



**LEICESTER, LEICESTERSHIRE AND RUTLAND JOINT HEALTH
SCRUTINY COMMITTEE: 17 MARCH 2025**

**AN UPDATE ON THE WOMEN'S HEALTH PROGRAMME ACROSS
LEICESTER, LEICESTERSHIRE AND RUTLAND**

**REPORT OF THE DIRECTOR OF LLR ICB INTEGRATION AND
TRANSFORMATION AND WOMEN'S HEALTH SRO**

Presented by LLR ICB's Women's Health Programme Team

Purpose of report

1. The purpose of this report is to provide an update to the Committee on the Women's Health Programme across Leicester, Leicestershire and Rutland.
2. This report will also include information on screening for disabled women as requested by the Committee.

Policy Framework and Previous Decisions

3. The information outlined in this report relates to the delivery of the Leicester, Leicestershire and Rutland Integrated Care Board's (LLR ICB) 5-year plan and 2025/26 Operational Delivery Plan.

Background

4. At the Committee meeting on 27 November 2024 a presentation was given by the ICB regarding the East Midlands Fertility Policy Review as part of the public engagement exercise across the Midlands, hosted by the East Midlands Fertility Policy Review Board to engage with the public on proposed changes to the IVF and Fertility policies. This engagement ended in January 2025 and responses will now be analysed with amendments made as a result. LLR ICB await further information and expect update final policy April 2026.

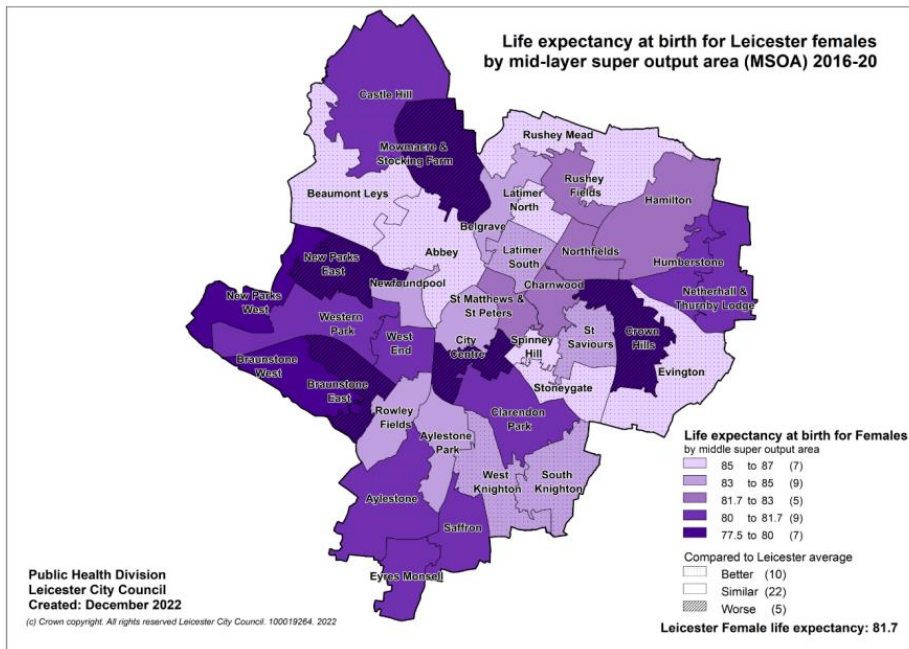
Health Inequalities

5. In healthcare, it is crucial to recognise that treatment is not always equitable for everyone. In the UK, there exists a phenomenon known as the 'gender health gap,' where women often do not receive the same level of access to healthcare, do not have equally good experiences of care, or achieve the same health outcomes as men.
 - Women live longer than men but spend more of their life in poor health.
 - 80% of women feel medical professionals have not listened to them – or have not believed them.
 - Women, especially black women, are more likely to experience 'pain bias', where a health professional overlooks or ignores the level of pain they feel.

- The number of women who have died during pregnancy is the highest in 20 years according to recent research, with on average 13.41 deaths per 100,000 pregnancies. Black women are four times more likely to die during pregnancy and childbirth.
 - Erectile dysfunction (which affects 19% of men) is studied in research five times more often than PMS, (which affects 90% of women).
 - Menopause costs the UK economy £10 billion, and heavy, painful periods cost £531 in sick days.
 - 'Virginity testing' was only made illegal in 2022 when the Department of Health and Social Care recognised it as a form of violence against women and girls.
 - One in ten women who worked during the menopause have left a job due to their symptoms.
 - Life expectancy in women is no longer increasing and in some parts of the country is actually decreasing. Women also have a higher probability of living in disability than men and women with lower socio-economic status are likely to spend longer living with a disability than women with higher economic status, as well as dying earlier.
6. As well as disparities in health between men and women, it is also true that data can often mask significant variation in outcomes *between* groups of women. Those women experiencing intersectionality of, for example, being from a background other than white British, *and* from living in an area of severe deprivation will experience significantly worse outcomes than their more affluent, white counterparts.
7. For example, the below figures for 'healthy life expectancy at birth (female, 1 year range) 2023' show the inequality across LLR. Both Leicestershire and Rutland are significantly better than the England's average, with Leicester being significantly worse. When you compare to each other, Rutland is significantly better than Leicestershire, and Leicester City.

<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/3/gid/1000049/pat/6/par/E12000004/ati/502/are/E10000018/iid/90366/age/1/sex/2/cat/-1/ctp/-1/yr/1/cid/4/tbm/1/page-options/car-do-0>

Figure 1 – Leicester life expectancy



Source: PHE fingertips: <https://fingertips.phe.org.uk/profile/local-health>

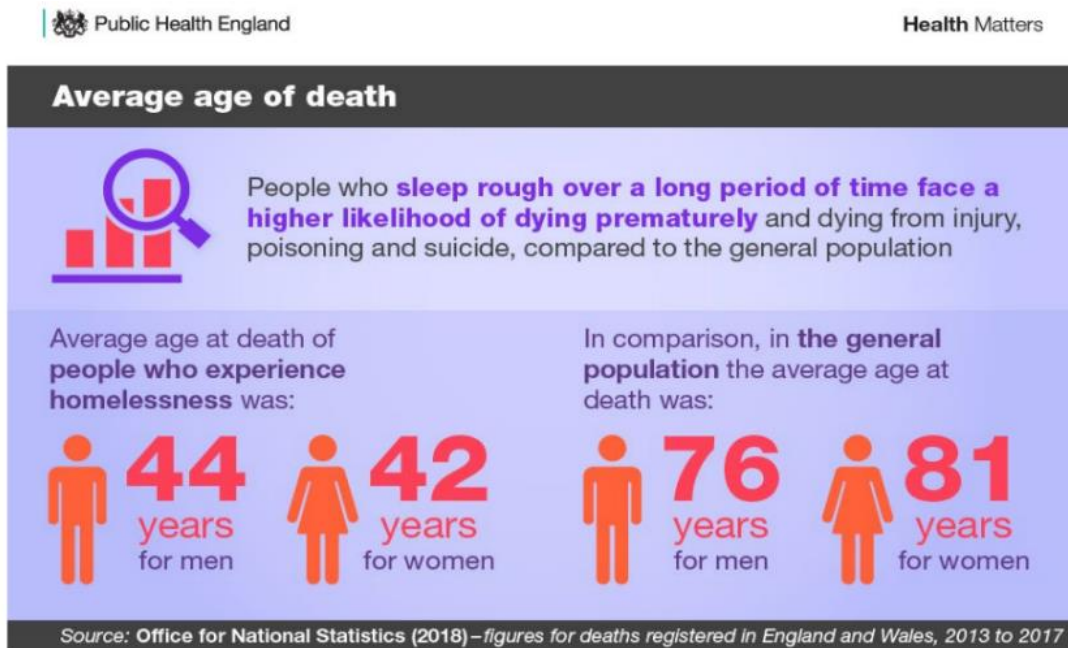
Figure 2 – Healthy life expectancy at birth across Leicester, Leicestershire and Rutland

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	-	83.2	83.2	83.3
East Midlands region (statistical)	-	-	82.7	82.5	82.9
Rutland	-	-	86.6	85.0	88.1
Leicestershire	-	-	83.9	83.5	84.3
Leicester	-	-	81.2	80.5	81.9

- Another example would be in terms of those experiencing homelessness, nationally the mean age at death for women who are homeless is 43.2 years. The recent Leicester City Homelessness Health Needs Analysis also shows for women in Leicester who experience homelessness, the mean age of death is 42 years of age, below the national average.

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsofhomelesspeopleinenglandandwales/2021registrations>

Figure 3 – Average age of death for England and Wales



Source: Public Health England, 2017

National

9. NHS England and The Department of Health and Social Care released the Women's Health Strategy in 2022. The strategy sets out a 10-year ambition to boost health outcomes for all women and girls and radically improve the way in which the health and care system engages and listens to them.
10. The Strategy takes a life course approach, focused on understanding the changing health and care needs of women and girls across their lives, from adolescents and young adults to later life.
11. The government also released £25 million investment in March 2023 to implement Women's Health Hubs which was distributed equally to Integrated Care Boards equalling to £595,000 in total for each ICB over 2 years. This will cover activities such as project management and workforce development, including staff training and backfill.
12. The Women's Health Programme also supports other national drivers such as the National Long-Term Plan, the National Transforming Elective Care Services and Gynaecology Strategy, the National Operational Planning Guidance (2023/24) and the LLR Cancer Elimination Strategy.

Figure 4 – NHS England Women's Health Programme strategy

Women's Health Programme – Ambitions, Workstreams & Projects

Ambitions						
Ambition 1 Improve access to high quality women's health services		Ambition 2 Empower women to optimise their health and actively seek the care they need			Ambition 3 Reduce the health inequalities impacting women	
Workstreams						
Projects (each project aligns with one or more of the ambitions)	Workstream 1 Improving the delivery of women's health services and care	Workstream 2 Workforce	Workstream 3 Data & Insights	Workstream 4 Women's Health Inequalities	Workstream 5 Communications & Engagement	Workstream 6 Leadership & Implementation
		<ul style="list-style-type: none"> Women's Health Hubs Gynae Waiting List Women's Experience of Services & Procedural Pain Virtual Group Consultation 	<ul style="list-style-type: none"> Workforce Needs & Training Supporting the Workforce 	<ul style="list-style-type: none"> Data Dashboard & Metrics 	<ul style="list-style-type: none"> Equity Framework Fertility Care Provision in Custody 	<ul style="list-style-type: none"> Stakeholder Engagement & Women's Voices Improving information provision for women & girls

Women's System Partnership

13. As a result of the National Women's Health Strategy, LLR ICB created the Women's Health Transformation Programme to deliver the strategy across Leicester, Leicestershire and Rutland, which has been in place since June 2023.
14. The Women's Programme Team formally launched the programme and Women's System Partnership on 19th October 2023 through a local Women's Health Summit to share local position on priorities and form a programme plan.
15. The Women's Programme Team have clear responsibilities as part of the Women's System Partnership which include:
 - Establishing a Women's Partnership to deliver system transformation to improve women's health outcomes and drive up equity in their care by bringing together colleagues from across the health and care system.
 - Women's Health Inequalities: developing a Women's Health Needs Assessment (WHNA) across Leicester, Leicestershire and Rutland and leading on the Women's Health Inequalities and Equity Framework (NHS England).
 - Engaging and Empowering Women: Developing a Women's programme of engagement to build relationships with women's groups ensuring that we understand their needs and they have a voice in planning services across health care and reduce inequalities.
 - Supporting women's health in the workplace.
 - Improving access to NHS fertility treatment for all couples including female same-sex couples and assessing the use of non-clinical access criteria locally.
 - Implementation of women's health hubs across LLR to provide social, emotional and health support including sexual health, menopause and social prescribing – especially for those women with the most barriers to access to care.

- Improving access to Hormone Replacement Therapy (HRT) by introducing the HRT prescription prepayment certificate in April 2023 and boosting HRT supply.
- Improving Termination of Pregnancy (TOP) services through ensuring women have access to these services without stigma. There is also an ambition to link TOP services with local Sexual Health services to capitalise on the opportunity for women to have appropriate contraception for them.
- Work collaboratively with sexual health services to achieve an inclusive, joined up approach and support with opportunistic interventions where appropriate.

LLR ICB Collaborative/Partnership Responsibilities and interdependencies

16. It is important to note that Women's Health is a cross-cutting theme across all pathways within the system and therefore, the Women's Health Programme Team work closely with other Collaboratives and Partnerships across the Integrated Care Board.
17. The Women's System Partnership has set itself up to support matrix working with the following key partnerships which include (but is not limited to):

Name of Collaborative/Partnership	Areas responsible and links
CYP Partnership	Puberty, early education. Safeguarding i.e. violence against women, FGM etc.
Planned Care and Cancer Collaborative	Elective and Gynaecology including endometriosis and PCOS. Also links into Community Diagnostic Hubs
Learning Disabilities and Autism Collaborative	Health Checks, ADHD and Autism
Maternity (LMNS) Partnership	Pelvic Health and pregnancy loss
Long Term Conditions Partnership	Cardiovascular, Musculoskeletal, Epilepsy and Dementia
Urgent and Emergency Care Collaborative	Vaccinations and Immunisations Group including HPV and Cancer elimination strategy – women's cancers including breast, cervical and ovarian.
Primary Care Transformation Board	General Primary Care access
Domestic Abuse and Sexual Violence (DASV)	Links to Women's Health Hubs and ensuring women have a safe place to receive healthcare
Place-based Health and Wellbeing Boards	General governance

18. The National Planning Guidance has set-out the ICB's priorities over the coming year and although Women's Health is not specifically mentioned as it was in the 2023/24 guidance, there are some clear interdependencies with some of the priorities set-out for the Women's System Partnership:

2025/26 National planning guidance	Womens Health Strategy Interdependence
Neighbourhood Health Models	Women's Health Hubs improving access for women and reducing health inequalities. Have a focus on prevention and increase update of screening, as well as providing a holistic service which is wider than only 'health', linking in with community and neighbourhood plans and services (including VCSE, food banks, gyms, libraries etc.)
Elective Reform Plan	Reduction in gynaecology waiting times with opportunities for left shift into women's health hubs, along with improving access to women's cancers pathways. Opportunities to develop pathways directly into and out of Community Diagnostic Hubs.
Improving access to Primary Care	Women's Health Hubs provide one stop shop approach freeing up capacity in primary care.
Promote Digital	Womens Health Strategy is exploring options of digital offer across LLR.
Mental Health	Women's Programme will work in partnership with the Mental Health Partnership and the Maternity Partnership (LMNS) to decrease suicide in women, as well as explore improvements for perinatal mental health.

Women's System Partnership 2024/25 achievements

19. Achievements since the inception of the Women's System Partnership include:

- Established the Women's System Partnership developed a comprehensive overview of the women's health programme which details LLR's ambitions and the other partnerships which need to support this programme. This Partnership has also hosted multiple deep dives into areas such as sexual health, gynaecology and menopause through 2024.
- Established a 'Women's Huddle' meeting bi-weekly between Women's Health leads in the ICB and public Health, Sexual Health Public Health leads and the ICB's Women's Health Clinical Lead. This has ensured that there is a space for leads to share updates, plan as a system and support any challenges.
- System Engagement – Delivered workshops for the system to understand where the Women's Health Programme fits into other system priorities.
- Presented to local Health and Wellbeing Board and at NHSE Regional and National Events.
- Women's Health has been agreed by system as an ICB priority and has a section within the 5-Year Plan and Operational Plan as a separate section for the 1st time.
- Worked very closely with NHSE regional leads through the regional board. LLR seen as an exemplar regionally and regularly showcased – including regional deliverable/priority setting and maturity matrix.
- Fertility – Review of local fertility processes identified internal improvements which are now being implemented including new commissioning processes.

- Gynaecology – supported the development of an action plan with gynae and elective leads, ensuring this aligns heavily with the women’s health programme deliverables. Input into to the development of the Community Diagnostics Centres Women’s Pathway.
- TOP and Sexual Health – delivered on the national ‘improving abortion care’ submission which resulted in the identification of gaps and improvements and establishment of system project group and developed a project plan.
- Women’s Health Needs Assessment – Worked in partnership with Public Health Colleagues to agree and develop.
- Establishment of three Women’s Health Hubs across LLR. Involved joint working with Primary care LHS, ICB contracts, CDC, Gynae, Maternity and PH: development of a local Women’s Health Hub dashboard, monitoring KPI’s and undertaking evaluation.
- LLR took part in the regional NHSE ‘Menopause Optimal Pilot Toolkit’ pilot for Primary Care.

Women’s System Partnership 2025/26 priorities

20. The Women’s System Partnership priorities are:

Key deliverables	Actions and plans	By when
Women’s Health Needs Assessment (WHNA)	Review initial ‘recommendations’ against scope and how we potentially deliver and monitor these	March 2025 onwards
Undertake a local Girls and Women’s Programme of Engagement across LLR to ensure true co-production (to mirror HNA scope)	Through HealthWatch. This will be phase 2 of the WHNA process. Will include LLR VCSE engagement	Dependant on HealthWatch programme plan (April 2025 onwards)
NHSE National Health Inequalities and Equity Framework	LLR ICB are awaiting a national Women’s Health Inequality and Equity framework.	TBC (NHSE Dependant). Envisage this will be a long-term piece of work over the next 12-18 months
Ensure women have access to a sustainable contraception service including right to choose TOP	Continue to improve upon gaps identified through national submission in July 2024. SH and TOP network in place and are currently undertaking a pathway mapping exercise and exploring a joint TOP and SH policy.	Local TOP and Sexual Health Network in place with project plan to improve on aspects (by June 2025)
Implement East Midlands Assisted Fertility Policy review recommendations	Awaiting East Midlands fertility policy review to ensure consistency across	East Midlands Board dependant – LLR Fertility group in place to review transformation objectives

	<p>region as well as increase equity and access for same-sex couples receiving IVF treatment. (2025 TBC)</p> <p>LLR Fertility Group in place and has improved internal processes to ensure LLR are robustly set-up to undertake transformation. Will undertake a local policy review for all others – including transgender issue outlined</p>	Approx April 2026.
Work with gynae and elective leads to looks at left shift and role of Women's Health Hubs.	Action plan currently in development with UHL to understand realistic timelines/priorities WHH Y2 plans have gynae included to support (June 2025-May 2026)	Timelines sit with Gynae and Elective Board.
Continue to embed the Women's Health Hubs across LLR Scope and develop a long-term solution and future stabilisation	Undertake year 2 of the pilot. WHH still in Y1 of pilot with Y2 plans developed (from June 2025) Further engagement with PC to understand possibilities (Summer 2025)	April 2026
Supporting other Collaborative and Partnership's priorities	<p>Mental Health - Suicide prevention plans and jointly working with Maternity colleagues to understand gap analysis.</p> <p>Domestic Abuse and Sexual Violence – Continue to link into LLR board to understand opportunities to support.</p> <p>Pregnancy loss - Continue to support uptake in pregnancy loss certificates.</p> <p>Menopause – Dependant on WHNA outcome Cancer - Work with Primary Care and Cancer collaborative around improving cervical screening low uptake based on women's health hubs approach.</p>	
Women's System Partnership	Continue to spearhead women's health across	April 2026

	<p>LLR and make women a golden-thread.</p> <p>Continue to host de-dives for pathway transformation and increasing awareness.</p>	
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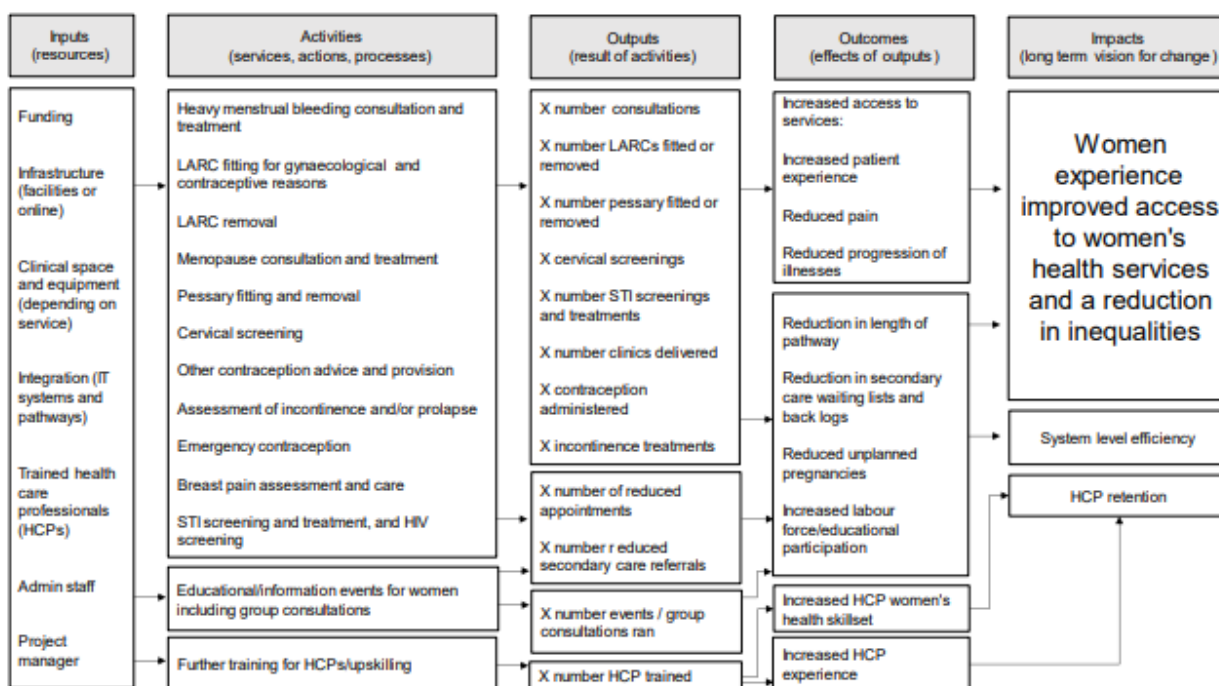
Women's Health Hub Pilots

21. As referenced above, LLR ICB implemented Women's Health Hub Pilot's across LLR as per NHS England's national service specification. National case studies had shown that there were improved outcomes for women when placed in Primary Care Networks and therefore, LLR ICB agreed this would be the approach taken following an options appraisal.
22. Following an expression of interest process, 3 Women's Health Hub pilots mobilised across LLR and went live in June 2024:
 - Aegis HealthCare PCN (City lead) – also covers Belgrave and Spinney Hill and Saffron PCN;
 - North-West Leicestershire PCN (County lead);
 - Rutland PCN (Rutland lead) – also covers Melton.
23. All 3 hubs deliver on NHSE's National Core Specification in delivering services covering menstrual problems, menopause, full range of contraceptive methods, pessaries and screening.
24. When forming local aims of the Women's Health Hub pilots, Women's leads from the ICB, Public Health and Women's Health Hubs provided pre-pilot assumptions that the Women's health Hub pilots would:
 - Undertake the transfer of non-complex Long Acting Reversible Contraception; (LARC) appointments from Secondary Care to Primary Care;
 - Reduce waiting times for appointments – particularly for LARC;
 - Increase Cervical Screening uptake – targeting areas of low uptake in particular;
 - Improve access to menopause care;
 - Reduce duplication of appointments and release capacity in Primary Care;
 - Improve women's experience in healthcare settings (reducing multiple appointments included);
 - Provide a Primary Care service with health professionals who have the skills and cultural competence to support women;
 - Implementing a 'getting it right first-time' policy.
25. The Women's Programme Team host a quarterly evaluation meeting to evaluate the pilot services through a 'we said, we did' style of evaluation and have recently conducted an initial 8-month review with women's health hub leads to scope whether the pre-pilot assumptions were achieved based on the activity they would expect to see through these services, as well as quantitative and qualitative impacts.
26. Not only has the Women's Health Hubs delivered on the pre-pilot assumptions, but they have also strived to integrate with the community to reduce fragmentation across the system including:

- Longer appointment times (20 min minimum) with multiple issues addressed in 1 appointment;
- Walk-in and group consultations available;
- Diet and weight management;
- Menopause and Mental Health cafés;
- Outreach into communities such as councils, food banks and women's groups/shelters;
- Local campaigns for women's health through gyms, libraries etc.

27. The committee is referred to the appendix to this report for all women's health hubs information, evaluation details and benefits realisation.

Figure 5 – Women's Health Hubs process map



Update on access for screening and mammograms for women in wheelchairs

Cervical screening

28. Cervical screening takes place in general practice. Where a patient is wheelchair bound, they are encouraged to contact their GP practice to explore the following options:

Important to note: All options described below encompasses women receiving a dignified experience where supporting equipment is involved and/or transfer.

- Where a practice has a hoist, an appointment can be made at the practice as normal.
- If this isn't possible, the practice can consider whether a home visit can be offered to carry out the screening. A risk assessment will be required.
- Practices can also consider making an appointment for the patient at another practice within their primary care network who has a hoist.

- If these options have been explored and are not possible, the practice can make a referral to UHL's Colposcopy Clinic, with the patient's consent, requesting that the patient receives an appointment where there is access to a hoist.
29. To help raise awareness of the options for patients, the ICB is undertaking the following:
- Patients are sent an invitation letter by the national screening programme, encouraging them to contact their GP practice to arrange an appointment. We will be encouraging practices to raise awareness within their own communications that people can contact the practice to request adjustments, and proactively reach out to patients who have a reasonable adjustment flag on their GP record.
 - We will be looking for opportunities to influence national screening invitations to make it more explicit about the options for patients with physical disabilities.
 - We will be writing to, and running a webinar for, local practices to remind them of options they can consider and the process for arranging alternative provision of screening for patients who are wheelchair bound.
 - We have included some additional information on the ICB website, and where we are promoting cervical screening on ICB communication channels we will include the following message:

"If you have a physical disability and you would like to discuss the options for you to receive screening, please contact your GP practice. You can do this by sending a message to your practice via the NHS App, completing a request via your practice's online consultation system or by telephoning the practice. If you do need to telephone, please try to do this from mid-morning onwards."
 - We will be writing to our VCSE network, specifically those who work with people with physical disabilities, to ask for their help in encouraging patients to speak to their practice about the adjustments that can be made when they are invited for screening.

Mammograms

30. For patients who use a wheelchair, breast screening is available at Glenfield Hospital who run twice a week designated Equality Access clinics for people who have a disability - one in the morning and one in the afternoon. The appointment times are longer at these sessions and there is access to a hoist, rotunda, and mammography chair.
31. There are four mobile screening units, of which the newest has a lift. There will also soon be a new POD on the Glenfield Hospital site which has been designed to ensure ladies in wheelchairs are able to access the unit.
32. If a patient has received an invitation for breast screening, there will be a contact number and email address that they can use to request a change to the date, time or location of their screening appointment, and to request an appointment at a location and time where the appropriate equipment and support will be available.
33. The Breast Screening Service will send an invite out to all eligible women in the GP practice. If a patient within that practice is registered with a learning or physical disability the service is notified. The patient is then sent a timed appointment which

is followed up by a member of the team by telephone so they can go through a risk assessment to ensure the correct equipment, time and staffing are available.

Other actions

34. LLR ICB communications team have drafted a statement set to be sent to all LLR GP practices reminding them of the options for women, as well as national cervical screening guidance, RCN home visit guidance and raising awareness of the options.

Consultation

35. No official consultations have taken place.
36. There has been a public engagement exercise across the Midlands, hosted by the East Midlands Fertility Policy Review Board to engage with the public on proposed changes to the IVF and Fertility policies. This engagement ended in January 2025 and responses will now be analysed with amendments made as a result. LLR ICB await further information.
37. An engagement piece of work will take place across Leicester, Leicestershire and Rutland as part of the Women's Transformation priorities and ICB 5-year plan. Ongoing discussions to implement this from April 2025 are in place with Public Health and Healthwatch.

Conclusions

38. This report, alongside the Women's Health Hub 8-month evaluation slides have provided an overview to the committee on the Women's Health Programme across Leicester, Leicestershire and Rutland, including achievements and future priorities.
39. This report has also answered specific a request on information on screening for disabled women as requested by the committee.

Background papers

- National Women's Health Strategy (2022)
- National Planning Guidance (2024/25)
- National Planning Guidance (2025/26)
- Leicester, Leicestershire and Rutland Integrated Care Board 5-year plan
- Leicester, Leicestershire and Rutland Integrated Care Board Operational Plan (2025/26)

Circulation under the Local Issues Alert Procedure

40. None

Equality Implications

41. The Women's Health Strategy for England uses the terms 'women' or 'woman' and 'girls' throughout to refer to its target population. In the interests of brevity, this document will often do similarly, however it also recognises that not everyone will recognise themselves in or identify with that terminology. For the purposes of clarity,

locally the programme addresses the needs of anyone assigned female or intersex at birth regardless of how they subsequently choose to identify. It is also important to note that those who were assigned differently at birth but later identify as female also may recognise some of the issues and problems raised as being important and relevant to them.

42. Written and digital Health literacy is becoming an increasingly predominant discussion nationally, with recent data released from the Office for Health Improvement and Disparities (OHID) suggesting this has steadily been declining over recent years.
43. The Women's System Partnership will have an overarching aim in exploring:
 - How women from diverse backgrounds are disadvantaged by health information only provided in English.
 - How women with fewer educational opportunities are further disadvantaged.
 - How women receive health information which is pitched and understandable for them.
44. Through Leicester City's Better Care Fund (BCF), a VCSE organisation 'Reaching People' are undertaking work around supporting women from ethnic, minority and disadvantaged group on how to download and use the NHS app to support their health literacy.
45. The cervical screening query and request from both Scrutiny Committee and a separate Freedom of Information request has prompted us to review other conditions of accessibility The Women's System Partnership will further explore Health Inequality and Equity Impacts by:
 - Utilising cross-cutting themes on women's health through partnership dashboards, supported by local and national data/intelligence. We will use these data to help us identify what adjustments to our universal offers we need to make to ensure equity of access, good experiences of care, and good health outcomes.
 - Utilising existing intelligence from the pending national Women's Health Inequalities and Equity Framework and local Women's Health Needs Assessment recommendations/programme of engagement, to identify groups who experience inequalities, and to co-design with partners, improvement programmes to reduce these inequalities.

Human Rights Implications

46. There are no human rights implications arising from this report

Other Relevant Impact Assessments

47. No other relevant impact assessments arising from the recommendations in this report.

Appendices

PowerPoint slides - Women's Health Hubs mid-point review

Officer(s) to Contact

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