



Cheshire and Merseyside Women's Health Strategy

Executive Summary

'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'



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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.

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Introduction

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 men³. And while women make up 51% of the population, historically the health and care system has been designed by men, for men.
- Not enough is known about conditions that only affect women, for example menopause or endometriosis or 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.
- 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
- 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



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

Introduction

Aim of our Women's Health Strategy

- To outline the *priorities and actions 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.

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

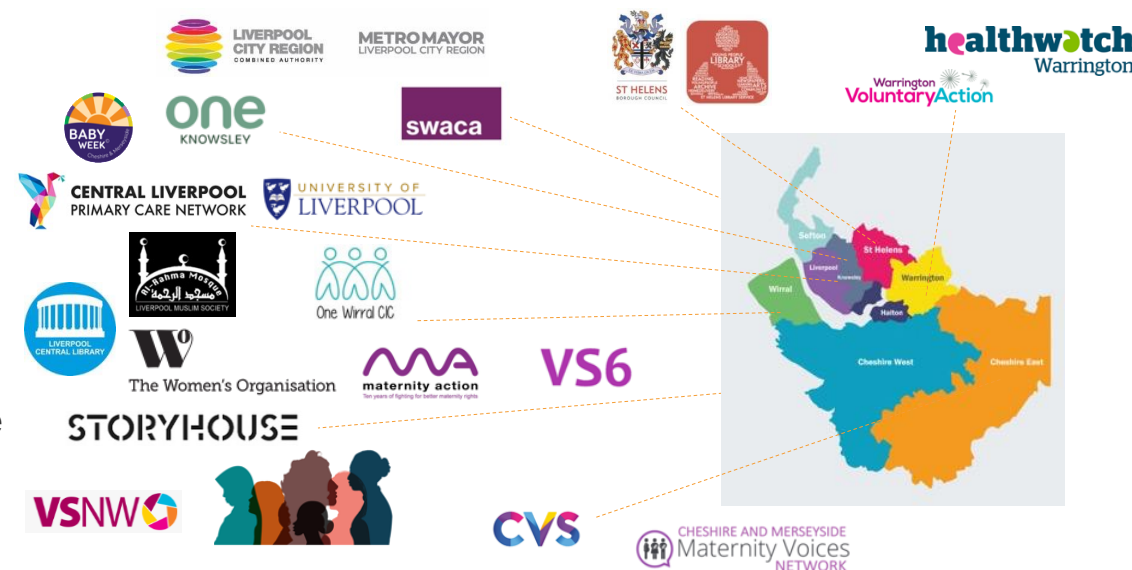
To improve clinical services and provide safer care.
To provide equal access to care and support.
To improve women's health outcomes.
To safely restore services to pre COVID levels.

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.

- 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.

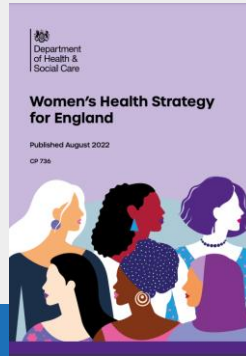
- Describes how we will work together with local women and our key partners to *deliver the actions* we will take over the next 3 years. This is a *long-term commitment to reducing health inequalities* for women in Cheshire & Merseyside.
- Our partners include education, social care, the police, local 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 NHS organisations.



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.

Introduction

National Strategies and Plans



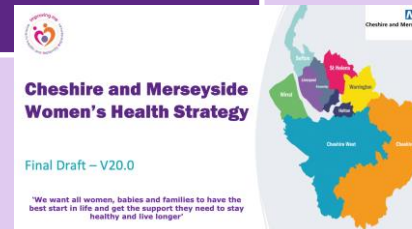
Policy paper
Women's Health Strategy for England
Updated 30 August 2022



ICB Joint Forward Plan

NCP Strategic Objective	Cross reference to the NCP 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 Supporting the safety of vulnerable Women and Children	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)
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 self-care 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 NICECC (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	Core2PLUS 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 2024 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 developments	Embed, and expand, our commitment to social value in all partner organisations Develop as key Anchor Institutions in Cheshire and Merseyside, offering job 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 • 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 Achieve Net Zero for the NHS carbon Footprint by 2040	Develop as key Anchor Institutions and progress advancing all parts of the associated initiatives Embed and expand our commitment to Social Value • To be finalised in advance of the final publication in June 2023 Publish a Strategic Workforce Plan by March 2024	2	Grow the number of anchor framework signatories to 25 Support a system-wide approach to embedding the minimum 10% social value weighting across all procurement processes (working towards 20%) Publish a Strategic Workforce Plan by March 2024
			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.

NHS Cheshire & Merseyside Women's Health 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

Local System Strategies and Plans

Promoting Inclusivity

- 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.
- 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 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:

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.

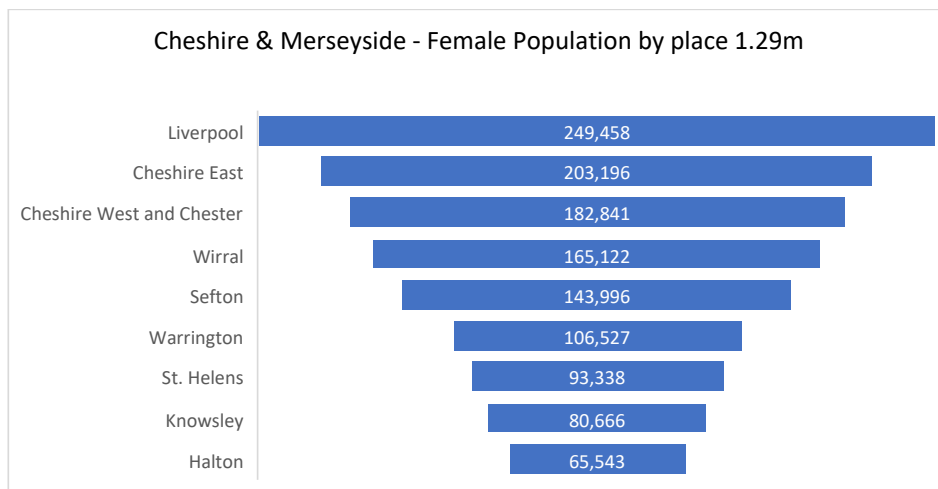
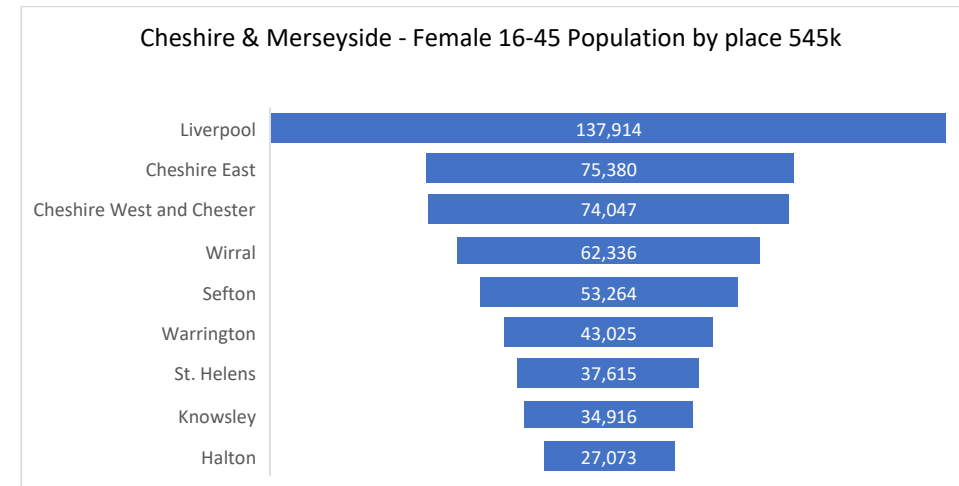
Statement 4:

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.

Our Population

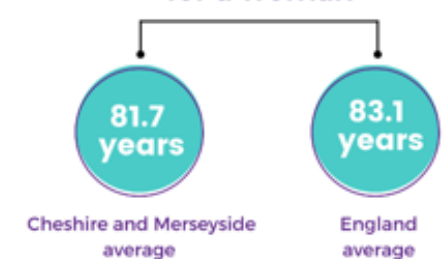
- The Cheshire and Merseyside locality sits within the third largest Integrated Care System (ICS) in the country.
- It is a region with a large and diverse geographical footprint with a mix of urban and rural communities. This presents different challenges in relation to social isolation, limited public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

Average life expectancy at birth for a woman



Our Population Continued

- There are long standing inequalities in health across Cheshire and Merseyside, as in the rest of England.

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

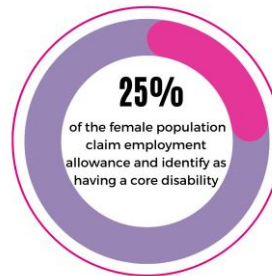


- Women living in the most deprived areas of Cheshire and Merseyside live on average **9.5 years less** than those in the least deprived.

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

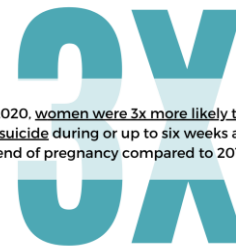


- Liverpool City has the highest numbers of **asylum seeking and refugee families and who are disproportionately impacted by poverty** in the Northwest region.



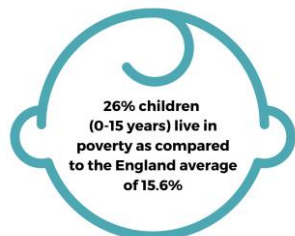
- Women are more likely to be working in poverty and are heavily over-represented in occupations which tend to be lower paid and under-valued compared to those which are male-dominated.

- 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.



By 2020, women were 3x more likely to die by suicide during or up to six weeks after the end of pregnancy compared to 2017-19.

- Maternal suicide rates grew exponentially.
- MBRACE-UK (2022) highlights how ALL Teenage Maternal Suicides had Social Care Involvement. A high number had their baby removed.



26% children (0-15 years) live in poverty as compared to the England average of 15.6%

- 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

- 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.



Women were more than twice as likely as men to experience mental health problems during COVID-19.

Local System Challenges - Equity and Equality

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 we developed 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.



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 several 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.

“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

Our Commitment

Our cross-cutting principles and themes build on those articulated in the National Women's Health Strategy:

- (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.

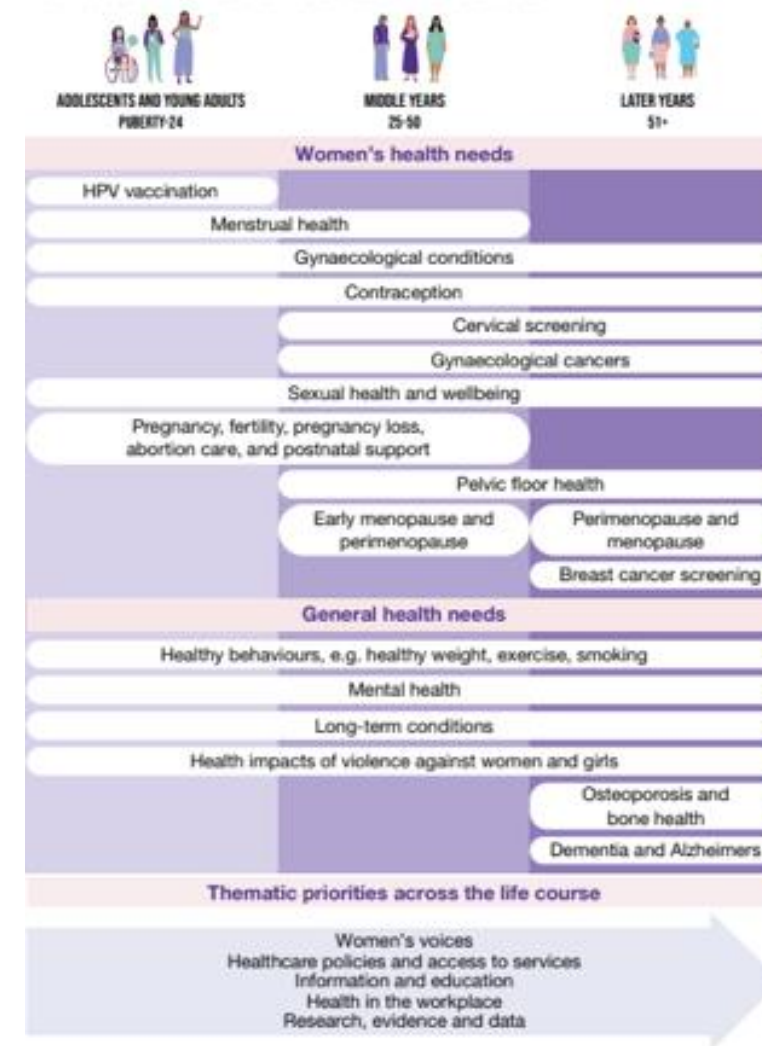
This will be achieved by:

- 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*

Women's health across the life course

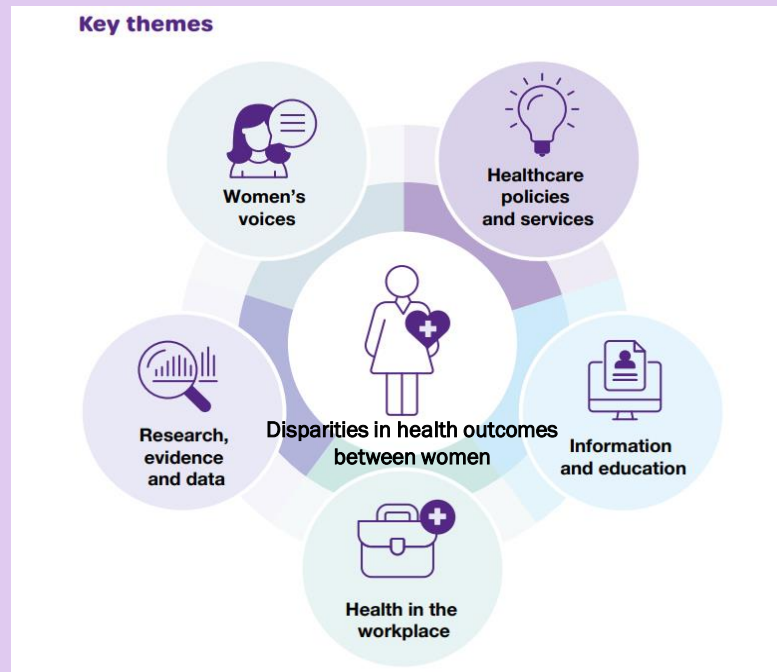


Our Vision

- 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.

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.
- We have captured key successes achieved against each of the themes and have outlined a forward-looking 3-year plan for delivery.



Strategy Priority Areas

We 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.

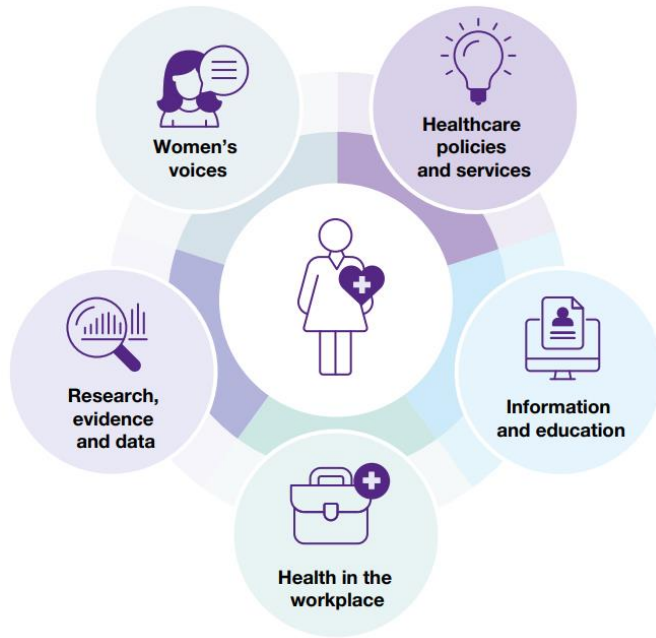


Our priorities and actions will be delivered by:

- (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.

Our 6-point Plan for Transformational Change

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.

Our Achievements

- The Women's Health Strategy is building on a successful programme of transformation that we have been working on over the last few years. Some of our key successes are:-

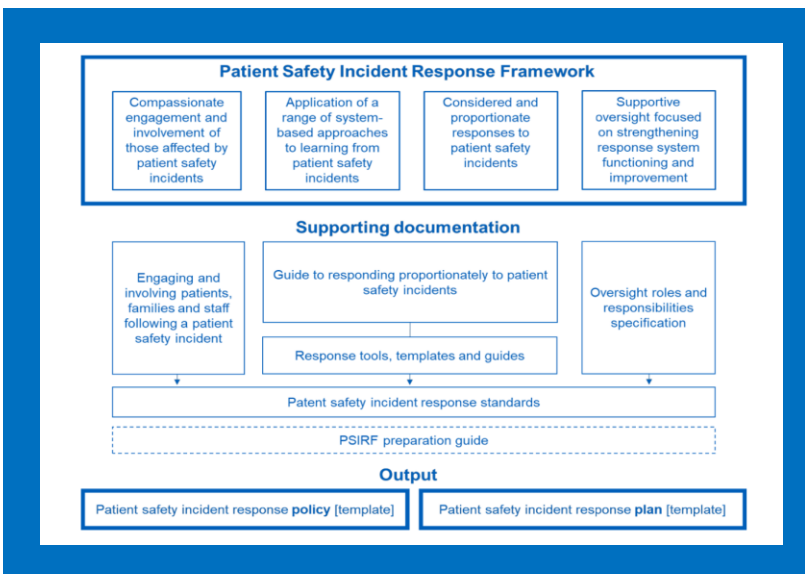
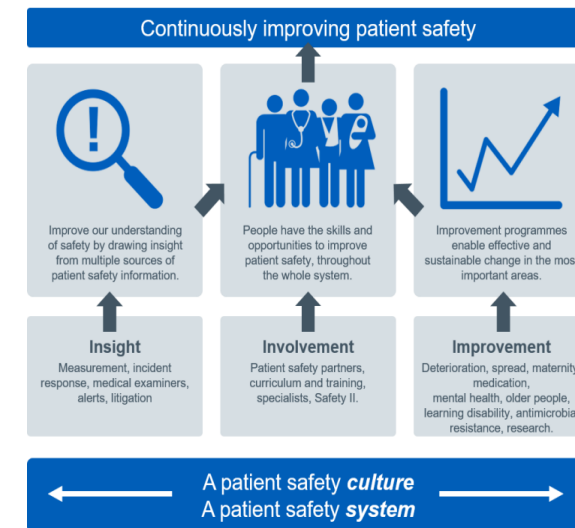


- ✓ Established **Silver Birch Hubs** - an NHS support service working with women, birthing people and families to offer psychological and emotional support following trauma, loss and fear around pregnancy and the maternity setting
- ✓ Supported the development and delivery of **Parent Infant Mental Health Services**, ensuring that from pregnancy mothers and babies receive the right care/support which will reduce risk / safeguarding and separation and removal post birth.
- ✓ A **Menopause survey** and **Menopause information events** to inform and educate local women and their families 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.
- ✓ **Maternity Cervical screening project** to increase cervical screening coverage
- ✓ Delivered a new **Perinatal Pelvic Health service** across Cheshire and Merseyside to provide access to specialist pelvic health physiotherapy services for women up to 18 months following birth
- ✓ Set up a **training programme for Midwifery Support Workers** to increase the focus on **prevention and social prescribing principles** in the community
- ✓ Delivered a **NHS70 Symposium** on women's and children's health and **The Social Prescribing Concordat for Creative Health**

Developing and Sustaining a Culture of Safety and Service Effectiveness

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.

Figure 1: Summary of the NHS Patient Safety Strategy



- Across Cheshire and Merseyside, the PSIRF will be applied and integrated within the patient safety incident response policy and plan.
- 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.

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

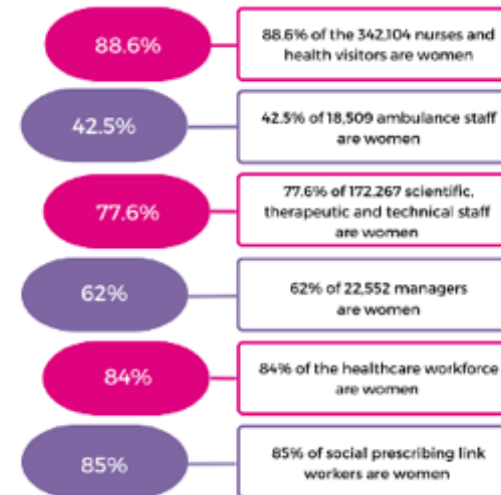
1. Compassionate engagement and involvement of those affected by patient safety incidents
2. Application of a range of system-based approaches to learning from patient safety incidents
3. Considered and proportionate responses to patient safety incidents
4. Supportive oversight focused on strengthening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

[Link to Patient Safety Incident Response Framework](#)

Growing, Retaining & Supporting our Workforce

- 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.
- We plan to adopt, apply, and invest in cultural transformation, talent management and leadership development 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.

77% of the overall NHS workforce in the UK are women



“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)

Making this happen : delivering the Vision

- **Engagement and collaboration** - Women's and girls' voices will be central to the development and delivery of our plan.
- Demonstrating and **delivering value** will be essential and will link into the wider system financial strategy, 'Efficiency at Scale' programme
- From a **patient safety perspective**, it is imperative we ensure safe and effective services, 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 and all elements of the National Patient Safety Strategy will be adopted.
- **Growing, retaining and supporting our workforce** is 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.



Key Facts:

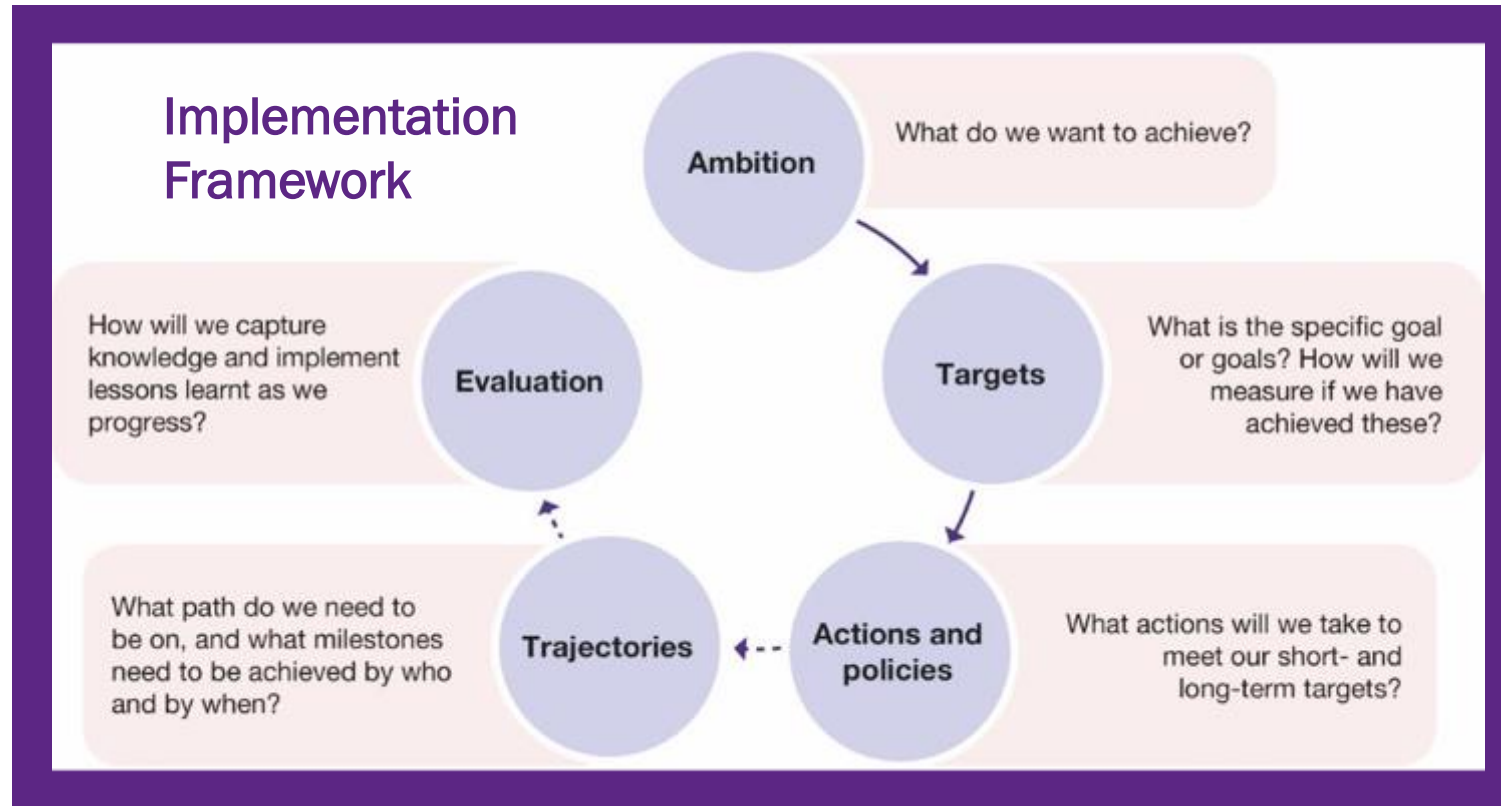
- The national call for evidence highlighted that 84% of respondents stated that they had experience of not being listened to by health care professionals, throughout their health care journey from initial discussions to diagnosis
- Our local survey responses mirror the national responses. Not being listened to or taken seriously was identified as an issue by over 70% of respondents.



"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".

"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".

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



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