

Item: 14

REPORT CLASSIFICATION	✓	CATEGORY OF PAPER	✓
Official		Proposes specific action	
Official: Sensitive Commercial		Provides assurance	✓
Official: Sensitive Personal		For information only	

BOARD

31 MARCH 2026

Report Title:

NENC ICB Women's Health Programme Update

Purpose of report

The purpose of the presentation is to provide the Board with an update, which will focus on:

- Providing assurance that our ICB Women's Health Plan 2025-30 has been co-designed with system leads (including clinical leads) to meet the needs of the population across the North East and North Cumbria and is aligned to the emerging national refreshed Women's Health Strategy.
- Our achievements since the launch of the national Women's Health Strategy in 2022.
- The very successful roll out of our Women's Health Hubs, which has seen our Gateshead and Sunderland models evolve into exemplars of best practice in the development of integrated neighbourhood approaches, which has resulted in continued ICB financial investment.
- Driven by data insight and intelligence, the significant challenge linked to the health inequalities women across the region continue to face as a result of the disproportionately greater inequity due to the intersection of gender with other factors such as socioeconomic deprivation, ethnicity, migration status, and disability

Key points

National Context

While women experience health inequalities, some face disproportionately greater inequity due to the intersection of gender with other factors such as socioeconomic deprivation, ethnicity, migration status, and disability. Issues with the current provision in women's health, including fragmented commissioning and service provision, were detailed in the government's Women's Health Strategy (2022).

The Women's Health Strategy for England is currently undergoing a refresh to address ongoing challenges, which align with the NHS 10-year plan and is expected to be published in the Spring 2026.

A refreshed national strategy presents a critical step towards ensuring that women's health needs are adequately addressed within the evolving healthcare landscape, which focuses on community-based care and prevention. This will focus on:

- Having an emphasis on a joined-up approach with other key programme areas (elective reform, mental health, domestic abuse, sexual violence) to create a cohesive narrative for meeting the needs of women and girls across England

- On reducing health inequalities to drive strategic change/commissioning; the **development of a women's health inequalities equity framework** based on the Core20PLUS5 (adults) – adopted for the wider WH Strategy with the addition of a lived experience input/perspective.
- Alignment to Darzi report recommendations on **left shift to specialist care provided in the community for key high-volume pathways**.
- Health Priorities - 600,000 currently on Gynae waiting lists nationally, with extremely lengthy waiting times with only 57% of **women seen within the 18-week standard**, which is **below the average** for other elective specialties. This will include exploring demand vs productivity- poor patient experience and wider inequalities, as well as unmet need.
- Policy Drivers – harnessing impact by aligning with changing priorities.
- **The importance of Integrated Care Boards (ICBs) in leading Women's Health initiatives** is highlighted, along with a focus on learning from Women's Health hubs (WHH) and addressing regional variations

Regional Context

The North-East and North Cumbria (NENC) Integrated Care System (ICS) covers the largest geographical footprint of all ICSs nationwide and serves a population of almost 3 million people. Women and girls make up just over half of the population, with almost one third living in the most deprived neighbourhoods. Further health related intelligence demonstrates:

- Women in NENC have a life expectancy 1.6 years less than the national average.
- However, with additional layers of social inequity, there is a gap of 8.3 years between women living in the most and least deprived neighbourhoods, which has widened since 2017-2019, where the gap was 7.5 years.
- 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.
- 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. The ICB Women's Health Needs Assessment carried out in 2023, highlighted 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 on health and healthcare services 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.

ICB Achievements since the Launch of the National Strategy in 2022

Since the publication of the national Women's Health Strategy in 2022, the NENC ICB has continued to demonstrate a strong commitment to supporting the aims of the national strategy and enhance services (including access) for women and girls across the region. This includes:

- Establishing a robust ICB leadership and governance framework (supported by a Programme SRO), which has taken responsibility to oversee and be accountable for delivering shared system outcomes, which address issues including fragmented commissioning and service provision.
- Co-designing and publishing a 5-year ICB Women's Health Plan.
- Delivering 2 successful regional Women's Health Conferences in 2023 and 2024.
- Developing a regional Women's Health data dashboard, which will be used as a key strategic reference point, to support future strategic decision-making for women's health across the region.
- Co-producing a regional Contraception Strategic Plan and Strategic Commissioning Framework.
- Developing an ICB Menopause Policy and helping to establish menopause policies and menopause clinics at several provider Trusts across the region.
- Developing a Learning Disability Menopause passport, designed to ensure women with a learning disability have equal, equitable and reasonably adjusted access to menopause support.
- Co-designing the development of an audit tool for primary and secondary/acute settings, to help measure how VAWG is being addressed within our various healthcare organisations.
- Engaging with 4,500 women across NENC to seek their views on healthcare provision, as part of the ICB's Big Conversation, which helped inform the ICB's 5 year Women's Health Plan.

Women's Health Hubs

As highlighted above, with the focus on the refreshed national strategy, WHH's have been identified as a key component for driving forward an ambition to improve access to high quality women's health services, which align to the **Darzi report recommendations on a left shift to specialist care provided in the community for key high-volume pathways.**

Since April 2023, the ICB has worked in collaboration with local healthcare networks to establish 3 pilot WHH's across the ICB footprint over a 2-year period. These were designed to test the proof of concept of different WHH models and address fragmentation in local service delivery systems, with the aim of improving access, experiences, and outcomes, which enabled women to get more of their health needs met at one time, with less need for appointments in different places.

These pilot hub models were all tasked with bringing together healthcare professionals and existing services to provide integrated women's health services in the community, centred on meeting women's

needs across the life course. These were established using 3 unique models, where Sunderland developed a 'one-stop-shop' model; Gateshead, a 'hub and spoke' model and North Cumbria, a 'virtual menopause' hub model.

Following the evaluations from the pilot/proof of concept phase and following continued investment in our Gateshead and Sunderland WHH's during this financial year, the ICB have now committed to recurrent investment into our WHH programme over 3 years (until March 2029), which will:

- Commit to a further 12 months of investment into our Gateshead and Sunderland WHH's, with both hubs evolving into exemplars of best practice for developing integrated neighbourhood models of care.
- Use the research and evaluation from both models in Gateshead and Sunderland, to inform the development of a 'scalable model of care' that influences the ICB's Commissioning Intentions for WHH's across the 2027/28 and 2028/29 financial years and enables further integrated approaches to be developed across the wider NENC footprint.

Risks and issues

As part of the ICB Women's Health Programme, a robust plan has been developed, which feeds into the ICB Women's Health Steering Group for scrutiny and includes the assessment of all risks and issues.

A current risk that has been identified is the potential loss of organisational skills and memory as a result of the ICB Transition Programme. The support and commitment from the ICB Exec Leadership team with a renewed commitment to women's health within the new ICB operating model post May 2026, is helping to mitigate against the impact of this risk.

Assurances and supporting documentation

As noted above, the ICB Women's Health Steering Group, which is chaired by the ICB's Programme SRO, provides an effective level of scrutiny to ensure the delivery of shared system outcomes is achieved, as outlined in the ICB's plan.

Recommendation/action required

The Board is asked to:

- Note the contents of this update and acknowledge the achievements since 2022 in helping to embed Women's Health priorities across the ICB's Health & Wellbeing Priorities.
- Endorse the ICB's commitment to delivering the Women's Health 5-year Plan
- Acknowledge the key role the Gateshead and Sunderland Women's Health Hubs will play with informing the ICB's priorities with a focus on a left shift to specialist care provided in the community.
- Provide feedback to the SRO and Programme Management Team to support ongoing development and delivery of the emerging priorities areas of work

Acronyms and abbreviations explained

WHH – Women's Health Hubs

SRO – Senior Responsible Owner

Executive Committee Approval	10 March 26: Sign off of Women's Health Hub Investment (2026-29)
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Sponsor/Approving Executive Director	Claire Riley, Chief Corporate Services Officer
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Date approved by Executive Director	12 March 2026
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Report author	Lee Sprudd, Women's Health Programme Manager					
Link to ICP strategy priorities						
Longer and Healthier Lives						✓
Fairer Outcomes for All						✓
Better Health and Care Services						✓
Giving Children and Young People the Best Start in Life						✓
Relevant legal/statutory issues						
Note any relevant Acts, regulations, national guidelines etc						
Any potential/actual conflicts of interest associated with the paper?	Yes		No	✓	N/A	
Equality analysis completed	Yes	✓	No		N/A	
If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken?	Yes	✓	No		N/A	
Essential considerations						
Financial implications and considerations	Womens Health Hub Investment 2026-29					
	Total Contract Value/Cost £900k					
	Approval name: Lynne Walton (WHH investment 2026-29)					
	Approval Date: 26/02/2026					
Contracting and Procurement	Linked to Womens Health Hub Investment. Helen Bell, Head of Contracting, 2 March 2026 Janine Ternent, Acting Head of Operational Procurement, 26 February 2026					
	1 year current commitment for existing WHH commitments in Gateshead and Sunderland					
Local Delivery Team	Suzanne Watson – Primary Care Commissioning Manager, Sunderland/South Tyneside Team Angela Kumar – Head of Strategic Commissioning, Newcastle/Gateshead Team					
Digital implications	N/A					
Clinical involvement	In relation to the WHH investment Dr Sangeetha Bommisetty – Clinical Lead Newcastle/Gateshead Dr Fadi Khalil – Clinical Lead Sunderland					
Health inequalities	As articulated in the ICB Women's Health 5 year plan.					
Patient and public involvement	Via Womens Health Hub evaluations.					
Partner and/or other stakeholder engagement	With relevant stakeholders associated with both Womens Health Hubs					
Other resources	No other resources to be considered.					