NHS
Cheshire and Merseyside

Cheshire and Merseyside Women's Health Strategy

'We want all women, babies and families to have the best start in life and get the support they need to stay healthy and live longer'

Welcome

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This document is written for local women and girls and describes our plan for improving the health and wellbeing of our communities, our staff and partners across the whole system. It describes our strategy for the next 3 years from September 2023.

1.0 Foreword

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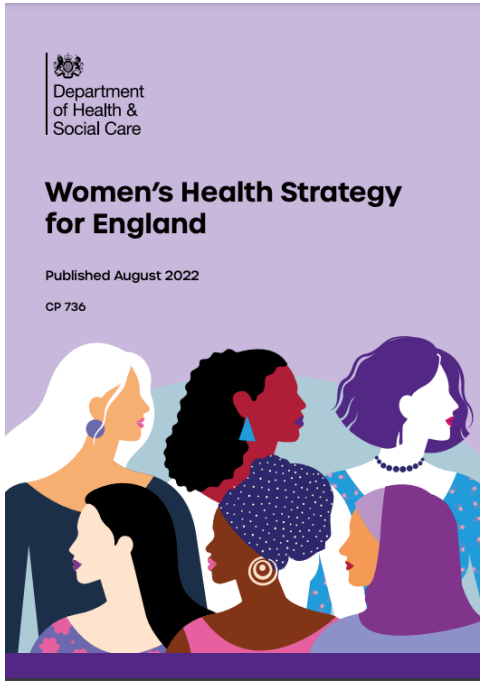
About this document

- We are privileged and delighted to take the lead on behalf of NHS Cheshire and Merseyside – an Integrated Care Board (ICB) - in formulating our Cheshire and Merseyside response to the *National Women's Health Strategy* (published August 2022).
- The aim of this document is to outline the priorities and actions that we will take in order to improve women and girls' health and healthcare services whilst addressing the health and social inequalities for all women and girls and those in need of women's health services.
- This Strategy aligns with the priorities and actions described in the *National Women's Health Strategy*, *The NHS Long Term Plan* (published January 2019), *The Cheshire and Merseyside Integrated Care System's Joint Forward Plan and the Three-Year Delivery Plan for Maternity and Neonatal Services.*



In 2014 the Chief Medical Officer's annual report identified the widening disparities for women and girls during their adolescent, reproductive and post-reproductive years. The issues raised then remain relevant today, and in some cases health disparities have widened and been further exaggerated by the pandemic. *The Better for Women report* published in 2019 by the Royal College of Obstetricians and Gynaecologists highlighted the need to adopt a life course approach, emphasising the importance of preventative health interventions, instead of focussing on the treatment of established disease.

- It is important to acknowledge that it is not only people who identify as women (or girls) who access women's health and reproductive services to maintain their sexual and reproductive health and wellbeing. The terms 'woman' and 'women's health' are used for brevity, on the understanding that transmen and non-binary individuals assigned female at birth also require access to these services. 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.
- We work together with local women and girls, and our key partners to address the health and social inequalities that women and girls face so we can drive positive change and improvements together.

Women's health outcomes impact not only on individual women and their families, but the healthy functioning of society. Everyone has a part to play in achieving this goal.

1.0 Foreword Continued

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Why do we need a Women's Health Strategy

- While women in the UK on average live longer than men, women spend a significantly greater proportion of their lives in ill health and disability when compared with men[3] And while women make up 51% of the population, historically the health and care system has been designed by men, for men.

- This 'male as default' approach has been seen in research and clinical trials, education and training for healthcare professionals, and the design of healthcare policies and services. This has led to gaps in our data and evidence base which mean that that not enough is known about conditions that only affect women, for example menopause or endometriosis. It has meant that not enough is known about how conditions that affect both men and women impact them in different ways, for example cardiovascular disease, dementia, or mental health conditions. It has also resulted in inefficiencies in how services are delivered, for example we know that many women have to move from service to service to have their reproductive health needs met, and women can struggle to access basic services such as contraception.

- The impact of failing to put women at the heart of health services has been clear to see through the number of recent high profile independent reports and inquiries. As these independent reports have shown, too often it is women whom the healthcare system fails to keep safe and fails to listen to.

- These high-profile incidents have understandably been the focus of much national attention and conversation and have rightly triggered extensive work to improve things for the women and families affected. However, we have heard very clearly that women and girls across Cheshire and Merseyside do not feel listened to and are not well served by the healthcare system as it is.

- Following the National call for evidence in 2021, our Women's Health survey identified that not being listened to or taken seriously was identified as an issue by over 70% of respondents from initial discussions to diagnosis, and manifests at all stages of the healthcare pathway.

- This Strategy is predicated on the belief that women and girls face particular health **and social** inequalities, some more than others and, in some cases, clear disadvantages simply because they are women. The intent of our *Women's Health Strategy* is to make clear what must change in order to improve health and social outcomes, and health services for all women and girls in Cheshire and Merseyside, and to radically improve the way in which the health and care system engages and listens to all women and girls.

"When we get it right for women, everyone in our society benefits"

– Professor Dame Lesley Regan, National Women's Strategy August 2022

[3]ONS, Health state life expectancies: UK: 2018 to 2020, published March 2022

1.0 Foreword Continued

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Promoting Inclusivity

- Through our Women's Health Strategy we are actively promoting inclusivity and our healthcare services are embracing a more diverse range of terminology that reflects the identities and experiences of local people. This may include using gender-neutral or non-binary terms and delivering culturally competent care that respects individual cultural requirements and preferences for gender identity recognition.

- Women and girls from Black, Asian and other ethnic minority communities, not only face gender-based discrimination but also face racial and ethnic discrimination which impacts the way and how they interact with health and care services.

- We encourage healthcare professionals and institutions to remain open to ongoing learning, engage in respectful dialogue, and adapt their practices to ensure inclusivity. By prioritising inclusivity, we strive to enhance health and social outcomes, and advocate for a society where everyone, regardless of their gender, identity, ethnicity, age or class can access the care they require.

- We have developed a set of inclusivity statements shown opposite to ensure that we create an environment where everyone feels seen, heard, and valued, ensuring their healthcare needs are met with sensitivity and understanding.

Statement 1:
In healthcare, we are actively seeking to become more inclusive by using a range of terms to address individuals' gender identities. While we continue to use the term "woman," we also recognise and respect the diverse spectrum of gender identities and strive to co-design services that are accessible and inclusive to all.

Statement 2:
In healthcare, there is a growing recognition that the term "woman" may not encompass the full spectrum of gender diversity. Efforts are being made to be more inclusive by using gender-neutral or non-binary terms and providing culturally competent care, ensuring this is responsive to the needs of women from ethnic minority communities. The goal is to ensure that all individuals, regardless of their ethnicity, gender, identity, age or class feel valued and receive the healthcare they need.

Statement 3:
In policy documents, it is acknowledged that the terms "woman" and "women" are commonly used to address individuals within a specific context. However, it is important to recognise and respect that gender is a diverse spectrum. Efforts are being made to ensure that policy documents also incorporate inclusive language that encompasses individuals of all gender identities, while still acknowledging the specific needs and experiences of women.

Statement 4:
In healthcare, we are committed to fostering inclusivity and providing equitable services to all individuals. We recognise the unique healthcare needs and experiences of every person, irrespective of their ethnicity, gender identity or assigned sex at birth.

NHS
Cheshire and Merseyside

WOMEN'S HEALTH
Let's talk about it

2.0 Executive Summary

2.0 Executive Summary - Introduction

NHS Cheshire and Merseyside

This document – our ***Women's Health Strategy*** – describes how NHS Cheshire and Merseyside – through the Women's Health and Maternity Programme - will work together with local women and our key partners to deliver the actions we will take over the next 3 years. This marks the first stage of a long-term commitment to reducing health inequalities for women in Cheshire & Merseyside. Since NHS Cheshire and Merseyside was established in July 2022, significant progress has been made at pace across a huge span of areas across the footprint, a summary of which have been captured throughout this strategy.

Vision

We want all women, babies and families to have a great start in life and get the support they need to stay healthy and live longer.

Aims

To improve clinical services and provide safer care.
To provide equal access to care and support.
To improve women's health outcomes.
To safely restore services to pre COVID levels.

Role of WHaM

To support the transformation of women's health and gynaecology services.
To continue working with partners to provide system leadership, oversight and assurance of maternity and neonatal services.

Defining Women's Health

Women's health has traditionally been defined as 'reproductive health'. It is crucial that we understand and acknowledge sex-driven differences in health and recognise those healthcare models that all too often ignore these differences. This can result in health outcomes that can vary by sex, often to women's disadvantage. The national strategy introduces a welcome and more expansive lens facilitated through a life course approach. We have adopted this approach for our Strategy which focuses on:

- Menstrual health and gynaecological conditions
- Fertility, pregnancy loss and post-partum support
- Menopause
- Mental health & wellbeing
- Cancers
- Health impacts of violence against women
- Preventing parent-infant separation / social removal and
- Healthy ageing and long-term conditions.

Progress achieved:

NHS Cheshire and Merseyside was established in July 2022 and since then we have:

- ✓ Established a Cheshire and Merseyside Gynaecology Network and Gynaecology Nurse Network to provide clinical and operational leadership across the system for gynaecology services and wider aspects of womens health and wellbeing. Key achievements include: -
- ✓ Engaged with GIRFT Team to develop improvement plans for women's health across secondary care providers
- ✓ Undertaken Service User and stakeholder engagement including Women's Health provision, a Women's Health Strategy event and Menopause roadshows
- ✓ Established Special interest groups to take forward the development of these key areas;
  - Menopause
  - Cytology
  - Paediatric Adolescent Gynaecology
  - Endometriosis
- ✓ Established a new Perinatal Pelvic Health Physiotherapy Service across Cheshire and Merseyside
- ✓ Established the Clinical Pathways Programme - a Cheshire & Merseyside Acute and Specialist Trust Priority

2.0 Executive Summary - Our Population

NHS Cheshire and Merseyside

- The Cheshire and Merseyside locality is a region with a large and diverse geographical footprint with a mix of urban and rural communities. This presents different challenges in relation to social isolation, limited public transport, increased fuel poverty and loneliness.

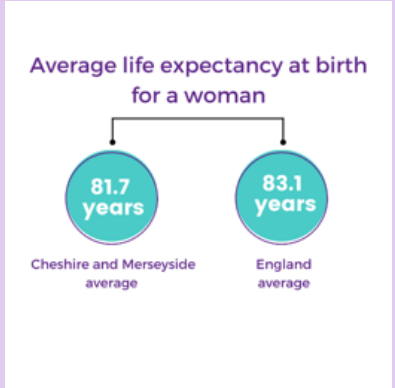
- Within Cheshire and Merseyside **1.29m** are female (**51.6%** of the total population and **545,000** women are of childbearing age (between 16 years to 45 years. The Cheshire and Merseyside footprint also has diverse communities made up of different ethnic groups and speakers of other languages.

- There are long standing social, economic and health inequalities with levels of deprivation and health outcomes in many communities worse than the national average. There are pockets of deprivation across every one of the 9 Places within Cheshire and Merseyside. It is well documented, through evidence-based research, that social deprivation has a direct impact on long-term health conditions.

- Some of the ***local system challenges*** facing Cheshire and Merseyside which require accelerated improvement are:
  - Severe Mental illness – ensure annual health checks for 60% of those living with severe mental illness
  - Chronic Respiratory Disease – linking with the Cheshire and Merseyside Respiratory Network including efforts to reduce maternal smoking
  - Early Cancer diagnosis – working collaboratively with the Cheshire and Merseyside Cancer Alliance to implement new initiatives to prevent cancer and reduce inequalities
  - Cardiovascular disease – working collaboratively with the Cheshire and Merseyside Healthcare Partnership to support communities to have the best possible cardiovascular health.

- The Office for National Statistics data paints a clear picture of how women's life expectancy at birth varies by almost **eight years** across England, ranging from **78.7 years** in the most-deprived areas to **86.4 years** in the least.

- Life expectancy for women living in the most deprived areas across Cheshire and Merseyside is **9.5 years less** than those living in the least deprived.



"Our health and care system only works if it works for everyone. It is not right that 51% of our population are disadvantaged in accessing the care they need, simply because of their sex." Steve Barclay, SoS for Health and Social Care

2.0 Executive Summary – Our Commitment

NHS Cheshire and Merseyside

Our Strategy marks the first stage of a long-term commitment to reducing health inequalities for women in Cheshire and Merseyside.

Our cross-cutting principles and themes build on those articulated in the National Women's Health Strategy, published in August 2022. This sets out the national ambition over next 10 years to see:

(i) boosted health outcomes for all women and girls, and
(ii) radical improvements in the way the health and care system engages and listens to all women and girls.

This will be achieved by:

- taking a life course approach
- focusing on women's health policy and services throughout their lives
- embedding hybrid and wrap-around services as best practice,
- boosting the representation of women's voices at all levels of the health and care system.

Our underpinning themes over the next 3 years take the above one step further by stating our intended outcomes as:

1. Ensuring what we do is Informed and underpinned by women's voices

2. Increasing and widening access to screening

3. Improving access and reducing delays in diagnosis

4. Delivering a better and more holistic management of conditions.

We are committed to working in partnership to design and demand a healthcare system which has the health and wellbeing of all Cheshire and Merseyside women and girls at the centre of everything we do. We have identified 4 core principles which we believe which will guide us on our way and binds us together.

Together Better

1. Addressing inequalities
   - Recognising and responding to the unjust and avoidable differences and disadvantages in people's health across the population and between specific population groups, for example, within the Perinatal Pelvic Health Physiotherapy Services, classes are being designed to accommodate the needs of women from Asian backgrounds who have expressed a preference for women only classes rather than classes attended with male partners.
   - How long people are likely to live, the health conditions they may experience and the care that is available to them.
   - Collaboration is key to develop a whole person approach to address inequalities (in healthcare some individuals receive better and more professional care compared to others).
2. A life-course approach
   - Focuses on understanding the changing health and care needs of women and girls across their lives including the impact of inequalities across the life stages
   - Considers the critical stages, transitions, and settings where significant differences can be made in promoting or restoring health and wellbeing
   - Taking advantage of the predictable but different stages in a woman's life which present both health challenges and opportunities to promote and protect health and wellbeing.
3. Respectful and inclusive services
   - Everyone who uses and provides NHS services has a right to be treated as an individual and with consideration, dignity and respect.
   - Patients and staff thrive, feel valued, respected and included.
4. Gender equality and intersectionality*
   - Recognising and responding to the many characteristics and factors which shape women's lives such as ethnicity, disability, sexual identity and background.
   - Work to prevent gender-based inequality cannot be completed in isolation from work to address other forms of discrimination.

2.0 Executive Summary – Our Vision

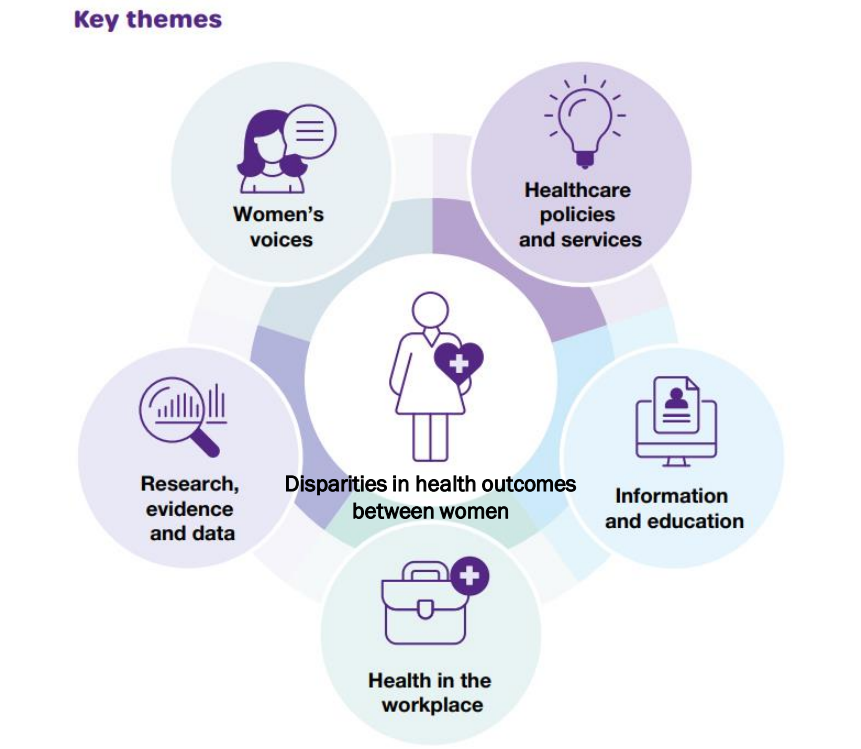
NHS Cheshire and Merseyside

Fundamental to the achievement of our vision, is the need to address the cross-cutting themes which will drive true behavioural and cultural change in our health and care system. Through active engagement sessions, we have listened to the concerns and issues raised by local women and girls across our system to identify the key areas of focus. We will promote developing and sustaining a culture of safety learning and support across all Women's Health Services. It is imperative we ensure safe and effective services across the ICS and that this remains a top priority throughout everything we do.

Key themes

For each of the key themes, we understand the status and key facts underpinning each theme.

We have listened and heard what women think and feel about each theme and feedback on the main areas of improvement and priorities.



Over the past 2 years, we have captured key successes achieved against each of the themes and have outlined a forward-looking 12-month plan for delivery which will be actively managed, monitored and reported. This is underpinned with a robust governance framework to track delivery against targeted health outcomes.

Strategy Priority Areas

Our strategic priorities take a more holistic approach to women's wellbeing by focusing on clinical conditions linked to reproductive health along with prevention of illness, promotion of wellbeing as well as treatment and management of disease.

Our priorities and actions will be delivered by:

(i) raising awareness of women and girls' health,

(ii) by improving access to health information and healthcare care services; and,

(iii) our commitment to reducing inequalities in health and socio-economic outcomes for women and girls, both for sex-specific conditions and in women's general health.

2.0 Executive Summary – Delivering the Vision

NHS
Cheshire and Merseyside

Our priorities and actions will be delivered by:-

(i) raising awareness of women and girls' health
(ii) by improving access to health information and healthcare care services , and
(iii) our commitment to reducing inequalities in health and socio-economic outcomes for women and girls, both for sex-specific conditions and in women's general health.

- Women's and girls' voices will be central to the development and delivery of our plan. ***Engagement and collaboration*** forms the cornerstone of our strategy in terms of ensuring what we do is informed and underpinned by women's voices which sets the direction, priorities and areas of focus. Delivering effective system-wide health improvements, monitoring and measuring the impact of the health interventions adopted and pathways improved is guided by a shared commitment across the Cheshire and Merseyside footprint, with the VCFSE, emphasizing equity and equality, intersectionality, rights-based approaches, and person-centred care to address the challenges and opportunities across Cheshire and Merseyside.

- Demonstrating and ***delivering value*** from this strategy will be essential and will link into the wider development of a system financial strategy, 'Efficiency at Scale' programme across NHS Cheshire and Merseyside. One of our provider collaboratives, Cheshire and Merseyside Acute and Specialist Trust alliance (CMAST), is hosting the programme on behalf of NHS Cheshire and Merseyside which complements wider work on the financial strategy and recovery plan where system partners work to reduce costs and optimise resources.

- From a ***patient safety perspective***, it is imperative we ensure safe and effective services across Cheshire and Merseyside, and this remains a top priority. The Patient Safety Incident Response Framework will be applied and integrated within the patient safety incident response policy and plan for Cheshire and Merseyside and all elements of the National Patient Safety Strategy will be adopted.

- In 2022/23 the Cheshire and Merseyside People Board, which has a broad membership across Cheshire and Merseyside stakeholders, agreed a set of ambitious Workforce Priorities for 2022-25 which have been incorporated into the Joint Forward Plan and reflected in priorities integrated into the Women's Health Strategy. ***Growing, retaining and supporting our workforce*** (of which 77% of the NHS workforce are women), are reflected in our workforce priorities which we plan to adopt, apply, and invest in to develop our culture, workforce, and ways of working as a system. The workforce, cultural and leadership priorities will be built into our workforce delivery plan.

- We recognise that this plan is a watershed, the beginning of a journey requiring cultural and system change. The challenges women and girls currently face won't be addressed overnight but by working together we can ensure we deliver our vision and provide high quality women's health and maternity services that meet the needs of our local population.

NHS
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3.0 Our Partners and Partnership Working

WOMEN'S HEALTH
Let's talk about it

3.0 NHS Cheshire & Merseyside

NHS Cheshire and Merseyside

- *The National Women's Health Strategy* represents a unique opportunity for NHS Cheshire and Merseyside to formalise its approach to addressing women and girls' health on a system wide basis through the work of NHS Cheshire and Merseyside (the Integrated Care System and on behalf of the Integrated Care Board).
- NHS Cheshire and Merseyside is the third largest of 42 Integrated Care Systems (ICS) in England and was formally established on 1st Jul 2022. Integrated Care Systems (ICSs) are made up of an Integrated Care Board (ICB) and Integrated Care Partnership (ICP) that are responsible for the planning and delivery of joined up health and care services, and to improve the lives of people who live and work in their area.
- The Cheshire and Merseyside Health and Care Partnership (HCP) is a statutory joint committee between NHS Cheshire and Merseyside Integrated Care Board and our nine Local Authorities which also includes a wide range of partners from across the health and care system. This Board works together to support partnership working and is responsible for producing our Health and Care Partnership Strategy.
- NHS Cheshire and Merseyside brings together nine place-based partnerships responsible for leading the detailed design and delivery of integrated services across their localities and neighbourhoods. The partnerships involve the NHS, local councils, community and voluntary organisations, residents, people who use services, their carers and representatives and other community partners with a role in supporting the health and wellbeing of the population. Across NHS Cheshire and Merseyside there are 17 NHS Provider Trusts, 355 GP practices, 55 Primary Care Networks and 1 Ambulance Service.

ICB Places
Cheshire East
Cheshire West
Halton
Knowsley
Liverpool
Sefton
St Helens
Warrington
Wirral

C&M Local Maternity and Neonatal Providers x 6
Countess of Chester Hospital
Liverpool Women's Hospital
Mid Cheshire Hospital
Mersey and West Lancashire Teaching Hospitals (formerly St Helens & Knowsley Hospital and Southport & Ormskirk Hospitals)
Warrington & Halton Hospitals
Wirral University Teaching Hospital

- NHS Cheshire and Mersyside's strategy 'Improving Health and Wellbeing in Cheshire and Merseyside' has 4 strategic priorities:
  - ✓ Improving population health and healthcare
  - ✓ Tackling health inequality, improving outcomes and access to services.
  - ✓ Enhancing quality, productivity and value for money
  - ✓ Helping the NHS to support broader social and economic development.
- The Cheshire and Merseyside Joint Forward Plan has set out a clear mission 'to prevent ill health and tackle health inequalities and improve the lives of the poorest fastest'.

3.0 NHS Cheshire & Merseyside Continued

NHS Cheshire and Merseyside

- NHS Cheshire and Merseyside has identified ten principles that underpin how it will work with people and communities. These principles have been incorporated as part of the Women's Health Strategy, working with our local women, girls and communities:

Ten principles that underpin how NHS Cheshire and Merseyside will work with people and communities:

1. Putting the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.
2. Starting engagement early when developing plans and feeding back to people and communities about how their engagement has influenced activities and decisions.
3. Understanding community needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect.
4. Building relationships with excluded groups, especially those affected by inequalities.
5. Working with Healthwatch and the voluntary, community, faith and social enterprise (VCSE) sector as key partners.
6. Providing clear and accessible public information about vision, plans and progress, to build understanding and trust.
7. Using community development approaches that empower people and communities, making connections to social action.
8. Using co-production, insight and engagement to achieve accountable health and care services.
9. Co-produce and redesign services and tackle system priorities in partnership with people and communities.
10. Learn from what works and build on the assets of all its partners – networks, relationships, activity in local places.

3.0 Our Partners and Partnership Working

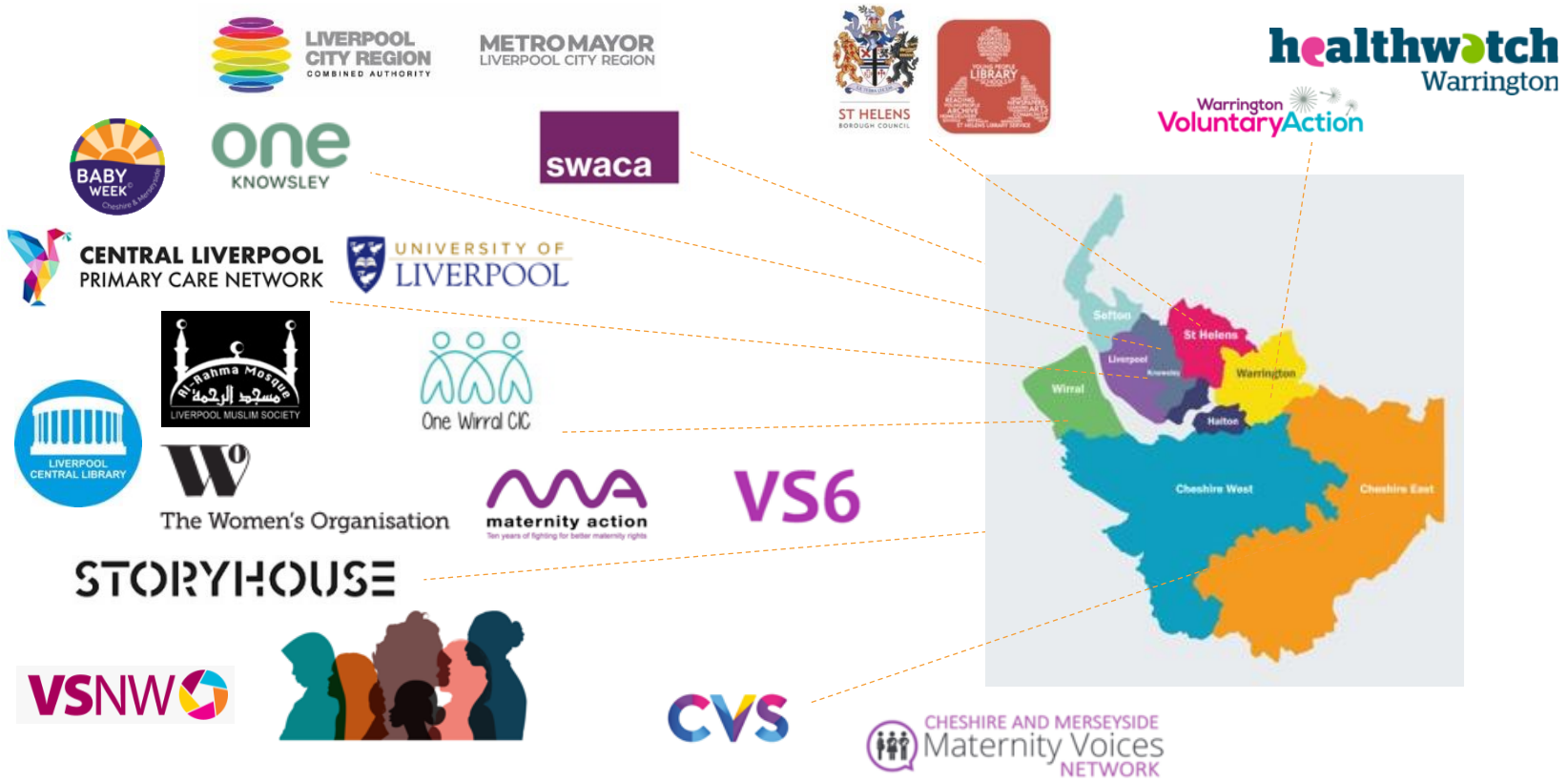
NHS Cheshire and Merseyside

This *Women's Health Strategy* describes how NHS Cheshire and Merseyside will work together with local women and girls and our key partners to improve health and social care outcomes and health services for all women and girls in Cheshire and Merseyside.

Our partners include education, social care, the police, local authorities, housing, third sector, fire and rescue. There is also a strong and engaged Voluntary, Community, Faith, and Social Enterprise (VCFSE) sector supported by local organisations providing skills, knowledge, and capacity to enable communications and engagement between local neighbourhoods and the health and care system.

This provides an opportunity to transform services and make a lasting difference to patients and communities.

Examples of various organisations we work with across Cheshire and Merseyside



3.0 Our Partners and Partnership Working Continued

NHS Cheshire and Merseyside

- In addition to the various organisations we work with across Cheshire and Merseyside, there are two provider collaboratives:

  - ✓ Cheshire and Merseyside Acute and Specialist Trusts Collaborative (CMAST). Their key areas of focus is Elective Recovery and Transformation; Clinical Pathways; Diagnostics; Finance, Efficiency and Value; and Workforce. We will work in collaboration to ensure the deliverables within this strategy are integrated into each of the focus areas.

  - ✓ Mental Health, Community and Learning Disability and Community Provider Collaborative (MHLDC). A joint working arrangement between the nine providers of community, mental health and learning disabilities services. They have a wide range of programme priorities for 23/24 and we will work together to support delivery of the strategic priorities.

- We are also working closely with the CHAMPS public health collaborative, our academic institutions, research partners (including National Institute for Health and Care Research, National Cancer Research Institute and Academic Health Science Network).

- By coming together, with these partners and women and girls from Cheshire and Merseyside we will ensure that women's health has a place at the top of the healthcare and wider political agenda, and we will be able to better address the health inequalities that women and girls face and drive change together.

The main goals of the partnership are:

- ✓ Empowering women and girls to take control in decisions about the care they receive to better meet their needs and preferences.
- ✓ Engaging in decision making about the services that are offered by working together through collaboration, co-operation, and co-production.
- ✓ Deliver safer, more personalised care for all women, girls and every baby, improve outcomes, and reduce inequalities.

"Women's health outcomes impact not only on individual women and their families, but the healthy functioning of society. Everyone has a part to play in achieving this goal".

Catherine McClenan

Director – Women's Health & Maternity Programme

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Cheshire and Merseyside

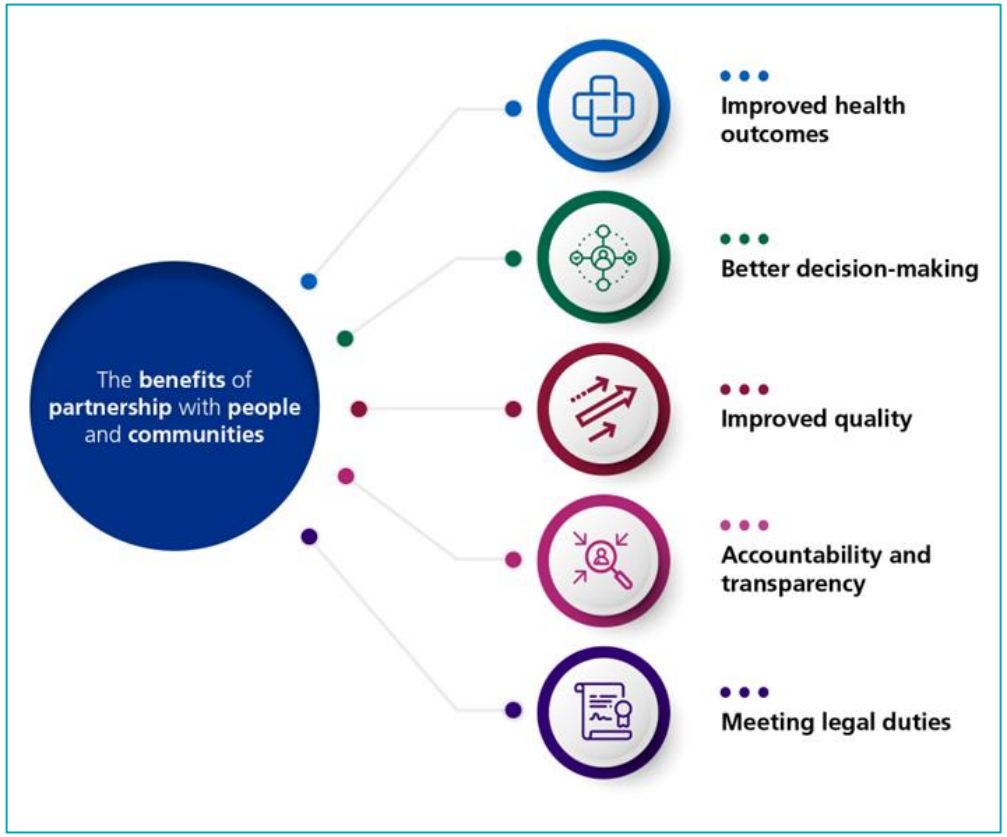
4.0 Developing our Strategy: Our Engagement & Collaboration Approach

WOMEN'S HEALTH
Let's talk about it

4.0 Our Engagement and Collaboration Approach

NHS Cheshire and Merseyside

Our Women's Health Strategy has been developed collaboratively, involving various experts and groups. However, we acknowledge the need to address existing gaps and extend our efforts. To prioritise this, our Strategy emphasizes the importance of partnership with people and communities, particularly women's and girls' voices and their role in driving real change.



Improved health outcomes

Working in partnership with people and communities creates a much better chance of ensuring services meet people's needs, improving their experience and outcomes. People have the knowledge, skills, experiences and connections services need to understand in order to support their physical and mental health.

Better decision-making

Business cases and decision-making are improved when insight from local people is used alongside financial and clinical information. Challenge from outside voices can promote innovative thinking which can lead to new solutions that would not have been considered had the decision only been made internally.

Improved quality

Partnership approaches mean that services can be designed and delivered more appropriately, because they are personalised to meet the needs and preferences of local people.

Accountability and transparency

The NHS Constitution states: 'The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and staff.' Engaging more meaningfully with local communities helps to build public confidence and support as well as being able to demonstrate public support for proposals.

4.0 Our Engagement and Collaboration Approach Continued

NHS Cheshire and Merseyside

- We start our journey for change by reiterating national concerns about 'missing voices' and we will constantly underline just how much women's and girls' voices matter if we are to make real change happen.

- We have engaged with diverse women through initiatives like **Baby Week** and **International Women's Week**, along with surveys, workshops and discussion events. The Voluntary Community, Faith and Social Enterprise Sector (VCFSE) have been instrumental in involving people with lived experience in policy and practice development.

- Additionally, our Strategy incorporates input from our workforce and includes content from additional engagement sessions. It is guided by a shared commitment across the Cheshire and Merseyside footprint, with the VCFSE, emphasizing equity and equality, intersectionality, rights-based approaches, and person-centred care to address the challenges and opportunities for the Strategy across Cheshire and Merseyside. generous with their extensive expertise in engaging people with lived experience in policy and practice development across health and social care.

- We have established several Special Interest Groups (Section 12.1) that brings together experts from a range of specialties, in the public and third sectors, who work on women's health-related issues. They work to identify gaps in the provision of services, consider areas of best practice, promote innovation and develop practical actions to address these gaps. Details of these groups are attached in the Appendices contained in Section 12.

Women's and girls' voices will be central to the development and delivery of this plan. We know when we provide high-quality, timely and accessible information and education on menstrual health, young women and girls are empowered to understand what is 'normal' and when they need to ask for help. When women are well informed and supported about the menopause, they can make informed choices about what they need, in healthcare, in the workplace and the home. When research includes women not just men, medicine will be become more equitable. When women's and girls' needs are taken in to account society will flourish.

4.0 Our Engagement and Collaboration Approach Continued

NHS Cheshire and Merseyside

- In the national call for evidence in 2021, **84%** of respondents stated that they had experience of not being listened to by health care professionals, throughout their health care journey from initial discussions to diagnosis.
- By far, the most significant issue raised by respondents to the national call for evidence was the fact women do not feel listened to.
- Based on the Department for Health and Social Care (DfHSC) thematic analysis of this data, 'not being listened to' appears to manifest at all stages of the healthcare pathway.

Specifically, many women said:

- their symptoms were not taken seriously or dismissed upon first contact with GPs and other health professionals
- they had to persistently advocate for themselves to secure a diagnosis, often over multiple visits, months and years
- if they did secure a diagnosis, there were limited opportunities to discuss or ask questions about treatment options and their preferences were often ignored.

"My daughter developed cancer during her pregnancy and subsequently died. Nobody took her symptoms seriously and she saw a different person every time so they could not see how she was deteriorating before their eyes".

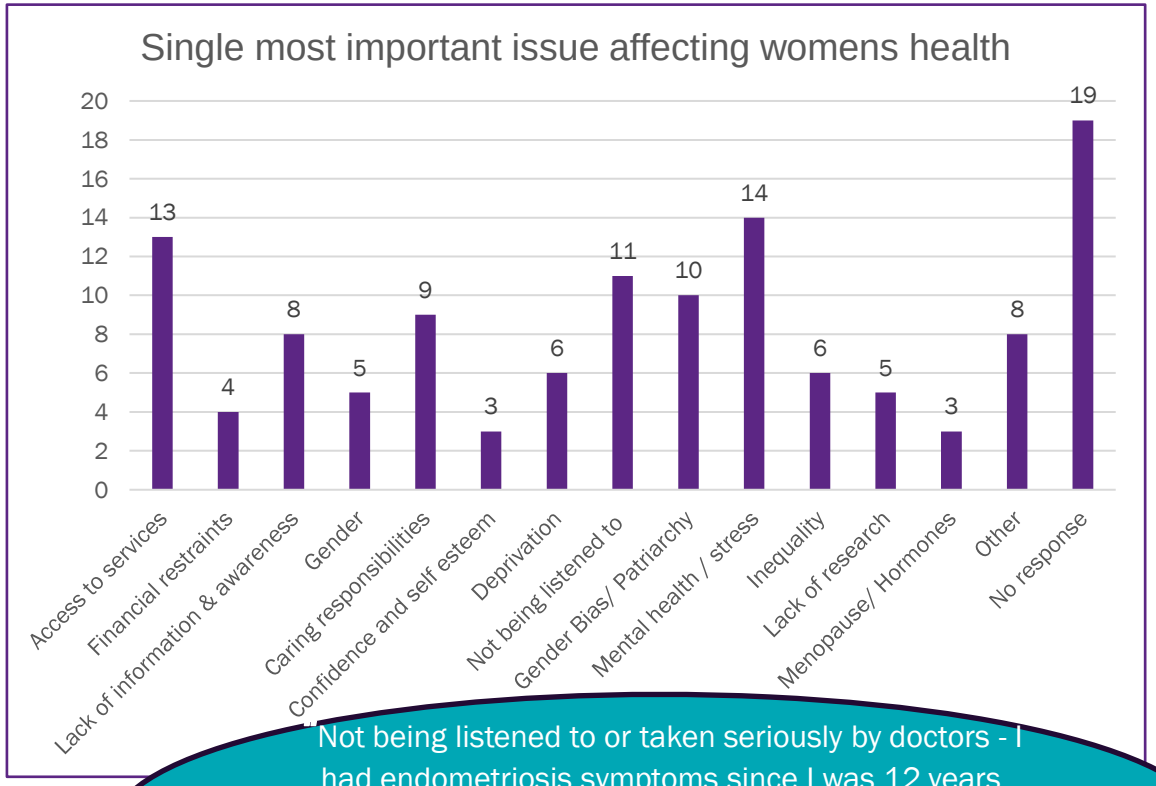
- The Cheshire & Merseyside Women's Health survey undertaken between March and June 2023 received over 120 responses and an additional 200+ commentaries, most respondents identifying as female.
- Our local survey responses mirror the national responses. Not being listened to or taken seriously was identified as an issue by over 70% of respondents.
- In addition, local women identified the following factors which influence women's health and well-being:-

- ✓ **Over 83%** of respondents identified their economic circumstances and work as having the biggest influence on women's health and well being
- ✓ Mental ill health featured heavily **(77%)** with an astonishing **72%** who said they were not listened to or taken seriously. Mental health issues identified included self-esteem, self-image and depression
- ✓ Caring responsibilities carried a heavy toll at just under **78%**, especially during lockdown
- ✓ Availability of services were identified as influencing women's health and well-being by **73%** of respondents
- ✓ Other areas identified included tiredness and lack of sleep, COVID-19, homelessness or temporary accommodation, accessibility of information, legal status and residency, identify (age, ethnicity etc), gender-based violence.

4.0 Our Engagement and Collaboration Approach Continued

NHS Cheshire and Merseyside

- We asked what was the single most important issue affecting women's health?
- Those issues with the most responses were identified as **mental health / stress, access to services, not being listened to, gender bias / patriarchy.**



"Not being listened to or taken seriously by doctors - I had endometriosis symptoms since I was 12 years old, but it took me 9 years to get diagnosed via laparoscopy. I was told by a doctor that she wouldn't 'bother' referring me to gynae because 'they would just put me on the pill".

To address this, our **Women's Health Strategy** is committed to:-

1. **Listening to,** and **working with, women and girls to implement the strategy –** Cheshire and Merseyside Women's forum development.
2. **Engage and support** the ongoing developments around the 9 local place-based strategy priorities.
3. **Collaborate** with local groups already involved with women's health initiatives – share knowledge and best practice.
4. Identify **areas for further development,** inclusion and scope.
5. **Continue to advocate** for more intersectionality within the strategy and key stakeholders.
6. Work in key clinical workstreams with clinical leads.
7. Ensuring women's and girls' lived experience informs everything we do from planning through to co-production and delivery of services.
8. Ensuring under-served and marginalised groups are represented.
9. Establishing a network of Women's Health Champions and developing relevant resources and support to enhance these roles.
10. Improve access to information for women, girls and their families on menstrual health and management options.
11. Enhance joint working with public and health libraries, (formerly HEE Knowledge Management Services) and the BBC to build on the success of women Specific Reading Well hubs in Merseyside -scale and spread this work in Cheshire and Warrington.

4.1 Linking into the ICB Joint Forward Plan

NHS Cheshire and Merseyside

National Strategies and Plans

Local System Strategies and Plans

ICB Joint Forward Plan

HCP Strategic Objectives	Cross reference to the HCP areas of focus	Priorities	Core plans *	Metric
Tackling Health Inequalities in outcomes, experiences, and access (our eight Marmot principles)	• Give every child the best start in life • Enable all children, young people and adults to maximise their capabilities and have control over their lives • Ensure a healthy standard of living for all • Tackle racism, discrimination and their outcomes • Pursue environmental sustainability and health equity together.	All our Places are actively engaged in the All Together Fairer Programme	2	Increase % of children achieving a good level of development at 2-2.5 years OR at the end of Early Years Foundation Stage Reduce hospital admissions as a result of self-harm (15-19 years)
		Supporting the safety of vulnerable Women and Children	2	Deliver the agreed shared outcomes through our partnership working within Cheshire and Merseyside in identifying and addressing Violence Against Women and Girls
Improve population health and healthcare	• Improve early diagnosis, treatment and outcome rates for cancer • Improve satisfaction levels with access to primary care services • Provide high quality, accessible safe services • Provide integrated, accessible, high quality mental health and wellbeing services for all people requiring support.	In relation to preventing ill Health we will focus on: • Increase rates of Early detection of Cancer • Work towards MECC (Making Every Contact Count) • Encourage 'Healthy Behaviours' with a focus on smoking/alcohol/ physical activity • Ensure access to safe, secure, and affordable housing	1,2,3	Core20PLUS5 priorities including cancer, cardiovascular disease and children and young people's mental health services
			2,3	Increased sign up to the NHS prevention Pledge
			2,3	Reduction in Smoking prevalence. Reduction in the % drinking above recommended levels. Increase the % who are physically active.
Enhancing productivity and value for money	• Develop a financial strategy focused on investment on reducing inequality and prioritise making greater resources available for prevention and wellbeing services	Deliver our agreed financial plans for 23/24 whilst working towards a balanced financial position in future years	1	Financial strategy and recovery plan in place by Sept 2023
Helping to support broader social and economic development	• Embed, and expand, our commitment to social value in all partner organisations • Develop as key Anchor Institutions in Cheshire and Merseyside, offering fair employment opportunities for local people • Implement programmes in schools to support mental wellbeing of young people and inspire a career in health and social care	Develop as key Anchor Institutions and progress advancing at pace the associated initiatives.	2	Grow the number of anchor framework signatories to 25
		Embed and expand our commitment to Social Value	2	Support a system-wide approach to embedding the minimum 10% social value weighting across all procurement processes (working towards 20%)
		• Developed focused work in schools around encouraging careers in Health and Social Care • Ensure a Health and Care workforce that is fit for the future.	2	To be finalised in advance of the final publication in June 2023 Publish a Strategic Workforce Plan by March 2024
		Achieve Net Zero for the NHS carbon Footprint by 2040	2	For the emissions we control directly (the NHS Carbon Footprint), net zero by 2040, with an ambition to reach an 80% reduction (from 1990 levels) by 2032.

ICB WHaM Strategy & Plan

Health Outcomes

- *Delivery of improved health outcomes for women and health services for women and girls*
- *Raising awareness of women's health*
- *Improving access to health information and healthcare care services*
- *Reducing inequalities in health outcomes for girls and women, both for sex-specific conditions and in women's general health*
- *Demonstrating value for money*

4.2 Developing our Women's Health Strategy

NHS Cheshire and Merseyside

Each of the themes reflected in the Women's Health Strategy have already been key areas of focus during engagement sessions and have helped shaped our priorities for the next 3 years.

We held over 50 events to inform our Women's Health Strategy – with families, clinicians, leaders and stakeholders - to understand what matters to women regarding their health. Our online survey received **2,128** responses from 782 service users, 1,133 workforce, 105 leaders and 108 stakeholders.

Priority	What we have done	What we heard	How we are responding
1. Ensure what we do is informed and underpinned by Women's Voices 	✓ Established a virtual national Women's Health and Inequality Group creating a platform for discussion and focus, establishing:- ❖ Baby Week Cheshire and Merseyside in collaboration with Better Start Bradford ❖ The Social Prescribing Concordat for Creative Health ❖ Women's and Childrens NHS 70 Symposium ❖ International Women's week ✓ Held several women's health events to understand workforce conditions ✓ A Menopause survey and Menopause information events have also taken place in response to women telling us they need clear information on the Menopause. ✓ Set up and expanded the engagement team with an explicit commitment to listening to women and reaching out to women who are seldom heard, in response to both MBRRACE data and low take up of screening and vaccination.	✓ We have a better understanding of the barriers accessing healthcare services ✓ Care that enables individuals to be **listened to** and **respected** ✓ Symptoms were **not taken seriously or dismissed** upon first contact with GPs and other health professionals ✓ Women have had to persistently advocate for themselves to secure a diagnosis, often over multiple visits, months and years ✓ Limited opportunities to discuss or ask questions about treatment options and preferences ignored ✓ If digital is the only option, make it accessible and relevant ✓ Services need to be culturally competent	✓ We have established special interest groups (Appendices 12.1) in response to key areas that women have told us are of concern ✓ Developing workforce training on cultural competency ✓ Menopause train-the-trainer model being developed so providers can offer a dedicated Menopause clinic and build Menopause knowledge at Primary Care level ✓ Working with employers to develop clinically endorsed workplace policies to support women through the menopause *"perimenopause / menopause - there is little understanding or support available to help women understand this stage of their lives and the impact changes in hormones can have on physical and mental wellbeing".*

4.2 Developing our Women's Health Strategy Continued

NHS Cheshire and Merseyside

Priority	What we have done	What we heard	How we are responding
2. Increase and widen access to screening	✓ Secured funding from the C&M Cancer Alliance for a Maternity Cervical screening project to:- ❖increase cervical screening coverage ❖equip women, midwives, and other relevant health professionals with women's screening status, ensuring that health professionals are provided with current information and advice on cytology ✓ The Engagement Team in partnership with Liverpool PCN held a 'Women's Awareness Event' in August in the African Caribbean Centre to highlight the importance of cervical screening, breast screening and pelvic health. ✓ Special Interest Group in cervical screening launched	✓ Many women thought one of the reasons younger people are not going to get their smear was because they thought the HPV vaccine would prevent them from getting cervical cancer ✓ Lack of information about the HPV vaccine, what it's for, myth-busting, and more lifelong education to ensure young women are clear on what it is for ✓ Women need more information about all types of screening ✓ Screening in a community setting would be beneficial, especially for those that don't have transport ✓ More open conversations and sensitivity from healthcare providers, especially relating to different cultures and religions ✓ Accessing screening and routine appointments can be difficult – suggestions of a drop-in clinic or direct online booking ✓ Women are scared of going for a Mammogram as they don't know what will happen ✓ Invitations are too late for breast screening, women feel they should be invited for screening earlier	✓ Undertaking a Cervical screening and Maternity project to ensure that post-partum women are aware of the importance of screening with information provided during pre and postnatal contact with midwives and health visitors. ✓ Increase cervical screening coverage through implementing an enhanced surveillance and education package within maternity units to upskill the midwifery workforce and to ensure that cervical screening is embedded within the maternity pathway, ensuring women are educated on the importance of attending for cervical screening postnatally. ✓ Equip women, midwives, and other relevant health professionals with information on the 'screening status of women, and to ensure that health professionals are provided with current information and advice on cytology ✓ Final draft of midwifery cervical screening toolkit complete, to upskill the midwifery workforce and to encourage greater promotion of the importance of attending for cervical screening postnatally throughout the antenatal pathway.

4.2 Developing our Women's Health Strategy Continued

NHS Cheshire and Merseyside

Priority	What we have done	What we heard	How we are responding
3. Improve access and reduce delays in diagnosis	✓ Established a Gynaecology Network and Gynaecology Nursing Network to facilitate cross system working ✓ Development of new Perinatal Pelvic Health Service to provide access to specialist pelvic health physiotherapists for women for at least 12 months following delivery	✓ In our Women's Health Survey, **72.6%** of respondents told us that access to services was one of the biggest factors influencing women's health and well-being ✓ Post COVID we know that as a region gynaecology now has the largest waiting list of all specialties.	✓ Engaging with regional and national transformation programmes, such as GIRFT to develop improvement plans for women's health ✓ Undertake a gap analysis of emergency gynaecology provision ✓ Develop a pilot scheme to look at mental health support specifically for those experiencing long-term conditions such as menopause and endometriosis ✓ Development of standardised pathways for the management of unexpected vaginal bleeding for women on HRT ✓ Development of standardised pathways for each of the Special Interest Groups (Menopause, Endometriosis, Paediatric and Adolescent Gynaecology, Cervical Screening and Urogynaecology), contributing to a reduction in the waiting times and equity of access for all women across Cheshire and Merseyside

"More money spent on women's pelvic health, shorter waiting times to see professionals, more information from pelvic health professionals".

4.2 Developing our Women's Health Strategy Continued

NHS Cheshire and Merseyside

Priority	What we have done	What we heard	How we are responding
4. Deliver a better and more holistic management of conditions 	✓ A social prescribing scoping exercise designed to focus on health inequalities and to promote health creation not just disease management ✓ Delivered a NHS70 Symposium on women's and children's health and The Social Prescribing Concordat for Creative Health ✓ Set up and developed a training programme on behalf of Health Education England for Midwifery Support Workers to increase the focus on prevention and social prescribing principles in the community ✓ Established Silver Birch Hubs - an NHS support service working with women, birthing people and families to offer psychological and emotional support following trauma, loss and fear around pregnancy and the maternity setting.	✓ Women would welcome a more holistic approach to stopping smoking, focusing on wellbeing and mental health rather than traditional (sometimes judgemental) stop smoking information ✓ An increase in health improvement services including nutrition and physical activity ✓ There is a lack of information surrounding contraception options and menstrual health ✓ Many women do not know about the signs of menopause – what do look out for and where to get help and support. ✓ Better menopause policies in the workplace are required.	✓ Facilitate the development of Women's Health Hubs across Cheshire and Merseyside ✓ Personalised health and care to enable women to have choice and control over the way their care is planned and delivered, based on what matters to them and their individual strengths, needs and preferences ✓ Use Making Every Contract Count to embed conversations about health and healthy behaviours into day-to-day conversations and signpost people to support if needed ✓ Using social prescribing to ensure people have access to options to support their self-management such as peer support, health coaching and support groups in the community ✓ Expand the knowledge, skills and confidence of the workforce by training in personalised care approaches such as health coaching, personalised care and support planning.

NHS
Cheshire and Merseyside

5.0 Cheshire & Merseyside Context

WOMEN'S HEALTH
Let's talk about it

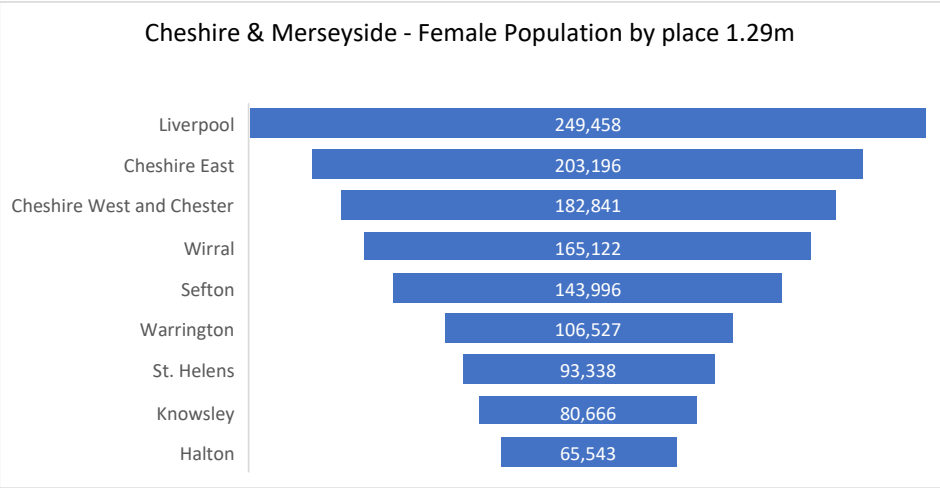
5.0 NHS Cheshire and Merseyside - Our Population

NHS Cheshire and Merseyside

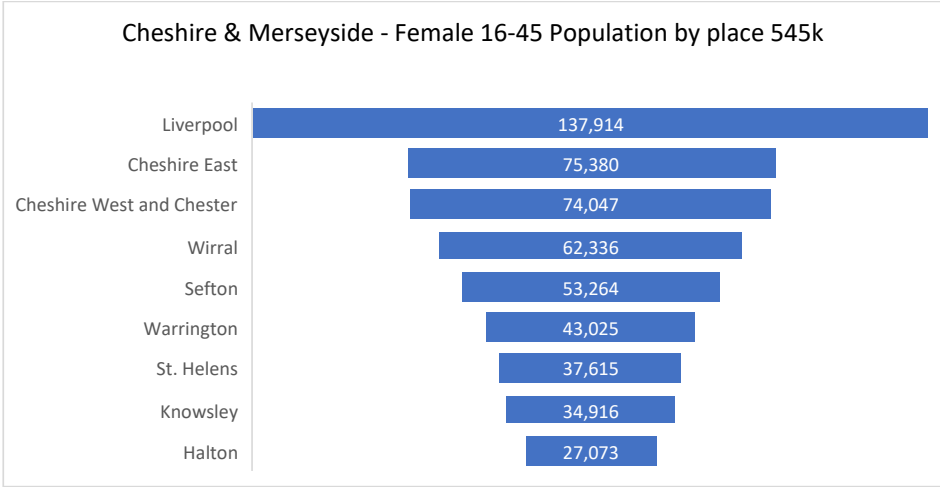
- The Cheshire and Merseyside locality sits within the third largest Integrated Care System (ICS) in the country. It is a region with a large and diverse geographical footprint with a mix of urban and rural communities. This presents different challenges in relation to social isolation, limited public transport, increased fuel poverty and loneliness.

- There are long standing social, economic and health inequalities with levels of deprivation and health outcomes in many communities worse than the national average. There are pockets of deprivation across every one of the 9 Places. It is well documented, through evidence-based research, that social deprivation has a direct impact on long-term health conditions.

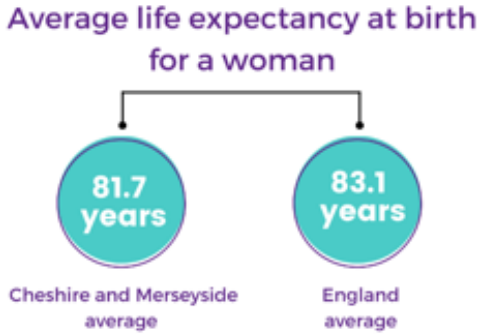
- Cheshire and Merseyside has a total population of 2.5 million. The population gender split is **1.29m female (51.6%)** and **1.21m** male **(48.4%)**. The Cheshire and Merseyside footprint also has diverse communities made up of different ethnic groups and speakers of other languages.



- There are **545,000** women across Cheshire and Merseyside of childbearing age (between 16 years to 45 years).



- The Office for National Statistics data paints a clear picture of how women's life expectancy at birth varies by almost **eight years** across England, ranging from **78.7 years** in the most-deprived areas to **86.4 years** in the least.



5.0 Cheshire and Merseyside - Our Population Continued

NHS
Cheshire and Merseyside

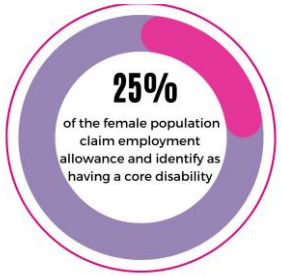
- There are long standing inequalities in health across Cheshire and Merseyside, as in the rest of England. Although women in the UK on average live longer than men, women spend a significantly greater proportion of their lives in ill health and disability w[illegible] with men.

In Liverpool City Region 44% of the population live in the top 20% most deprived areas in England

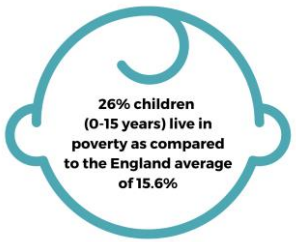
- Women living in the most deprived areas of Cheshire and Merseyside live on average **9.5 years less** than those in the least deprived.

For females with a Learning Disability (LD), life expectancy is 18 years less than those without LD

- **Liverpool City** has the highest numbers of **asylum seeking refugee families and disproportionately poverty** in the Northw

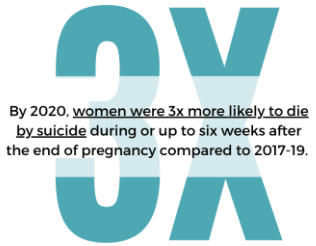


- Women are more likely to be working in poverty and are neaviiy over-represented in occupations which tend to be lower paid and under-valued compared to those which are male-dominated.



- Liverpool Study (Lancet, Public Health 2022) evidenced that poverty is the greatest contributor to the rising number of infants and children entering the care system.
- The number of Looked After Children is **47%** higher than the England average.

- Women and girls have different health needs to men and manifest different disease symptoms, all too often resulting in under-treatment or misdiagnosis. Therefore, they face different health risks and challenges throughout their lives and these risks are not simply related to reproductive health.
- Inequalities in health and social outcomes exist between both men and women and between different groups of women in Cheshire and Merseyside. We can reduce some health inequalities by identifying gaps in health service provision, considering areas of best practice and developing actions to address these gaps, tailored to meet the needs of all women. However, we recognise this is only part of a wider picture when it comes to health and wellbeing.



- Mental health remains one of the leading causes of maternal death in pregnancy and the first postnatal year (MBRACE-UK, 2023).
- MBRACE-UK (2022) highlights how ALL Teenage Maternal Suicides had Social Care Involvement. A high number had their baby removed.
- The challenges of balancing childcare, paid work and caring responsibilities with the stresses and uncertainties of the pandemic have been truly problematic for many women and have undoubtedly affected their health.

5.1 Cheshire and Merseyside : Local System Challenges
Equity and Equality

NHS Cheshire and Merseyside

What are healthcare inequalities?

- Healthcare inequalities are unfair and avoidable differences in health across the population, and between different groups within society. The conditions and social factors in which people are born, grow, live, work and age can impact our health and wellbeing these are sometimes referred to as wider determinants of health.
- People living in areas of high deprivation, those from Black, Asian and minority ethnic communities and those from an inclusion health group, for example people experiencing homelessness, are most at risk of experiencing these inequalities.

8.1%

of the C&M population are from Black, Asian, or Minority Ethnic backgrounds, with a 5th recording English as their second language

- Covid-19 has shone a harsh light on some of the health and wider inequalities that persist in our society and highlighted the urgent need to prevent and manage ill health in groups that experience health inequalities, which was also outlined within the NHS Long-Term Plan.

- Despite changing political landscapes, economic challenges and worldwide pandemics, women have consistently faced barriers to accessing efficient, compassionate and equitable health and social care services. These obstacles can include financial constraints such as the universal credit system and travel costs to attend appointments - compounded by caring responsibilities like childcare, and the distressing impact of domestic abuse.

This Women's Health Strategy places a spotlight on the gendered nature of poverty and the role of the NHS in addressing it in partnership with others outside of healthcare.

- Among Ethnic Minority communities, structural racism does strengthen unfairness, as seen in other areas like housing, jobs, and the legal system. Evidence shows racism and unfair treatment can negatively affect both the physical and mental health of people from Ethnic Minority backgrounds.
- It is well documented through evidence-based research that social deprivation has a direct impact on long-term health and educational outcomes and this is likely to worsen with the current and future 'cost-of-living' crisis. The risk of poverty is much higher for women, disabled people, minority ethnic people, lone parents (the majority of whom are women and children and young people.
- These systemic issues have perpetuated a cycle of inequity, emphasising the need for a comprehensive, inclusive, whole system approach to the Women's Health Strategy.

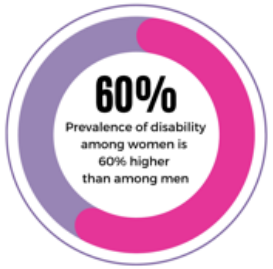
5.1 Cheshire and Merseyside : Local System Challenges Equity and Equality Continued

NHS Cheshire and Merseyside

Key Facts - what we know nationally:

- **1 in 4** women have been raped or sexually assaulted as an adult
- **10-15 in every 100** women become depressed after having a baby
- Women are more likely to have suicidal thoughts and make suicide attempts than men

- Analysis by the Trade Union Council found that Black, Asian and Ethnic Minority workers are more likely to be in insecure work
- Women are more likely to be low-paid and in insecure employment
- Cheshire and Merseyside has the highest number of people who have disabilities in the North-West with Merseyside having **3** local authorities (amongst the 5 highest in the UK) with the highest levels of people who report a disability limiting their day-to-day activities
- People with disabilities are more likely to be deprived from sex education programs
- Women with disabilities are less likely to access preventative care for cervical screening compared to counterparts without disabilities



- The need to provide proof of identification and address can discourage many refugee women or asylums seeking women from accessing care in the NHS or registering with a GP for fear of being deported
- Language barriers are a huge issue for those where English is a second language or not spoken at all.

- Not enough focus is placed on women-specific issues like miscarriage or menopause. Women are under-represented when it comes to important clinical trials. This has meant that not enough is known about conditions, difficulties and disadvantages that only affect women, or about how conditions that affect both men and women impact them in different ways.

Research cites that there are **racial and ethnic differences** in the **knowledge about preventative and curative treatments** for gynaecological/pelvic floor disorders (PFD) between Black, Asian, White and other Minority Ethnicities, disabilities, those who define as Lesbian, Gay, Bi-sexual or Trans men, along with low uptake of cancer screening.

- **99.8%** of cervical cancers are preventable, yet **25%** of **Black** women admitted never attending screening
- **Black African** women almost **twice as** to be diagnosed with **later stage** compared to White women
- To increase uptake in preventative measures, we need to address the barriers to services, rather than blame people for not accessing inaccessible services.

"...there are deep-seated, systemic issues we must address to ensure women receive the same standards of care as men, universally and by default."

Maria Caulfield, Minister for Women's Health

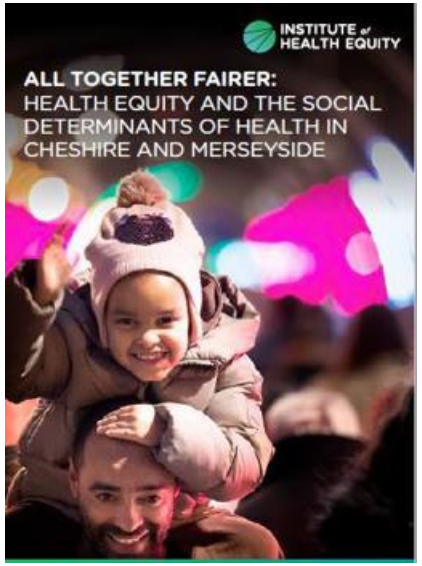
5.1 Cheshire and Merseyside : Local System Challenges Equity and Equality Continued

NHS Cheshire and Merseyside

How we are Responding

- The National Women's Health Strategy (2022) six-point long term plan for transformational change highlights the need to address disparities and the importance of better **information and education.**

- In 2022, as a response to the national Equity and Equality guidance for local maternity systems we have listened to women, birthing people, their families, carers (including unpaid) maternity, and neonatal staff and we have continued to work collaboratively with our System Partners, VCSE organisations, Maternity Providers and women, birthing people from **Black, Asian and Minority Ethnicity**, and socially deprived and protected characteristic groups to develop our local Equity and Equality plan (which includes a focus on reducing teenage conceptions).



- This was driven by local data showing a prevalence in identified areas of social deprivation areas across C&M.

- 4 of our local authorities are in the top 20 highest rates of under-18 conceptions in England - **Knowsley, Halton, Liverpool, and St Helens** – and **8 of the 9 LAs have rates higher than the national average.**

- In 7 of the areas the proportion of conceptions ending in abortion is also higher than the **53%** England average, indicating a high level of unplanned and unwanted pregnancies (ONS 2021 conception data. Published March 2023).

The clinical areas of focus which require accelerated improvement are:-

1) ***Severe Mental Illness*** – ensure annual health checks for 60% of those living with severe mental illness. This sits as part of the wider Mental Health programme of work.

2) ***Chronic Respiratory Disease*** – linking with the Cheshire and Merseyside Respiratory Network to address a number of key priorities including efforts to reduce maternal smoking.

3) ***Early Cancer diagnosis*** – working collaboratively with the Cheshire and Merseyside Cancer Alliance to build on best practice and implement new initiatives to prevent cancer and reduce inequalities.

4) ***Cardiovascular disease*** – working collaboratively with the Cheshire and Merseyside Healthcare Partnership to support communities to have the best possible cardiovascular health.

In addition to the clinical focus areas above, we recognize that smoking impacts across all the above and throughout our population generally.

5.1 Cheshire and Merseyside : Local System Challenges Equity and Equality Continued

NHS Cheshire and Merseyside

What we have achieved in the last 2 years

- We already have many programmes in place to reduce variation by tackling health inequalities which includes the NHS CORE20PLUS5 priority clinical areas.

- We launched a Teenage Pregnancy Forum in June 2023 from which an initial focus on Relationships and Sex Education (RSE) and contraception was identified as a priority.
- This was followed by a face-to-face workshop in September with representation from all 9 places across Cheshire and Merseyside and attended by Commissioners, Public health leads, Sexual health services, Termination of Pregnancy services, RSE services, Social care, Health and Voluntary Community & Social Enterprise (VCSE) organisations.

- We are working with our providers to design interventions which transform and:

  ✓ Improve equity and reduce health inequalities for mothers and babies from Black, Asian, and Minority Ethnic backgrounds.

  ✓ Improve equity and reduce health inequalities for mothers and babies captured as part of the Core20Plus5, which includes, socially deprived women and protected characteristic groups.

- By implementing the priorities identified in our Strategy, we aim to reduce avoidable health and social inequalities for women and girls across the course of their lives – from puberty to the third age – focussing on those areas that are stigmatised, disregarded or dismissed as 'women's problems.

- By promoting a right to health for women and girls we can expand their choices and opportunities to achieve good health and promote health creation not just disease management. We can put women rightfully in the driving seat.

- The approach we have adopted ensures interventions are co-produced with clear ownership and accountability for delivery of the key programmes to generate greater health equity across C&M.

"Our health and care system only works if it works for everyone. It is not right that 51% of our population are disadvantaged in accessing the care they need, simply because of their sex." Steve Barclay, SoS for Health and Social Care

NHS
Cheshire and Merseyside

WOMEN'S HEALTH
Let's talk about it

6.0 Women's Health: Our Strategy and Plan

6.0 Our Strategy and Plan

NHS
Cheshire and Merseyside

Delivery of our Women's Health Strategy is overseen by the Women's Health and Maternity Programme, on behalf of NHS Cheshire and Merseyside. It is focused on developing a safe, high quality, clinically and financially sustainable whole system model of care for women's services across Cheshire and Merseyside.

The Women's Health and Maternity (WHaM) Programme provides system leadership and oversight for the safety, delivery and assurance of Women's Health Services. We will identify opportunities for transformation and improvement of clinical services and ensure equity of access to care for women's health conditions, prioritising and reducing health inequalities. It raises the profile of women's health across the life course, brings providers, places, communities and workforce together to prioritises the health and wellbeing, life chances and outcomes for all women, babies and families across Cheshire and Merseyside.

Vision

We want all women, babies and families to have a great start in life and get the support they need to stay healthy and live longer.

Aims

To improve clinical services and provide safer care.
To provide equal access to care and support.
To improve women's health outcomes.
To safely restore services to pre COVID levels.

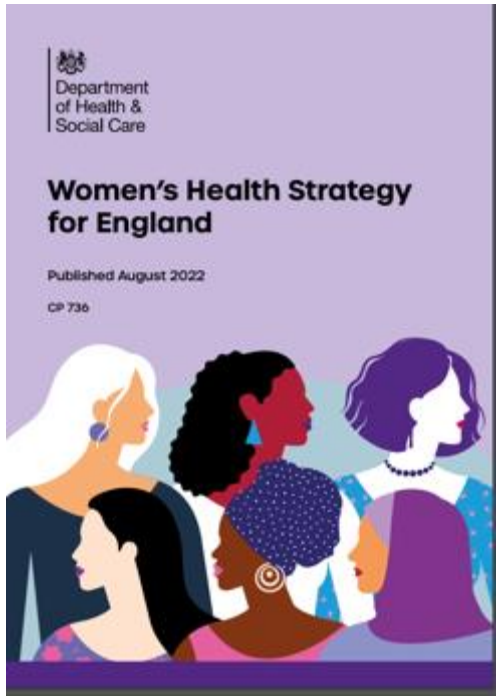
Role of WHaM

To support the transformation of women's health and gynaecology services.

To continue working with partners to provide system leadership, oversight and assurance of maternity and neonatal services.

6.1 Women's Health Strategy

NHS
Cheshire and Merseyside



Our cross-cutting principles and themes build on those articulated in the *National Women's Health Strategy*, published in August 2022.

This sets out the national ambition over next 10 years to see:

- boosted health outcomes for all women and girls
- radical improvements in the way the health and care system engages and listens to all women and girls

... and achieved by:

- taking a life course approach
- focusing on women's health policy and services throughout their lives
- embedding hybrid and wrap-around services as best practice
- boosting the representation of women's voices at all levels of the health and care system

Our underpinning themes over the next 3 years take the above one step further by stating our intended outcomes as:

1. *Ensure what we do is Informed and underpinned by women's voices*
2. *Increase and widen access to screening*
3. *Improve access and reduce delays in diagnosis*
4. *Deliver a better and more holistic management of conditions*

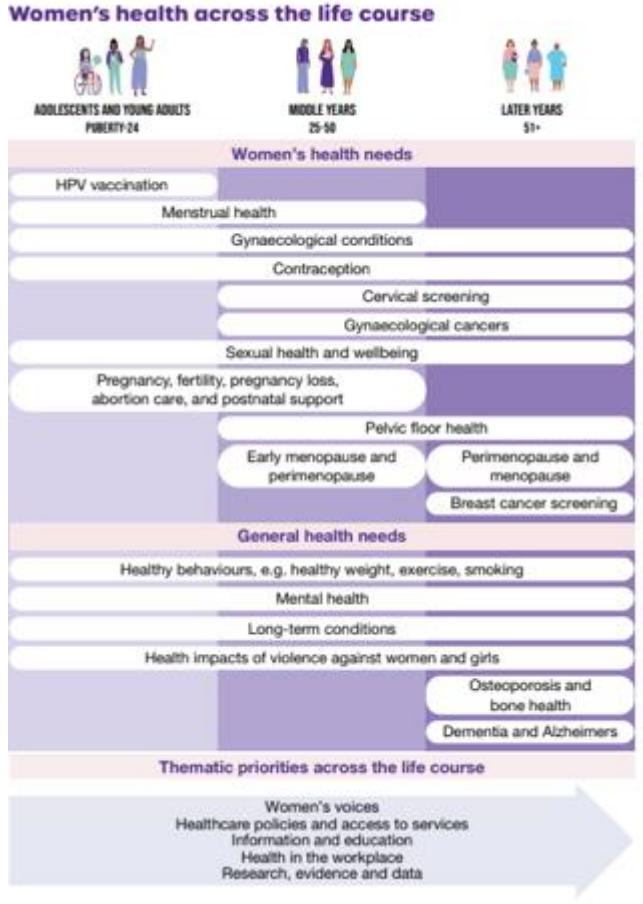
6.2 Our Principles

NHS Cheshire and Merseyside

We are committed to working in partnership to design and demand a healthcare system which has the health and wellbeing of all Cheshire and Merseyside women and girls at the centre of everything we do. We have identified 4 core principles which we believe which will guide us on our way and binds us together.

Together Better

1. **Addressing inequalities**
   - Recognising and responding to the unjust and avoidable differences and disadvantages in people's health across the population and between specific population groups, for example, within the Perinatal Pelvic Health Physiotherapy Services, classes are being designed to accommodate the needs of women from Asian backgrounds who have expressed a preference for women only classes rather than classes attended with male partners.
   - How long people are likely to live, the health conditions they may experience and the care that is available to them.
   - Collaboration is key to develop a whole person approach to address inequalities (in healthcare some individuals receive better and more professional care compared to others).
2. **A life-course approach**
   - Focuses on understanding the changing health and care needs of women and girls across their lives including the impact of inequalities across the life stages.
   - Considers the critical stages, transitions, and settings where significant differences can be made in promoting or restoring health and wellbeing.
   - Taking advantage of the predictable but different stages in a woman's life which present both health challenges and opportunities to promote and protect health and wellbeing.
3. **Respectful and inclusive services**
   - Everyone who uses and provides NHS services has a right to be treated as an individual and with consideration, dignity and respect.
   - Patients and staff thrive, feel valued, respected and included.
4. **Gender equality and intersectionality***
   - Recognising and responding to the many characteristics and factors which shape women's lives such as ethnicity, disability, sexual identity and background.
   - Work to prevent gender-based inequality cannot be completed in isolation from work to address other forms of discrimination.



* Intersectionality – a framework for understanding how a person's various social and political identities combine to create different modes of discrimination and privilege. Intersectionality identifies multiple factors of advantage and disadvantage.

NHS
Cheshire and Merseyside

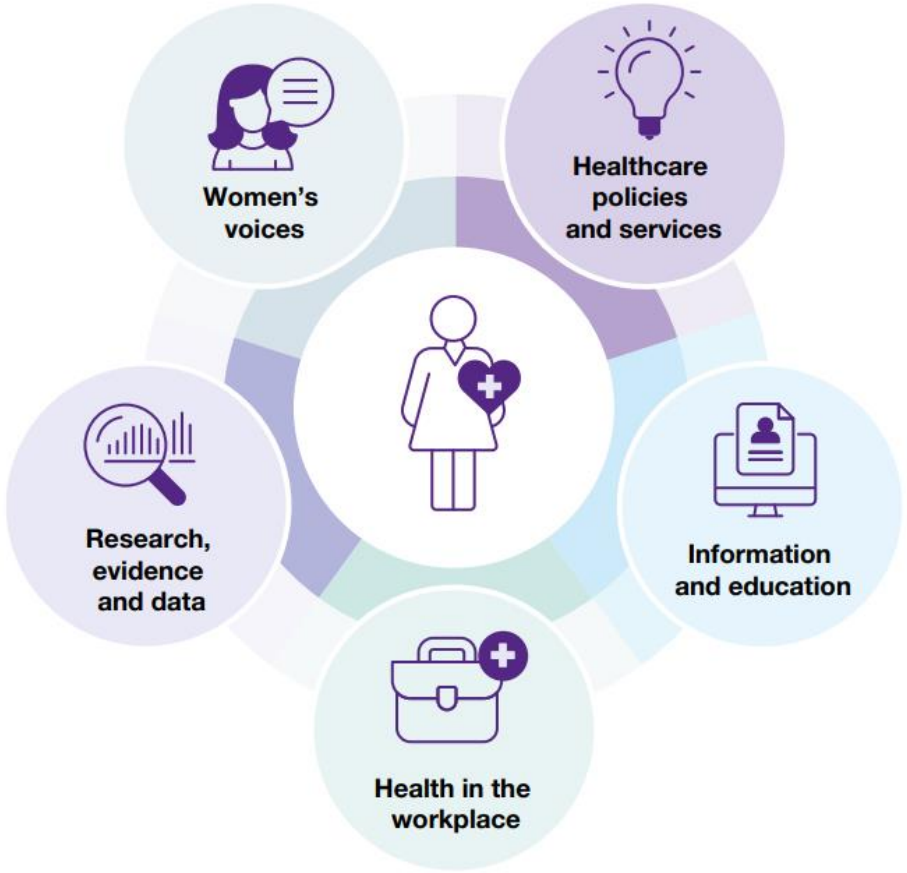
WOMEN'S HEALTH
Let's talk about it

7.0 Women's Health: Cross-cutting Themes

7.0 Women's Health Strategy: 6-point Plan for Transformational Change

NHS Cheshire and Merseyside

Key themes



1. Ensuring women's voices are heard – tackling taboos and stigmas, ensuring women are listened to by healthcare professionals, and increasing representation of women at all levels of the health and care system.

2. Improving access to services – ensuring women can access services that meet their reproductive health needs across their lives, and prioritising services for women's conditions such as endometriosis. Ensuring conditions that affect both men and women, such as Learning Difficulties/Disabilities and neuro-diversity (e.g. Autism and ADHD) or dementia, consider women's needs by default, and being clear on how conditions affect men and women differently.

3. Addressing disparities in outcomes among women – ensuring that a woman's age, ethnicity, sexuality, disability, socio-economic status or where she is from does not impact upon her ability to access services, or the treatment she receives.

4. Better information and education – enabling women and wider society to easily equip themselves with accurate, evidence-based information about women's health and mental health. In addition, building greater workforce capacity in health, social care and community systems, ensuring that women, partners and their children receive the best possible experience, care and support.

5. Greater understanding of how women's health affects their experience in the workplace – normalising conversations on taboo topics, such as periods and the menopause and how these impact on women's well-being. To ensure women can remain effective and supported in the workplace and highlighting the many examples of good practice by employers.

6. Supporting more research, improving the evidence base and spearheading the drive for better data – addressing the lack of research into women's health conditions, improving the representation of women of all demographics in research, and plugging the data gap and ensuring existing data is broken down by sex.

7.1 Our Cross-cutting Themes: Women's Voices

NHS Cheshire and Merseyside

Women's voices

Key Facts:
The national call for evidence highlighted that 84% of respondents stated that they had experience of not being listened to by health care professionals, throughout their health care journey from initial discussions to diagnosis

"I felt that I was treated differently because of my age. Being told very one-sided information focussing on risks, not evidence."

What we've heard from women:

- their symptoms were not taken seriously or dismissed upon first contact with GPs and other health professionals.
- they had to persistently advocate for themselves to secure a diagnosis, often over multiple visits, months and years.
- if they did secure a diagnosis, there were limited opportunities to discuss or ask questions about treatment options and their preferences were often ignore.

What we've achieved in the last 2 years:

- Held listening workshops and attended events to gain feedback and stories to understand the views of local women.
- Commissioned projects to support increased understanding of women who are historically underserved.
- Established Women's Health. Inequality Group to bring together key stakeholders to explore the issues that impact on women's health and well-being.

Over the next 12 to 18 months, we will:

1. Undertake a scoping exercise to identify key stakeholders and policy intersections to inform the future work programme of the Womens Health Inequality Group which will complement clinically focused groups, for example Mental Health which are already in play.
2. Build on our existing links with Women across C&M to develop an inclusive Women's Voices Network by March 24 to ensure that women's health services are co-designed around the views, lived experiences and health needs of local women.
3. Launch a Cheshire and Merseyside network of Women's Health Ambassadors to support our work and ensure the voices, experience and views are central to delivery of our Women's Health Strategy.
4. Work across Cheshire and Merseyside 9 places to launch and raise the profile of the Women's Health strategy.
5. Conduct an annual survey on Women's health to ensure the views of local women are fed into service design.
6. Actively collaborate with the VCFSE, and other agencies including research institutes, building on their research particularly in the context of the NHS Long Term Plan.

7.2 Our Cross-cutting Themes: Access to Services

NHS Cheshire and Merseyside

Key Facts:

The national call for evidence highlighted the importance to women and girls of being able to access services that meet **their reproductive and health needs from adolescence to menopause.**

It was also noted that fragmented commissioning of sexual and reproductive health services negatively impacts women's services. Many respondents also called for a more integrated approach to women's health with joined up services.

Availability of Services was identified as one of the key influencing factors from Cheshire and Merseyside women impacting on their health and well-being.

What we've heard from women:

- Language and communication barriers are the biggest factor for non-English speaking women in accessing the right care for them
- Childcare issues prevent access to some services
- Appointment times not appropriate
- Transportation issues to get to appointments
- Financial barriers, particularly among asylum-seeking women and other postcodes across Cheshire and Merseyside
- Scared / anxious about own health
- Distrust of healthcare services.

What we've achieved in the last 2 years:

- Held webinars and events around themes of 'breaking the barriers to healthcare'.
- Recruited additional pelvic health physiotherapy staff to support a new Perinatal Pelvic Health Physiotherapy Service across Cheshire and Merseyside.
- Menopause events held across Cheshire and Merseyside to provide clear accurate information of the menopause, treatment and lifestyle considerations.

7.2 Our Cross-cutting Themes: Access to Services

NHS Cheshire and Merseyside

Over the next 12 to 18 months, we will:

1. Improve access to services in both rural and urban areas reflecting considerations of poverty.
2. Develop cross region, standardised pathways for each of the special interest groups (menopause, endometriosis, Paediatric and Adolescent Gynaecology, Cytology and Urogynaecology to address regional equity of provision by March 2024 and support a reduction in 2 week wait referrals for suspected gynaecological cancers. All new pathways must be developed to ensure they are culturally competent and serve the needs of our local population.
3. Promote better integration and communication between professionals across Cheshire and Merseyside through the development of the new service pathways, sharing knowledge and best practice.
4. Provide access to services that help prevent and manage pelvic floor dysfunction (perinatal pelvic health physiotherapy services) delivered in community settings.
5. Ensure other health care settings like cardiology and mental health consider women's reproductive health.
6. Reduce teenage conceptions and terminations by working with system partners and improving access to Sexual Health Services.
7. Develop a model for Women's Health Hubs for Cheshire and Merseyside by March 2024, prioritizing in the first 18 months the areas of highest need based on current Women's Health Hub services available in the Places.
8. Facilitate the delivery of Women's Health Hubs across Cheshire and Merseyside by December 2025, in line with areas of highest need.

7.3 Cross-cutting Themes: Disparities in Health Outcomes between Women

NHS Cheshire and Merseyside

Key Facts:
Women's experiences of health and services vary by characteristics such as age, ethnicity, gender identity, and disability status.

Women in particular groups or settings, such as women experiencing homelessness, refugees, asylum seekers and women in prisons, face additional barriers to accessing healthcare, and have poorer health outcomes compared with women in general.

What we've heard from women:

- Representation matters
- Understanding women are not monoliths
- Black, Asian and Minority Ethnic women have poorer outcomes than White British counterparts
- Cultural competence is key

What we've achieved in the last 2 years:

- Ran awareness sessions to highlight different women's experiences of illnesses and healthcare.
- Developed a bespoke ESOL Stepping-Stone programme to address English Language barriers to healthcare and to promote early engagement with the health system.
- Established a placement expansion programme for student nurses and midwives to improve communication with isolated women and increase understanding about the value of health prevention.

Over the next 12 to 18 months, we will:

1. Improve Population Health Data by recording ethnicity, social deprivation etc.
2. Build on English for Speakers of Other Languages (ESOL) Stepping-Stone's developments and increase access to free (English for speakers of other languages) for mum's to be or new mothers.
3. Deliver an Equity and Equality plan by December 2024 together with a bi-monthly Equity forum supported by system partners and Programme Leads.
4. Improve booking in antenatal contexts before 10 weeks by improving access, pathways and information for pregnant women and birthing people.
5. Reduce teenage conceptions and terminations by working with system partners and improving access to Sexual Health Services.
6. Build on work with Maternity Action to develop and extend our joint annual webinar for healthcare staff and other providers on access to services for refugees and asylum seekers.
7. Continue to explore extending health Justice Partnerships and deliver a webinar on developments.
8. Provide healthcare information and signposting to Refugees & Asylum Seekers - on navigating the NHS and accessing health care.
9. Provide women who have experienced Female Genital Mutilation (FGM) psychosexual counselling alongside health information on covering pre-conception, pregnancy, and the post-natal period.
10. Provide a digitized Single Point of Access via handheld tablets mapping community assets, for those who may be digitally excluded.
11. Support delivery of mandatory Cultural Competency Training across the system.
12. Working with the EDI lead, support the development of an anti-racism framework for trusts.
13. Establish a quarterly Equity Forum supported by System Partner and Programme Leads by the Autumn.
14. Support Women with Neurodiverse conditions including ADHD and autism across their pregnancy journey by embedding learning from System integrators (SI's).

7.4 Our Cross-cutting Themes: Information & Education

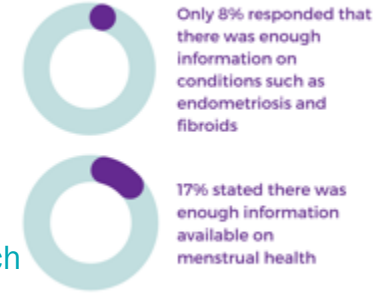
NHS Cheshire and Merseyside

Information and education

Key Facts:

The national call for evidence showed that respondents got their information from:-

- Family and friends (74%)
- Google (71%); other online search engines and blogs (69%)
- GPs or health care professionals 59% and the NHS 54%



What we've heard from women:

- Cheshire & Merseyside has some of England's highest rates of literacy vulnerability.
- Digital exclusion is a barrier to accessing health and social care information and services.
- People like a 'hub model' to care.

What we've achieved in the last 2 years:

- Facilitated women's health-specific digital inclusion project with local partners.
- Supported the C&M ICS system-wide digital heatmap tool to support digital inclusion.
- Curated COVID-19 webinar series around key actions.
- Developed a series of novel interventions using a creative health agenda relating to music and song which have proven to impact on perinatal mental health.
- Set up a national library partnership to curate resources to support women's and family health.
- Supported the delivery of an innovative Digital Inclusion Project delivered through an inclusive digital face-to-face IT course, working in partnership with a local education provider. All attendees reported a positive impact on health and wellbeing along with increased awareness and confidence in using IT.

7.4 Our Cross-cutting Themes: Information & Education

NHS Cheshire and Merseyside

Over the next 12 to 18 months, we will:

1) Produce a Women's Health Reading Well resource in collaboration with Health Education England's Knowledge and Library Service, public libraries and health librarians for launch at Baby Week in November 2023.
2) Optimise and maximise help and support from existing voluntary and community sector organisations, such as charities and support groups to increase the range of support available to women and families.
3) Ensure appropriate and timely information, advice and guidance on women's health issues are offered not only to women but also to their partners, family, employer/colleagues etc.
4) Promote women's health education at all stages of the life course, through innovative schemes - for example, a student placement programme as formal health education for women often ends at secondary school, whereas it should be continuous across a woman's life course.
5) Through our network of Women's Health Ambassadors, empower women to seek, look and ask for information about their own health and encourage and support the healthcare workforce to be better informed.
6) Collaborate with broadcasters to incorporate women's health issues into mainstream media using archives and new materials, for example partnership with BBC archives to identify relevant broadcast material to increase awareness of women's health.
7) Develop a Women's Health app as a comprehensive one-stop shop for information.
8) Continue to offer a digital exclusion course for Black, Asian and Minority Ethnic groups in partnership with the Workers Education Association (approved adult education provider) delivering adult continuing education to disadvantaged groups.
9) Ensure personalised care and support plans (PCSPs) are available in a range of languages and formats, including hard copy PCSPs for those experiencing digital exclusion.
10) Address data gaps and improve data collection of sex-disaggregated data and data relating to menstrual health, gynaecological conditions, Sexually Transmitted Infections (STIs) including specific indicators for menopause and menstrual conditions like endometriosis.
11) Influence the National Chlamydia Screening Programme (NCSP) to reduce reproductive harm caused by untreated infections, particularly among young women.
12) Strategically link with developments in areas such as violence reduction against women and ensuring women's health and well-being considerations in all policy outputs by partners.

7.5 Our Cross-cutting Themes: Women in the Workplace

NHS
Cheshire and Merseyside

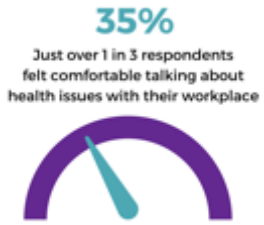
Key Facts:

More than three quarters (76.7%) of the 1.3 million members of NHS staff are women. NHS staff who are women make up:-

- 88.6% of the 342,104 nurses and health visitors
- 42.5% of 18,509 ambulance staff
- 77.6% of 172,267 scientific, therapeutic and technical staff
- 62% of 22,552 managers
- Part-time employment accounts for 41.2 % of all women's employment compared with 12.4% of all men's employment

What we've heard from women:

- Women have poor mental health whilst waiting for specialist care.
- Work is impacted due to ill health.
- Lack of women's health workplace policies can lead to sickness, absence, and disciplinaries and loss of employment.
- Some are too sick to work.
- In our recent menopause survey over 50% of respondents did not feel that they have enough support from their employer and 32% cited lack of support at work as one of the biggest challenge experiencing menopause.



What we've achieved in the last 2 years:

- Created the first Health Justice Partnership with Maternity Action where Women can access free advice on justice resources, an employment support line and online resources.
- Menopause awareness in the workplace event which demonstrated limited understanding by all staff and how to support a workforce going through the menopause.
- Developed a national resource for healthcare workforce for the international social prescribing day to promote health creation in the workforce (what makes people well).
- Held several women's health events to understand workforce conditions.

"As the largest employer of women in Europe, with more than one million amazing women working across every profession and discipline in health and care, the NHS has a vital role to play in the global effort to build a more equal and sustainable future". ***Chief People Officer for the NHS, Prerana Issar (8 March 2021).***

7.5 Our Cross-cutting Themes: Women in the Workplace

NHS Cheshire and Merseyside

Over the next **12 to 18 months, we will:**

1. Engage with organisations who have been awarded funding from the Health and Wellbeing fund such as the Women's Organisation, Maternity Action and the Eve Appeal to ensure women feel supported in the workplace.
2. Develop a Cheshire and Merseyside menopause good practice guide for employees.
3. Actively promote health and wellbeing opportunities for our own workforce, for example menopause cafes etc.
4. Produce podcasts and blogs on how to manage the menopause at work.
5. Engaging with city region Combined Authority colleagues to look at collaboration at place to promote good practice for employees when it comes to supporting women and their health concerns.
6. To build on the existing Improving Me and Maternity Action Health Justice Partnership to scale and spread the offer across Cheshire and Merseyside, targeting pregnant women and their families living and birthing in areas of high deprivation. Conduct a baseline survey of Maternity and Neonatal staff experiences with the results informing the future workforce plan being developed by Health Education England and Maternity Providers.
7. Expanding collaboration with the Women's organisation to address workforce well-being.
8. Each Special Interest Group to develop a training plan for the wider workforce to increase expertise amongst our healthcare workforce.
9. We will identify gaps in the provision of services, consider existing areas of best practice and develop actions to address these gaps.
10. Work in partnership with Merseyside Police and the Crime Commissioner to support the Delivery Plan to tackle Violence Against Women and Girls (VAWG).
11. Work in partnership with the Merseyside Violence Reduction Partnership to promote early intervention to reduce offending against women and girls.

7.6 Our Cross-cutting Themes: Research, Evidence & Data

NHS Cheshire and Merseyside

Key Facts:

The national call for evidence showed that there was limited research into women's health issues and called for more research into specific conditions such as menopause, fertility, pregnancy, and gynaecological conditions.

Lesbian and bisexual women can face stigmatisation when accessing healthcare, for example experiencing discrimination in sexual health clinics and having poorer experiences with fertility services than heterosexual women.

What we've heard from women:

- The National Women's Health Strategy has identified the need for more research, improving the evidence base and spearheading the drive for better data – addressing the lack of research into women's health conditions, improving the representation of women of all demographics in research, and plugging the data gap and ensuring existing data is broken down by sex.

What we've achieved in the last 2 years:

- Commissioned Maternity Joint Strategic Needs Assessment with Liverpool John Moores University.
- Developed a Cheshire and Merseyside-wide network to support Refugee and Asylum seeking.

Over the next 12 to 18 months, we will:

1. Define the Population Health Data requirements for Women's Health including the recording of data by ethnicity and social deprivation and establish a minimum data-set.
2. Ensure data collection in Cheshire and Merseyside captures and reflects intersectionality and women's specific healthcare needs throughout the data life cycle from:
   - Defining women's health (pre–data generation)
   - Diagnosing (data generation)
   - Tracking women's health at the national level (data collection)
   - Translating data into insights at a local and global level through epidemiological studies (data analysis).
3. Work with Office Health Improvement and Disparities and UK Health Security Agency to advocate for better data collection all in one place.
4. SIG's to drive the development of best practice guidelines and resources to inform pathway development and ensure clinically sound, inclusive information and resources is available for women to access.
5. Within the Joint Forward Plan, the Digital and Data Strategy will build on our CIPHA and System P Programmes to enhance our strategic intelligence functionality. This will enable us to better identify areas for targeted interventions and monitor progress.
6. The ICS is investing in clinical leadership to work closely with our stakeholders to develop the best performing research network in the country. We are working closely as a system alongside the CHAMPS public health collaborative, our academic institutions, HCP partners (including population health), research partners (including National Institute for Health and Care Research, National Cancer Research Institute and Academic Health Science Network).
7. Development of an anti-racism framework in partnership with the ICS.
8. Work with Local Authority Public Health to address the need for Joint Strategic Needs Assessments to cover women's and reproductive health.

NHS
Cheshire and Merseyside

WOMEN'S HEALTH
Let's talk about it

8.0 Women's Health: Our Priorities

8.0 Women's Health Strategy Priorities

NHS
Cheshire and Merseyside

Key facts:
Women are twice as likely to die of coronary heart disease, as breast cancer in the UK.

- In 2022 Alzheimers disease and dementia was the leading cause of death for women in the UK (15% of the total reported deaths) and coronary heart disease, itself a risk factor for dementia, was the second leading cause of death in both England and Wales.(National Office for Statistics).
- In parts of Cheshire and Merseyside the rates of dementia are higher than the national average, reflecting the age profiles in our communities.
- Women are more than 30 times more likely to experience Urinary Tract Infections (UTIs) than men.
- 80% of individuals with autoimmune diseases are women.
- Death from stroke is more common for women than men.
- Overweight and obesity is a significant problem across Cheshire and Merseyside affecting populations across the life course. Over 60% of the adult population are overweight or obese.

Women's health has traditionally been defined as 'reproductive health' However, women and girls have different health needs to men and therefore they face different health risks and challenges throughout their lives.

Women manifest different disease symptoms to men and this all too often results in undertreatment or misdiagnosis.

To address this, our strategic priorities take a more holistic approach to women's wellbeing by focusing on clinical conditions linked to reproductive health along with prevention of illness, promotion of wellbeing as well as treatment and management of disease.

This recognises sex and gender are significant factors in the development and progression of many diseases; as are other key social determinants like age, disability, religion, ethnicity and socio-economic status.

It will be important to ensure consistency with guidelines published by NICE who are taking a more coordinated approach to women's health and are currently updating their guidelines on topics such as the diagnosis and management of menopause, and intrapartum care, and is developing a guideline on familial ovarian cancer.

8.1 Our Priorities: Menstrual Health & Gynaecological Conditions

NHS Cheshire and Merseyside

What do we mean by Gynaecological conditions?

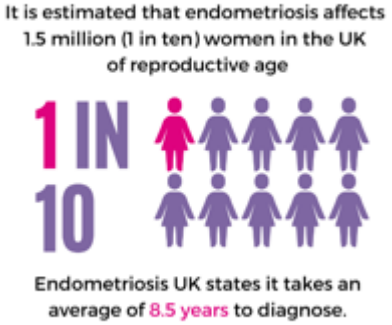
Gynaecological conditions are conditions that affect the female reproduction organs, including for example heavy menstrual bleeding, premenstrual syndrome (PMS), premenstrual dysphoric disorder (PMDD), endometriosis, adenomyosis, fibroids, and polycystic ovary syndrome (PCOS). Urogynaecological conditions include urinary incontinence, vaginal prolapse, and recurrent urinary tract infections.

Key facts:

There is stark geographical variation in the length of gynaecology waiting lists across England, with the North-West having 8 out of the 10 worst affected areas. The position across Cheshire and Merseyside at the end of May 2023 was as follows :-

- 32,564 women were waiting for treatment
- 19,254 women were wating over 18 weeks
- 2,900 women were waiting over 52 weeks
- 887 women were waiting over 65+ weeks

We know that in Cheshire and Merseyside that some of our providers do not provide specialist clinics for Endometriosis or other gynaecological conditions such as menopause. This means that our provision of women's health services are not equitable.



"I had endometriosis symptoms since I was 12 years old, but it took me 9 years to get diagnosed".

What we've heard from women:

- Cheshire and Merseyside women have told us accessing health services is challenging and waiting lists are increasing
- Women often face challenges getting diagnosed with certain gynaecological conditions such as endometriosis, and then further challenges around treatment and specialist services.
- Women reported issues with access to information with only 8% responding that there was enough information on conditions such as endometriosis and fibroids and only 17% stating that there was enough information available on menstrual health.
- Women also stated a need for earlier diagnosis and better education for healthcare professionals and improved service provision.

8.1 Our Priorities: Menstrual Health & Gynaecological Conditions

NHS Cheshire and Merseyside

What we've achieved in the last 2 years:

- Established a Gynaecology Network and Gynaecology Nurse Network to collaborate with colleagues across the system to promote better access to care for women in Cheshire and Merseyside.
- Established a Clinical Coding Group to standardise clinical coding for menstrual health and gynaecological conditions.
- Operational Management Group established to develop a formal mutual aid approach to support the reduction of gynaecology waiting lists and clinical pathway management.
- Established special interest groups in endometriosis and menopause.

Our Ambition:

- Women feel able to speak openly about their health and to be confident that they will be supported by their employer and workplace colleagues for issues such as period problems, endometriosis, fertility treatment, miscarriage and menopause.
- Concerted efforts on improving information and awareness so both employer and workplace colleagues feel better equipped to support females in the workplace.
- Provision of access to high-quality occupational health services and the adoption of more flexible working to better accommodate women experiencing health conditions or with caring responsibilities.
- Ensure women with severe endometriosis experience better care, where diagnosis time is reduced on the journey from initial GP appointment through to final diagnosis.

Over the next 12 to 18 months, we will:

1. Ensure women can access high-quality, personalised care within primary and community care, including access to Long Acting Reversible Contraception (LARC) for the management of menstrual problems and gynaecological conditions.
2. Continue cross-system working to address waiting lists, mutual aid and standardisation via additional special interest groups, and development of Operational Manager's group to develop a regional patient tracking list (PTL).
3. Develop the Specialist Gynaecology Workforce including Gynaecology Nurses undertaking a MSc / MA Clinical Practice programme.
4. Prioritise gynaecological conditions as one of 6 specialties being addressed through GIRFT programme, which supports the establishment of surgical hubs for high-volume procedures, and the development of standardised patient pathways.
5. Recruit Women's Health Champions for Cheshire and Merseyside.
6. Improve education and information provision on menstrual health and gynaecological conditions, health conditions and cancers, recognising that, in the call for evidence, these were areas where fewest people felt they had enough information.
7. Ensure each trust has a Referral Assessment Service (specialist triage referral system) supported by a Gynaecology Advice and Guidance Lead in place which will contribute to gynaecology recovery and a reduction in women waiting over 52 weeks for treatment.
8. Support Trusts to meet the 5% Patient Initiated Follow-ups (PIFU) target for gynaecology to support recovery and a reduction in waiting times.

8.2 Our Priorities: Fertility, pregnancy loss and post-natal support

NHS Cheshire and Merseyside

"I was told all the time 'you are going to lose the baby' but I already knew, I was crying and they just kept saying it".

Key facts:

- [1]Compared to the national average, the North-West region has:-
  - ✓ A higher rate of obesity and smoking in early pregnancy
  - ✓ A higher rate of smoking at the time of delivery
  - ✓ A lower proportion of breastmilk as the baby's first feed
  - ✓ There are multiple Places in the region with perinatal mortality rates more than 5% higher than the UK average
- In the call for evidence public survey, fertility, pregnancy, pregnancy loss and postnatal support was the second most selected topic that respondents picked for inclusion in the Women's Health Strategy.
- Compared to the national average, Liverpool has the lowest % of women taking folic acid supplements before pregnancy (21.8%), followed by Knowsley (25.1%), St. Helen's (25.3%) and Warrington (26.5%.
- 5 local authorities have higher conception rates per 1000 women than the national average.
- All but 2 local authorities have higher abortion rates than the national average with Knowsley having the highest % repeat abortions.

[1]Office for Health Improvement and Disparities

10-15

10-15 in every 100 women become depressed after having a baby.

What we've heard

- Women experiencing a miscarriage are not being treated sensitively and on occasions have been expected to wait in antenatal departments with other Mums to-be which is extremely distressing to the women concerned.
- The language used and method of communication around miscarriage is, on occasion, insensitive with a lack of empathy shown by staff.
- There is a lack of postnatal support or follow-up after postnatal depression. Women are not receiving appropriate advice or signposted where to go for support.
- More information should be given to partners regarding postnatal depression.
- Poor support to breastfeeding Mums where babies are required to stay in hospital for a period of time.
- Women are not informed of what might happen following the loss of a baby, for example breast milk will still be produced which can then be particularly distressing.
- Some women are unable to receive IVF due to their partner already having children from a previous relationship.

Pregnancy Loss

The final report of the Pregnancy Loss Review is expected to be published later this year, and the government will consider the report's additional recommendations. We will update our Women's Health Strategy to ensure that we implement any recommendations arising from this review.

8.2 Our Priorities: Fertility, pregnancy loss and post-natal support

NHS Cheshire and Merseyside

What we've achieved in the last 2 years:

- Supported the development and delivery of Parent Infant Mental Health Services, ensuring that from pregnancy mothers and babies receive the right integrated models of care/support which will reduce risk / safeguarding and separation and removal post birth.

- Working collaboratively to deliver inclusive Maternal Mental Health Services (Silver Birch Hubs) by offering psychological therapy and support to women, birthing people, who have / had moderate to severe Mental Health needs due to trauma / perinatal loss.

- Supported the development of the enhanced continuity of carer (CoC) model in areas that can continue with Maternity Continuity of Care. This ensures pregnant women who live in the most deprived areas get the right information and care early and are offered support with wrap around services where needed. The evidence suggests that women who receive CoC are less likely to lose their baby before 24 weeks and less likely to experience preterm birth and it is a holistic sense of safety which improves women's experiences throughout the pregnancy continuum.

- Developed a health inequalities peer support service 'Baby and Me' which is a pilot to support smoking and enhanced CoC.

Our Ambition:

- Women and their partners are supported to optimise their health and wellbeing prior to conception to improve pregnancy outcomes and give a child the best start in life.
- Female same sex couples can access NHS funded fertility services in an equitable way.
- Ending of non-clinical eligibility criteria through an assessment of current criteria and updated commissioning guidance.
- There is improved evidence-based information about privately funded fertility treatment 'add-ons,' so patients are better able to make informed choices.

Over the next 12 to 18 months, we will:

- Ensure women are supported through high-quality information and education to make informed decisions about their reproductive health, including if and when to have a child.
- Ensure girls and boys receive high-quality, evidence-based education from an early age on fertility, contraception and pregnancy planning, maternity care and pregnancy loss.
- Provide effective fertility care and support for women regardless of sexual orientation or other non-clinical factors with fairer access to fertility treatment for female same sex couples.
- Ensure every woman and their partner who needs it should have access to bereavement support and it is our ambition that every maternity service should have a bereavement specialist midwife.
- Support Local Authorities in transforming pre-birth assessments and offering more integrated and effective safeguarding systems and support to families.

8.3 Our Priorities: Menopause

NHS Cheshire and Merseyside

Key facts:

51

Is the average age a woman will reach menopause

Around 356,657 (40 -60 years old) 281,173 (45-60 years old) women in Cheshire and Merseyside are of menopausal age.

"Just not being believed hurts. Having to convince your doctor that it's real".

What we've heard from women:

- In our recent menopause survey over 50% of respondents did not feel that they have enough support from their employer. Women told us that they wanted a package of support at work that they could access and was fit for purpose.
- It is important to understand different employment roles when designing menopause support in the workplace.
- 65% of respondents to the Menopause Survey said that they do not feel there is enough information about the Menopause for women and families and the top 3 responses to the question - what are the biggest challenges for those facing the menopause were i) lack of advice ii) lack of treatment options and iii) feeling alone and isolated.

What we've achieved in the last 2 years:

- The Menopause Special Interest Group was established in February 2022 and has increased menopause training of both secondary and primary care clinicians, resulting in GPs having better menopause knowledge and secondary care clinicians being able to start the process of establishing a specialist menopause clinic in their respective trusts.
- The Menopause SIG has linked in with the NHSEI Menopause Improvement Plan, and we hope to be included in focus group work.
- Menopause Information Events held in Liverpool and Chester to inform and educate local women and their families providing the opportunity to ask questions and receive expert advice.

8.3 Our Priorities: Menopause

NHS
Cheshire and Merseyside

Our Ambition:

- Women going through the perimenopause and menopause can recognise symptoms and know their options including self-care and where to seek support.
- Women can access high quality, personalised menopause care within primary care, and if needed, specialist care in a timely manner, and disparities in access to menopause treatment are reduced. Women can access the full range of treatment options, including contraception for the management of menopause symptoms. All menopausal women for whom HRT is suitable for can access HRT and at a reduced cost.
- Women and girls experiencing early menopause, whether naturally or as a side effect of medical treatment, can access specialist and personalised support, including support for mental health, and fertility, and bone health.
- Other healthcare professionals - for example Cardiologists or Neurologists - have a basic understanding of menopause including awareness of symptoms and future health risks associated with menopause, and signpost women to appropriate support.
- Women are supported to remain in the workplace during the menopause, and employers are well-equipped to support their workforce during the menopause.

Over the next 12 to 18 months, we will:

1. Improve equitable access to menopause services for all women across Cheshire and Merseyside.
2. Provide standardised information for women on menopause.
3. Summarise and disseminate the findings of the Menopause Survey with colleagues and stakeholders in Cheshire and Merseyside.
4. Conduct Women's Health information and listening events across Cheshire and Merseyside and include specific sessions for men, families, LGBTQI and for specific BAME communities, so we can present menopause information through a more culturally aware lens.
5. Develop a Cheshire and Merseyside menopause education pathway.
6. Promote and assist with menopause care being included in Primary care provision. Develop a Menopause train-the-trainer programme across Cheshire and Merseyside, ensuring each Place has a Menopause Train-the-Trainer lead who will undertake a nationally recognised training programme.
7. Further roll-out of specialist menopause clinics across Cheshire and Merseyside Providers.
8. Roll-out of Menopause information/listening events across Cheshire and Merseyside.
9. Develop a Cheshire and Merseyside a women's health/ menopause good practice guide for employers.
10. Actively promote health and wellbeing opportunities for our own workforce i.e.: menopause cafes etc.
11. Produce podcasts and blogs on how to manage the menopause at work.

8.4 Our Priorities: Mental Health & Well-being

NHS Cheshire and Merseyside

"I am scared if I complain about mental health symptoms social services might take my children from me".

Key facts:

- In the call for evidence, Mental health was in the top 5 topics selected for inclusion in the Women's Health Strategy.
- Only 34% said that they, or the woman they had in mind, had access to enough information on mental health conditions.
- Women highlighted that better mental health support in the workplace would help them, or had helped them, to reach their full potential.

Data from recent MBRACE-UK Report (2023)

- Mental health remains one of the leading causes of maternal death in pregnancy and the first postnatal year. Maternal suicides are the leading cause of direct deaths occurring between six weeks and one year after the end of pregnancy.
- Women living in the most deprived areas of the UK are more than twice as likely to struggle with their mental health and die than women living in more affluent areas.
- MBRACE data regarding maternal teenagers is worrying - All teenagers in MBRRACE-UK (2022) who died via suicide had high Adverse Childhood Experiences, vulnerabilities and were under the lens of Children's Social Care or had their baby removed.

Mental Health in the Workplace

- Women highlighted how better mental health support in the workplace would help them to reach their full potential.

What we've achieved in the last 2 years:

- Delivered inclusive Maternal Mental Health Services, offering psychological therapy and support to women, birthing people, who have/had moderate to severe Mental Health needs due to trauma / perinatal loss.
- Supported delivery of Parent Infant Mental Health Services for vulnerable parents & infants.

What we've heard from women:

- Waiting lists for treatment are extremely long with no support available in between.
- Understanding 'baby blues' – what is normal and when to seek help.
- Some women said they would rather pay for treatment not on the NHS so they could not be 'tracked' or 'flagged' that they had mental health problems.
- The mental strain on women impacts the whole family, however, it is rarely spoken about with women feeling like they have to "do it all or they are a failure".
- Women struggle most with their mental health and need the most support in the antenatal and postnatal period.
- Women don't feel that mental health support and interventions are easy to access.

SILVER BIRCH HUBS
Cheshire and Merseyside Maternity Wellbeing Support

8.4 Our Priorities: Mental Health & Well-being

NHS Cheshire and Merseyside

Our Ambition:

- Preventing and supporting mental health conditions, building more integrated psycho-social models of care, addressing disparities in outcomes, and ensuring equity, timely and easy to engage/accessible mental health support for parents and infants.
- Improved 'literacy' and reduce shame and stigma e: mental health.
- Awareness of effects of alcohol misuse and domestic violence on mental health.
- Embed mental health and wellbeing support for women's health conditions.
- Continue to build on the existing mental health offer: Oversee and support Perinatal, Parent Infant Mental health, Maternal Mental Health, bereavement care services.
- Support teenage mothers' mental health, reduce suicide rates and prevent social removal of babies (working in partnership to improve delivery of pre-birth assessments, support).

Linked to the JFP, we will work with our partners to:-

1. Develop tailored plans and interventions which meet the needs of different population groups. This includes conditions with higher rates of prevalence in women, such as eating disorders, mental health conditions: anxiety and depression.
2. Improve choice, both parent and infant mental health, access and outcomes.
3. Develop a better, more integrated community-based Mental Health offer.
4. Support delivery of mental health and wellbeing support from Community Family Hubs.
5. Improve women's health and mental health in the workplace.
6. Work in partnership to Improve access to Psychological Therapies (IAPT).
7. Develop a model of mental health/wellbeing support for women with endometriosis.
8. Continue to work on established programmes supporting women in maternity mental health programmes (Silver Birch Hubs, Specialist Perinatal Mental Health Services, IAPT, Parent Infant Mental Health Services and bereavement care).
9. Reduce social removal of infants from mothers' care (support Improvements and transformation of Pre-Birth Assessments and more integrated models of care/support.
10. Provide women who have experienced Female Genital Mutilation (FGM) psychosexual counselling alongside health information covering the pre-conception, pregnancy and the post-natal periods.
11. Develop a pilot scheme to look at mental health support specifically for those experiencing long-term Gynaecology conditions such as menopause and endometriosis.

8.5 Our Priorities: Cancers

NHS Cheshire and Merseyside

Key facts:

- Cervical screening declined during the pandemic in both eligible cohorts (although had increased in younger women since 2017/18) in Cheshire and Merseyside (C&M).
- Liverpool CCG had the lowest cervical screening coverage of all CCGs in C&M (in both age cohorts) and largest declines over the pandemic period.
- Breast screening coverage in Cheshire and Merseyside fell by just over **11%** during the pandemic.
- There are inequalities in screening uptake particularly for those suffering from a severe mental illness (SMI) and those with learning disabilities (LD) compared to those without those conditions.
- Higher prevalence of diagnosed cancers in Cheshire and Merseyside compared to England overall in 2020/21 (**3.6%** in C&M vs **3.2%** in England) with prevalence rising in in recent years in C&M (prevalence has also risen in England).
- **99.8%** of Cervical Cancers are preventable, yet **25%** of **Black** women admitted never attending screening.

- Key facts: data taken from 'Cheshire & Merseyside Cancer JSNA 2021

What we've heard from women:

We conducted a cervical screening insights survey to understand the barriers and why women do not go for cervical screening. Feedback from local women included:-

- Feeling scared or uncomfortable
- Not sure what would happen at appointments, feeling embarrassed because it is intimate
- Confidence issues
- Not enough information is given
- Fear of pain, awkwardness, embarrassment.
- Scared of what might happen; will I still be a 'virgin'? What if it damages me?'.

Our Ambition:

- Women and girls receive better education on cancers from a young age and are aware of their risk factors and symptoms for various cancers and know how to maintain good health to reduce these risks.
- Achieve 90% uptake for both HPV doses for the routine adolescent vaccination programme offered to children in year 8, with the ambition of reaching a future where, due to a combination of HPV vaccination and cervical screening no-one develops cervical cancer.
- Continued commitment to improvements in early diagnosis of and survival from cancer as set out in the NHS Long Term Plan - 75% of people with cancer will be diagnosed at stages 1 and 2 by 2028, up from 55%, and that 55,000 more people each year will survive their cancer for at least 5 years after diagnosis.
- All patients have access to the most appropriate treatments and that everyone with a cancer diagnosis gets the personalised support they need before, during and after treatment and beyond.

8.5 Our Priorities: Cancers

NHS
Cheshire and Merseyside

Linked to the JFP, we will work with our partners to :

1. Identify themes arising from the Cervical Screening survey which will inform communications and engagement with local women and girls.
2. Develop a toolkit for midwives to promote cervical screening developed in partnership with NHSE.
3. Task the Special Interest Group in Cytology to look at increasing uptake of screening and to explore workforce issues.
4. Undertake a Cervical screening and Maternity project to ensure that post-partum women are aware of the importance of screening with information provided during pre and postnatal contact with midwives and health visitors.
5. Increase cervical screening coverage through implementing an enhanced surveillance and education package to upskill the midwifery workforce (including student midwives) through the development of an online education package and to ensure that cervical screening is embedded within the maternity pathway. This will ensure women are educated on the importance of attending for cervical screening postnatally.
6. Equip women, midwives, and other relevant health professionals with information on the ‘screening status’ of women, at both the 28-week antenatal appointment with the HV and at discharge from maternity.

8.6 Our Priorities: Health Impacts of Violence Against Women

NHS Cheshire and Merseyside

Key facts:

- [1]Compared to the national average, the North-West region has:-
  - ✓ The highest rate of hospital admission for violence (including sexual violence)
  - ✓ The highest rate of violence offences per 1,000 population
  - ✓ The 2nd highest rate of sexual offences per 1,000 population

- Merseyside Police had one of the highest rates of domestic abuse related crime in England & Wales in 2020/21; but only **19%** of all domestic abuse related crimes resulted in an arrest in Merseyside compared to **32%** in England and Wales.
- Disabled women and lesbian and bisexual women are more likely to have experienced abuse than heterosexual women.
- It is important that we understand that violence looks different, for different women and that this is reflected in the support we offer.
- Violence includes gender-based violence, elder, financial, verbal, coercion, sexual, controlling, isolation, obstetric violence, CSE abuse, 'honor-based' violence, forced marriage. The perpetrators of violence are often known or are a close family member. It is therefore very unlikely that women will disclose this.
- Relying on a partner or family member to translate is not safe. The partner could be willingly withholding information, withholding pain relief and ultimately consent to care including physical examinations.

[1]Office for Health Improvement and Disparities

We applaud the integration of violence against women and girls into the national strategy and the commitment to an increased role in prevention, early intervention (including through identification of perpetrators), and supporting victims of violence and abuse.

What we've heard from women:

- Accessing healthcare services is a barrier for Women who are experiencing violence from their partners, for example transport costs, not being able to attend appointments, translation via a partner, pain relief.
- Women have described violence received from healthcare providers, e.g. Obstetric violence and assault within the birth space - procedures without informed consent e.g. cervical sweeps when only a vaginal examination was consented to.
- Some fathers and partners can be unfairly profiled and assumed violent based on racist profiling.
- Women are worried about reporting violence against them because they are worried about repercussions from the Police and Social services.
- Women report that gender-based crime and violence against women isn't taken seriously.
- Women experiencing systemic and institutional violence are not being taken seriously enough. For example, Asylum seeking women's experiences within the home office pathways and immigration/boarder control.

8.6 Our Priorities: Health Impacts of Violence Against Women

NHS Cheshire and Merseyside

Our Ambition:

- Victims of violence and abuse are supported by health and social care systems and in the workplace, healthcare will take an increased role in prevention, early identification, and provision of support.
- Greater awareness among the general population of healthcare services that can provide specialist treatment and support for victims of sexual violence and female genital mutilation (FGM) such as sexual assault referral centres (SARC) and FGM clinics.
- NHS services and staff are able to support victims of violence and abuse and are well-equipped with the knowledge and skills to identify and respond to victims and perpetrators.
- Health and care workers understand the impact of trauma and have the tools available to engage in trauma-informed practice.
- Enhancing Monitoring and Evaluation.
- Support effective Safeguarding assessments and processes (supporting transformation of Pre-Birth Assessments in C&M Boroughs Preventing Social removal/separation.

Over the next 12 to 18 months we will ensure:

1. Safeguarding is a shared responsibility across the health and care economy. Our teams will work with colleagues from across the NHS, Local Authorities, the Police, and other partner agencies to drive improvements through local and regional partnership working to embed responsive safeguarding practice.
2. Transformation, improvements and better integration in the delivery of Pre-Birth Assessments. Identifying and supporting violence against women as early as possible in the antenatal period and preventing social removal/separation of infants from mothers' care.
3. Effective safeguarding at both system and organisational levels relies on integrated systems that ensure safeguarding is integral to daily operations.
4. Delivery of the agreed shared outcomes through integrated and partnership working within Cheshire and Merseyside, identifying, addressing and putting a stop to Violence Against Women, Girls and children.

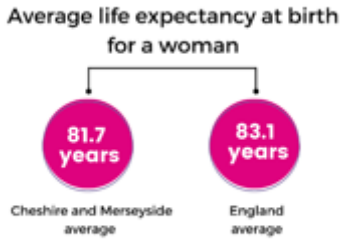
8.7 Our Priorities: Healthy Ageing and Long-term Conditions

NHS Cheshire and Merseyside

What do we mean by long-term conditions?

Long term conditions, or chronic conditions, are conditions for which there is currently no cure, and which are managed with drugs and other treatment. These include conditions such as cardiovascular disease, diabetes, arthritis and osteoporosis.

Key facts:



- 18.1% of Cheshire and Merseyside women are on a GP depression disease register
- 15.2% of women are on a hypertension disease register

*data source GP practice data

Our Ambition:

- Women's healthy life expectancy is improved and the gap between the most and least deprived areas is closed. Disparities among different groups of women are reduced.
- Healthcare strategies, policies and programmes for long term health conditions and disabilities take a life course approach to women's health.
- Women have improved experiences and outcomes with MSK conditions, such as osteoporosis and fragility fractures. There will be a greater focus on identifying those at particular risk and on both primary and secondary prevention.
- Women are well-informed about cardiovascular risk factors and how to maintain cardiovascular health across the life course. Women with cardiovascular disease have improved care and outcomes aligned with the NHS Long Term Plan185 ambitions for enhanced diagnostic support in the community, better personalised planning and increasing access to cardiac rehabilitation.
- Greater numbers of women are participating in dementia research, in addition to other previously under-represented groups. There is improved awareness of dementia risk factors and experiences of care for all people with dementia.

8.7 Our Priorities: Healthy Ageing and Long-term Conditions

NHS Cheshire and Merseyside

Over the next 12 to 18 months :

1. A £3 million national 'reconditioning programme' will be trialed to support older people to build up strength and resume some of the activities they used to do before the COVID-19 pandemic.
2. Roll-out initiatives to support people living with excess weight and obesity to lose weight and maintain healthier lifestyles.
3. Working with NHS England to improve access to high quality, integrated, sustainable, secondary fracture prevention services for those with MSK conditions through the NHS Best MSK Health programme.
4. DHSC are working to reduce the incidence of cardiovascular disease (CVD), and to ensure women do not delay accessing care.
5. NHS campaigns such as 'Help Us Help You' target female audiences to ensure women do not delay accessing care, as s part of NHS Long Term Plan to prevent 150,000 heart attacks, strokes, and cases of dementia. CVD is a condition which impacts both men and women but is not always perceived to be a condition that also affects women.
6. Accelerate preventative programmes to reduce the risks to women and their babies from ethnic minority population groups, socially deprived, under-represented and protected characteristic groups.
7. Develop a joint action plan with the Cheshire and Merseyside Cardio-vascular Disease programme to support our communities to have the best possible cardiovascular health.

NHS
Cheshire and Merseyside

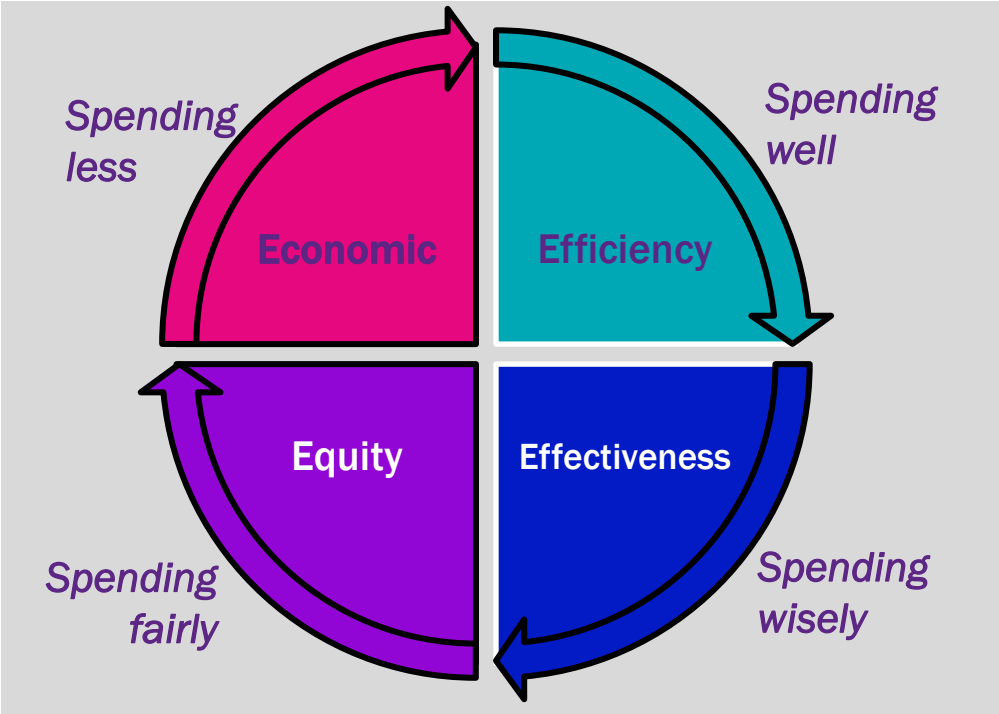
9.0 Ensuring Value, Safety and Service Effectiveness

9.1 Ensuring Value

NHS Cheshire and Merseyside

In accordance with the National Audit Office 's approach for Value for Money (VFM) and the Public Value Framework assessment , four criteria have been used as principles underpinning the strategy and plan:

- **Spending less**: minimising the cost
- **Spending well**: optimising the outputs and resources used
- **Spending wisely**: intended vs actual outcomes achieved
- **Spending fairly**: ensuring some people do not receive differing levels of service for reasons other than differences in their levels of need.



A good example of optimising resources and demonstrating value has been the establishment of a network of women's health hubs across Liverpool's 9 PCNs. This example was cited as a case study within the DHSC National Women's Strategy (2022).

As part of the Cheshire and Merseyside draft interim Health Care Partnership Strategy there is a commitment to developing a system-wide financial strategy during the first half of 2023-24 to:

- Determine how we will best use our resources to support reduction in inequalities, prevention of ill health and improve population health outcomes.
- Support health and care integration.
- Identify key productivity and efficiency opportunities at both a Place and ICS footprint
- Outline system-wide estates and capital requirements and plans.

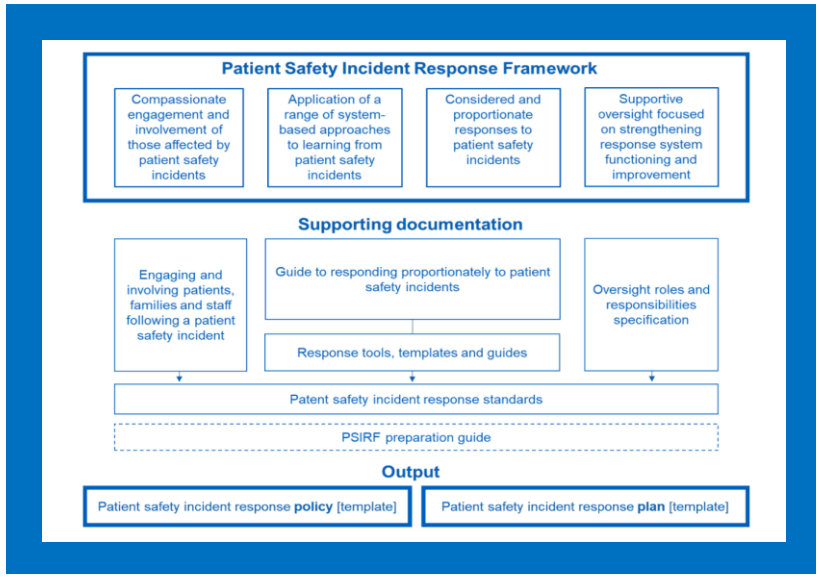
As recommended in the Hewitt Review, the ICS are focused on ensuring best value from investments and increasing the proportion of our ICB budgets allocated to the prevention of ill health.

The Women's Health Strategy will link into the wider development of a system financial strategy, 'Efficiency at Scale' programme. One of our provider collaboratives, CMAST, is hosting the programme on behalf of the ICB which complements wider work on the ICS financial strategy and recovery plan where system partners work to reduce costs and optimise resources.

9.2 Developing and Sustaining a Culture of Safety and Service Effectiveness

NHS Cheshire and Merseyside

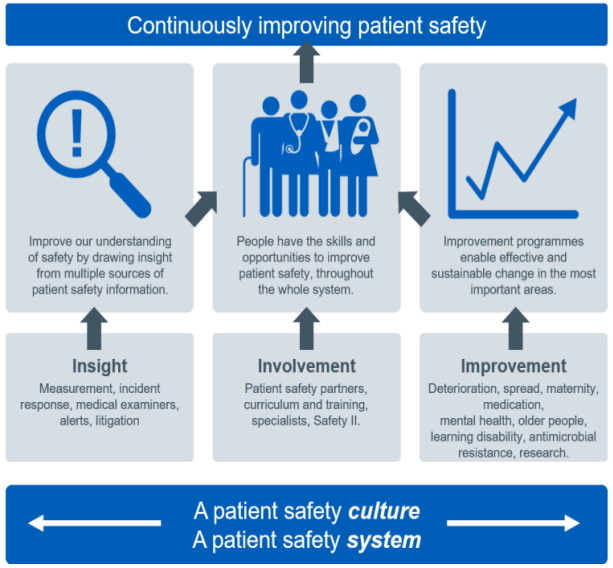
The National Patient Safety Strategy was first published in 2019 and updated in 2020 and 2021. The NPSS aims to ensure NHS organisations continuously strive to improve patient safety through insight, involvement and improvement, and sets out how the NHS will support staff and providers to share safety insight and empower people – patients and staff – with the skills, confidence and mechanisms to improve safety.



The **Patient Safety Incident Response Framework (PSIRF)** sets out the approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. This is an integral element of the National Patient Safety Strategy.

The PSIRF advocates a co-ordinated and data-driven approach to a patient safety incident response that prioritises compassionate engagement with those affected by patient safety incidents; and embeds patient safety incident response within a wider system of improvement and prompts a significant cultural shift towards systematic patient safety management.

Figure 1: Summary of the NHS Patient Safety Strategy



The Patient Safety Incident Response Framework supports the development and maintenance of an effective patient safety incident response system that integrates four key aims:

1. Compassionate engagement and involvement of those affected by patient safety incidents
2. Application of a range of system-based approaches to learning from patient safety incidents
3. Considered and proportionate responses to patient safety incidents
4. Supportive oversight focused on strengthening response system functioning and improvement.

Link to Patient Safety Incident Response Framework

9.2 Developing and Sustaining a Culture of Safety and Service Effectiveness

NHS Cheshire and Merseyside

Across Cheshire and Merseyside ICS, the PSIRF will be applied and integrated within the patient safety incident response policy and plan for Cheshire and Merseyside. By delivering our Women's Health Strategy and Plan, we shall work collaboratively, with a common understanding of the aims of this framework, to provide an effective governance structure which responds to patient safety incidents for the purpose of learning and improving patient safety and service effectiveness.

- Advances in clinical practice have been crucial in improving women's health, maternity and neonatal outcomes over the last decade. However, recent high profile independent reports and inquiries have found that care is not always offered in line with best clinical practice. To deliver the vision set out in our Strategy, women's health services need to be supported by clear standards and structures. This needs to be driven by best clinical practice for women and their families, having high quality data to inform the decisions of clinicians and leaders, and having digital tools to enable information to flow.

- We have made several commitments within our strategy that focus on ensuring the implementation of best clinical practice including developing cross region, standardised pathways within gynaecology for menopause, endometriosis, Paediatric and Adolescent Gynaecology, Cytology and Urogynaecology.

- We will focus on growing, retaining and supporting our workforce including digital upskilling and undertaking and undertaking a Gynaecology Nursing workforce gap analysis for Cheshire and Merseyside by December 2023.

- Our healthcare professionals will have access to shared standards and guidelines, so that clinical teams across Cheshire and Merseyside work to the same definitions of best practice care.

- We have committed to defining the Population Health Data requirements for Women's Health including the recording of data by ethnicity and social deprivation and establish a minimum data-set. This will enable us to improve the delivery of women's health services that are better targeted to our local population.

- Independent reports have highlighted the importance of having accurate up-to-date data to highlight safety issues promptly.

- We have pioneered the use of technology and data alongside a collaborative system approach, providing real-time data and intelligence on maternity care. **This enables us to draw out themes and trends and identify and promptly address real-time issues impacting on the quality and safety of maternity care.**

NHS
Cheshire and Merseyside

10.0 Growing, Retaining and Supporting our Workforce

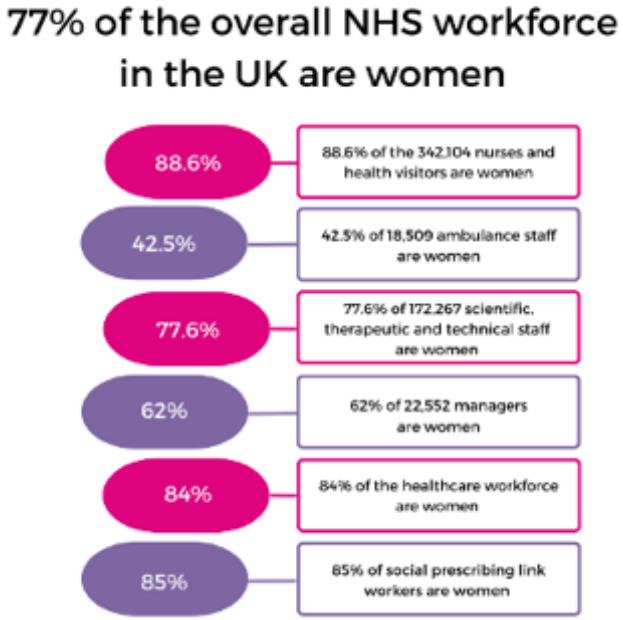
WOMEN'S HEALTH
Let's talk about it

10.0 Growing, Retaining & Supporting our Workforce

NHS Cheshire and Merseyside

Key facts:

- With more than 1.3 million staff and three-quarters of the NHS workforce made up of women there is a clear case and welcome opportunity to address women's reproductive wellbeing in both our own workforce as well as wider workplaces. Taken with the fact, women between the ages of 45 and 54 alone make up a fifth of all NHS employees, we can estimate up to a fifth of our workforce could be experiencing menopausal symptoms.
- Six out of every 10 women experiencing menopausal symptoms say it has a negative impact on their work. Research has shown that 10% of women leave their jobs and many more are reducing their hours or passing up promotions because of their menopausal symptoms.



"As the largest employer of women in Europe, with more than one million amazing women working across every profession and discipline in health and care, the NHS has a vital role to play in the global effort to build a more equal and sustainable future".

Chief People Officer for the NHS, Prerana Issar (8 March 2021)

As an employer the NHS is in a key position to deliver sexual and reproductive health information and services and to support conversations which can help with a reduction in stigma and taboo, reducing the number of women leaving healthcare.

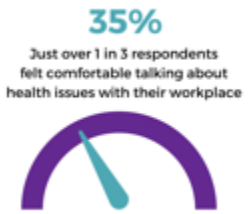
It is paramount that we take action to retain our staff. Making workplaces supportive when it comes to the perimenopause and menopause can help employees' wellbeing and also ensure an inclusive workforce.

We believe all employers should be encouraged to design tailored workplace programmes to promote the wellbeing of female employees, ensuring that women's lives are improved and that companies can benefit from a more effective and efficient workforce.

10.0 Growing, Retaining & Supporting our Workforce

NHS Cheshire and Merseyside

What we've heard from women:



In our recent menopause survey over 50% of respondents did not feel that they have enough support from their employer and 32% cited lack of support at work as one of the biggest challenge experiencing menopause.

Our Ambition:

- Women feel able to speak openly about their health and to be confident that they will be supported by their employer and workplace colleagues for issues such as period problems, endometriosis, fertility treatment, miscarriage and menopause.
- Concerted efforts on improving information and awareness so both employer and workplace colleagues feel better equipped to support females in the workplace.
- Provision of access to high-quality occupational health services and the adoption of more flexible working to better accommodate women experiencing health conditions or with caring responsibilities.

In addition to the workforce strategy within the Joint Forward Plan (see overleaf), we will:

1. Ensure digital upskilling for the whole workforce.
2. Conduct a baseline survey of support for women's health issues within the workplace, with Women's Health, Maternity and Neonatal staff with the results informing the future workforce plan being developed by HEE & Maternity Providers by March 2024.
3. Undertake a Gynaecology Nursing workforce gap analysis for Cheshire and Merseyside by December 2023.
4. Develop a Cheshire and Merseyside a menopause good practice guide for employees.
5. Actively promote health and wellbeing opportunities for our own workforce e.g. menopause cafes etc.
6. Produce podcasts and blogs on how to manage the menopause at work.
7. Engaging with city region Combined Authority colleagues and the Police to promote and share good practice for employees when it comes to supporting women and their health concerns.
8. Grow an 'Improving Me' led Maternity Action collaboration and Wirral CAB partnership for a co-designing a pilot to support pregnant women and their families living and birthing in areas of high deprivation levels. Supporting them with access to justice resources, employment support and online resources.
9. Working collaboratively, we will deliver better Workplace Wellness for Women by identifying gaps in the provision of services, consider existing areas of best practice and develop actions to address these gaps to ensure that services meet women's health needs. This will include a particular focus on addressing retention and attrition concerns related to reproductive health in our health and care workforce.
10. Work with NHSE, Training Hubs and HR teams to deliver the NHS People Plan and menopause pledge.
11. Each NHS Trust will nominate a Specialist Gynaecology Nurse to undertake the Gynaecology Advanced Clinical Practitioner (ACP) Academic MSc /MA programme.

10.1 What this means for our women and our staff

NHS Cheshire and Merseyside

"We must create training opportunities and new collaborative leadership models to deliver women-centered care. Co-developing and delivering services through multi-disciplinary team working would improve skills, knowledge and ultimately women's experiences."

Dr Ranee Thakar RCOG President

Systemwide Strategic Workforce Planning to:	Creating New Opportunities across C&M to:	Promoting Health and Wellbeing to:	Maximising and valuing the skills of our staff to:	Creating a positive and inclusive culture to:
• Ensure a health and care workforce that is fit for the future • Smarter workforce planning linked to population health need • Creation of a 5-, 10- and 15-year integrated workforce plan • Developing a greater triangulation and monitoring between workforce / productivity / activity / finance.	• Grow our own future workforce • Increased focus on apprenticeships • Embed New Roles • Review barriers to recruitment • Work with the further and higher education sector • PCN Development • Greater links with social care and primary care • Ensuring an effective student experience.	• Ensure appropriate health and wellbeing support for all staff • Ensure good working environment • Focus on retention. • Preventing burnout • Ensuring appropriate supervision and preceptorship is available.	• Understand the impact of 5 generations working together/ changing expectation of the workforce • Developing career options at different stages of our lives and across health and social care • Responding to reviews / staff surveys and recommendations in a positive manner.	• Ensure proactive support of inclusion and diversity as a priority • Collaborative and inclusive system leadership • Understanding the barriers for staff / future employees • Development of learning and restorative practice.

In 2022/23 the Cheshire and Merseyside People Board, which has a broad membership across Cheshire and Merseyside stakeholders, agreed a set of ambitious Workforce Priorities for 2022-25 (see above) which have been incorporated into the Joint Forward Plan.

10.2 Our Workforce Priorities

NHS
Cheshire and Merseyside

- We plan to adopt, apply, and invest in the following areas to develop our culture, workforce, and ways of working as a system.
- The workforce, cultural and leadership priorities will be built into our workforce delivery plan.

Cultural transformation

- Organisational and system redesign necessary for integration
- Competence and capability development to deliver integrated ways of working.
- Team cohesion to drive resource optimisation through sustainable collaboration.
- Growth mindset to stimulate systems leadership thinking and practice.
- A shared cultural identity values and behaviours premised on the principles of public service founded by the NHS Constitution, Equality Act and Nolan Principles

Talent management

- Talent management for effective capacity, demand and supply planning mapped to population health / market trends.
- Robust succession planning strategies for business-critical roles and hard to fill roles specifically.
- Reward and recognition strategies to ensure that success is rewarded and celebrated and improve staff engagement and retention.

Leadership development

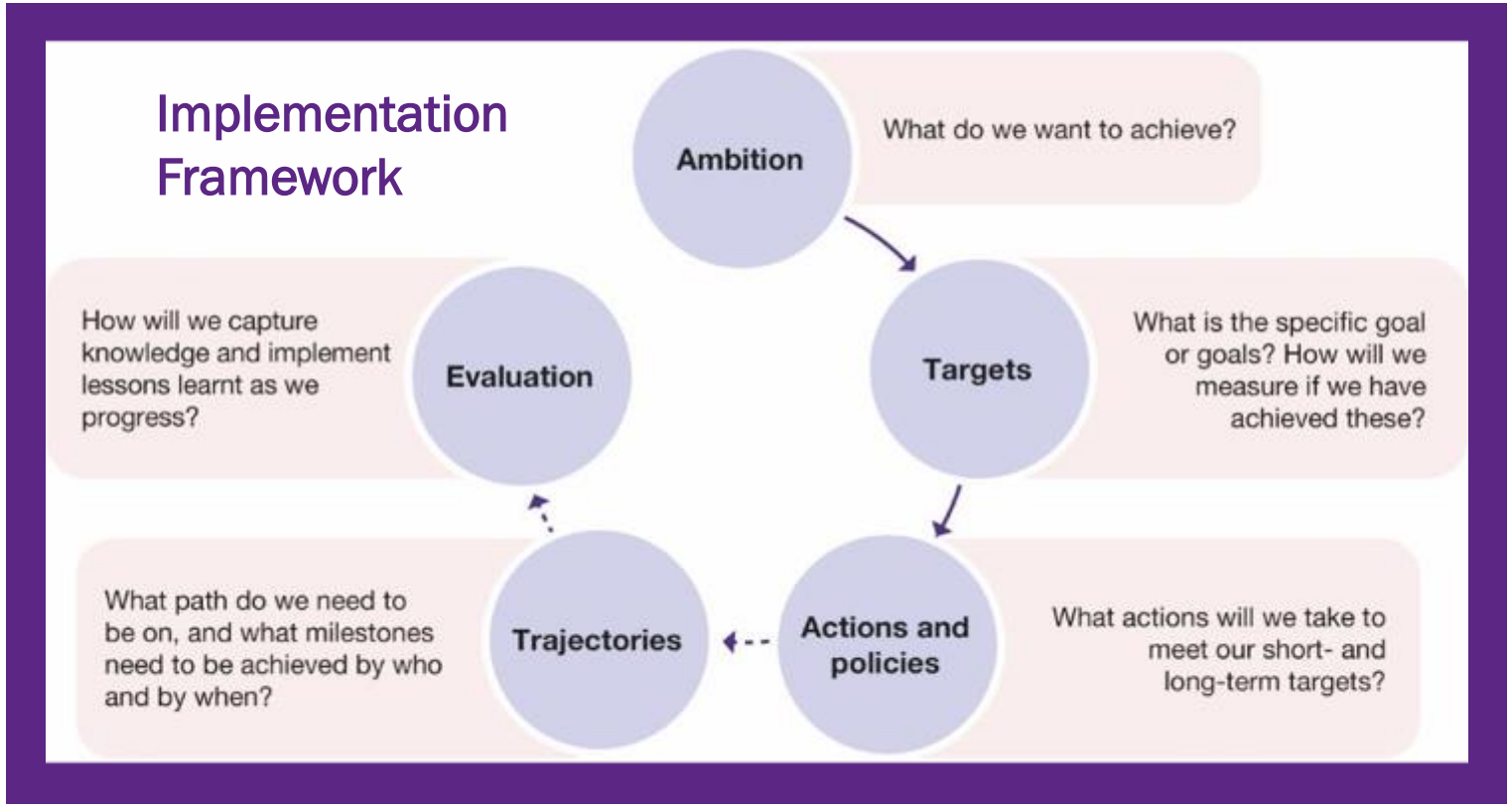
- Resilient collective (systems) leadership evidenced in the continual enablement of integration for improved health and care integration.
- Compassionate and inclusive leadership cultures towards improving health inequalities.
- Culturally competent leadership to drive cultural competence in decision making for integration.
- Clinical leadership for integration towards health creation models of care

NHS
Cheshire and Merseyside

11.0 Women's Health: Delivering our plan

11.1 Making this happen: how we will implement our strategy and plan

NHS Cheshire and Merseyside

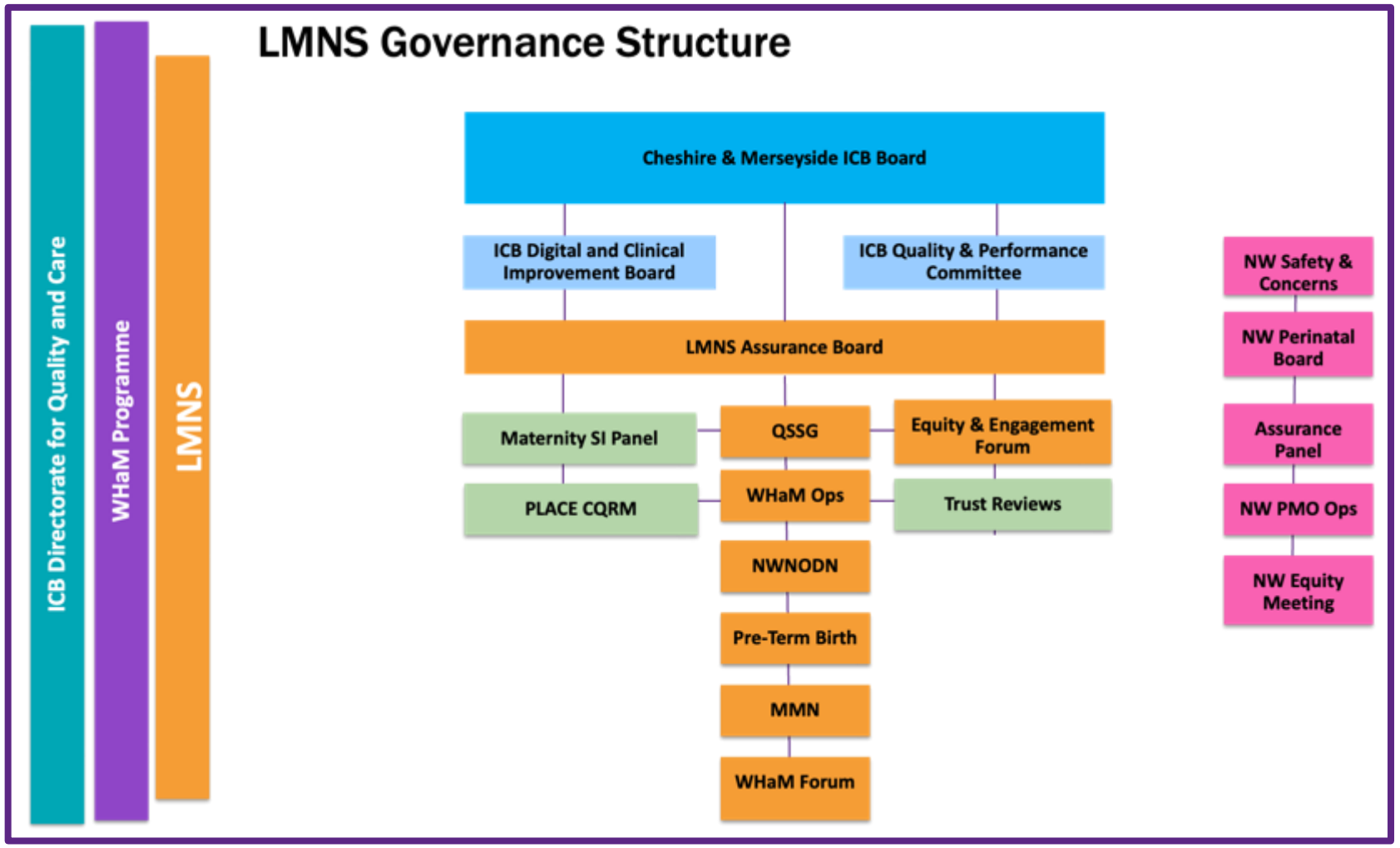


We will use the framework shown above to implement our Women's Health Strategy and Plan. This framework will enable us to:

- check activities are being implemented as intended and understand how delivery has worked in reality.
- check that key metrics are heading in the right direction.
- encourage consistency across data collected by local partners to feed into an overarching picture of the progress being made.
- identify data gaps that have the potential to be filled by improving existing data sources or commissioning new research.

11.2 Governance – Cheshire and Merseyside ICS

NHS Cheshire and Merseyside



It is important we ensure a robust and effective governance framework is in place to monitor, manage and measure progress against our Women's Health Strategy and the health outcomes stated.

Accountability for the Women's Health Strategy is held by the Cheshire & Merseyside Integrated Care Board.

Responsibility for ensuring delivery of the priorities, principles and activities detailed within the strategy, will sit within the WHaM Programme. The Programme will regularly report progress across the governance structure (see opposite) and feed into a number of management groups, with oversight from the Women's Health & Maternity Board which will form part of the LMNS Assurance Board.

This strategy will be delivered over the course of 3 years from September 2023 with progress actively managed. As with any strategy, this will be regularly reviewed and updated based on further insights from women's voices, additional challenges across the Cheshire and Merseyside footprint, and requirements issued nationally which may need reflecting at a system level.

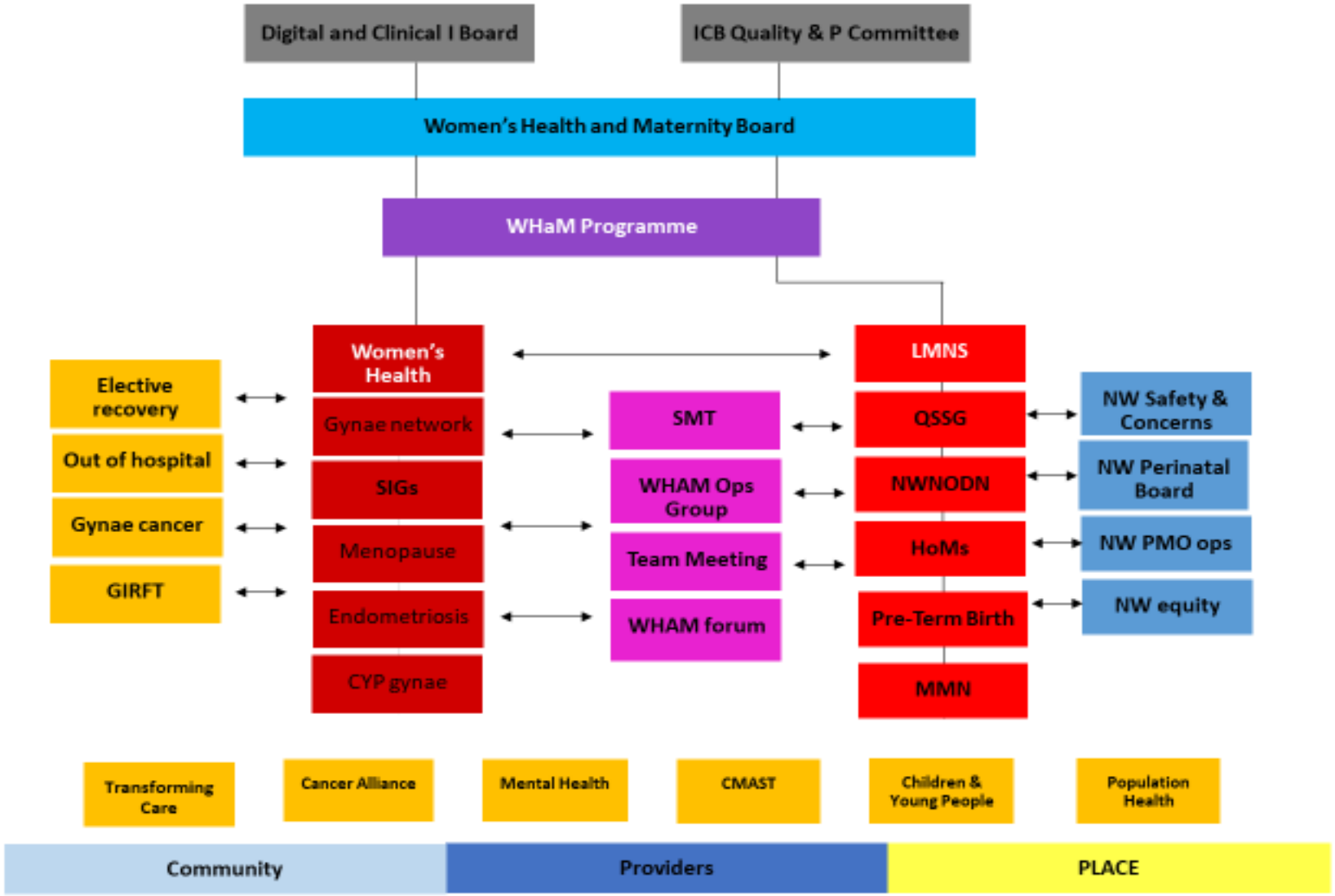
11.3 Governance – within the WHaM Programme

NHS Cheshire and Merseyside

Our *Women's Health Strategy* describes how Cheshire and Merseyside Integrated Care Board (ICB) will work together with local women and girls and our key partners to improve health and social care outcomes and health services for all women and girls in Cheshire and Merseyside.

Across the WHaM Programme is the Women's Health and Maternity Board which oversees progress across a wide number of different groups and care pathways. There is complexity in ensuring consistency and alignment across the system due to the number of partners and organisations involved in its coordination.

Our partners include education, social care, the police, local authorities, housing, third sector, fire and rescue. There is also a strong and engaged Voluntary, Community, Faith, and Social Enterprise (VCFSE) sector supported by local organisations providing skills, knowledge, and capacity to enable communications and engagement between local neighbourhoods and the health and care system. This provides an opportunity to transform services and make a lasting difference to patients and communities.



NHS
Cheshire and Merseyside

WOMEN'S HEALTH
Let's talk about it

12.0 Appendices

12.1 Special Interest Groups and Working Groups

NHS Cheshire and Merseyside

Special Interest Groups

In addition to the Women's Health Group, Special Interest Groups have been established as branches of the Gynaecology Network to develop a clear set of actions that support delivery of the Women's Health Strategy including researching, developing and sharing best practice and resources.

These special interest groups (SIGs) bring together experts from a range of specialties, in the public and third sectors, who work on women's health related issues. They work to identify gaps in the provision of services, consider areas of best practice, promote innovation and develop practical actions to address these gaps.

Women's Health Special Interest Groups (SIGs)
Menopause
Endometriosis
Paediatric and Adolescent Gynaecology
Cervical Screening

Working Groups

The following working groups have been established to support other projects within the Women's Health and Maternity Programme.

Women's Health Working Groups
Perinatal Pelvic Health Clinical Steering Group
Women in the Workplace Group
Teenage Pregnancy and Sexual Health Group
Knowledge Management Group including public and health libraries, HEE and BBC
VCSFE Women's Health Leadership Group
Creative Health Innovation Group
Gynaecology Clinical Coding Group
Gynaecology Operational Management Group
Gynaecology Nursing Network

12.2 Women's Health Group

NHS
Cheshire and Merseyside

A virtual national Women's Health and Inequalities Group (WHIG) was established in 2016 by Improving Me. This created a platform for discussion and provided the focus for developing a commitment to establishing:

- Women's and Childrens NHS 70 Symposium
- Baby Week Cheshire and Merseyside in collaboration with Better Start Bradford
- The Social Prescribing Concordat for Creative Health
- It has been crucial in shaping this plan.

The group included organisations and individuals with specialist knowledge, expertise and experience in women's health and maternity

The WHIG was established as a virtual network and alliance to:

- Provide a focal point for discussion, leadership and direction nationally and locally on women's health and wellbeing
- Encourage a focus on policy development and highlight potential improvements and innovations
- Promote innovative commissioning
- Profile the needs of all women across Cheshire and Merseyside
- Link strategically with other developments and policy arenas across an integrated care footprint in the then HCP to ensure women's health and maternity is considered in all policy outputs by NHS Cheshire and Merseyside
- Identify gaps in the provision of services, consider existing areas of best practice and develop actions to address these gaps; and to
- Support NHS Providers, Local Authorities, partner agencies and professional organisations to work collaboratively to ensure services best meet women's health needs.