and maternal mental health services don't have enough doctors or clinical psychologists

The ICB to work to ensure safe and effective staffing levels in mental health services

Cancer



Cancer is the biggest killer of women in the region and is the largest driver of inequalities in life expectancy

Support the Northern Cancer Alliance to realise its aspirations for improving equitable outcomes for women

There remains wide unwarranted variation in uptake of cancer screening and HPV vaccination between areas in the region

Use the findings of recent behavioural insights and health equity audits to inform approaches to increasing uptake equitably

Early findings suggest ovarian cancer outcomes for women in the region are poorer than in the rest of England

Review the findings of the forthcoming National Ovarian Cancer Audit from a regional perspective

Significant workforce challenges exist in women's cancer care, particularly in diagnostics

Work to ensure safe and effective staffing levels in the non-surgical specialist oncology workforce

Health impacts of violence against women and girls



Data gaps exist around the health impacts of violence against women and girls

Sectors to come together with Home Office funded charity Standing Together, via its Crossing Pathways network to understand the regional landscape and share data

Rates of domestic abuse are high in the North-East and on the rise in Cumbria

Implement the [Standing Together Pathfinder Toolkit](#) in healthcare in the region, which underpins the Domestic Abuse Act 2021

Primary care needs more support to respond to disclosures of domestic abuse

Ensure all women reporting domestic abuse to general practice have access to in-house specialist advocacy and support, such as via the [IRIS model](#)

There are insufficient domestic abuse services across the region to serve our women and girls

Address identified gaps in provision, using the 'Whole Health' model to maximise the powerful contribution of VCSE 'By and For' organisations

Healthy Ageing and Long-Term Conditions



Female deaths from cardiovascular disease in the region are higher than the England average

Ensure the [Clinical Conditions Strategic Plan](#) views Long Term Conditions like CVD through a women's health lens

Unplanned admissions for women are socially patterned, with those living in deprivation most likely to go to hospital urgently

Primary and secondary care to review and improve access to regular reviews of long-term conditions for women in the most deprived areas

Significantly more women than men in the region have a diagnosis of osteoporosis or suffer a hip fracture

Strengthen messages around protective factors such as breastfeeding, weight bearing physical activity, good nutrition and HRT, as well as quality assuring diagnostic and treatment pathways for women

Quality of diagnosis of frailty in the region is under improvement

Primary Care Networks to use the NECS Frailty Packs to evaluate and improve their detection, coding and management of women with frailty, taking a proactive care approach

Next steps



BIG Conversation conducted- 4,600 responses and 6 workshops. 2 day development session with each workstream developing the principles

Co-design of a Women's Health promise for the NENC system

Strategy Implementation Plan for NENC going to ICB board January 2025

Year one focus on LARC, postnatal contraception, menopause and cancer

Year two focus on gynae waiting lists and health impacts of VAWG

LARC



Next steps



Women's health innovation conference 2024