



# NENC Women's Health Conference Evaluation Report

**Better health  
and wellbeing for all...**

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## Executive Summary

The first ever [Women's Health Strategy for England](#) was published in August 2022 and 'is a 10-year strategy that sets out a range of commitments to boost health outcomes and profoundly improve the way in which the health and care system listens and engages to all women and girls.

The North East and North Cumbria Integrated Care Board (NENC ICB) and The Office for Health Improvement and Disparities (OHID) joined forces with partners across the Integrated Care System to offer an opportunity to listen to regional partners, providers and stakeholders and take forward the development of the Women's Health Strategy.

The event organisers were delighted to welcome the Ambassador for Women's Health in England, [Dame Lesley Regan](#), who is honoured to be taking up this position. Dame Lesley, addressed the audience at the start of the event, said, "The first ever government-led Women's Health Strategy was born from a need to level up and ensure the health service – which has historically been designed by men, for men – is delivering for the 51% of the population who are women". She welcomed the event in bringing so many people together to share best practice and develop the implementation plan for the women's health strategy, together as a system. She stated, "This is a positive step that will see real benefit to women on the ground".

The general comments from delegates about the day, highlighted the need for such an event to bring together partners and organisations from across the region to raise awareness of important topics within the women's health agenda. The event was praised by many as an inspiring, brilliant, and inclusive day bringing together so many passionate, knowledgeable, and enthusiastic colleagues and partners who understand the barriers and inefficiencies in many of the women's health topics. There was an overall determination and commitment felt during and within feedback that colleagues and partners from all areas of the health, social and voluntary care sector want to improve and shape the way forward for women, to promote health and wellbeing.

Several comments suggested the event should be repeated to give opportunity to colleagues to speak openly and candidly in a safe and supporting environment to local partners and leaders across the region. The Choir was given a lot of praise with comments such as 'the pop-up choir was very uplifting' and 'fantastic voices and most importantly, inclusive!'

There were several themes summarised from the survey and workshop feedback

- Barriers and challenges
- Improving access and reducing inequity
- Empowering everyone with accurate information
- Workforce challenges

## Introduction

The Women's Health Conference was held at Sunderland's Stadium of Light on Thursday 19<sup>th</sup> October 2023. Dr. Claire Sullivan, Deputy Director for Health, Wellbeing and Workforce (North-East) Office for Health Improvement and Disparities (OHID) opened the event by welcoming delegates and thanking colleagues from across the ICS who helped organise and support the event and how delighted it was to see so many likeminded people in one place to support such an important agenda. She shared information on the improved data and tools that offer further insight and show clear correlation between poorer health outcomes and economic and social deprivation.

Dame Lesley Regan, the Women's Health Ambassador for England addressed the conference with undeniable zeal, inspiration and candour surrounding some of the key issues felt not only in the North-East and North Cumbria but across the country.

Sam Allen, Chief Executive of the North-East and North Cumbria Integrated Care Board (ICB) followed on from Dame Lesley describing with dynamic speech but also gratitude for the number of colleagues giving up their time to support the event and share the 'people's promise' that has now been adopted by the ICB. Sam's ambition is to support all the great work that is already happening across the region to improve women's health and access to services and take it further to highlight the inequalities faced by women, particularly those who are more vulnerable and less well served. It is time for the region to turn intent into real action.

A panel of guest speakers were welcomed to the stage to answer any questions during the panel session. All panel members offered views and feedback on their thoughts about some of the issues that were important to individuals or organisations. The following colleagues made up the panel:

- Alice Wiseman - Director of Public Health in Gateshead since 2016
- Ruth Mhlanga - Professions Lead (Acute) and Head of Physiotherapy, South Tees Foundation Trust
- Judith Rankin - Professor of Maternal and Child Health, Newcastle University
- Sir James Mackey - Chief Executive, Northumbria Healthcare NHS Foundation Trust
- Louise Wilson - Digital Strategy Lead, North-East and North Cumbria Local Maternity Neonatal Systems

Over two hundred and thirty delegates represented a range of sectors across the health system and included Local Authorities, primary and secondary care providers, voluntary and community organisations, strategic bodies, commissioning support and academia. The interest in the conference was extremely high with requests to join far outstripping available places for the day. It is hoped this report will offer insight into topics covered and outcomes from the event.

At the start of the day, the audience were given opportunity to give live feedback to the following questions, producing the corresponding word-clouds:

What do you hope to get out of the day?



What is your ambition for women's health across NENC?



## Aim

The aim of holding a Women's Health Conference this year is to:

- Celebrate and showcase work from across the region in line with the [National Women's Health Strategy](#) published last year
- Provide a platform to share some of the research and evidence underway across our region and highlight any gaps
- Take forward development of the NENC Women's Health Implementation Strategy/Plan
- Launch the [Women's Health Data Profile](#) across NENC
- Raise awareness of inequalities faced by women who have more needs or from vulnerable groups
- Provide CPD opportunities to learn and share knowledge across public health sectors/networks
- Build our networks and allies

## Cross-cutting themes

Each priority will be explored in a regional context according to the strategy's six-point plan for change which comprises:

- Ensuring women's voices are heard
- Improving access to services
- Addressing disparities in outcomes among women
- Better information and education
- Greater understanding of how women's health affects their experience in the workplace
- Supporting more research, improving the evidence base and spearheading the drive for better data

## Key strategic priorities

The National Women's Health Strategy outlines seven key priorities for action:

- menstrual health and gynaecological conditions
- fertility, pregnancy, pregnancy loss and postnatal support
- menopause
- mental health and wellbeing
- cancers
- the health impacts of violence against women and girls
- healthy ageing and long-term conditions

Workshops were held to explore these priorities and showcase work in a regional context. Each workshop comprised two presentations delivered by women's health stakeholders from across the region, followed by 40 minutes of facilitated discussion. Volunteer facilitators took contemporaneous notes, and the outputs of the discussions were analysed to identify common themes and the following were identified:

## Current barriers and challenges

**Data:** delegates identified a need for better quality data about women's health, especially women in pregnancy, not just their babies. Better and easier data sharing across sectors was called for

**Funding, resources, and capacity:** delegates believed that care was sometimes fragmented or a 'postcode lottery' and called for better communication and collaborative working between sectors and fairer allocation of resources. Disaggregation of budgets was noted to cause problems in providing care where needed

**Navigating a complex system:** Delegates commented that the complexity of health systems made it difficult for both women and staff to know what was available and how to access care, and supported the idea of a directory of services for women

## Improving access to services and reducing inequity in outcomes

**Understanding the problem:** delegates believed that it was necessary to identify the barriers to access at local level through data, community engagement and walk-through of care pathways to understand the patient experience. Delegates advocated for the use of Health Impact Assessments and Healthy Equity Audits to help services to think carefully about access

**Better service design:** this common theme highlighted the perceived need for outreach services, one-stop shop models and community-based delivery, with flexibility of timings recommended to ease pressure on those with caring responsibilities. Cost-proofing of pathways was supported along with accessible pathway design including drop-ins, self-referral, and use of reminders

**Welcoming services:** personalisation of care was core to this theme with women only spaces and groups identified as helpful. Delegates recognised the importance of engendering collaboration in the therapeutic relationship through trauma informed, culturally competent and gender inclusive approaches. Peer support and lived experience was valued as an asset, as was faith and religion. A workforce representative of the population was suggested as was use of culturally relevant celebrity advocates

## Empowering Everyone with Accurate Information

**Health Literacy:** delegates urged the system to use plain language, avoiding euphemisms and jargon and to aim for communications to bust myths and help to reduce stigma. Inclusive terminology to ensure those who do not identify as women can access care was suggested. Delegates called for support for staff to use interpreting services effectively and for locally applicable behavioural insights work to be used to inform communications. Early engagement with children and young people through school curricula was recommended

**Digital Health:** benefits of digital solutions were thought to include a 'digital door' to services and helpful web-based information, with drawbacks being digital exclusion and spreading of inaccurate information on social media platforms. Delegates advocated for women to be involved in the development of digital health solutions and for services to consider the impact of digital transformation on disadvantaged women

**Shared decision making and supported self-management:** delegates believed that misinformation and globally sourced health information not applicable to the NHS context could impact on women's ideas, concerns and expectations around their care and called for the development of approaches to support effective SDM

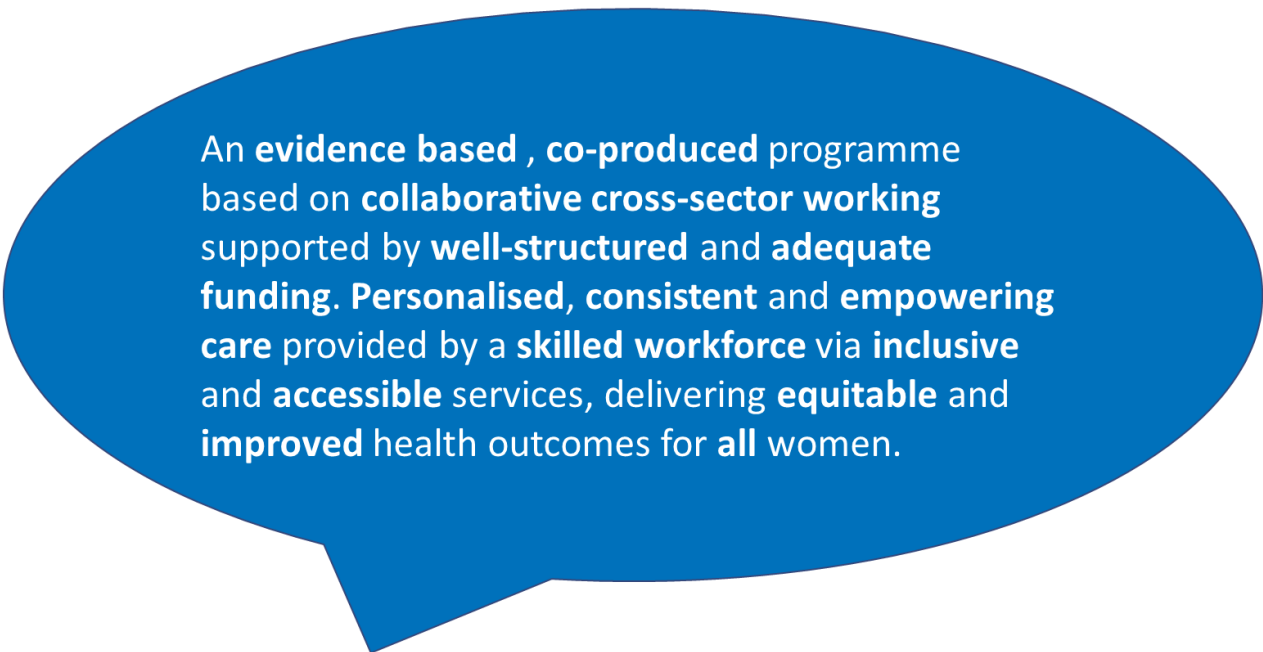
## Workforce Challenges

**Staff resources:** delegates advocated for a strategic approach to the women's health workforce to include recruitment and retention, optimum skill mix and effective use of staffing resource and succession planning. A regional approach to maximising the contribution of the volunteer workforce was suggested as was learning from effective Ways of Working.

**Education & training:** delegates suggested that training for professionals in women's health should start from undergraduate level and that opportunities for training should be provided and promoted across the career pathway. Cross-sector training was thought to have added benefit. National and local guidelines were flagged as useful resources which staff should be familiar with and implement. Service improvement through 'test and learn' approaches was supported. Delegates called for barriers to training to be removed, specifically around LARC competence where professionals may be liable for out-of-pocket expenses

**Women's health in the workplace:** delegates recognised menopause as a priority for workplace health and highlighted that services could be difficult to access for employees. Workplace based interventions based on validated models were suggested

The synthesis of delegate responses on 'what does good look like?' was:



An **evidence based , co-produced** programme based on **collaborative cross-sector working** supported by **well-structured and adequate funding**. **Personalised, consistent and empowering care** provided by a **skilled workforce** via **inclusive and accessible** services, delivering **equitable and improved** health outcomes for **all women**.



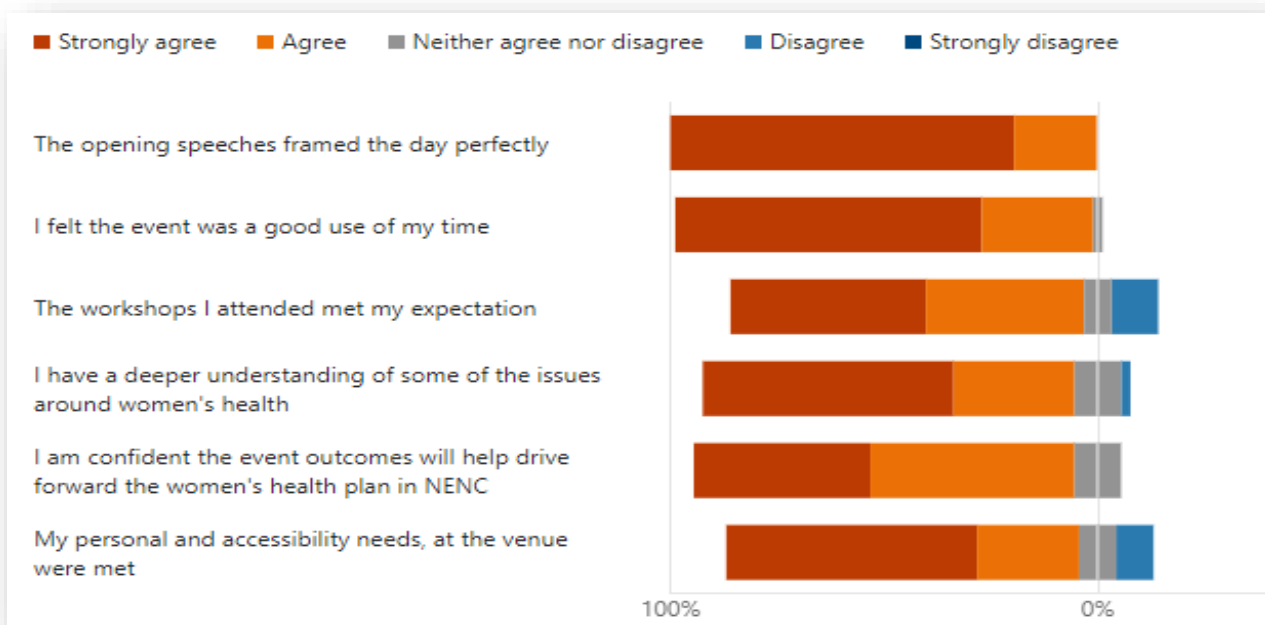
## Delegates - Event Feedback

### Survey Feedback

Delegates were sent a feedback survey after the event, thanking them for their attendance. The survey responses would be kept anonymous however, email details were collected for those who were interested in being part of a Women's Health Collaborative. Names will not be linked to any of the feedback.

The response rate for feedback is estimated around a 29% return rate. Most of the feedback was positive; details are shared in this section.

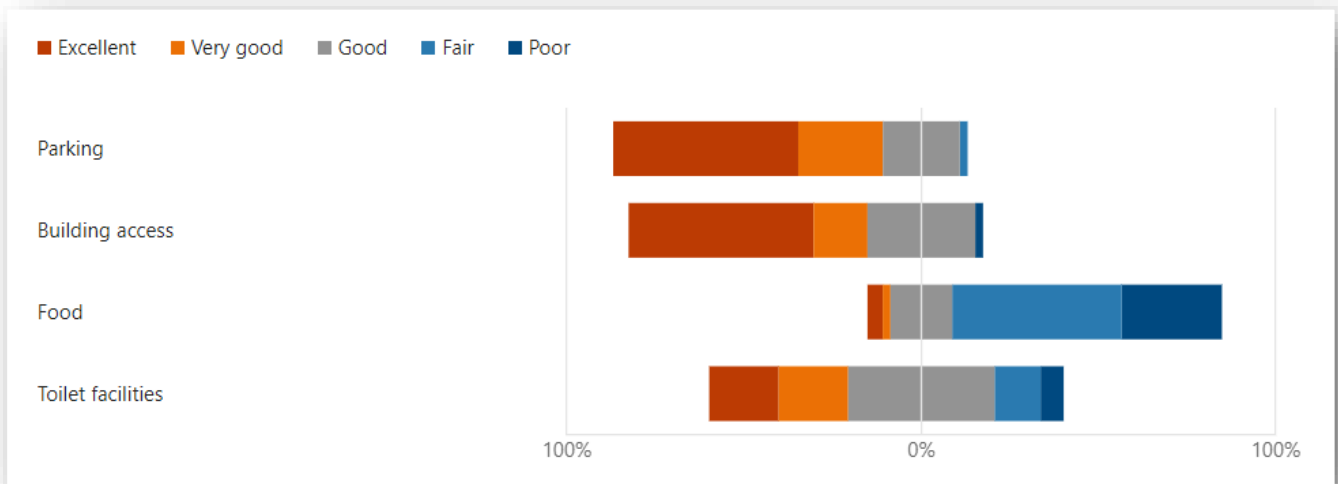
Section 1: A range of statements were given in the first section of the survey and delegates were asked to tick the response matching their answer; the outcomes are shown below:



Summary of statements:

- Positive response overall – speakers, use of time, workshops, understanding of issues, event outcomes and personal/accessibility needs
- Workshop expectation disagree (n=5) – further analysis of those respondents suggests two responses were linked to the 'Healthy Aging & Long Term Conditions' workshop; one was linked to the FGM element of the 'Impacts and Violence against Women' workshop, and one advised they could not hear what was being discussed as other workshop was being held in the same room.
- Personal /accessibility needs disagree (n=4) – one linked with inability to hear in their workshop and poor choice of food seems to be a tributing factor

Section 2: The event venue and facilities were the next statements. The Stadium of Light was used as the venue for the event as it is central to the region and easy access from major transport links. We wanted to understand what delegates thought about the venue. The average rating for the conference resulted in 8.67 out of ten. The summary of statement results is shown below:



Overall, the responses were good for parking, building access and toilet facilities, with one response stating the building access was poor and three responses that toilet facilities were poor. However, almost 30% (13 responses) selected a poor rating for the food; several comments suggested the food could have been better organised with more tables to reduce the time spent in the queue. This was reflected on the day in discussion with delegates and support staff.

The Director of Communications discussed the issues with the events manager at the Stadium of Light.

### Workshop Feedback Summary

Feedback from the workshops offered excellent information confirming the themes gathered from workshop facilitators. The diagram below summarises the key features of the workshop presenters and their subjects.



## Topic Suggestions

The delegates were asked if they had any suggestions for other topics that would be helpful as part of the Women's Health Agenda. There were many responses which highlights the vast array of topics surrounding the women's health agenda, which are equally as important as workshop topics. A summary of responses is in the table below:

Life-course Approach	Incontinence	Women's Health Strategy plans & getting involved	Domestic Violence	'Looking at you' approach
Political influence	Integration of services – redesigning systems	Caring responsibilities and balancing work/life for women in work	Inclusion Health – needs of diversity of people	Poverty & Deprivation
Assessment of Interventions	Domestic abuse awareness through the life course	More on women's cancer and life affecting consequences	How we are supporting our own staff	Bladder health in menopause
Perinatal mental health	Migrant care workers caring for older women in social care	How to take the issues/conversations into other (non-NHS) forums and platforms	Sexual exploitation/harassment	FEM TEC
Less research more about practice based	Period poverty	Younger women and girls' health priorities	No fuss access to contraception	Improved access to SHS and STI testing/treatment
	Menopause after cancer treatments		Cancer awareness at a younger age	

## Inclusivity

The conference steering group recognised that inclusivity was fundamental to the implementation of the strategy across the region. The group agreed that it was important to recognise the needs of people who may be affected by issues in the women's health strategy who don't identify as women. A multi-agency inclusive language sub-group was established to support communications at the event. Considerations were given to the diversity of our workforce and partners across the region, to ensure the needs of delegates attending the event were met.

The feedback regarding accessibility and venue were positive particularly in relation to parking, building access and toilet facilities. An area for infant feeding was available at the venue.

A question within the feedback survey asked if delegates had any suggestions to improve inclusivity in women's health. Responses were themed into the following:

- Encourage a broader input and influence from across the system e.g., male colleagues, ambassadors, health champions, local organisations, women's voluntary sector and those with lived experience
- Education and improvements to information, access, views of vulnerable groups of women, publicity, and research

## **Next Steps**

Outputs from the conference will be used to inform the development of the NENC Women's Health Programme. In year 1 of the joint forward plan our focus is on getting organised and laying the foundations for success. This will include:

- Establishing a Women's Health Programme governance structure
- Growing and developing a Community of Practice for our whole region to work together, share learning and models of good practice
- Conducting a needs assessment and stakeholder mapping
- Working collaboratively with system leaders, women, and communities
- Developing a full implementation plan

## Social Media Roundup

NENC\_NHS X account has 4432 followers

The social media aims were to:

- Raise awareness of the event and women's health in the region.
- Encourage interaction and engagement live throughout the event by using #WomensHealthNENC
- Start the online conversation and get people connected.

Metrics:

- A total of seventeen organic posts shared on X (formerly known as Twitter)
- Total of six hundred engagements across posts. (Engagement is any form of interaction on social media. Example Likes, comments, and shares).
- An average engagement rate of 3.2% (the percentage of people who seen a post and interacted)

Top Tweets for the day:

**Top tweets**

 <p>Dr Claire Sullivan @T2ClaireS, Deputy Director for Health, Wellbeing and Workforce @OHID, welcoming colleagues to our very first North East and North Cumbria Women's Health Conference. #WomensHealthNENC <a href="https://twitter.com/NENC_NHS/status/1714926704148304371/photo/1">https://twitter.com/NENC_NHS/status/1714926704148304371/photo/1</a></p> <p><b>9.06%</b> engagement rate</p>	 <p>Special surprise from a pop up choir! What an empowering performance #WomensHealthNENC <a href="https://twitter.com/NENC_NHS/status/1714948414436217008/video/1">https://twitter.com/NENC_NHS/status/1714948414436217008/video/1</a></p> <p><b>8.01%</b> engagement rate</p>	 <p>"Lets turn our intent, into real action" @samanthallen our Chief Executive of @NENC_NHS shares her ambitions for women's health in our region. #WomensHealthNENC <a href="https://twitter.com/NENC_NHS/status/1714937025499906541/photo/1">https://twitter.com/NENC_NHS/status/1714937025499906541/photo/1</a></p> <p><b>5.67%</b> engagement rate</p>
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- Total of 14.1k impressions. (Impressions is how many times a post has appeared on a user's screen).
- Forty-six post hashtag click (Number of times the #WomensHealthNENC hashtag was clicked).
- 192 view of post event video on YouTube, with fourteen likes on Instagram post.

## Annex A - Panel Biographies



### **Alice Wiseman, Director of Public Health, Gateshead Council**

Alice has been Director of Public Health in Gateshead since 2016. Alice is a member of the board of the Association of Directors of Public Health and is a DPH lead for addictions and inequalities. Alice's 2022 annual DPH report '[Mind The Gap: Women and Health](#)

[Inequalities](#)' focuses on how the experiences of girls and women can impact on their health throughout their lives.



### **Ruth Mhlanga, Professions Lead (Acute) and Head of Physiotherapy, South Tees Foundation Trust**

Ruth is chair of the North-East and North Cumbria Allied Health Professions Council, chair the Making Every Contact Count in South Tees FT, and outgoing chair of the Chief AHP Officer

BAME Strategic Advisory Group, NHS England. Ruth describes herself as someone who wears many hats, a woman, mother, mentor, professional but also a human being who was born in a different part of the world, with the same need as everyone to live a fulfilled and healthy life. Ruth is passionate about everyone achieving their very best and living their best lives and enabling a compassionate and inclusive environment, in which everyone feels valued and listened to. Ruth's focus for women's health acknowledges that our needs may be different to each other, though we are all women, and a one size fits all approach is not the solution.



### **Rajesh Nadkarni, Executive Medical Director and Deputy Chief Executive, Cumbria, Northumberland, Tyne, and Wear NHS Foundation Trust**

Dr Nadkarni is the Medical Director / Deputy Chief Executive at Cumbria, Northumberland Tyne and Wear NHS Foundation Trust, a trust rated outstanding by the Care Quality Commission on two previous inspections. Dr Nadkarni practices as a Consultant Forensic Psychiatrist

having extensive experience in the field of offender health. He is also known for his expertise in stalking and harassment behaviour, and in that context contributes to forums, policy initiatives and case management with agencies including charities and groups involved with safeguarding women. He contributes nationally to the GMC Advisory Forum on GMC Procedures and Doctors Health and the Mental Health Economic Collaborative hosted by the Mental Health Confederation.



**Judith Rankin, Professor of Maternal and Child Health, Newcastle University**

Judith is professor of maternal and child health at Newcastle University and lead of the NIHR Applied Research Collaboration Supporting Children and Families theme. She leads a broad research programme on sexual health, reproductive loss, health of vulnerable women, risk factors and maternal/ pregnancy outcomes, and long-term outcomes for children with complex conditions.



**David Purdue, Executive Chief Nurse, NENC ICB**

Before joining the Integrated Care Board, David was chief nurse and deputy chief executive at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust. David has a wealth of experience in both senior professional nursing leadership and operational roles, working both as chief nurse at the trust and as director of nursing leadership and quality for NHS England/Improvement for Yorkshire and the Humber. As the lead for workforce, David is passionate about ensuring that we support women in the workplace to thrive.



**Laura Seebohm, Chief Executive, Maternal Mental Health Alliance**

As Chief Executive for the Maternal Mental Health Alliance, Laura collaborates with over 120 member organisations all committed to quality services and compassionate care for women and perinatal mental health. Laura has 25 years' experience in the statutory and voluntary sectors, most recently Executive Director for Changing Lives, a national charity providing support for people experiencing multiple adversities such as homelessness and addiction. Laura set up women's services for Changing Lives, before leading external affairs, policy, and communications. She sits on several boards including Chair of Millfield House Foundation and Women's Reform. Before joining Changing Lives Laura worked as a Probation Officer in the North East. Her background brings specialist expertise supporting women with experience of the criminal justice system, sexual exploitation, and domestic abuse. A commitment to improving health outcomes for women and girls across the life course underpins Laura's career.

## **Sir James Mackey, Chief Executive, Northumbria Healthcare NHS Foundation Trust**



Sir James returned to his role as Chief Executive of Northumbria Healthcare NHS FT in November 2017 after a two-year secondment in a national role as Chief Executive of NHS Improvement. He was knighted in 2019 for services to healthcare and has been at the forefront of the region's response to the Covid-19 pandemic, which saw his Trust set up its own factory to make PPE. Sir James is also Chair of the NHS Customer Board for Procurement and Supply. Sir James was appointed by NHS England and NHS Improvement as SRO and National Director of Elective Recovery for the Elective Programme in Autumn 2021 and is currently acting as Interim COO, part time, for NHSE.

Sir James cites a personal interest in women's health, having been brought up as a single boy with three sisters with a mother who had a range of long-term conditions, and has a wife and two daughters. Professionally, this has given Sir James some insight into the health needs of women, as distinct from men, and he is keen to make sure we support this.