
To: Health and Adult Social Care Scrutiny Board (5)

Date: 26 February 2025

Subject: WOMEN'S HEALTH STRATEGY UPDATE

1 Purpose of the Note

- 1.1 To give an update on the Coventry and Warwickshire Integrated Care systems progress on the Women's Health Strategy.

2 Recommendations

- 2.1 The Health and Adult Social Care Scrutiny Board (5) are requested to recommend that system partners, including the Council:
 - 1) Continue to collaborate on women and girls' health issues and ensure that all services are working together to improve the support for women and girls aligned to the women health strategy.
 - 2) Look for opportunities to integrate services and to reduce inequalities in access for women particularly in deprived areas and women who are Black, Asian, or other ethnic groups.
 - 3) Ensure women's voice is represented as equal partners in service development and design and raise awareness of women's health.
 - 4) Identify any other recommendations to support the delivery of the Women's Health Strategy

3 Background

- 3.1 Public health concerns for Coventry residents include health inequalities faced by those in the 10% most deprived areas living in Coventry which impacts the wider determinants of health such as education, housing, and employment. Studies found that women were among those reporting loneliness and social isolation and those with a disability often face discrimination in the workplace. [Coventry Health and Wellbeing Strategy 2023 – 2026](#)
- 3.2 There are 173,300 women and girls living in Coventry, which is just over 50% of the population of (345,300 Census 2021). About 45% of the local population identify as being of an ethnic group up from 33% in 2011.
- 3.3 Coventry has a young population with the largest group of residents being in the 25 – 39-year age group. However, the health and wellbeing of Coventry's population is

below the national average being in the 46th most deprived borough in England (n=296).

- 3.4 Life expectancy in Coventry is lower than the national average for women. Women can expect to live on average for 82 years (vs men 78, Eng 82.8). However, the number of years a woman can expect to live in good health in Coventry is to age 64 years above the national and regional average (vs Eng 62.6, Regional 63.9, Warks 83).

4 Women's Health Strategy: progress to date

- 4.1 The National Women's Health strategy was published in 2022 to address the inequalities women face in accessing services of good quality and having a good experience of care.
- 4.2 The strategy aims to improve support for women and girls from age 15 years and over, this also includes people who do not identify as women but may require women's health services.

5 Women's Health Hubs

- 5.1 In response to the strategy ICBs were tasked with developing Women's Health Hubs by December 2024 to focus on eight key priority areas i.e. Menstrual health issues, menopause, cervical screening, prolapse, STI and HIV screening and treatment, preconception support, breast pain management.
- 5.2 Coventry and Warwickshire ICB have delivered a Women's Hub model that includes the joint working of multiple existing services including, but not limited to, the Primary Care Gynaecology Service, Integrated Sexual Health services, Domestic Abuse services and public health universal services.
- 5.3 A Women's Health Steering group was set up with key stakeholders to deliver the Hub model and foster partnership working. There is also a Health Inequality subgroup, a Women's health community forum and a preconception task and finish group with representation from Coventry public health and community representatives.
- 5.4 A women's health webpage is in development to improve awareness of women's health services in Coventry and Warwickshire
- 5.5 The Primary Care Gynaecology Service, which covers 5 of the 8 Women's Hub priority areas, delivers 6 clinics across the system, with 2 clinics in Coventry at Longford Primary Care Centre and Forrest Medical centre. The services offer both face to face and virtual support to women in Coventry.
- 5.6 There were over 1200 women (as of Nov 2024) seen in the Coventry clinics with Coventry GP practices referring to the Primary Care Gynae service. Overall, 80% of cases seen by the service has been resolved with no onward referral to secondary care.
- 5.7 The top three issues women present across all clinics is for menopause, menstrual issues and prolapse.
- 5.8 Secondary care gynaecology waiting times remains a challenge nationally and locally. The transformation team is working with UHCW as well as other acute trusts to improve women's access to alternative support.

- 5.9 A new Gynaecology clinical network was launched in Dec 2024 with representation from all sectors including all Hospital trusts and primary care to address this issue.

Infant Mortality

- 5.10 Infant mortality rate in Coventry is higher (5.9 per 1000 vs Warks 4.5 per 1000) than national (3.9 per 1000) and regional (5.6 per 1000) average.
- 5.11 For the Coventry and Warwickshire system still births were within 5% of national average and higher than 5% of the national average for neonatal deaths
- 5.12 As a system maternal deaths risk factors includes obesity, diabetes, and hypertension, seen predominantly in deprived areas (IMD 2-4).

Preconception

- 5.13 A preconception task and finish group has been set up to identify ways to support women before pregnancy to improve pregnancy and maternal outcomes across Coventry and Warwickshire.
- 5.14 Coventry Public Health, the Local Maternity Neonatal System (LMNS) and Warwickshire Public health have run a Preconception Workshop to identify with stakeholders the key issues around preconception health. As a result, a Preconception task and finish group has been set up with key stakeholders to support raising awareness of preconception information among other actions.
- 5.15 The Preconception Task and Finish group is collaborating with Tommy's the national childbirth charity on a local awareness raising campaign with targeted support for women who are Black, Asian or from other ethnic groups as well as those living in deprived areas.

Cancer

- 5.16 Cancer leads at the ICB are in discussions with UHCW on a proposed model for managing breast pain in the community as women suffering breast pain who are not suspected of cancer have no other option but to be placed on the cancer 2 week wait list.
- 5.17 Cervical screening is being delivered by primary care as well as opportunistically via the Integrated sexual health and the primary care Gynae services.

Primary care development

- 5.18 A Primary Care Women's Health Workforce and skills survey has been sent out to all practices in the system. Of the practices that responded 30% were from Coventry. This survey is being evaluated to determine the potential training needs of primary care clinicians on women's health issues.

6 Conclusion

- 6.1 As a response to the Women's Health Strategy, Coventry and Warwickshire Women's Health hub model has been delivered according to the NHS England criteria by working together with multiple services and stakeholders of the Women's Health Steering Group including community representatives.
- 6.2 Additional funding for the Women's Health Programme has not been identified post March 2025 and the formal women's health programme will come to an end. This poses a risk to the significant women's health work developed over the past 12 months.

- 6.3 To mitigate this risk, system leads have been identified to continue this work as part of Business as Usual (BAU), such as but not limited to Gynaecology Clinical network to advise on gynaecological elements of women's health strategy, Preconception, and infant mortality to be led by the LMNS and Cancer transformation team to oversee the response to breast pain.
- 6.4 Post March 2025 there is a need for system partners to ensure that the foundations set over the past 12 months are built on to support the needs of Women's health.

Appendix

[Women's Health Strategy for England - GOV.UK](#)

Name of Author	Melanie Adekale
Job Title	Programme Manager Women's Health
Organisation	Coventry and Warwickshire Integrated Care Board
Contact details	melanie.adekale@nhs.net