North-East and North Cumbria Women's Health Programme

Regional Needs Assessment

July 2024

Office for Health Improvement & Disparities

necs

NHS
North East and North Cumbria

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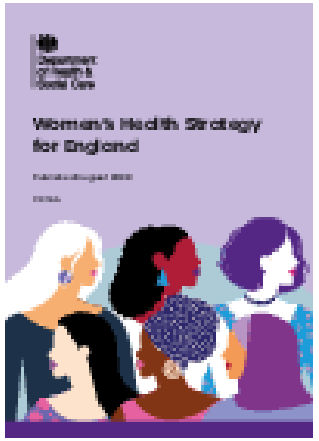

Purpose of this Needs Assessment

This needs assessment seeks to inform the implementation of the Women's Health Strategy for England in the North-East and North Cumbria. It summarises the data and intelligence around women's health in the region according to the strategic priorities. It identifies gaps in data and makes recommendations for system level improvements that can be made to optimise health outcomes for women.

The needs assessment is not a fully comprehensive report of everything we know about women's health in the North-East and North Cumbria, but serves to paint a picture of women's current health status in the region, setting out a rationale for change.

Acknowledgements

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Glossary of terms

CMO-Chief Medical Officer
CNTW- Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust
CVD- Cardiovascular Disease
DA-Domestic Abuse
DES- Direct Enhanced Service
DfE- Department for Education
DHSC- Department of Health and Social Care
DV- Domestic Violence
EDI- Equality, Diversity and Inclusion
EQ-5D- EuroQol-Five Dimension tool
FGM- Female Genital Mutilation
GDM- Gestational Diabetes Mellitus
GP- General Practice
HPV- Human Papilloma Virus
HRT- Hormone Replacement Therapy
ICB- Integrated Care Board
ICS- Integrated Care System
IMD- Index of Multiple Deprivation
IT- Information Technology
LA- Local Authority
LARC- Long-Acting Reversible Contraception
LD- Learning Disability
LGBTQ+- Lesbian, Gay, Bisexual, Trans, Queer/Questioning and more
LKIS- Local Knowledge and Intelligence Service
LMNS- Local Maternity and Neonatal System
LTP- NHS Long Term Plan
MHRA- Medical and Healthcare Products Regulatory Agency
NE- North-East
NENC- North-East and North Cumbria Region
NHS- National Health Service
NHSE- National Health Service England
NICE- National Institute of Health and Care Excellence
OHID- Office for Health Improvement and Disparities
PCC- Police and Crime Commissioner
PCN- Primary Care Network
PCOS- Polycystic Ovary Syndrome
RAIDR- Rapid Actionable Insight Driving Reform
SATOD- Smoking At Time Of Delivery
SPNMH- Specialist Perinatal Mental Health
STI- Sexually Transmitted Infection
TEWV- Tees, Esk and Wear Valleys NHS Foundation Trust
TLHC- Targeted Lung Health Check
TOP- Termination of Pregnancy
UTI- Urinary Tract Infection
VAWG- Violence Against Women and Girls
VCSE- Voluntary, Community and Social Enterprise

Executive Summary

North-East and North Cumbria (NENC) Integrated Care System (ICS) covers the largest geographical footprint of all ICSs nationwide and serves a population of 3.14 million. Women and girls make up just over half of the population, with almost one third living in the most deprived neighbourhoods. Women in NENC have a life expectancy 1.5 years less than the national average. However, additional layers of social inequity exist within the ICS, with a gap of almost 8 years between women living in the most and least deprived neighbourhoods.

Understanding the health needs of women in our region is made more difficult by the fact that little routinely collected data is reported by sex and gender, especially at regional level or below. Improving data collection, data flows and reporting for women's health will help to improve outcomes.

Little is known at regional level about women's gynaecological and menstrual health outcomes, although women tell us that they are overall not satisfied with services for conditions such as Polycystic Ovary Syndrome or Endometriosis and there are gaps in services for pelvic health, recurrent urinary tract infection and vulval health.

Access to Long-Acting Reversible Contraception is worse in the region than the England average, and rates of abortion in the North-East are rising, especially in the under 25s. Women tell us they want better access to postnatal contraception. Rates of sexually transmitted infection, which can impact on fertility and pregnancy outcomes, are on the increase in women in the region.

HRT prescribing in NENC is lower than in the rest of England and women living in the most deprived areas of our region are prescribed less than those in the least deprived. Unmanaged menopausal symptoms are impairing women's ability to live fulfilling lives, and this is having an impact on the healthcare workforce. Women have told us of specific improvements they would like to see in their care, including better trained healthcare staff and consistent information.

Over a quarter of women in the region have a diagnosis of anxiety and there is an increasing trend in prescribing of antidepressants in women of menopausal age in the North-East and North Cumbria. The region is home to a high number of women with multiple unmet needs, and deaths from substance use in women are increasing.

Executive Summary 2

Perinatal mental health is a key focus for the region however services are understaffed, and prevention support and provision of some services is variable across the region.

Cancer is the biggest killer of women in the region and the main driver of inequalities in life expectancy between women living in the most and least deprived areas of the region. Breast and cervical screening rates in North-East and North Cumbria remain better than the England average, although this masks significant variation between areas. Access to preventative care, especially Human Papilloma Virus vaccination is variable across the region. Cancer services are experiencing workforce pressures, particularly in diagnostics.

Rates of domestic abuse in Cumbria are lower than the England average but are on an upward trend. Rates of domestic abuse in the North-East remain significantly above the England average. Support organisations across the region have highlighted the need to provide trauma informed support to female survivors experiencing multiple and complex needs and/or intersectionality of disadvantage. Primary care needs more support to identify and respond to reports of domestic abuse, and specialist services to receive onward referrals need to be provided across the region.

Females in the region are five times more likely than males to have a diagnosis of osteoporosis and account for twice the number of hip fractures. Female cardiovascular mortality in the region is significantly higher than the England average. Frailty is a significant risk to women in the region and improvements are underway to enhance identification and support proactive care for women with frailty. Women from non-white British ethnicities in particular experience barriers to healthcare and ill health prevention services

Variation in service provision and of the quality of that provision across the region, leads to inequity in health outcomes for women. This needs assessment highlights that more needs to be known about current service provision and standards of care for women in the North-East and North Cumbria, providing a call to action and a focus for service improvement. Women’s views of health and healthcare need to be heard, acknowledged and understood. The ICS should actively seek out women and girls’ voices in the region and work with them to co-produce improvements in access to healthcare, experience of services, and ultimately to improve health outcomes for all women and for the population.

Introduction

Women's Health Strategy for England

The Rationale

Women in the North-East live longer than men but spend more of their lives in ill health (1). Females represent half of our population and therefore half of our potential, so we need to understand how we can enable women and girls to live longer and healthier lives, and to have equal opportunities throughout their lifetime.

The Strategy

The Women's Health Strategy for England, led by Women's Health Ambassador for England, Dame Lesley Regan, was published in August 2022, with the overarching aim of reducing gender-based health inequalities for women. The strategy builds on earlier reports including the 2014 Chief Medical Officer Annual Report: Women's Health and the Royal College of Obstetricians and Gynaecologists 2019 report Better for Women. The strategy was informed by a 14 week call for evidence which received 110,123 responses, mainly from individual women.

Health Inequalities

Health inequalities arise from the conditions in which we are born, grow, live, work and age, influencing our opportunities for good physical and mental health and wellbeing (2) . Gender is a determinant of health and many health conditions, health behaviours, access to services and exposures to health risks vary by sex and gender. While women overall experience health inequalities, some women are affected to a greater degree than others. Gender power dynamics interact with other hierarchies of privilege or disadvantage, resulting in inequality in health outcomes for different women. These factors include sex, gender, race, ethnicity, age, class, socioeconomic status, religion, language, geographical location, disability status, migration status, gender identity and sexual orientation (3).

Core 20+5

In the North-East and North Cumbria, the health system is acting to address inequity in access, experience and outcomes in healthcare. The NHSE Core 20+5 approach seeks to target people living in the most deprived 20% areas in the country, along with people with protected characteristics and those in 'inclusion health' groups to ensure they are supported to receive the care they need to achieve good health and wellbeing. This strategy calls on the system to examine action to improve health from the perspective of women and girls.

Six aims for the ten-year strategy

- **Boost health outcomes for all women and girls**
- **Radically improve the way in which the health and care system engages and listens to all women and girls**
- **Take a life course approach**
- **Focus on women's health policy and services throughout their lives**
- **Embed hybrid and wrap-around services as best practice**
- **Boost the representation of women's voices and experiences in policy-making, and at all levels of the health and care system**

Introduction

Women's Health Strategy for England (2)

The strategy has seven strategic priorities

- Menstrual health and gynaecological conditions
- Fertility, pregnancy, pregnancy loss and postnatal support
- Menopause
- Mental health and wellbeing
- Cancers
- Health impacts of violence against women and girls
- Healthy ageing and long-term conditions

…and eight cross-cutting themes

- Women's voices
- Information and awareness
- Access to services
- Disparities in health outcomes between women
- Health in the workplace
- Education and training for health and care professionals
- Research and evidence
- Data and digital

Introduction

Data Sources

While there are multiple good sources of data to describe the health of women in our region, many gaps exist. Routine data and reporting often does not break down findings by sex and gender and, if that sex or gender breakdown exists, this is only available for the whole of England and not the region or locality. In addition:

- Where routine data is available by sex, it is rarely broken down further by protected characteristics, e.g. by ethnicity or sexual orientation. This is especially important for health indicators where wider research suggests there are significant inequalities in health outcomes due to discrimination, racism or disadvantage
- Current data collection methods do not account for gender diversity. This might impact negatively on those who are impacted by the health issues in the strategy, but do not identify as women
- Current data flows from primary care do not include routine information on women's health such as diagnosis of menopause
- Data on outcomes for inclusion health groups are limited, including marginalised groups such as the female prison population
- Routine maternal and child health data collection lacks indicators that focus on the health and wellbeing of the mother

Data sources used in this needs assessment:

Women's Health Data Profile for North East and North Cumbria begins to paint a picture of the health of women in our region. As in the rest of England, women in NENC live longer than men, but spend more time in poorer health and the profile describes women's health outcomes

Women's Reproductive Health Survey. This national survey was conducted in late 2023 and received 52,000 responses. The North-East Local Knowledge and Intelligence Service have obtained and analysed data from women residing in the North-East and North Cumbria to present the regional picture, giving insight into access to services

Ways to Wellness desktop review of VCSE: This review examined data and findings on women's health experiences and health inequalities in July 2023 and was refreshed in January 2024

Regional Women's Voice Call for Evidence In April 2024 a call for evidence went out to the regional Women's Health Network requesting intelligence around women's experiences of care. The call received 20 responses from the system, all of which feature in this report

Applied Research Collaboration North-East and North Cumbria Projects Summary In April 2024, the ARC refreshed a list of ongoing or recently completed research projects, providing the latest academic insights into women's health in NENC

Introduction Our Region: Population Profile

Table 1: Population

Indicator	Period	Estimated count	Proportions and rates	England
Total population	Mid year estimate	2,966,487	-	60,200,000
Total female population		1,515,877	51%	
Female 0 -19		322,058	21% of females	
20-44		464,034	30% of females	
45-64		406,777	27% of females	
65+		339,743	22% of females	
Ethnic minorities (all age, female)		93,839	6.2% of population	
Ethnic minorities (all age, male)		97,728	6.7% of population	
General fertility rate (NE only)	2022	24,701	49.8 per 1,000	51.9
Under 18 birth rates	2022	270	6.2 per 1,000	3.4
Breastfeeding at 6-8 weeks (NE only)	21/22-22/23		36.7% of mothers	49.2%

Source: NENC Women's Health Data Profile

Population

- The estimated population in the North-East and North Cumbria according to the Census 2021 is **2,966,487**.
- 51% the population are female, so there are an estimated **1,515,877 females** living in our region.
- **Women aged 65 and over** made up **21.9%** of the female population compared to men at 19.6%
- White ethnic groups make up 93.8% of the female population, followed by Asian 3.3% , mixed and multiple ethnicities, 1.2% and black ethnic groups at 0.9%
- **Breastfeeding,** a key protective factor for women's health across the life course, is significantly lower in women in the North-East than in the rest of England

Life expectancy

The gap in life expectancy between the most and least deprived neighbourhoods has increased for both males and females. **The life expectancy gap by deprivation in women was 7.8 years** and in males 10.2 years, according the latest data in 2020 to 2021.The number of years a woman living in any of the localities in NENC can expect to live in good health is lower than the England average.

Life expectancy at birth (years)– Male	Period	NENC	England
Life expectancy at birth (years) - Female	2022	81.6	83.2
Life expectancy at birth (years) - Male	2022	77.7	79.3
Healthy life expectancy at birth (years) Female (NE ONLY)	2020-22	59.0	62.7
Healthy life expectancy at birth (years) Male (NE ONLY)	2020-22	57.6	62.4

Introduction Our Region: Deprivation Profile

Latest UK poverty figures show that the North-East has the second highest poverty rate of all regions, at 25% (4). Deprivation is the biggest driver of health inequalities in our region and around a third of women and girls in the region live in areas which are ranked the most deprived in England (7). The gender pay gap impacts women in our region, with women working full time earning 14% less than men.

Between 2010 and 2020, women's life expectancy fell in the most deprived areas (outside of London), and the gap in life expectancy between the poorest and wealthiest women in England is now at its highest ever level. Our region has the highest proportion of children living in lone parent families, who are at high-risk of relative poverty. Nine out of 10 those lone-parent families are headed by women (5).

Poverty shortens lives and increases the risk of ill health. Women living in poverty struggle to access the goods and services needed to live a healthy life, such as nutritious food, domestic warmth, period products, travel to employment opportunities or healthcare appointments and more. A survey featured in the impactful North-East report 'Dismantling Disadvantage' developed by Agenda Alliance, revealed that in the winter of 2022-23, 72% of women respondents said that the cost-of-living crisis directly impacted their health and wellbeing.

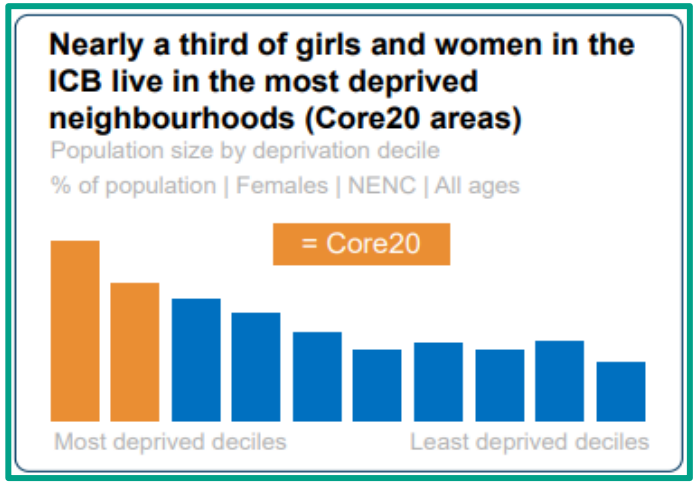
Poverty limits choice and damages mental wellbeing, putting women at risk of unhealthy behaviours, increasing the likelihood of harm from substance or alcohol use. Women living in poverty also have a greater risk of domestic abuse: 38% of women in England living in poverty experience violence and abuse compared with 27% of those not in poverty (6).

Women of the North-East and North Cumbria are at greater risk of poorer health outcomes related to deprivation, making it all the more important for the health system to understand and address their needs. Voluntary sector partners who can create a bridge between women and healthcare are essential to the success of the women's health programme and include Transforming Together and Represent Women.

Table 2: Deprivation Profile NENC

Indicator	Period	Estimated count	Proportion (%)	England
No of households				
Women in employment (16-64yrs)	Jan23-Dec23	687,000	72%	72
Economic inactivity	Jan23-Dec23	241,600	26%	25
Households in fuel poverty	2021		14.10%	13.1
Weekly earnings: female full-time workers (North-East only)	2023	£569		£625
Difference in full time weekly pay by gender (NE only)	2023	£80		£105
Female population living in most deprived 20%	2019	486549	31.9	

Source: NENC Women's Health Data Profile



Menstrual Health and Gynaecological Conditions

Data profile

Table 3: Menstrual health and gynaecological conditions in NENC

Indicator	Period	Trend	Estimated count
Gynae elective waiters	2024	↓	15,201

Source: NENC Women's Health Data Profile

Little is known about women's menstrual and gynaecological health at regional level and routine data are not currently collected for the purposes of commissioning services in NENC.

Gynaecological conditions are conditions that affect the female reproduction organs, including:

- Heavy Menstrual Bleeding
- Premenstrual Syndrome (PMS)
- Premenstrual Dysphoric Disorder (PMDD)
- Endometriosis
- Adenomyosis
- Fibroids
- Polycystic Ovary Syndrome (PCOS)

Urogynaecological conditions include:

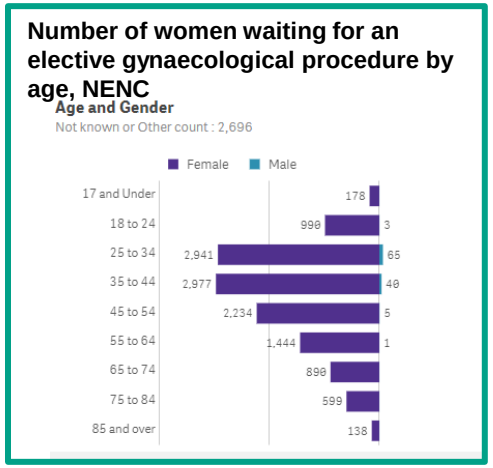
- Urinary Incontinence
- Vaginal Prolapse
- Recurrent Urinary Tract Infections

Period poverty

Multiple examples of successful schemes to tackle period poverty exist in the region, including South Tyneside's Period Dignity Donation Scheme

Women waiting for gynaecological procedures

- There are currently 15,201 women across NENC who are awaiting a gynaecological procedure (down by almost 2,000 in the past 12m), of whom over a third reside within the most deprived communities.
- The commonest age group within the waiting list is women aged 25 – 54, accounting for 54% of Gynae Waiters.
- The top 5 procedures women are currently waiting for are:
  - Laparoscopic approach to abdominal cavity NEC
  - Total abdominal hysterectomy NEC
  - Unspecified diagnostic endoscopic examination of peritoneum
  - Unspecified diagnostic endoscopic examination of uterus
  - Endoscopic bilateral clipping of fallopian tubes



Source: Raidr Waiting Well Data

NENC ICB Service Mapping identified sub-regional variation of provision and gaps in services in:

- Pelvic health
- Recurrent UTI treatment and management
- Vulval dermatology and vulva clinics

'Touch points' where women already access services could be used as valuable opportunities to promote pelvic health. The Royal College of Obstetricians and Gynaecologists has issued a policy statement advocating for system change required to optimise prevention of pelvic floor dysfunction and timely support for women.

Menstrual Health and Gynaecological Conditions

Women's Voices

Women's Reproductive Health Survey for England 2023

In Autumn 2023, the London School of Hygiene and Tropical Medicine, in partnership with the Department of Health, conducted a nationwide survey of women of reproductive age. The survey asked a broad range of questions about women's reproductive health, their views on the support they have received and their opinions on the quality of services. Overall, 52,000 responses were received. In 2024, the Local Knowledge and Intelligence Service (NE) obtained the regional cut of the data, examining responses from women who gave a postcode from the North-East or North Cumbria. The survey received 2,346 responses from the region. The full regional report is not yet published, and not every woman responded to every question, however early findings suggest that:

- A **significant majority of women** who had sought help for **Polycystic Ovary Syndrome (PCOS) or endometriosis** were **not satisfied** with the services they received
- Of the women who responded to questions about menstrual health, many described **severe period pain**, but **the minority of those had received any help** from healthcare about it
- The **majority of women who experienced heavy bleeding** (changing their pad/tampon/cup every hour or two) **had not had any treatment for it**
- Of the women who had had support from healthcare for heavy or painful periods, **most were either dissatisfied or neutral about their care**
- Some women and girls in the region reported **not being able to afford period products**, especially younger women

Menstrual Health and Gynaecological Conditions

Summary and Recommendations

Summary

The key finding of the needs assessment for menstrual and gynaecological conditions are:

- There is a **lack of routinely collected regional data** on common gynaecological conditions.
- There is **unwarranted variation in access to services for pelvic health, recurrent UTI and vulval health** across the region. There is no recording of advice on pelvic health at the 'touch points' in a woman's life course.
- Menstrual issues create a **significant burden to women** in the region, many of whom are not accessing suitable support or treatment and some of whom cannot afford period products.
- **Satisfaction around current services for PCOS and endometriosis** is low.

Overarching recommendations:

1. The ICB to conduct a detailed service mapping of commissioned services for menstrual and gynaecological conditions in North-East and North Cumbria
2. The ICB to quality assure current menstrual and gynaecological service provision against NICE guidance and Quality Standards

Specific actions for the system:

1. Access:

- The gynaecology services to review and seek to improve access to LARC for the treatment of menstrual disorders, working collaboratively with commissioners of contraceptive services to remove barriers to care created by disjointed funding
- The ICB to map and review services for pelvic and vulval health and recurrent UTI to create equitable access for all women
- The ICB to review diagnostic pathways and capacity for the identification of PCOS and endometriosis across the region, aiming for faster times to diagnosis for affected women

2. Experience:

- The women's health system, including Local Authorities, to map period poverty in the region and support the roll out of projects providing free period products in settings across NENC

3. Outcomes:

- The ICB to identify key metrics and establish a monitoring framework for menstrual and gynaecological conditions to identify and support work to reduce variation in outcomes

Menstrual Health and Gynaecological Conditions

Guidance

Service provision in health should be assessed against relevant guidance and standards: those relevant to this workstream are listed below:

NICE Guidance

NG73 Endometriosis: diagnosis and management
NG88 Heavy menstrual bleeding: assessment and management
NG210 Pelvic floor dysfunction: prevention and non-surgical management
NG123 Urinary incontinence and pelvic organ prolapse in women: management
NG112 Urinary tract infection (recurrent): antimicrobial prescribing

NICE Quality Standards:

QS47 Heavy menstrual bleeding
QS77 Urinary incontinence in women
QS172 Endometriosis

Fertility, Pregnancy, Pregnancy Loss and Postnatal Support

Data profile

Table 4: Fertility, pregnancy, pregnancy loss and postnatal support in NENC

Indicator	Period	Estimated count	Proportions and rates	England
General fertility rate (NE only)	2022	24,701	49.8 per 1,000	51.9
Deliveries to women =/>35yrs (NE only)	2022/23	4,360	18.4%	24.4%
Total prescribed LARC (excl injection) (NE only)	2022	19,490	39.3 per 1,000	44.1
<25yrs repeat TOP (NE only)	2021	1,002	29.2%	29.7%
SATOD	2022/23	3,222	12.3%	8.8%
Under 18 conceptions (NE only)	2021	840	19.7 per 1,000	13.1
New birth visits completed within 14 days (Cumbria significant outlier) (NE only)	2022/23	20,783	92.2%	79.9%
Maternal mortality (NE only)	2021		1	44

Source: NENC Women's Health Data Profile

Successes

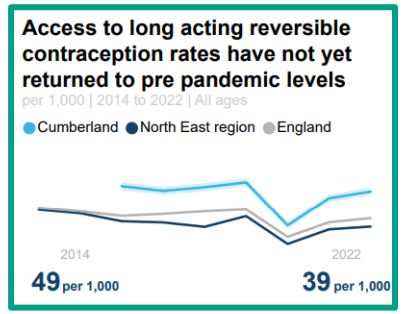
Improvements have been seen in smoking at time of delivery (SATOD) and in teenage pregnancy both of which, while still higher than the England average, are continuing to decline.

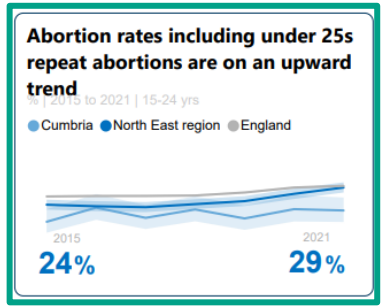
Maternal mortality in the region remains very low compared with England overall.

Access to Long-Acting Reversible Contraception (LARC)

Access to LARC, such as intrauterine systems and intrauterine devices (coils), contraceptive implants and injections is poorer across England than since the pandemic, and the **North-East has worse access than the England average**.

Rates of abortion in all ages have increased across England. Following years of lower-than-average rates of abortion in under 25s in the North-East, rates have increased in the region, catching up with those for England overall. The ICB has refreshed termination of pregnancy services following the Covid-19 pandemic to improve access to Early Medical Abortion (before 9 weeks). It is not yet known how health inequalities, especially geographical inequalities such as living in a rural area, impact on access to abortion services in the region.





New Birth Visits

All infants and their families are eligible to receive a visit led by a health visitor within the first two weeks from birth, to promote sensitive parenting, to support feeding and to discuss concerns and worries, including maternal mental health. In the North-East region the proportion of **new birth visits** completed within 14 days is significantly better than the England average, and highest out of all regions in 2021 to 2022. The **variation by local authority** however **ranges from 57% to 99%.** In England the rate of visits within 14 days is significantly better in the most deprived areas, compared to the least deprived .

Fertility, Pregnancy, Pregnancy Loss and Postnatal Support

Health Inequalities

Health Inequalities in Pregnancy

The NENC Local Maternity and Neonatal System Equity Analysis (last updated May 2022) examines inequalities in pregnancy outcomes and the wellbeing of women in pregnancy, labour, delivery and after birth, which are influenced by factors such as deprivation, ethnicity and age.

The most recent analysis identifies that in the North-East and North Cumbria:

- Five times as many women within the maternity population reside within the most deprived areas of NENC than the least deprived areas.
- 35% of ethnic minority women reside within the most deprived areas
- Ethnic minority women are twice as likely to experience still-birth compared with white women. The LMNS have implemented a Migrant Women Maternity Care Pathway as part of the action plan
- The rate of Still Birth is twice as high in women from the most deprived areas than the least deprived

The greatest risk factors for poor pregnancy outcomes identified regionally are:

- Poverty
- Tobacco dependency

There is significant variation across the different localities in the region in the rates of mothers <20 years, rates of women taking folic acid and rates of smoking at booking and delivery. Although the trend in smoking at time of delivery is reducing, the prevalence is 12 times as high in women for the most deprived areas.

Analysis of booking data in 2022 shows that recording of risk factors for poor outcomes such as complex social needs, alcohol consumption and weight is low in our region. Significant improvements to care pathways have been made since then. Significant improvements in recording of BMI at booking are seen and the capture of complex needs is slowly increasing, however recording of alcohol at booking remains an area for improvement.

Poverty Proofing© in Maternity

Poverty should not be a barrier to good maternity care. In 2023-34, South Tees Hospitals NHS FT undertook a Poverty Proofing exercise focusing on booking appointments with charity Children North-East. Generalisable recommendations were made around **effective communication, health related costs including travel, navigating and negotiating appointments, patient empowerment and staff awareness and training.**

Fertility, Pregnancy, Pregnancy Loss and Postnatal Support

Adverse pregnancy outcomes

Valproate

Valproate is a medicine used in mental health and epilepsy which has a high risk of causing fetal abnormality. **Prescribing rates of Valproate in females aged 13-54 are significantly higher in the North-East and North Cumbria region than in England overall** (1.75/1,000 female practice population in NENC compared with 1.49/1,000 in England, ePACT2 Jul-Sept 23).

A NENC working group has been set up in response to an MHRA safety alert and aims to develop a collaborative approach the safe prescribing of Valproate medicines in people of childbearing potential across the local population. The objective is to improve the quality and safety of these medicines through standardisation of practice in line with advice from the MHRA while ensuring that the care of women with serious and potentially life-threatening conditions is not compromised.

Pregnancy loss

The national Independent Pregnancy Loss Review (July 2023) highlighted the need for better care for families who lose a pregnancy before 24 weeks gestation. In NENC, there were 335 stillbirths in 2020-22. Miscarriage rates are not routinely collected, but an estimated 1 in 8 pregnancies end this way. Gateshead, Sunderland, South Tyneside, Northumberland and North Cumbria report commissioning a specific service for pregnancy loss, with pathways such as STSFT's Forever Cherished providing validated models of support, implementing the national Bereavement Care Pathway. Gaps in service exist in other areas of NENC and more needs to be understood about pregnancy loss prevention and support within gynaecology for those losing pregnancies before 18 weeks' gestation.

Substance use in pregnancy

Maternity services will be notified when pregnant women are known to recovery services, however little is known about those not known to services. The LMNS highlights anecdotal evidence from midwives suggesting an increase in numbers of women reporting cannabis and cocaine use during pre-conception and pregnancy, however screening for substance use in pregnant women is not routine in the region.

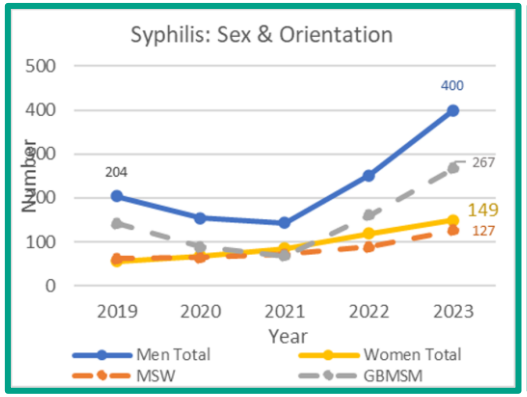
Fertility, Pregnancy, Pregnancy Loss and Postnatal Support

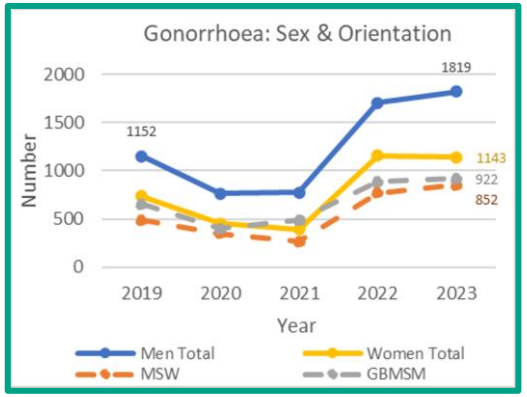
Fertility

Sexually transmitted infection

Sexually transmitted infection (STI) can have a significant impact on fertility and on pregnancy outcomes. Chlamydia and gonorrhoea can cause Pelvic Inflammatory Disease, which can increase the chances of ectopic pregnancy and reduce fertility. Syphilis in pregnancy can result in pregnancy loss, premature delivery and neonatal death and disability. **All of these infections are on the increase in the North-East**, in females as well as males. The rise is sharpest in those of fertile age, with highest prevalence in the Tees Valley.

The ICS, coordinated by UK Health Security Agency (North-East) has responded to the increasing threat from maternal syphilis by developing a toolkit for maternity and raising awareness of syphilis with primary and secondary care.





Source: Fingertips Public Health Data

Fertility assessment and treatment

The Women's Health Strategy for England 2022 describes inequalities in access to fertility services across the country. Of the 42 ICBs in the country, 33 explicitly require female same-sex couples to undergo between 3 and 12 cycles of self-funded Intrauterine Insemination (IUI) before being eligible for NHS treatment (data are not available for the remaining 9). Other groups who are ineligible for NHS funded treatment in most of England are single females requiring IUI and couples with at least one living child requiring In Vitro Fertilisation (IVF) or Intracytoplasmic Sperm Injection (ICSI).

North-East and North Cumbria ICB does not currently fund fertility treatment in these situations, however there is a high level of expressed need, evident through the fact that around half of all complaints received by the ICB Individual Funding Requests service (which covers a broad range of health service provision) are about access to fertility treatments.

Contraception in pharmacies

62% of pharmacies in North-East and Yorkshire (n=328) have registered to provide the NHS Pharmacy Contraception Service, similar to the England rate of 63%. The service improves access by enabling women to start and continue oral contraceptives in their local pharmacy. The roll out in NENC is being coordinated by the Local Pharmaceutical Committee, with the aim of encouraging more pharmacies to sign up and ensuring geographical spread of the offer across the region. Closure of pharmacies is a national issue, potentially jeopardising the impact of this service. NENC ICB is acting to support the sustainability of the offer in areas where patient access is at risk.

Fertility, Pregnancy, Pregnancy Loss and Postnatal Support

Women's Voices

Women's Reproductive Health Survey for England 2023

In Autumn 2023, the London School of Hygiene and Tropical Medicine, in partnership with the Department of Health, conducted a nationwide survey of women of reproductive age. The survey asked a broad range of questions about women's reproductive health, their views on the support they have received and their opinions on the quality of services. Overall, 52,000 responses were received. In 2024, the Local Knowledge and Intelligence Service (NE) obtained the regional cut of the data, examining responses from women who gave a postcode from the North-East or North Cumbria. The survey received 2,346 responses from the region. The full regional report is not yet published, and not every woman responded to every question, however early findings suggest that:

- The vast majority of women who responded were able to get their preferred method of contraception in the region, however a number had **waited over a month** to get it
- For those who could not access their preferred method, the commonest reason was **availability**, either of appointments or the contraceptive itself
- A significant proportion of women who responded to the question were **dissatisfied or very dissatisfied** with contraceptive services, however most women were satisfied with their method once they got it

Postnatal Contraception

The 2022-23 North East and North Cumbria Postnatal Contraception (*PoCo*) Study (8) collected survey data from women who had completed a pregnancy in the previous three years about their experiences of postnatal contraception care. The time after having a baby is a key opportunity for contraception care in view of the risks to mothers and babies that are associated with a short interpregnancy interval.

More than 2,500 women responded to the survey, which found that only 15.5% of respondents accessed the most reliable long-acting reversible contraception (LARC) methods during the 8-week postnatal period, and almost **one in five women** (18.8%) indicated that they had been **unable to access their preferred contraceptive type.**

In accounts of their postnatal contraception experiences, women described services that were **difficult to access**, that often provided **inadequate information** about contraceptive options and side effects, and that tended to place the onus for contraception uptake on women. Women also described experiences of care that sometimes felt **forced or coercive**.

"I found it quite hard as I couldn't make an appointment to get a copper coil fitted for three months, which resulted in me taking the pill which affected my milk supply"

"It was stressful having to wait 5 months before I could get a coil fitted. I knew at the time I couldn't manage another pregnancy and avoided sex as much as possible, driving me further away from my partner"

Fertility, Pregnancy, Pregnancy Loss and Postnatal Support

Women's Voices

Maternity and Neonatal Voices Partnerships

Discussion with Maternity and Neonatal Voices Partnership leads in the region in May 2024 identified the following themes as areas for improvement in the system:

- Developing an approach to supporting women experiencing **pregnancy loss pre 16 weeks gestation**
- Providing **trauma-informed care** and supporting **birth reflections** conversations to minimise the impact of traumatic experiences on the next pregnancy
- Ensuring truly **personalised care** through supported decision making, ensuring antenatal conversations and intrapartum interactions address what is important to the woman
- Respecting the women's **bodily autonomy** and ensuring suitable **consent** is obtained for every examination
- **Co-producing pathways of care** with women, according to the ambitions laid out in the LMNS 3-year delivery plan

Women's Reproductive Health Survey for England 2023

Of the women from the North-East and North Cumbria who responded to the pregnancy questions of the Women's Reproductive Health Survey, the **significant majority were satisfied with their care** during pregnancy and delivery, and most were satisfied with care up to 6 weeks post-partum.

Fewer women, although still the majority, were satisfied with the contraceptive services they accessed after birth, with **a significant proportion dissatisfied or very dissatisfied with postnatal contraceptive care**.

National data are not yet available for comparison, however the survey will be repeated every two years, which will allow observation of trends over time.

Further women's voices from the region

Happy Mums' Foundation- Maternal mental health support groups Cumbria and online
Maternity Voices Partnership Neonatal Vlogs- Carlisle and Eden and West Cumbria
Birth Companions: Still a Mam- experiences of child removal
Using Intersectionality and Behaviour Change to Enhance Maternity Care for Black women in the UK research project (in progress)
Identifying, synthesising and appraising existing evidence relating to myalgic encephalomyelitis/chronic fatigue syndrome and pregnancy: a mixed-methods systematic review: Review of evidence around ME/CFS and pregnancy, with an accompanying women's voices survey in progress
ERicar: engaging Czech-Slovak Roma women in the co-creation of an antenatal care information resource
Designing Accessible Maternal Mental Health Services: The MaMS Study: ongoing research
The role of social support in black postpartum women: Unpublished research project

Fertility, Pregnancy, Pregnancy Loss and Postnatal Support

Summary and Recommendations

Summary

Key findings for fertility and pregnancy regionally are:

- The scope of this strategic priority is extremely broad, and maternity services nationally are already subject to significant scrutiny and service improvement directives.
- Significant improvements have been made in the **maternity prevention agenda** in NENC, particularly in tobacco dependency treatment and healthy weight. Specific care pathways have been developed to support prevention in maternity, including in identifying and managing women who drink alcohol in pregnancy. **Data sets may not be providing an accurate reflection** of the true impact of these improvements.
- **STIs** which affect fertility, pregnancy outcomes and neonatal health are **increasing in women of fertile age in the region.**
- Soft intelligence from the midwifery frontline indicates that there may be an **unmet need in women who use substance during pregnancy**, especially those not known to services.
- **Timely access to contraception** remains a national and regional issue.
- Termination of pregnancy rates are increasing in the region.
- A significant **majority of the birthing population in NENC live in deprivation**. No women should experience barriers to care or poorer outcomes due to poverty.
- There is **variation in postnatal support for families**, following both live birth and pregnancy loss.

Overarching recommendations:

1. The ICB to conduct a service mapping of commissioned services for fertility and pregnancy in North-East and North Cumbria
2. The ICB to quality assure current fertility and pregnancy service provision against NICE guidance and Quality Standards

Specific actions for the system:

1. Access:

- Maternity teams and local authority sexual health commissioners to work collaboratively to ensure a universal offer of preferred contraceptive to women immediately following delivery
- Local authority sexual health commissioners and providers to work to reduce waiting times for LARC for all women who need it
- The ICB to ensure that the roll out the NHS Pharmacy Contraception Service is sustainable, and not derailed by closure of pharmacies in the region
- The ICB to engage with the national NHSE review of fertility care and to consider the implications of any national policy directives which may impact on eligibility for fertility treatment at regional level.

2. Experience:

- Health visiting and primary care to work to reduce the geographic variation in new birth visits to allow all mothers in the region to experience personalised postnatal support and to roll out the LMNS's North-East & North Cumbria 6-8 Week Postnatal Maternal Health Review Template
- The maternity system to work to reduce geographic variation in pregnancy loss support ensuring equitable access to the National Bereavement Care Pathways
- Maternity services to adopt the principles of Poverty Proofing© Maternity Services

3. Outcomes:

- Maternity services to continue to work to improve data quality of the recording at the time of booking of modifiable risk factors for poor maternal and neonatal health outcomes, such as alcohol, substance use and Body Mass Index
- Maternity services to work to ensure that such conversations seek to reduce stigma, improving the validity of the responses and the uptake of offers of support
- Sexual health commissioners and providers, gynaecology and maternity services to ensure that STI screening is offered to women appropriately to reduce harms to fertility and pregnancy outcomes

Fertility, Pregnancy, Pregnancy Loss and Postnatal Support

Guidance

Service provision in health should be assessed against relevant guidance and standards: those relevant to this workstream are listed below:

NICE Guidance

NG3 Diabetes in pregnancy: management from preconception to the postnatal period
NG68 Sexually transmitted infections: condom distribution schemes
NG121Intrapartum care for women with existing medical conditions or obstetric complications and their babies
NG126 Ectopic pregnancy and miscarriage: diagnosis and initial management
NG133 Hypertension in pregnancy: diagnosis and management
NG140 Abortion care
NG194 Postnatal care
NG201 Antenatal care

CG30 Long-acting reversible contraception
CG110 Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors
CG156 Fertility problems: assessment and treatment

PH11 Maternal and child nutrition
PH27 Weight management before, during and after pregnancy
PH51 Contraceptive services for under 25s

NICE Quality Standards

QS22 Antenatal care
QS35 Hypertension in pregnancy
QS37 Postnatal care
QS69 Ectopic pregnancy and miscarriage
QS73 Fertility problems
QS98 Nutrition: improving maternal and child nutrition
QS129 Contraception
QS192 Intrapartum care: existing medical conditions and obstetric complications
QS199 Abortion care
QS204 Fetal alcohol spectrum disorder

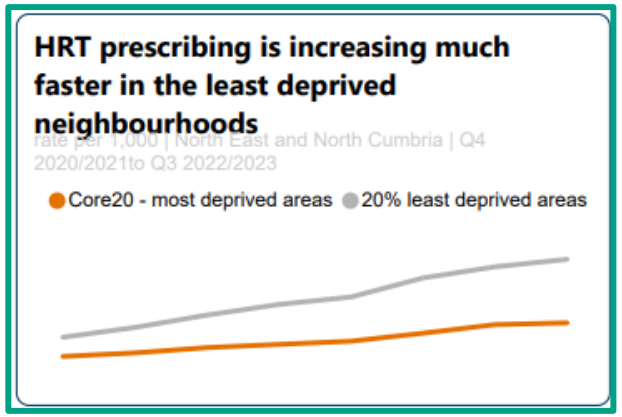
Menopause

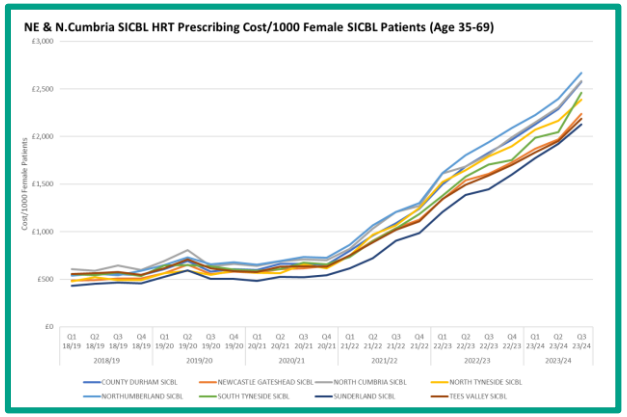
HRT prescribing in the region

The number of patients prescribed Hormone Replacement Therapy (HRT) per quarter in NENC has more than doubled between 2018/19 to 2022/23.However, **NENC ICB is still one of the lowest prescribers of HRT in the country** (in the lowest 20%).

There are wide inequalities in access to HRT by deprivation within the NENC, with the **least deprived area reported as seeing almost double the HRT prescribing of the most disadvantaged areas**. The least deprived areas have seen a four-fold increase in the number of women receiving HRT since 2018 compared with a 2.5-fold increase within the most deprived areas.

There is likely to be large unmet need in menopause care, particularly in the most deprived areas of our region. Further research is needed to identify the factors from patient and primary and secondary care perspectives to understand this. At national level, this is being explored by Warwick University (9).





Source: NHS BSA prescribing data

Data profile

Table 5: Menopause in NENC

Indicator	Period	Estimated count	Rate/1,000 pop
HRT prescribing	Oct-Dec 2023	60,466	82.4 (females 35-69yrs)
HRT prescribing (most deprived)	Oct-Dec 2023	12,879	57 (females 35-69yrs)
HRT prescribing (least deprived)	Oct-Dec 2023	11,748	112 (females 35-69yrs)

Source: NENC Women's Health Data Profile

Premature and Early Menopause

Women experiencing early (before age 45) and premature (before age 40) are at high risk of poorer health outcomes from lack of oestrogen, including osteoporosis, CVD, fractures and frailty. **All** of these women should be offered HRT according to NICE guidance, with a clear focus on disease prevention as well as symptom control. As menopause statistics are not part of the current data flow from primary care, it is not possible at regional level to identify how well these women's needs are being met. The table below models how many women could be affected by **premature and early menopause**, based on our population and the proportions of these diagnoses nationally:

	Age range	Estimate %	Estimated number of women in NENC
Premature	30 - 39	2%	4,223
Early menopause	40-44	7.6%	7,479

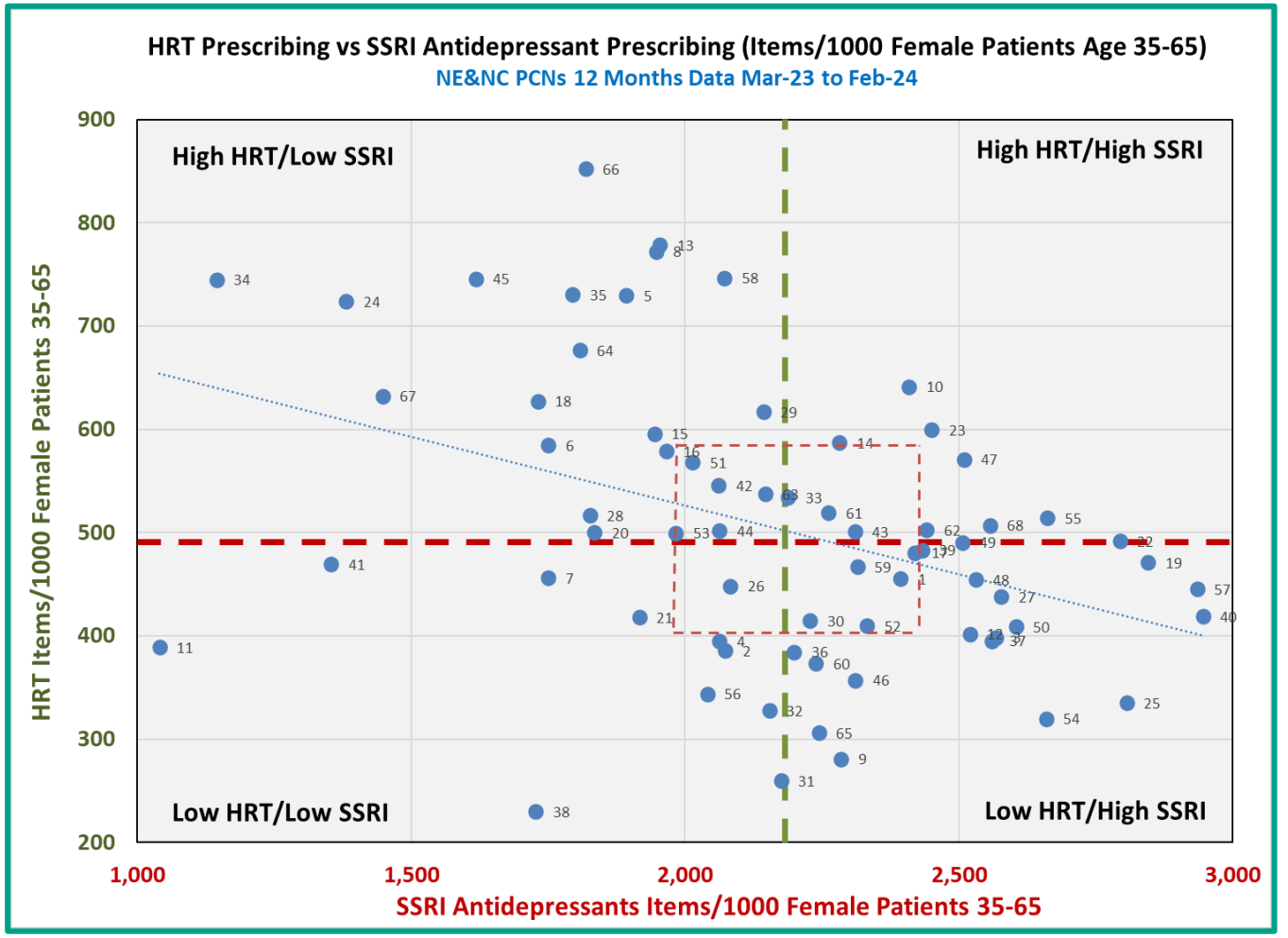
Menopause

Data profile

HRT and antidepressant prescribing

In the North-East and North Cumbria, **prescribing of antidepressants and prescribing of HRT appears to fall into a social pattern**. PCNs serving the most deprived areas prescribe less HRT and more antidepressants to women of menopausal age than the PCNs serving the least deprived areas. Women in the least deprived areas are prescribed more HRT and fewer antidepressants. The issue is overlaid by the fact that a Selective Seratonin Reuptake Inhibitors, a class of antidepressant are sometimes prescribed, on or off licence, for vasomotor symptoms of menopause.

The graph to the right plots primary care networks (identified by a code) by their ratio of prescribing of HRT:antidepressants by 1,000 female patients aged 35-65 years. The majority of the primary care networks serving the most deprived populations are in the bottom right quadrant, with the majority of those serving the least deprived populations in the top left quadrant. It is not clear what is driving this pattern of prescribing in the population.



Menopause

A study conducted by **Healthwatch North Tyneside** in September 2021 demonstrated that **women are dissatisfied with the level of information and support available around menopause** and uncovered **gaps in support and care** which have resulted in with significant impacts on health, work, relationships and quality of life.

Women questioned called for:

- **Improved population level awareness of menopause**
- **Better training for GPs and the development of menopause specialists**
- **Quality assured information for women**
- **Development of peer support systems**

Healthwatch Northumberland published **two very different experiences of menopause support and care** received by women in 2021. The report highlights the **need for consistent high quality menopause services for all women in the region.**

Women's Voices

Hartlepool Deaf Centre highlighted the need for improved inclusion and health literacy in menopause services. In January 2024, Hartlepool Deaf Centre held an inclusive health talk for a range of deaf women aged 30-88 years on menopause, using the Deaf Club as a trusted venue.

- The 1.5 hour workshop was delivered by two healthcare professionals from the local GP federation and by a qualified British Sign Language (BSL) interpreter
- Before the session, all of the women rated their knowledge of menopause as 1 out of 10, including those who had already experienced menopause
- Following the session, all participants rated their confidence and knowledge about menopause as 7-8/10

"I don't understand health information written in English"

Outputs from the evaluation of the session were:

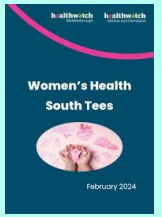
- Healthcare services may believe their events are fully inclusive,

but need to take extra steps to consider the needs of people with sensory impairment, according to the Accessible Information Standard

- Doing so can make a significant positive impact on women's understanding of their health

Healthwatch Redcar and Cleveland and Healthwatch Middlesbrough published their Women's Health South Tees report in February 2024.

Women called for **greater public awareness** of menopause, **better quality information**, more support from **better trained GPs**, **specialist services** for menopause, as well as **personalised care** approaches taking past medial and family history into account.



'Front line staff need more specialised training and knowledge about this subject. I ended up paying for a private consultation which widens health inequalities'.

Menopause

Women's Voices: Workplace

Women's Reproductive Health Survey for England 2023

In Autumn 2023, the London School of Hygiene and Tropical Medicine, in partnership with the Department of Health, conducted a nationwide survey of women of reproductive age. The survey asked a broad range of questions about women's reproductive health, their views on the support they have received and their opinions on the quality of services. Overall, 52,000 responses were received. In 2024, the Local Knowledge and Intelligence Service (NE) obtained the regional cut of the data, examining responses from women who gave a postcode from the North-East or North Cumbria. The survey received 2,346 responses from the region. The full regional report is not yet published, and not every woman responded to every question, however early findings suggest that:

- Nearly all of the respondents to questions on menopause were from the white ethnicity group, **limiting our understanding of the impact of menopause on non-white groups**
- **Less than half of women had received help and advice about menopause concerns** and just over half were satisfied or very satisfied with the help and advice received, with the remainder dissatisfied or neutral
- Most women did not think that there was adequate **ventilation or temperature control in their workplace**

Menopause in the Workplace: South Tees NHS Hospitals Foundation Trust

In 2023, in response to high sickness rates in female staff aged 45-60 and insights from Trust EDI and Occupational Health Leads, a pilot Early Menopause Clinic was trialled. Early findings were positive and the nurse-led clinic, based on a person-centred model of care continues to be delivered, with a full evaluation due in June 2024. Findings to date show that as a result of attending the clinic:

- Almost 75% feel more connected to the organisation
- 100% value the opportunity to explore questions and "gain control"
- 100% are sharing with colleagues "positive feedback" about the clinic
- Over 90% now feel "able to prepare for a GP appointment" for menopause

Before attending clinic, women felt…

"I don't want to leave, I love my patient care…but I don't feel supported at this stage of my life and I just don't see any other choice"

After attending the clinic, women felt…

"This offer makes me feel valued by the Trust"

The full evaluation will be presented to the ICB for consideration of opportunities for further roll-out.

Menopause

Summary and Recommendations

Summary:

Key findings for menopause in the region are that:

- **Access to menopause treatment** in NENC is lower than the rest of England
- **Access to menopause treatment is socially patterned**, with women in the most deprived areas least likely to be prescribed HRT. Social patterning is also seen in the prescription of antidepressants in women of menopausal age, with those living in the most deprived areas in receipt of more prescriptions for Selective Seratonin Uptake Inhibitors than those in the least deprived areas
- Not enough is known about the management of women experiencing **early and premature menopause** in the region. Suboptimal care in this group can cause future morbidity and contribute to early mortality
- Women describe the **significant impact of menopause on their personal and professional lives** and have clearly articulated their mandate to the health system, calling for specific improvements to commissioned services, to enable women to lead fulfilling and productive lives across the whole life course

Overarching recommendations:

1. The ICB to conduct a service mapping of commissioned services for menopause in North-East and North Cumbria
2. The ICB to quality assure current menopause service provision against NICE guidance and Quality Standards

Specific actions for the system:

1. **Access:**
- Primary care to work to understand and address the deprivation-driven inequity in access to HRT in the region to ensure all women have access to the care they need

2. **Experience:**
- The ICS to listen to the voices of women and implement the improvements to menopause services which have been called for consistently across the region and over time
- The ICB programme team to improve staff training in menopause care to ensure that women receive high-quality assessments, accurate information and an acceptable management plan in a timely manner, including the effective roll out of the NENC ICB regional menopause guidelines for primary care
- Primary care partners to examine the reasons behind the differential rates of antidepressant and HRT prescribing in areas of high and low deprivation
- The ICB to work with partners to develop and implement regional standards for employers, both in healthcare and other sectors, to support female staff who are experiencing menopause

3. **Outcomes:**
- to ensure adverse health outcomes from undertreatment of premature ovarian failure are minimised

Menopause

Guidance

Service provision in health should be assessed against relevant guidance and standards: those relevant to this workstream are listed below:

NICE Guidelines

NG23 Menopause: diagnosis and management

NICE Quality Standards

QS143 Menopause

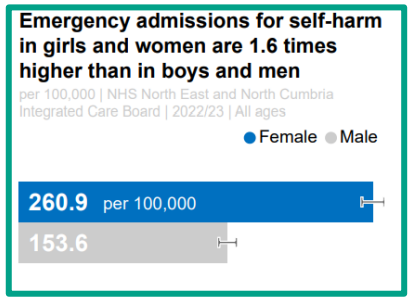
Mental Health

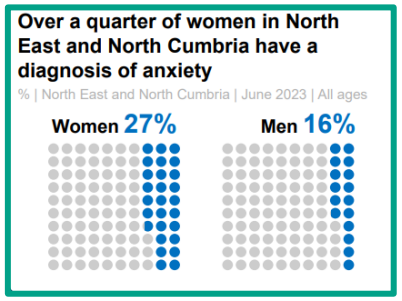
Data profile

Table 6: Mental health and wellbeing in NENC

Indicator	Period	Estimated count	Proportions and rates	England
Emergency Hospital admissions for self-harm (female) all ages	2022/23	3,900	260.9 per 100,000	168 per 100,000
Suicide rate (female)	2020-22	203	5.2 per 100,000	5.2 per 100,000
Alcohol related deaths (NE only)	2021-22	393	28.1 per 100,000	22 per 100,000
Premature mortality adults with SMI (female - NE only)	2020-22	3,730	122.6 per 100,000	89.1 per 100,000
Anxiety (female)			267/1,000	
Depression (female)			190/1,000	

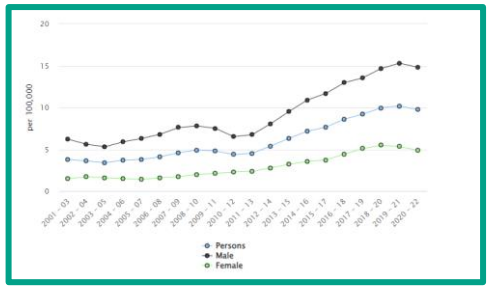
Source: NENC Women's Health Data Profile





Substance use

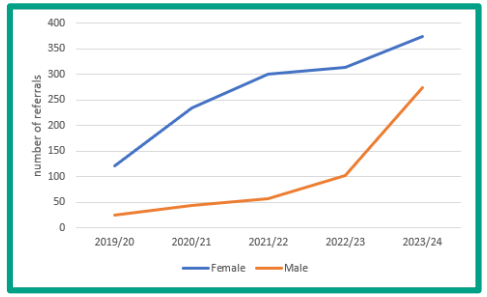
The **deaths from drug poisoning rate for women** in NENC is significantly lower than the rate for men, but **significantly higher than the England female rate**. The last two reporting periods report a small reduction in the rate for the first time since 2005-07.



Source: Fingertips Public Health Profiles

Eating disorders

Significantly more females than males are referred into treatment for eating disorders and distress in NENC and rates of referrals for both sexes are increasing. Females from the least deprived areas are more likely to be referred into eating disorder services. Eating disorders are just as likely to affect females from any social background, meaning that **women and girls living in the most deprived areas are likely to experience poorer access to services** (10)



Source: NHS Mental Health Minimum Dataset

Alcohol

Alcohol related deaths in women in the North-East are significantly higher than the England average, although rates in Cumberland are similar to those seen nationally.

Autism

No routinely collected data are available at regional level on females with autism, representing a data gap which may be impacting on commissioning decisions for this group.

Learning Disability

Females are under-represented in the learning disability population of NENC. The ratio of females to males with a diagnosis of LD here is 40:60 (Raidr GP data), despite the likelihood of learning disability being the same across the sexes. This suggests that there is **underdiagnosis of LD in females in the region**, with subsequent lack of access to services and care.

Mental Health

Women's Voices

Perinatal Mental Health

The Ways to Wellness Maternal MH Prototypes is a perinatal wellbeing project funded following a successful bid by NENC Mental Health ICS & Perinatal Mental Health Clinical Network team to NHS England Maternal Mental Health Fast Follower programme.

The project supports many women with complex needs which has shaped the understanding of complex social factors in maternity. Of the women supported by the Prototypes to March 2024, 85% had 3 or more co-existing support needs, and 43% had 5 or more. The report has mapped in Mosaic form the intersectional factors impacting on women's mental health during the perinatal period and advocates for considering stigma in postnatal support.

The report highlights the need for **greater focus on the mother's wellbeing in the postnatal period**, as well as the baby's, a fact supported by the lack of routinely collected data on maternal postnatal wellbeing. Outcomes from this VCSE intervention, designed to be complementary to existing commissioned services, are reported as:

Primary

- Improved mental health and wellbeing
- Greater connection to community and social supports

Secondary

- Building supportive routines as a new family
- Reduced loneliness and isolation
- Feeling heard, advocacy and health literacy support
- Improved social contacts
- Improved relationship with partner
- Improved bonding with infant
- Patient activation and engagement with clinical support
- Increased confidence
- Making progress in employment and education

"It was all mounting up…Helping me to nip things in the bud has made such an enormous difference. Mental health isn't always about being rock bottom. It's about stopping it from getting to that.''

"You're the first person to actually ask about me and not the babies, I love them, but no one seems to think about me and what I want"

Personality Disorder

The diagnosis of **Borderline Personality Disorder** is subject to ongoing discussion and debate globally, nationally and regionally.

Mental Health lived experience leads in the region express concern that women, especially those who are young, survivors of childhood sexual abuse or sexual violence, women who identify as LGBTQ+ or autistic women, may be misdiagnosed with Borderline Personality Disorder, preventing them from accessing the support and care they need to achieve psychological wellbeing. Data gaps exist in diagnosis of Borderline Personality Disorder in the region in relation to the impact of trauma.

Mental Health

Women's Voices

Further women's voices from the region

Ways to Wellness Maternal Mental Health Prototypes: A person centred, strengths-based intervention using a link worker model to support mothers to improve their psychological wellbeing

Happy Mums' Foundation- Maternal mental health support groups Cumbria and online

Maternity Voices Partnership Neonatal Vlogs- Carlisle and Eden and West Cumbria

Reform: Still a Mam- experiences of child removal

Exploring the significance of relationality, care and governmentality in families, for understanding women's classed alcohol drinking practices research study looking at how women's roles as carers affect their drinking

Girls' experiences of mental health and wellbeing support in alternative education: Sharing best practice and communicating needs research project with girls' voice at the centre

Evaluation of two pilot maternal mental services at South Tyneside and Sunderland NHS Foundation Trust (STSFT) and North Cumbria Integrated Care (NCIC)

FASD: Reflections of experts by experience and research team members on research and development about a sensitive issue that attracts stigma: An evaluation of perspectives of women with lived experience in designing training and resources for midwives to have effective conversation about alcohol with pregnant women

A Way Out: Women experiencing multiple disadvantages qualitative study commissioned by South Tees Changing Futures Board

Mental Health

Current Service Delivery and Gaps

Perinatal and Maternal Mental Health

The NHS Long Term Plan (LTP) published in January 2019 outlined plans for improvements in Perinatal Mental Health which included:

- Increasing availability of specialist perinatal mental health care for those who need it from 12 months to 24 months after birth
- Improving access to evidence based psychological therapies for women and their partners
- Mental health checks for partners of those accessing specialist PMH community services and signposting to support as required.

Activity to improve services for women in NENC has been underway since then and several mapping exercises of perinatal and maternal mental health provision have been undertaken by the NENC Perinatal Mental Health Clinical Network lead and Maternal Mental Health Expert Group (now replaced by the North-East and Yorkshire Regional Mental Health Group) in 2023, with the following results:

Services

Antenatal Mental Health Clinics- these are not a commissioned service but have developed out of normative need identified by clinical teams. Under 2/3 of hospitals (62%) have antenatal mental health clinics, with a similar proportion (64%) having specialist midwives in MH, though not all are funded.

Birth Reflections- All hospitals in NENC have a birth reflections service giving women the opportunity to discuss their experience of labour and delivery and provide explanations and reassurances about their care. A regional Birth reflections guideline for NENC is due to be published in mid-2024.

Maternal Mental Health Services: only 3 of the 8 NHS foundation trusts in the region have MMHS, which are designed to fill the gap in services for women experiencing moderate to severe or complex mental health difficulties with a significant association with a trauma or loss in the maternity/perinatal/neonatal context

Specialist Perinatal Mental Health Services- these are provided by the two mental health trusts in the region, CNTW and TEWV. Coverage for SPNMH services is universal across the region for those women who meet referral criteria.

Family Hubs- 9 of the 13 Local Authorities in NENC received funding for the Family Hubs and Start for Life Programme from DHSC and DfE and all LA areas provide a perinatal mental health and parent-infant relationships offer. Pathways mapping has been undertaken at locality level to understand and streamline local provision.

Health Visiting- Health Visitors can offer new parents 6 sessions of emotional wellbeing.

VCSE- a number of non- commissioned voluntary and peer support agencies exist to support women in the perinatal period across the region, with coverage being very variable due to the nature of the sector, which suffers from significant challenges to a lack of sustained funding.

Access

The LTP outlined incremental targets for improved access to perinatal mental health services, based on an estimate that 10% of the birthing population would require this support. As of December 2023, the percentage of birthing women accessing PNMH services in NENC was 6.8%, with sub-regions ranging from 8% to 5.9% . Where Maternal Mental Health Services are available, this improves access to support significantly, and has enables North Cumbria locality to surpass the target and reach 10.1% of the birthing population.

Staffing

The NENC Perinatal Mental Health Clinical Network have mapped regional perinatal mental health services against Royal College of Psychiatrists guidance CR232, *Perinatal mental health services: Recommendations for the provision of services for childbearing women*. The mapping shows significant gaps in all staff groups other than specialist community nurses. The largest gaps are seen in clinical psychology (around 1/4 of recommended numbers of staff in post) and doctors, both specialist and non-consultant grades (around 1/3 of recommended numbers of staff in post).

The Network highlights that issues around recruitment, retention, increasing caseload complexity and associated clinical risk compound to create ongoing problems with staffing in the region. This, along with issues around proportionate resourcing from national funding sources has impacted on the delivery of the LTP targets.

Mental Health

Summary and Recommendations

Summary:

Key findings of the mental health needs assessment for women are that:

- Women in the North-East and North Cumbria bear a **greater burden of mental ill-health than in the rest of England**, with significantly higher rates of admissions for self-harm and of premature mortality in Severe Mental Illness
- Females in the region carry a **greater burden of mood disorder and eating disorder than males**
- **Learning disability is likely to be underdiagnosed** in females in the region. Data on how autism affects females in North-East and North Cumbria is lacking
- There is a good level of system understanding about perinatal mental health in the region, but there is **variation in maternal mental health services**. **Staffing levels in perinatal mental health are lower than recommended guidelines**, with specific shortages in clinical psychologists and doctors creating barriers to access
- **Female deaths from substances are high** in our region. The North-East and North Cumbria is home to a high proportion of women with **multiple unmet needs**, often experiencing complex social barriers to health and wellbeing. Good examples exist of complementary services delivering targeted, trauma-informed personalised care to women facing multiple disadvantage, however the regional health system is yet not structured nor funded in a way to ensure equitable access to this level of care for women with the greatest need

Overarching recommendations:

1. The ICB to conduct a service mapping of commissioned services for women's mental health in North-East and North Cumbria, to include mood disorder, disordered eating and personality disorder
2. The ICB to quality assure current women's mental health service provision against NICE guidance and Quality Standards

Specific actions for the system:

1. Access:

- The ICB to work to address low staffing levels in mental health in North-East and North Cumbria, seeking to address variation in access to Maternal Mental Health Services and others
- Primary and secondary care to investigate and address the social patterning in access to eating disorder services for women in the region
- The ICS, including primary and secondary care, Local Authority and education partners to understand and address the apparent underdiagnosis of learning disability in females and to address the data gap in autism in the region's women and girls
- Healthcare services to work with VCSE and Local Authority partners to rationalise pathways of care for women with multiple unmet needs and complex social factors, both during the perinatal period and across the life course, rolling out models of evidence-based good practice, integrating care across sectors

2. Experience:

- The whole ICS to identify opportunities to promote good mental wellbeing and prevent mental ill health in all women's services by upskilling staff to deliver Connect 5 conversations
- Maternity services to implement the forthcoming regional Birth Reflections guidelines

3. Outcomes:

- Mental health providers to seek to understand and address the high rates of premature mortality of women with Severe Mental Illness in the region
- The ICS, led by Local Authorities, to work to understand and address the significant inequality in drug related deaths in women in the region,

Mental Health

Guidance

Service provision in health should be assessed against relevant guidance and standards: those relevant to this workstream are listed below:

NICE guidance

NG58 Coexisting severe mental illness and substance misuse: community health and social care services
NG66 Mental health of adults in contact with the criminal justice system
NG69 Eating disorders: recognition and treatment
NG87 Attention deficit hyperactivity disorder: diagnosis and management
NG105 Preventing suicide in community and custodial settings
NG116 Post-traumatic stress disorder
NG134 Depression in children and young people: identification and management
NG222 Depression in adults: treatment and management
NG225 Self-harm: assessment, management and preventing recurrence
CG31 Obsessive-compulsive disorder and body dysmorphic disorder: treatment
CG78 Borderline personality disorder: recognition and management
CG91 Depression in adults with a chronic physical health problem: recognition and management
CG113 Generalised anxiety disorder and panic disorder in adults: management
CG115 Alcohol-use disorders: diagnosis, assessment and management of harmful drinking (high-risk drinking) and alcohol dependence
CG120 Coexisting severe mental illness (psychosis) and substance misuse: assessment and management in healthcare settings
CG123 Common mental health problems: identification and pathways to care
CG128 Autism spectrum disorder in under 19s: recognition, referral and diagnosis
CG142 Autism spectrum disorder in adults: diagnosis and management
CG159 Social anxiety disorder: recognition, assessment and treatment
CG170 Autism spectrum disorder in under 19s: support and management
CG178 Psychosis and schizophrenia in adults: prevention and management
CG185 Bipolar disorder: assessment and management
CG192 Antenatal and postnatal mental health: clinical management and service guidance
PH24 Alcohol-use disorders: prevention

And Quality Standards:

QS8 Depression in adults
QS11 Alcohol-use disorders: diagnosis and management
QS23 Drug use disorders in adults
QS34 Self-harm
QS39 Attention deficit hyperactivity disorder
QS48 Depression in children and young people
QS51 Autism
QS53 Anxiety disorders
QS88 Personality disorders: borderline and antisocial
QS95 Bipolar disorder in adults
QS102 Bipolar disorder, psychosis and schizophrenia in children and young people
QS115 Antenatal and postnatal mental health
QS175 Eating disorders
QS188 Coexisting severe mental illness and substance misuse
QS189 Suicide prevention
QS204 Fetal alcohol spectrum disorder

Cancers

Data profile

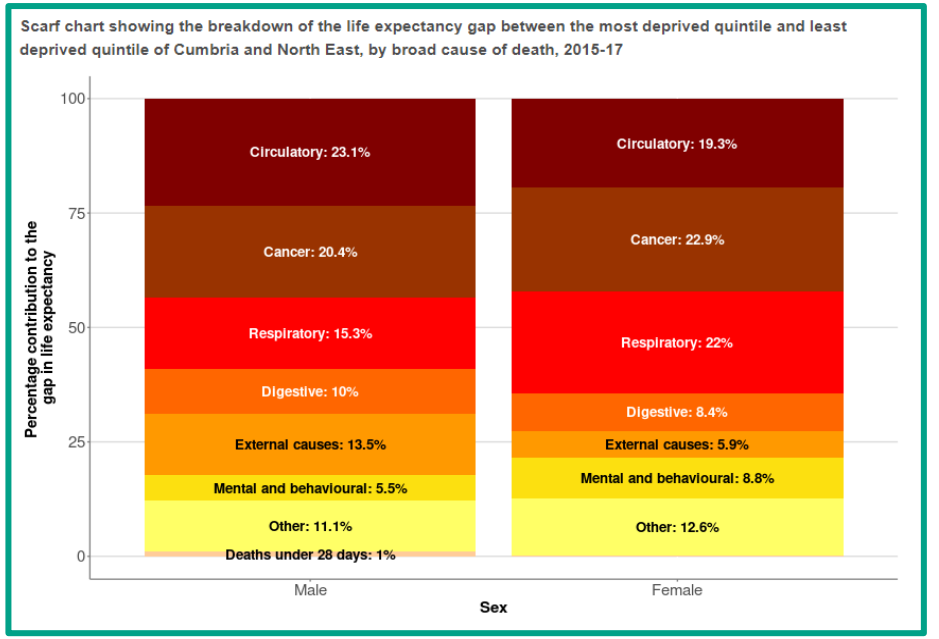
Table 7: Cancers in NENC

Indicator	Period	Estimated count	Proportions and rates	England
Cervical screening (25-49)	2023	351,951	71.1%	65.8%
Cervical screening (50 - 64)	2023	222,310	75.8%	74.4%
Breast screening coverage	2023	252,227	67.9%	66.2%
Early mortality from cancer	2022	1,875	125.5 per 100,000	110.3
Lung cancer mortality (female)	2020-22	2,804	61.6 per 100,000	42.7

Source: NENC Women's Health Data Profile

Deaths from cancer

Cancer is the **main cause of mortality in women in the region**, and is the **primary driver of women's health inequalities** in the North-East and North Cumbria, accounting for 23% of the gap in life expectancy between those living in the least and most deprived areas.



Human Papilloma Virus (HPV) Vaccination

HPV vaccine uptake rates are particularly **variable across the region** with Middlesbrough and Hartlepool being in the bottom 25 Local Authorities of the 151 in England, putting women and girls at risk of cervical and other cancers.

Cancer screening

The North-East and North Cumbria performs better than the England average for cancer screening, however, this masks the **significant variation in uptake**, particularly in the pockets of high deprivation. Uptake of breast screening varies from 35.1% to 77.1% across the NENC, and cervical screening from 37.4% and 81.5% in women aged 25-49 and 68.4% to 82.7% in women aged 50-64yrs. Equity audits have been conducted in the region to understand barriers to access for cancer screening, including the Cervical Screening Equity Report for NENC

Ovarian cancer

A National Ovarian Cancer Audit (NOCA) is underway which will produce granular information on diagnosis, treatment and surgery, to allow greater understanding of how care can be improved, and create better results. A feasibility study for the NOCA indicated that the **outcomes for NENC women with ovarian cancer were not as good as the rest of England.**

Cancers

Women's Voices

The Cancer Quality of Life Survey is a national survey run by NHS England and NHS Digital. People who have had a cancer diagnosis are asked to complete the survey around 18 months after diagnosis. The survey asks questions according to EQ-5D, focusing on anxiety/depression, mobility, pain/discomfort, self-care and usual activities. The last update took place in September 2023 and the North-East and North Cumbria responses have been analysed by NECS. The findings were:

Gynaecological cancers

Overall, the percentage of women experiencing negative impacts on quality of life were similar to the England average.

Older women, those living in the 20% most deprived areas and those with late stage (4) disease were most likely to experience impacts on quality of life. The exception to this was anxiety/depression which was significantly more commonly reported by younger women under 50.

Breast cancer

Women respondents from North-East and North Cumbria reported slightly worse quality of life across all domains than the England average.

Women living in the 20% most deprived areas and women with later stage disease (3/4) **reported worse quality of life**. Mobility, self-care and usual activities were reported as worse in older women, with younger women reporting more anxiety/depression and pain/discomfort than older women in our region.

Cancers

Women's Voices

Cancer Patient Experience Survey

The national Cancer Patients Experience Survey 2022 comprised 64 questions and looked at all cancer types, not just female cancers. Women in NENC described feeling **more positive** than women in England overall about the following:

- Support from family and friends
- GP support
- Waiting times
- Practical advice around dealing with side effects

Women in NENC however scored the following areas **more negatively** than those in the rest of England:

- Family or friends accessing advice from hospital staff
- Research opportunities were discussed with patient

Women in NENC scored lower than men in NENC for being offered research opportunities, suggesting a possible area for improvement.

Further women's voices from the region

Factors influencing cervical screening uptake in underserved women: research project looking to reduce inequalities and improve uptake of cancer screening. A toolkit for services is in development

Coping With Cancer: Danielle's Story: Case study of one woman's experience of cancer by a North-East charity

Targeted Lung Health Checks, Joan's Story: Case study of the first patient to have lung cancer identified and treated under the new regional programme

The Northern Cancer Alliance Public Involvement Accountability Forum: regional group to facilitate public engagement, voices of lived experience and co-production in the improvement of services.

ARCH Teesside cervical screening survey: ongoing public survey aiming to inform better access to cervical screening for survivors of sexual abuse

Cancers

Current Service Delivery

Northern Cancer Alliance provides the following appraisal of current women's cancer services in NENC:

Overview

Women's cancer service delivery is provided by many individual organisations across primary and secondary care, including screening units and mobile outreach. Pathways are variable and complex.

Secondary care

Secondary care cancer services are well structured with cancer teams, clinical leads and cancer managers providing oversight, transformation and co-ordination. Pathways cross organisations where necessary for tertiary care and there is greater movement towards regional working to support equity of access for women.

Primary care

The cancer agenda for primary care is primarily directed by the GP Contract (DES) and focuses on screening, cancer care reviews, and appropriate referral with safety netting. Each Primary Care Network should have a Cancer Lead in place to support service improvement in cancer.

Cancer awareness

Public Health, Fresh and Balance, community organisations and the VCSE all provide a role in increasing cancer awareness. Community Cancer Awareness Workers are in place across the ICB footprint and work with a range of partners to share the cancer awareness messages.

Cancer prevention

Public Health takes the lead with the primary prevention agenda, screening and HPV vaccine.

Partnership working

The NCA works to support the delivery of equitable and high-quality patient care across the region through forums, such Managed Clinical Networks, to bring all providers of cancer care together to transform cancer care, support regional joined-up solutions to challenges, and translate national cancer policy into local actions.

Cancers

Gaps in service

Northern Cancer Alliance provides the following appraisal of current gaps in women's cancer care:

Capacity Challenges

The expected increase in the number of women being diagnosed and living with cancer presents a challenge for diagnostic and treatment capacity, particularly in Systemic Anti-Cancer Treatment.

Workforce

There are non-surgical oncology workforce gaps across the nation and within our ICB, specifically breast imaging teams and gynaecology-oncology specialist radiologists and pathologists.

VCSE

The provision and availability of VCSE cancer specific organisations for women is variable across the region. Cancern, an umbrella organisation for the VCSE, is currently completing a scoping exercise to map out the support available for cancer patients across the NENC.

Health Inequalities

Health inequalities of women in lung cancer is a particular challenge and women may not access lung cancer services or are same way as men. Numbers of women who are non-smokers developing lung cancer (due to eg air pollution) are rising. This could potentially be older women with caring responsibilities in the more deprived areas. Greater health professional education is required around these factors

Service and pathway gaps

There are several areas where the NCA has identified a gap in service provision, new technologies on the horizon, or areas of improved performance required, such as genomics, HPV vaccination and screening, menopause and cancer pathways, primary prevention of breast cancer, equitable tobacco dependency treatment and Best Practice Timed Treatment

Enablers – IT infrastructure and data management capture

To support more effective regional and cross-organisational working, greater capability is required to enable multiple IT systems to be able to speak to each other to facilitate enhanced clinical data capture and transfer of patient information.

Cancers

System aspirations

Northern Cancer Alliance describes the following current aspirations for women's cancer care:

Breast cancer

- Continued workforce mapping and responsiveness to challenges
- Embed the breast pain pathway across the whole region
- Implement primary prevention for breast cancer
- Bring treatment variation in line across the region and below the national average
- Implement monitoring for Jewish women with the BRCA gene

Gynae-oncology

- Continued workforce mapping and responsiveness to challenges
- Implement the Unscheduled Bleeding on HRT pathway across the region
- Stabilise specialist gynae-oncology tertiary surgery services
- Ensure adequate specialist gynae radiology, pathology and oncology care across the region

Lung cancer

- Expansion of the Targeted Lung Health Check Programme (TLHC) to 100% of the NENC population, with a focus on increasing uptake and targeted health inequalities
- Access to high quality smoking cessation support and products
- Equitable access to the right tests and treatments across the region
- Supporting people to spot the signs earlier and feel better for longer if treatment is required

Menopause and cancer

A clinically led menopause strategy to be defined. A Specialist Interest Group is to be established with plans for development of agreed regional principles of care. Several education events and resources are planned for staff. Respond and react to any new national guidance that is released.

Screening for cancer

- Implement effective initiatives to address the issues identified in the Bowel, Breast and Cervical Health Equity Assessment reports
- Lowering of the bowel cancer screening age and FIT clinical levels to support increased sensitivity for referral
- Increase HPV vaccine uptake across the region

How could we measure this?

- Treatment variation data
- BPTP data
- Screening and HPV vaccination uptake
- Patient feedback
- National Ovarian Cancer
- Audit Data
- Breast Pain Pathway Referrals
- Breast Primary Prevention uptake
- Smoking quits
- TLHC Uptake

Cancers

Summary and Recommendations

Summary:

Key findings from the cancer needs assessment are that

- **Cancer is the biggest killer of women in the region** and is the **largest driver of inequalities in life expectancy** between women in the least and most deprived areas
- There remains **wide unwarranted variation in uptake of cancer screening and HPV vaccination** between areas in the region, despite many local areas working to understand the access barriers and enablers for their own populations
- Early findings suggest **ovarian cancer outcomes for women in the region are poorer than in the rest of England**
- Women living with cancer in the **most deprived areas of our region describe the worst quality of life**
- Women living with cancer describe **fewer opportunities to participate in research** than men in the region, or the rest of the country
- **Significant workforce challenges** exist in women's cancer care, particularly in diagnostics
- The Northern Cancer Alliance have identified multiple gaps and ambitions for improvement in women's cancer care, including opportunities for **optimising digital systems and data management**

Overarching recommendations:

- The ICB to support the work of the Northern Cancer Alliance to address the identified gaps in service and to realise their specific aspirations for women and cancer, around breast and gynaecological cancers, female lung cancer, menopause, and screening
- The ICB to quality assure women's cancer services by assessing against NICE guidance

Specific actions for the system:

1. Access:

- Local authorities, education partners, primary care, screening and immunisations team and UK Health Security Agency to work with young people, parents and schools to improve uptake of HPV vaccination, aiming for at least 80% coverage in all localities within NENC, to ensure equitable access to primary prevention
- Screening providers, primary care, local authorities and the screening and immunisation team to use the findings of the recent cancer Health Equity Audits and the various local behavioural insights to ensure everyone assigned female at birth, regardless of gender identity, ethnicity or socioeconomic status can access optimal secondary prevention through cancer screening
- The ICB to work to address staffing gaps in women's cancer, particularly in the non-surgical specialist oncology workforce

2. Experience:

- The Northern Cancer Alliance to understand and address the socially patterned inequity in quality of life in women living with cancer in the region
- Cancer services to work with academic partners to ensure that women living with cancer in NENC have opportunities to participate in research

3. Outcomes:

The ICB to support improvements in data and digital in cancer services, allowing better data capture and transfer of information, reducing unwarranted delays in care

Cancers

Guidance

Service provision in health should be assessed against relevant guidance and standards: those relevant to this workstream are listed below:

NICE Guidance

NG12 Suspected cancer: recognition and referral
NG101 Early and locally advanced breast cancer: diagnosis and management
NG122 Lung cancer: diagnosis and management
NG241 Ovarian cancer: identifying and managing familial and genetic risk

CG81 Advanced breast cancer: diagnosis and treatment
CG164 Familial breast cancer: classification, care and managing breast cancer and related risks in people with a family history of breast cancer
CG122 Ovarian cancer: recognition and initial management

CSG1 Improving outcomes in breast cancer
CSG4 Improving supportive and palliative care for adults with cancer

TA69 Guidance on the use of liquid-based cytology for cervical screening

NICE Quality Standards:
QS12 Breast cancer
QS17 Lung cancer in adults
QS18 Ovarian cancer
QS124 Suspected cancer

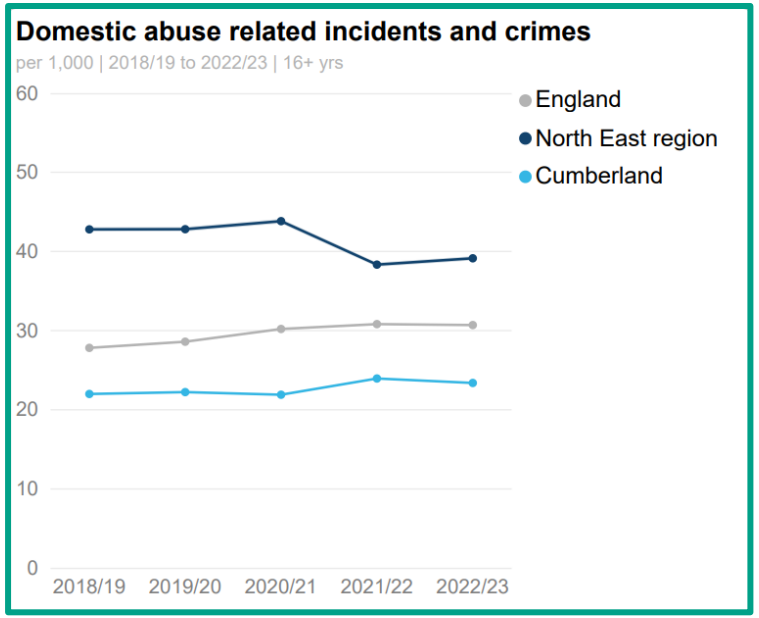
Health Impacts of Violence Against Women and Girls

Data profile

Table 8: Health Impacts of Violence Against Women and Girls

Indicator	Period	Estimated count	Proportions and rates	England
Hospital admissions for violence (NE only)	2020/21-22/23	990	25.4 per 100,000	15.2
Domestic abuse (NE only)	2022/23		39.1 per 1,000	30.6

Source: NENC Women's Health Data Profile



Data gaps

Routinely available **data on Health Impacts of Violence Against Women and Girls in NENC are limited**. National datasets do not report domestic abuse or sexual violence broken down by sex or gender at regional level, making it difficult to routinely monitor the scale of the issues or to estimate the needs of women in the region.

Domestic Abuse

Rates of domestic abuse in Cumbria are **lower than the England average but are on an upward trend**. Rates of domestic abuse in the North-East remain **significantly above the England average**. While these figures represent both sexes, domestic abuse is known to disproportionately affect females

Hospital admissions for violence

Hospital admissions for violence are available by sex: men are significantly more likely to be admitted to hospital as a result of violence, but this reflects the relatively high levels of male-on-male interpersonal violence seen globally, and **masks harms to women at the hands of men**.

Premature deaths

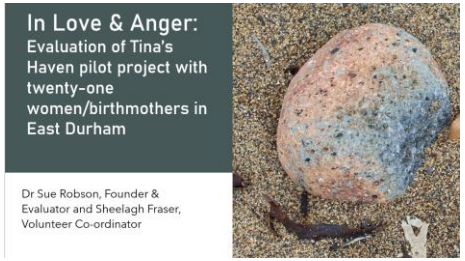
Changing Lives is a charity for people with multiple disadvantage which provides the majority of its services in the North-East and states that over half of its service users have experienced abuse from men. The charity reports that since 2019/20, the average age of the women who have died whilst accessing their services, where known, has fallen by almost 10 years, from 46.8 to 36.9 (11). The causes of death are not known, however drug poisoning, alcohol related deaths, suicide and domestic homicide are more common in women who experience violence.

Health Impacts of Violence Against Women and Girls

Women's Voices

Supporting trauma survivors

The Tina's Haven Pilot Project 2022/23 aimed to shine light on the plight of birthmothers severed from their children by addiction as a result of violence against women and girls (VAWG) and other trauma. The pilot included arts and nature-based therapy and a 12 week 'Own My Life' course to empower women to take ownership of their lives. The study demonstrates positive outcomes for women and proposes a transferable model of practice for the region.



On safe spaces

"I talked about a lot that I have never talked about, sexual abuse from a male relative. It was such a safe space, the more you talk about it, the more it doesn't weigh you down."

Vulnerable migrant women

The Covid-19 pandemic highlighted the specific risks and challenges for women in our region from the most marginalised groups who experience violence. Some women were **forced to stay with perpetrators** during lockdowns and some vulnerable migrant women had to make an **impossible choice** between staying with their abuser or facing destitution. The reports below focus on action to be taken by services, including 'reach out' models of support and reducing barriers created by digital exclusion, with recommendations suitable for adaptation by health services.

Further women's voices from the region

Parental intimate partner violence and abuse during the COVID-19 pandemic: Learning from remote and hybrid working to influence future support research looking at the impact of intimate partner violence and abuse on children, affected family members and perpetrators during COVID-19

Life in a Domestic Abuse refuge during the COVID pandemic: Healthwatch County Durham: review highlighting the widening of women's inequalities during the Covid-19 pandemic

Angelou Centre: report to House of Lords during Covid-19 on the key inequalities faced by black and minoritised women who have intersecting protected characteristics

Evaluating healthcare-based Independent Domestic Violence Advisor provision within maternity services: ongoing research in Newcastle

Health Impacts of Violence Against Women and Girls

Current Service Delivery and Gaps

Supporting survivors of domestic abuse in healthcare settings

Following the recommendations made in the Statutory Guidance issued under the Domestic Abuse Act 2021, charity Standing Together was awarded a three-year contract by the Home Office (2023-25) to **identify and understand domestic abuse interventions across healthcare settings**. Through working innovatively with partnerships across the forty-two ICBs including NENC, the overall aim is to instill sustainable change to transform healthcare's response to Domestic Abuse by ensuring a consistent and coordinated whole health system approach.

A mapping exercise in our region found that there remains a **significant lack of Primary Care interventions** equipping clinical and administrative staff with skills to to enquire and respond to domestic abuse disclosures and make onward referrals (known as Routine and Selective Enquiry). Secondly, **there are insufficient mental health and domestic abuse services**, and victim-survivors are often slipping through the net between the two agencies.

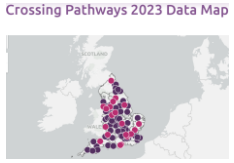
Regional Mapping Data

Mapping Data for North East and North Cumbria ICB:

Region	Organisation	Organisation Type	Does a health representative attend DA/DV/VAWG steering or strategy groups?	IRIS Interventions	Domestic Abuse Coordinator	Health IDVA	Mental Health IDVA	Other
North East	Newcastle upon Tyne City Council	Local Authority	Y	N	N	N	N	Domestic Abuse Champions
North East	Northumberland County Council	Local Authority	Y	N	N	Y	N	Domestic Abuse Champions, DA Health Advocate
North East	North Tyneside Council	Local Authority	Y	N	N	Y	N	Domestic Abuse Champions, DA Health Advocate
North East	Durham County Council	Local Authority	Y	N	Y	Y	N	Domestic Abuse Champions. acute IDVAs
North East	Middlesbrough Council	Local Authority	Y	Y	N	Y	N	Domestic Abuse Champions and DA health workers
North East	Redcar & Cleveland Borough Council	Local Authority	Y	N	N	Y	Y	Sexual Violence Counselling
North East	Darlington Borough Council	Local Authority	Y	N	N	Y	N	Mental Health First Aiders with DA Training
North East	Hartlepool Borough Council	Local Authority	Y	N	N	Y	Y	Court IDVA

Further links to the work of Standing Together

Standing Together website
Crossing Pathways Project
Centring the Survivor Report: national women's voices



Needs assessment by locality

In early 2024, all statutory partners in NENC conducted their own locality-based needs assessment into Health Impacts of Violence Against Women and Girls, resulting in development of local plans. Outputs from this work are awaited.

Health Impacts of Violence Against Women and Girls

Summary:
Key findings from the health impacts of violence against women and girls needs assessment are that:

- **Data gaps** exist around the health impacts of violence against women and girls, impacting on the understanding of unmet need and impairing effective commissioning decisions
- **Rates of domestic abuse are high in the North-East and on the rise in Cumbria**, representing a significant regional inequality for women
- Services report deteriorating health in women and girls who experience abuse, resulting in a **significant deterioration in age at death for the most disadvantaged females**
- Voluntary sector organisations describe models of care and **system level improvements to support women experiencing intersectionality of disadvantage**, however these approaches have not yet been adopted across the regional health system
- An opportunity exists for the health system to engage with **Home Office funded activity** to improve healthcare's contribution to minimising harm to women and girls
- **Little is known about the impacts on women and girls from sexual exploitation, gang crime FGM, virginity testing and hymenoplasty** in the region and efforts to tackle these issues should not be overshadowed by the focus on domestic violence

Specific actions for the system:

1. **Access:** Ensure all women reporting domestic abuse to general practice have access to in-house specialist advocacy and support, such as via the IRIS model
2. **Experience:** The ICB to roll out trauma-informed domestic abuse training across the health system to improve the experience of survivors of abuse in all contacts
3. **Outcomes:** The ICS to work to develop a suitable set of indicators to monitor the health outcomes of the most vulnerable women in our population

Summary and Recommendations

Overarching recommendations:

- A wide range of senior health and safeguarding professionals should engage with "Crossing Pathways: Integrating Best Practice in Health and Domestic Abuse Network", to implement the Standing Together Pathfinder Toolkit , which provides an important set of recommendations to help the health system in NENC to reduce the health impacts of violence against women and girls, and the system will benefit from engaging with this work.
- For the ICB to work closely, and improve the representation and **joint commissioning of services** with PCC, LA and Domestic Abuse Specialist Services, particularly regarding funding decisions
- Foundation trusts in the ICB to develop and implement **Domestic Abuse Policies** for patients and staff members
- Healthcare organisations to engage with the newly developed **Whole Health Accreditation Framework** to ensure that domestic abuse is made a strategic priority and that a systematic approach to improvements is undertaken

Health Impacts of Violence Against Women and Girls

Guidance

Service provision in health should be assessed against relevant guidance and standards. Those relevant to this workstream are listed below:

NICE Guidance

PH50 Domestic violence and abuse: multi-agency working

NICE Quality Standard

QS116 Domestic violence and abuse

Wider System Guidance

Domestic Abuse Act 2021 (Guidance for Health)

Health and Care Act 2022, Duty for ICBs to lay out steps to address needs of DA victims of about (DV & SV) in Joint Forward Plans

Police, Crime, Sentencing and Court Act 2022, Duty for ICBs to contribute partnerships on 'Serious Violence Duty' (DV & SV)

Victims Bill 2022, Duty on ICBs to collaborate on commissioning services (DA, SV & serious violence)

Violence Against Women and Girls Strategy 2021

Healthy Ageing and Long-Term Conditions

Data profile

Table 9: Healthy Ageing and Long-Term Conditions in NENC

Indicator	Period	Estimated count	Proportions and rates	England
Early mortality from CVD (female)	2022	867	58.4 per 100,000	47.4
Early mortality from respiratory disease (female)	2022	547	36.0 per 100,000	26.3
Mortality rate from COPD (female, all age)	2022	2,507	54.0 per 100,000	37
Type 2 Diabetes	2022	86,868	3-4%	
Physical activity (CMO guidelines, males and females)	2022/23		63.20%	67.1
Osteoporosis in females	2023	94,502	99.6 per 1,000	
Dementia	2023	16,371	17.9 per 1,000	

Prevention of ill health

Little is known about the key indicators of disease prevention in women in the region. While obesity in England is rising for both females and males in England, there is no breakdown of this information by sex or gender at regional level.

Musculoskeletal health

Females in the North-East and North Cumbria have **26% more admissions coded as musculoskeletal and connective tissue diseases** than men, probably reflecting higher rates of osteoporosis and hip fracture in older women. Hospital admissions for hip fractures age over 65 years are almost double those of men.

Atypical presentations

Females in the North-East and North Cumbria are **more likely than men to be recorded as having 'Symptoms, signs and abnormal clinical and laboratory findings' on admission**, which means no diagnosis is determined. This is made up mainly of unspecified chest or abdominal pain, possibly reflecting the differences in presentation between the sexes, with females experiencing symptoms other than the 'typical' features of cardiovascular disease (CVD) which are based on historic research studies in men (12).

Cardiovascular disease

While more men die of CVD than women in England, **deaths from CVD** in the female North-East population are **higher than the female England average.**

Healthy Ageing and Long-Term Conditions

Data profile

Unpaid carers

11.9% of women in the North-East and North Cumbria report providing **unpaid care** compared to men at 8%. The proportion of females providing unpaid care compared to men is greater across all age groups.

Gestational Diabetes Mellitus (GDM)

Up to 50% of women with gestational diabetes will develop type 2 diabetes within 5 years of diagnosis, with the remaining half of women at increased risk into the future.

According to the Maternity Minimum Dataset, 4.5% of pregnant women in the region had gestational diabetes documented on their clinical record between February 2022 and January 2023. Rates of gestational diabetes are increasing across the country and numbers of women at higher risk of type 2 diabetes in the North-East and North Cumbria are predicted to rise.

NICE guidance sets out recommendations for screening and follow up for women following gestational diabetes. Significant progress has been made over the past 5 years to improve care for women with GDM in the North-East and North Cumbria, including the roll out of postnatal information letters, however it is not known how many women in our region can access appropriate follow up care in the community.

Frailty

Women are at greater risk of the health effects of frailty, because they live longer, but in poorer health. In the North-East and North Cumbria, **61% of people with moderate or severe frailty are female**. Frailty is on the increase, and the Office for National Statistics predicts a 1.4% rise in the number of people affected in the next 5 years.

Current methods of identifying frailty in the community are likely to miss many cases, so work is underway to roll out the use of custom-designed frailty packs in primary care to improve identification and quality of diagnosis.

The latest Chief Medical Officer Report, Health in an Ageing Society, describes the impact of frailty and how early intervention and support can slow its progress. Proactive care aims to delay the onset of ill health in people with frailty, maintain independence and prevent exacerbations of existing health conditions. The ICB is currently evaluating the feasibility of implementing a model of proactive care in primary care and community settings using the Year of Care approach.

Unplanned admissions

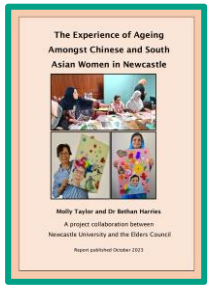
The rate of unplanned admissions in women is 132 per 1,000 population, **higher than the national average** and equating to approximately 200,000 admissions per year. Females living in the most deprived areas are more likely to experience unplanned admission than those living in the least deprived. At population level, unplanned admissions are less common when uptake of reviews of long-term conditions in the community is higher.

Healthy Ageing

Experience of health in later life

Newcastle Elders Council and Newcastle University explored women's voices in their study "Ageing Amongst Chinese and South Asian Women" in October 2023.

The report explores social and health needs as part of a wider look at the experiences of ageing amongst Chinese and South Asian women in Newcastle.



Key health findings of the focus group were:

- The important role played by **community groups** in reducing some of the inequalities the women face. These groups were described as 'lifelines' when access to mainstream services was difficult
- Older women described a **desire to stay in their current local communities** as opposed to moving elsewhere for housing that might address their mobility needs
- Participants were worried about their own health, especially **physical mobility** and experiences of **menopause**
- Several participants described the **challenges of providing care to family members in ill health** whilst also having health needs was made more difficult by insufficient support from health and social care agencies.
- Women stated that they **lacked access to resources and knowledge about their health tailored specifically for their communities**. Experiences of engaging with healthcare services were not often positive.

Recommendations in the report call for **better recognition of racialised minority women's experiences** and their specific and often overlooked needs in health and social care settings. It also identifies the need to **avoid seeing and treating 'older people' as a homogeneous group**, or a group that is passively ageing. The report emphasises the need to listen to older people's voices from diverse backgrounds to **mitigate against cultural and age-related stereotypes** that can otherwise often shape policy and practice.

Further women's voices from the region:

Forever Fit: women's views on a physical activity programme delivered by You've Got This, Redcar and Cleveland

Women's Voices

On health knowledge: "*You rely on people you know who might know but it depends on their experience … Everyone ages in a different way so it's hard to establish how to prepare for yourself.[for ageing]*"

On mobility: "*Eighty-five will be very different to the needs of a woman at sixty.*"

On frailty: *"Just one fall is all you need! That'll change everything!"*

On caring: *"Women don't make time for themselves, they're too busy looking after other people. They forget."*

Long Term Conditions

NHS Health Checks

The Innovations for Healthcare Inequalities Programme (INHIP) focused on implementing NICE recommended innovations for those experiencing health inequalities, using a Core20+5 approach. As cardiovascular disease in Middlesbrough contributes to the lowest healthy life expectancy of any region in England, the focus of the work was on **improving access to CVD health checks for underserved population groups,** using a behavioural insights approach. Heart health checks were co-designed with community leaders to ensure they were **easy, attractive, social and timely,** to improve uptake and ensure these communities are empowered to take ownership of their health. Over a 3-month period, over 500 heart health checks were delivered to those from underserved communities including Afro-Caribbean, African and South Asian communities.

A focus group was held with key partners to de-brief on the experiences of women accessing the Heart health checks. This provided a valuable **summary of the insights** gathered over the course of the programme, providing evidence to support improvements to service design to **optimise access, experience and outcomes for women from underserved groups**.

Women's Voices

On women as key channels of health information
"That information hasn't just gone to women, it's also gone back home…it's motivated them to back to their families and say 'look, you need to get this check done'"

Click to view the video

On trusted voices and safe spaces
"A lot of people are scared and they don't want to know…when you talk to other people in that safe environment [they will take up the offer]"

On cultural competence
"The female- only hall made a massive big difference. Language was a problem as well but we had interpreters…we had one whole day dedicated to Arabic ladies."

On making services convenient
"As BME women, we are always last on the list. We don't prioritise ourselves…because we were here for other reasons, we just popped over to have it done"

On representation in health information
"Sharing online, she had a huge following…influencers, when you see someone you can identify with, it becomes more acceptable"

Further women's voices from the region

Understanding the lived experience of women with multiple long-term conditions in the north-east of England: a meeting of health, gender and geography Research project (in progress)

Identifying, synthesising and appraising existing evidence relating to myalgic encephalomyelitis/chronic fatigue syndrome and pregnancy: a mixed-methods systematic review: Review of evidence around ME/CFS and pregnancy, accompanying women's voices survey (in progress)

Healthy Ageing and Long-Term Conditions

Summary and Recommendations

Summary:

- **Female deaths from cardiovascular disease** in the region are higher than the England average
- Significantly more women than men have a diagnosis of **osteoporosis** or suffer a **hip fracture** than men in the North-East and North Cumbria
- **Unplanned admissions for women are socially patterned**, with those living in deprivation most likely to go to hospital urgently
- Women in the region are more commonly coded as having **non-specific** symptoms of chest and abdominal pain on admission compared with men
- **Quality of diagnosis of frailty** in the region requires improvement
- Females in the region are more likely than males to deliver **unpaid care** across the life course. Women have told us that this can compromise their own health and access to services
- Older women from ethnically minoritized groups describe **barriers to health information and ill health prevention**

Overarching recommendations:

The ICB to examine the forthcoming Clinical Conditions Strategic Plan from the perspective of women, and to ensure the priorities align with those of the Women's Health Strategy

Specific actions for the system:

1. Access:

- Primary and secondary care to improve access to regular reviews of long-term conditions for women in the most deprived areas of the region, to reduce unplanned admissions in this population
- Providers and local authorities to continue work to improve uptake of the NHS Health Check in women, especially those in underserved groups employing cultural competence, taking into account health literacy and the risk of digital exclusion

2. Experience:

- Secondary care to seek to understand the higher levels of coding of non-specific symptoms in women on admission to hospital, aiming to reduce any gender inequality in diagnosis and treatment of acute cardiac and abdominal conditions

3. Outcomes:

- The ICS to review osteoporosis prevention in the round, reviewing and strengthening messages around protective factors such as breastfeeding, weight bearing physical activity, good nutrition and appropriate menopause treatment, as well as quality assuring diagnostic and treatment pathways for women.
- Primary Care Networks to use the NECS Frailty Packs to evaluate and improve their detection, coding and management of women with frailty, taking a proactive care approach

Healthy Ageing and Long-Term Conditions

Guidance

Service provision in health should be assessed against relevant guidance and standards: those relevant to this workstream are listed below:

NICE Guidelines

NG7 Preventing excess weight gain
NG16 Dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset
NG28 Type 2 diabetes in adults: management
NG56 Multimorbidity: clinical assessment and management
NG57 Physical health of people in prison
NG80 Asthma: diagnosis, monitoring and chronic asthma management
NG96 Care and support of people growing older with learning disabilities
NG97 Dementia: assessment, management and support for people living with dementia and their carers
NG106 Chronic heart failure in adults: diagnosis and management
NG115 Chronic obstructive pulmonary disease in over 16s: diagnosis and management
NG196 Atrial fibrillation: diagnosis and management
NG209 Tobacco: preventing uptake, promoting quitting and treating dependence
NG226 Osteoarthritis in over 16s: diagnosis and management
CG12 Chronic obstructive pulmonary disease: Management of chronic obstructive pulmonary disease in adults in primary and secondary care
CG95 Recent-onset chest pain of suspected cardiac origin: assessment and diagnosis
CG124 Hip fracture: management
CG146 Osteoporosis: assessing the risk of fragility fracture
PH25 Cardiovascular disease prevention
PH35 Type 2 diabetes prevention: population and community-level interventions
PH38 Type 2 diabetes: prevention in people at high risk
PH44 Physical activity: brief advice for adults in primary care
PH53 Weight management: lifestyle services for overweight or obese adults

NICE Quality Standards

QS10 Chronic obstructive pulmonary disease in adults
QS25 Asthma
QS68 Acute coronary syndromes in adults
QS86 Falls in older people
QS100 Cardiovascular risk assessment and lipid modification
QS111 Obesity in adults: prevention and lifestyle weight management programmes
QS117 Preventing excess winter deaths and illness associated with cold homes
QS149 Osteoporosis
QS190 Flu vaccination: increasing uptake
QS207 Tobacco: treating dependence

Summary of Recommendations

Overarching recommendations

- The ICB to map commissioned services for all workstreams, where not already conducted, to identify gaps in services and sub-regional variation in provision
- The ICB to quality-assure services against NICE and other relevant guidance
- The ICS to apply the principles of reducing health inequalities to improvements in women's health services, including ensuring equitable access, experience and outcomes through actions including Poverty Proofing© clinical pathways, ensuring health literacy and mitigating digital exclusion

Menstrual Health and Gynaecological Disorders

1. **Access:**
- The gynaecology services to review and seek to improve access to LARC for the treatment of menstrual disorders, working collaboratively with commissioners of contraceptive services to remove barriers to care created by disjointed funding
- The ICB to map and review services for pelvic and vulval health and recurrent UTI to create equitable access for all women
- The ICB to review diagnostic pathways and capacity for the identification of PCOS and endometriosis across the region, aiming for faster times to diagnosis for affected women

2. **Experience:**
- The women's health system, including Local Authorities, to map period poverty in the region and support the roll out of projects providing free period products in settings across NENC

3. **Outcomes:**
- The ICB to identify key metrics and establish a monitoring framework for menstrual and gynaecological conditions to identify and support work to reduce variation in outcomes

Fertility, Pregnancy, Pregnancy Loss and Postnatal Support

1. **Access:**
- Maternity teams and local authority sexual health commissioners to work collaboratively to ensure a universal offer of preferred contraceptive to women immediately following delivery
- Local authority sexual health commissioners and providers to work to reduce waiting times for LARC for all women who need it
- The ICB to ensure that the roll out the NHS Pharmacy Contraception Service is sustainable, and not derailed by closure of pharmacies in the region
- The ICB to engage with the national NHSE review of fertility care and to consider the implications of any national policy directives which may impact on eligibility for fertility treatment at regional level.

2. **Experience:**
- Health visiting and primary care to work to reduce the geographic variation in new birth visits to allow all mothers in the region to experience personalised postnatal support and to roll out the LMNS's North-East & North Cumbria 6-8 Week Postnatal Maternal Health Review Template
- The maternity system to work to reduce geographic variation in pregnancy loss support ensuring equitable access to the National Bereavement Care Pathways
- Maternity services to adopt the principles of Poverty Proofing© Maternity Services

3. **Outcomes:**
- Maternity services to continue to work to improve data quality of the recording at the time of booking of modifiable risk factors for poor maternal and neonatal health outcomes, such as alcohol, substance use and Body Mass Index
- Maternity services to work to ensure that such conversations seek to reduce stigma, improving the validity of the responses and the uptake of offers of support
- Sexual health commissioners and providers, gynaecology and maternity services to ensure that STI screening is offered to women appropriately to reduce harms to fertility and pregnancy outcomes

Summary of Recommendations 2

Menopause

1. Access:

- Primary care to work to understand and address the deprivation-driven inequity in access to HRT in the region to ensure all women have access to the care they need

2. Experience:

- The ICS to listen to the voices of women and implement the improvements to menopause services which have been called for consistently across the region and over time
- The ICB programme team to improve staff training in menopause care to ensure that women receive high-quality assessments, accurate information and an acceptable management plan in a timely manner, including the effective roll out of the NENC ICB regional menopause guidelines for primary care
- Primary care partners to examine the reasons behind the differential rates of antidepressant and HRT prescribing in areas of high and low deprivation
- The ICB to work with partners to develop and implement regional standards for employers, both in healthcare and other sectors, to support female staff who are experiencing menopause

3. Outcomes:

- to ensure adverse health outcomes from undertreatment of premature ovarian failure are minimised

Mental Health

1. Access:

- The ICB to work to address low staffing levels in mental health in North-East and North Cumbria, seeking to address variation in access to Maternal Mental Health Services and others
- Primary and secondary care to investigate and address the social patterning in access to eating disorder services for women in the region
- The ICS, including primary and secondary care, Local Authority and education partners to understand and address the apparent underdiagnosis of learning disability in females and to address the data gap in autism in the region's women and girls
- Healthcare services to work with VCSE and Local Authority partners to rationalise pathways of care for women with multiple unmet needs and complex social factors, both during the perinatal period and across the life course, rolling out models of evidence-based good practice, integrating care across sectors

2. Experience:

- The whole ICS to identify opportunities to promote good mental wellbeing and prevent mental ill health in all women's services by upskilling staff to deliver Connect 5 conversations
- Maternity services to implement the forthcoming regional Birth Reflections guidelines

3. Outcomes:

- Mental health providers to seek to understand and address the high rates of premature mortality of women with Severe Mental Illness in the region
- The ICS, led by Local Authorities, to work to understand and address the significant inequality in drug related deaths in women in the region

Summary of Recommendations 3

Cancers (to complement the aspirations outlined by Northern Cancer Alliance)

1. Access:

- Local authorities, education partners, primary care, screening and immunisations team and UK Health Security Agency to work with young people, parents and schools to improve uptake of HPV vaccination, aiming for at least 80% coverage in all localities within NENC, to ensure equitable access to primary prevention
- Screening providers, primary care, local authorities and the screening and immunisation team to use the findings of the recent cancer Health Equity Audits and the various local behavioural insights to ensure everyone assigned female at birth, regardless of gender identity, ethnicity or socioeconomic status can access optimal secondary prevention through cancer screening
- The ICB to work to address staffing gaps in women's cancer, particularly in the non-surgical specialist oncology workforce

2. Experience:

- The Northern Cancer Alliance to understand and address the socially patterned inequity in quality of life in women living with cancer in the region
- Cancer services to work with academic partners to ensure that women living with cancer in NENC have opportunities to participate in research

3. Outcomes:

The ICB to support improvements in data and digital in cancer services, allowing better data capture and transfer of information, reducing unwarranted delays in care

Health Impacts of Violence Against Women and Girls (to complement the recommendations of Standing Together)

1. **Access:** Ensure all women reporting domestic abuse to general practice have access to in-house specialist advocacy and support, such as via the IRIS model
2. **Experience:** The ICB to roll out trauma-informed domestic abuse training across the health system to improve the experience of survivors of abuse in all contacts
3. **Outcomes:** The ICS to work to develop a suitable set of indicators to monitor the health outcomes of the most vulnerable women in our population

Healthy Ageing and Long-Term Conditions

The ICB to examine the forthcoming Clinical Conditions Strategic Plan from the perspective of women, and to ensure the priorities align with those of the Women's Health Strategy and:

1. Access:

- Primary and secondary care to improve access to regular reviews of long-term conditions for women in the most deprived areas of the region, to reduce unplanned admissions in this population
- Providers and local authorities to continue work to improve uptake of the NHS Health Check in women, especially those in underserved groups employing cultural competence, taking into account health literacy and the risk of digital exclusion

2. Experience:

- Secondary care to seek to understand the higher levels of coding of non-specific symptoms in women on admission to hospital, aiming to reduce any gender inequality in diagnosis and treatment of acute cardiac and abdominal conditions

3. Outcomes:

- The ICS to review osteoporosis prevention in the round, reviewing and strengthening messages around protective factors such as breastfeeding, weight bearing physical activity, good nutrition and appropriate menopause treatment, as well as quality assuring diagnostic and treatment pathways for women.
- Primary Care Networks to use the NECS Frailty Packs to evaluate and improve their detection, coding and management of women with frailty, taking a proactive care approach

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Appendix 1
Voluntary and Community Organisations providing women's health services in NENC- examples

Pregnancy and Fertility

Apna Ghar South Shields: An advice service for women and their families, run by and for women from minority ethnic communities

Durham Fertility Group: Information, support and understanding for people experiencing fertility issues

Gateshead Young Women's Outreach Project Work with young women and young mothers supporting and guiding them through crises in their lives including finding out that they are pregnant, problems or struggling in schools, mental health issues, rape, self harm, lack of confidence and self belief, violence or sexual exploitation.

Maternity Voices Partnerships: Statutory body which listens to the experiences of women and families, and brings together service users, staff and other stakeholders to plan, review and improve maternity and neonatal care.

Them Wifies: Enabling women and people in the North-East to lead happier, healthier and more positive lives. Using creativity and the arts to work with people who face disadvantage and develop specialist services and resources addressing health inequalities

Menopause

Apna Ghar South Shields: An advice service for women and their families, run by and for women from minority ethnic communities

Age UK Sunderland: Menopause Project: Citywide network of community-based menopause support courses and activities to engage women of all ages and backgrounds and develop vital support services to sit alongside established services.

Menopause Body and Mind: Based in Carlisle, offering peer support and promoting menopause friendly policy in workplaces and health services

Wellbeing For Life: County Durham healthy lifestyle partner

WomanUp Cumbria: Accessible and inclusive events supporting and promoting women's health in Cumbria

Appendix 1
Voluntary and Community Organisations providing women's health services in NENC- examples

Mental Health

Apna Ghar South Shields: An advice service for women and their families, run by and for women from minority ethnic communities

Aspire North East: Trauma-informed approach to suicide, self-harm & domestic abuse, Chester le Street

Being Woman: An Ashington-based charity working with national partners, providing mental health and wellbeing support to women in ethnically diverse communities

Bellburn Women's Shed, Darlington: Part of Groundwork NE and Cumbria, a project designed to provide women with a safe space to improve their mental wellbeing through gardening and creative crafts at an allotment side in Bellburn, Darlington.

Carlisle Eden Mind: A wide range of mental health support services in Carlisle, Eden and across Cumbria. With the support and guidance of our dedicated support staff, we want to see more people receive the help and respect they deserve.

Changing Lives Running dedicated women's centres and services for those at risk or struggling with challenging circumstances such as homelessness, addiction, abuse, selling sex, sexual exploitation or navigating the criminal justice system - with a focus on recovery, resilience and community integration.

Contact Morpeth Mental Health Group An independent local charity covering South-East Northumberland supporting people with mental health problems and /or their carers

County Durham Resilience: Bridging the gap between services, helping improve social wellbeing and mental health

Eating Distress North East: Offering independent confidential services to people affected by eating distress across the North East

Gateway 4 Women: Based in Cumbria, offering a friendly, welcoming, non-judgemental, women-only space for ALL women to access support, meet new people, develop their skills, gain confidence and improve overall wellbeing.

Appendix 1
Voluntary and Community Organisations providing women's health services in NENC- examples

Mental Health continued

Gateshead Young Women's Outreach Project Working with young women and young mothers supporting and guiding them through crises in their lives. These crises can be finding out that they are pregnant, problems or struggling in schools, mental health issues, rape, self-harm, lack of confidence and self-belief, violence or sexual exploitation.

ICOS Women: International Community Organisation of Sunderland, providing wellbeing support targeted towards Eastern European women

Just For Women: Support and counselling for women, based in Stanley

Mental Health Matters MHM was established 30 years ago by families and carers in the North-East to provide support and care for people they loved with mental health problems and now provides services nationwide

Tees Valley Women's Centre: Providing a range of services to improve women's wellbeing through improved opportunities

Them Wifies: Enabling women and people in the North-East who face disadvantage to lead happier, healthier and more positive lives.

Thrive Collective Teesside: Improving women's wellbeing through advocating for an end to poverty and better health services

Tyneside Women's Health: Tyneside Women's Health is a charity and was set up in 1985 to provide mental health support to women in a women-only environment, serving Newcastle and Gateshead

Ways to Wellness: Ways to Wellness was set up to deliver social prescribing for people whose daily lives are affected by certain long-term health conditions. Today we deliver multiple projects, helping people across the North-East and North Cumbria

Women's Ways to Wellness Ferryhill: Wellbeing support including physical activity for mental health

Appendix 1
Voluntary and Community Organisations providing women's health services in NENC- examples

Mental Health continued

West End Women & Girls Centre: West End Women and Girls Centre is a community-based women and girls centre in Newcastle, we aim to build the power of women and girls, who have been and continue to be disenfranchised. We seek to drive positive change in the world, our community and in women and girls' lives.

Women's CREE groups Durham: Mental health wellbeing groups

Women's Health in South Tyneside: Offering a "wrap around" holistic model of support allowing women to find a route through support to suit their changing needs. Services include advocacy, counselling and help with long term conditions

Women Today NE: A range of services including Diet, Nutrition & Healthy Cooking, Business Planning & Finance Seminars, Exercise & Dance Classes, Cancer Awareness Programme, Mental Health & Wellness, Period Poverty Campaign

WomanUp Cumbria: Accessible and inclusive events supporting and promoting women's health in Cumbria

Appendix 1
Voluntary and Community Organisations providing women's health services in NENC- examples

Cancers

Amber's Legacy: Sunderland-based charity promoting cancer screening awareness with younger women

Apna Ghar South Shields: An advice service for women and their families, run by and for women from minority ethnic communities

Buddy Cups: Peer support for people affected by breast cancer in Durham

Cancer Care Map: Online tool to search for cancer support anywhere in the UK

Coping with Cancer: Support in the North-East for people with emotional, mental, social and physical health issues so that they can focus on living their best life

Future Dreams: National breast cancer charity, collaborating with Gateshead FT

Make 2nds Count: Support across the region for people with secondary breast cancer

Maggie's Newcastle: National cancer charity providing support across the Nort-East and North Cumbria

Solan Connor Fawcett Cancer Trust: Support for people with cancer in Durham, including for women experiencing treatment related alopecia

Target Ovarian Cancer, Durham and District: All-female cancer support group based at University Hospital of North Durham

Women Today NE: A range of services including Diet, Nutrition & Healthy Cooking, Business Planning & Finance Seminars, Exercise & Dance Classes, Cancer Awareness Programme, Mental Health & Wellness, Period Poverty Enlightenment Campaign

Appendix 1
Voluntary and Community Organisations providing women's health services in NENC- examples

Health Impacts of Violence Against Women and Girls

Angelou Centre: Providing a range of services that meet the needs of black and minority women and children in Training and Development, Ending Violence Against Women and Girls, Wellbeing & Inclusion.

Apna Ghar South Shields: An advice service for women and their families, run by and for women from minority ethnic communities

Bright Futures South Shields: Deliver a range of innovative projects to young women within their communities to support, educate, empower and influence them.

Building Futures East: Charity based in Walker serving those living in the most deprived 20% communities in North of Tyne

Changing Lives Run dedicated women's centres and services for those at risk or struggling with challenging circumstances such as homelessness, addiction, abuse, selling sex, sexual exploitation or navigating the criminal justice system - with a focus on recovery, resilience and community integration.

Gateshead Young Women's Outreach Project Work with young women and young mothers supporting and guiding them through crises in their lives. These crises can be finding out that they are pregnant, problems or struggling in schools, mental health issues, rape, self harm, lack of confidence and self belief, violence or sexual exploitation.

Newcastle Women's Aid: A charity run by women for women, providing free, specialist advice and support for women and girls in Newcastle and the North East who are affected by domestic abuse.

North-East Female Empowerment Group: Strengthening communities and empowering women in the North East.

Peace of Mind: A refugee-led charity supporting newly arrived and existing refugees and asylum seekers to integrate into new and unfamiliar surroundings and to overcome some of the difficulties they face.

Appendix 1
Voluntary and Community Organisations providing women's health services in NENC- examples

Health Impacts of Violence Against Women and Girls continued

Aspire: Trauma-informed approach to suicide, self-harm & domestic abuse, Chester le Street

A Way Out: Support for vulnerable women, girls and families in Teesside

Harbour: National charity commissioned in localities across the region to provide support for those experiencing abuse from a partner, previous partner or family member

My Sister's Place: Domestic abuse support in Middlesbrough

RSACC: Rape and sexual abuse crisis centre covering Durham and Darlington

Someone Cares: offers a free counselling service for survivors and supporters of abuse, specialising in childhood sexual abuse, rape and sexual assault. Working with 11 schools in Tyneside

Teakisi: Unique and award-winning community resource creating programmes that deliver impact. We sit at the intersection of race and gender inequality, but we strive for social justice in all areas

The Halo Project: Acting against forced marriage, honour-based violence and FGM in Middlesbrough

Wearside Women In Need: Sunderland based charity providing safe accommodation, advice and support and counselling to women and children at risk of domestic abuse

West End Women & Girls Centre: West End Women and Girls Centre is a community-based women and girls centre in Newcastle, we aim to build the power of women and girls, who have been and continue to be disenfranchised. We seek to drive positive change in the world, our community and in women and girls' lives.

Women Today NE: A range of services including Diet, Nutrition & Healthy Cooking, Business Planning & Finance Seminars, Exercise & Dance Classes, Cancer Awareness Programme, Mental Health & Wellness, Period Poverty Campaign

Appendix 1
Voluntary and Community Organisations providing women's health services in NENC

Healthy Ageing and Long-Term Conditions

Apna Ghar South Shields: An advice service for women and their families, run by and for women from minority ethnic communities

Aspire Fifty and Beyond (FAB): Based in Chester le Street, providing social support to women over 50

Durham Deafened Support: Providing support to people with hearing impairment, including BSL classes, based in Sedgefield, Coxhoe and Lanchester

Durham's Haven: Support and advice on management of a range of musculoskeletal conditions in Croxdale

Making Memories Dementia Support: Barnard Castle

Nur Fitness: Improving health and wellbeing of BME women in Middlesbrough

UTASS: Based in Middleton-in-Teesdale, providing support to older women in rural upper Teesdale, including those retired from the agriculture industry

Vitality Group: Based in Burnhope, providing a range of services including pain and fatigue management

WHiST: Women's Health in South Tyneside, improving health, wellbeing, education and quality of life for women in South Tyneside

Women Today NE: A range of services including Diet, Nutrition & Healthy Cooking, Business Planning & Finance Seminars, Exercise & Dance Classes, Cancer Awareness Programme, Mental Health & Wellness, Period Poverty Enlightenment Campaign