



Director of Public Health and Communities 2024-25 Annual Report:

Women's Health in Nottinghamshire

Wednesday 25th June 2025

3pm-5pm



Workshop Agenda

Item	Item Title	Time	Duration
1	Welcome & Introduction to the Aims and Objectives for the Session (Cllr Doddy)	15:00	5 minutes
2	Background and context (Vivienne Robbins) - Data Overview	15:05	20 minutes
3	Group exercise: First theme of choice (facilitated group work) <ul style="list-style-type: none"><i>How is this recommendation pertinent to your area of work?</i><i>What can you, your organisation and partners do to support its implementation? What work is already happening on this agenda that should be captured?</i><i>What milestones should be included?</i><i>Is there anything missing from the draft action plan that should be included?</i>	15:25	35 minutes
4	Change Around- participants to move to their second priority area of choice	16:00	5 minutes
5	Group exercise: Second theme of choice (facilitated group work) <ul style="list-style-type: none"><i>How is this recommendation pertinent to your area of work?</i><i>What can you, your organisation and partners do to support its implementation? What work is already happening on this agenda that should be captured?</i><i>What milestones should be included?</i><i>Is there anything missing from the draft action plan that should be included?</i>	16:05	35 minutes
6	Feedback	16:40	10 minutes
7	Next steps, call to action and close (Vivienne Robbins & Cllr Doddy)	16:50	10 minutes



Workshop aims and objectives

Adding an equity
lens to existing work

AIM: To collaboratively develop a systemwide action plan to support the implementation of the recommendations from the 24/25 Director of Public Health and Communities report on Women's Health.

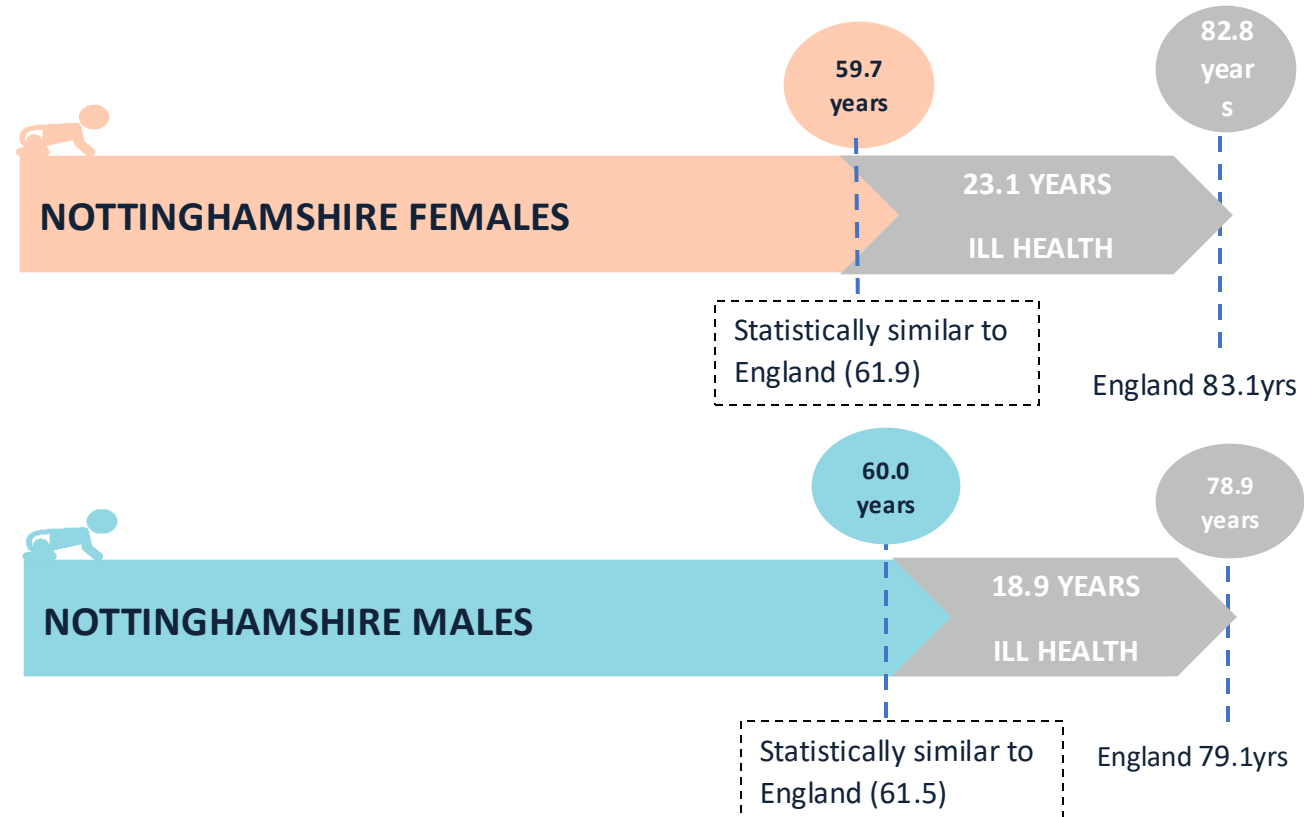
OBJECTIVES:

- To present our findings and recommendations to draw attention to the general population and specific health needs women face
- To link together different partners in the system to support and develop opportunities
- To identify existing partnerships/ workstreams where work can be held, monitored and progressed
- Agree milestones for progress reporting

Introduction

Executive Summary

- Historical context & Women's Health Strategy 2022
- Nottinghamshire Healthy Life Expectancy for women has been below the national average since 2009 and shows a decreasing trend



Years in ill health have increased for both females (previously 21 years in ill health) and males (previously 16 years in ill health) since the previous data point was published.

Methodology & Limitations

Women's Health Survey

A survey ran between October and December 2024 to seek views on Women's Health from its residents. This public survey received 967 responses.

Interviews

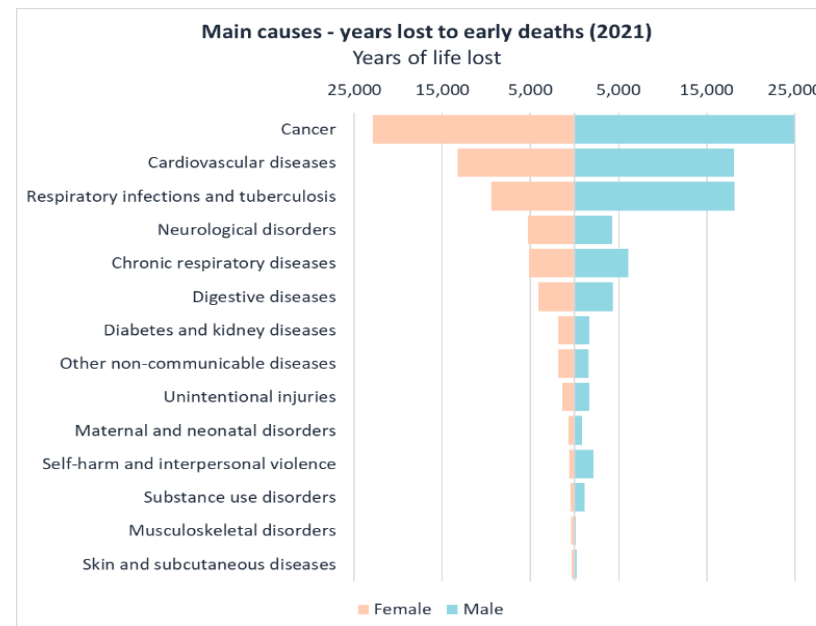
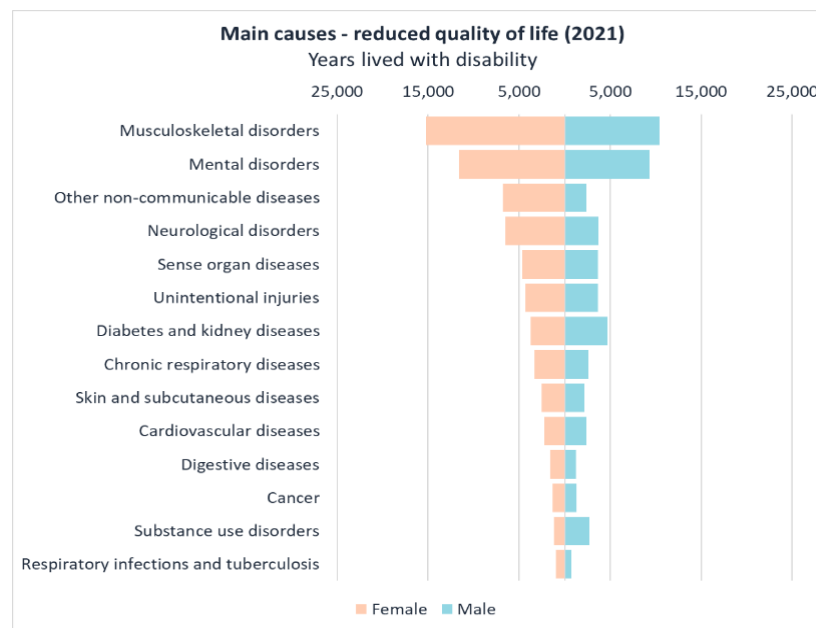
Participants for semi-structured interviews were sought with vulnerable groups and groups that were underrepresented in the Women's Health Survey. A total number of 9 interviews were completed with 10 participants in the months of January and February 2025. A £25 voucher incentive was offered in exchange for participation. Consent for participation was sought from all participants.

Data Analysis

Available data has been examined to understand Women's Health in more detail. However, there are limitations in the data, as often it is not possible to disaggregate data by sex, gender or geography. This can make the local understanding unclear.

Women's health across the life course

Executive Summary



Data from the Global Burden of Disease Study shows three groups of conditions account for almost 50% of the years lived with disability for women:

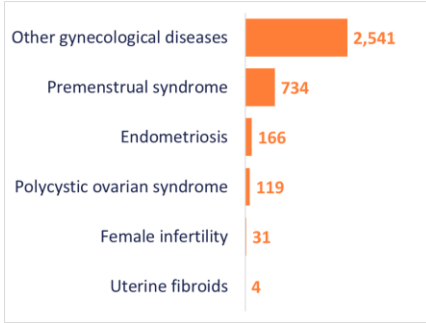
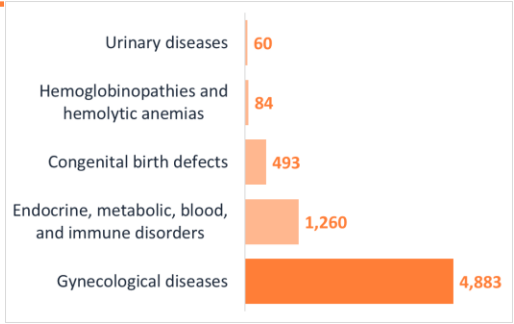
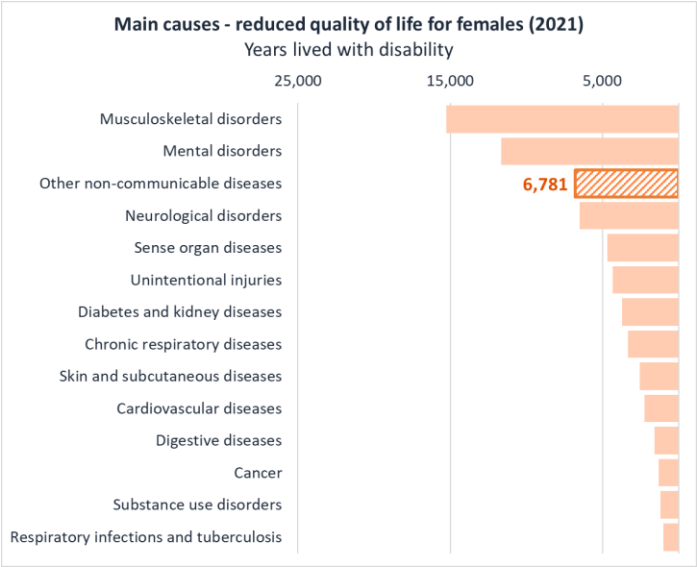
- Musculoskeletal conditions (mainly back & other joint pain)
- Mental disorders (mainly anxiety, depression and other common mental illnesses)
- ‘Other’ non-infectious diseases – of which gynae disorders form over 50%

Apart from the top two conditions, the ranking of these conditions are very different for females and males. This suggests that preventative and treatment approaches are adapted for genders. Diabetes/kidney disease and substance use disorders are the only conditions for which women have fewer years lived with a disability than males.

Cancers and cardiovascular disease were the highest contributors to the burden related to early deaths for both men and women. Apart from neurological disorders (these include dementia), women have fewer years of life lost for all other conditions

Focus on gynaecological conditions in Nottinghamshire, 2021

Main causes:
loss of quality-of-life
gynaecological conditions



- Gynaecological conditions are included in 'Other non-communicable' diseases on this chart
- Gynaecological conditions account for 4,883 years of life lost to disability
- **This means that, for women in Nottinghamshire, there is a greater loss of quality of life due to gynaecological issues than for accidental injuries, chronic chest disease, cardiovascular disease or cancer**

Women's Health JSNA:
Routine & Published Data

General Health

Which health conditions our women told us they have:

Age 16-29 years



Age 30-49 years



Age 50-64 years

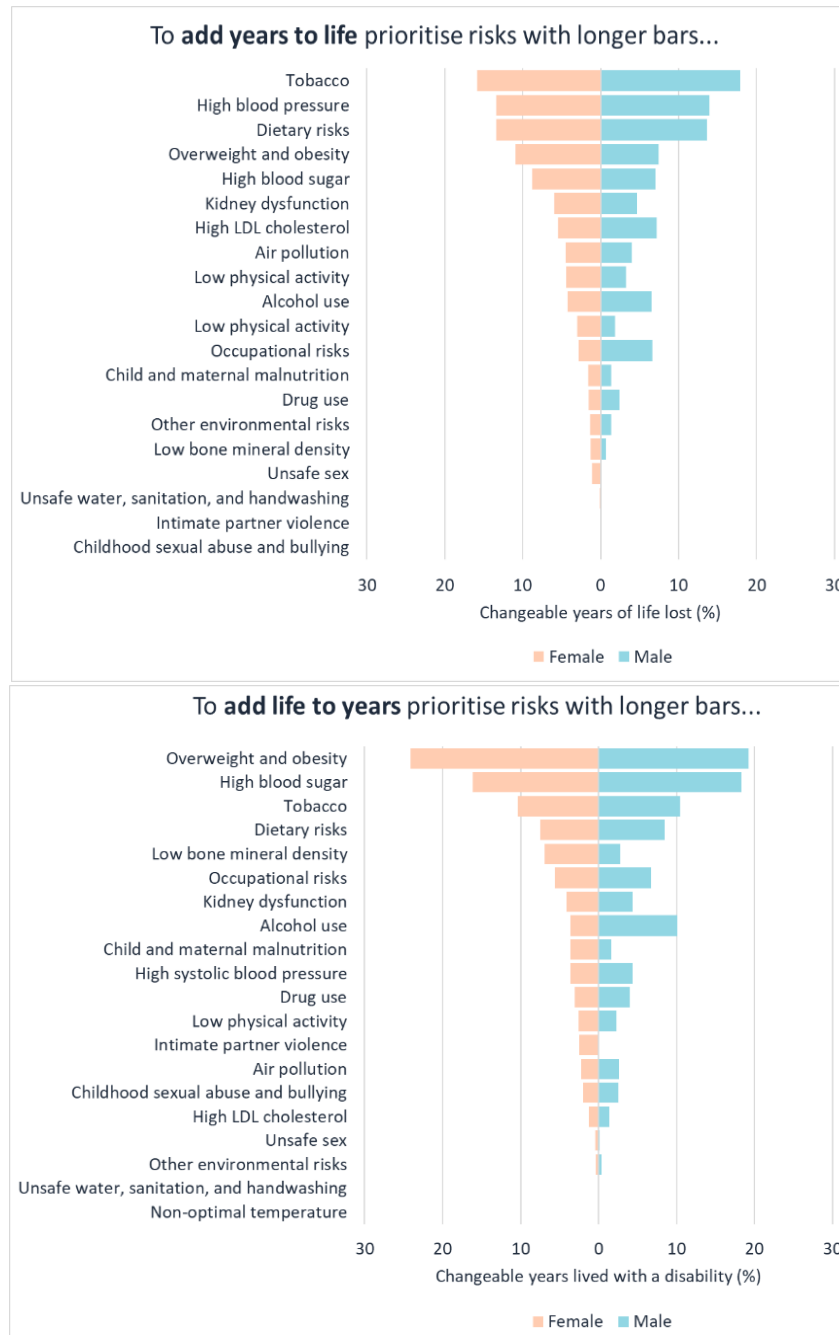


Age 64+ years



Prevention and Treatment

Health Behaviours



We know there are still areas of work to improve our women's health. Health behaviours are a key example of this.

The global burden of disease evidence available in 2021 has highlighted that reducing tobacco use, reducing high blood pressure and improving diet would have the greatest impact on early deaths for men and women.

Overweight and obesity is the highest changeable risk factor for quality of life for females and males. The following risk factors have a higher impact on women compared to men for years lived with a disability:

- Low bone mineral density
- Maternal and child malnutrition
- Intimate partner violence

The following risk factors have a higher impact on women compared to men for years of life lost:

- Overweight / obesity
- High blood sugar
- Kidney dysfunction

Overall themes

Semi-structured interviews & survey

Access to healthcare services



- Waiting times
- Work / education appropriate times
- Navigating the system
- Access to female clinicians
- When it's good, it's great

Not being listened to



- 'Fobbed off'
- Fighting to be heard
- Access to female clinicians
- Dismissive male professionals
- Lack of empathy (eg infertility)

Mental health & wellbeing



- Interdependent mental health & physical health
- How or where to access support
- Stigma – talking about mental health
- When the support is good, it's very good
- Importance of being active & outdoors

Social support & community



- Importance of female friends & peers
- Positive support from community & voluntary sector
- Family & mum's support
- Isolation

Overall themes

Semi-structured interviews & survey

Stigma & awareness



- Taboo subjects – domestic abuse, sexual health etc
- Menstruation / gynae in particular
- Menopause
- Women challenged or dismissed when they talked about women's health issues

Building Blocks of Health



- Insecure housing & homelessness
- Feeling unsafe in communities restricts activities
- Caring for children and other family members
- Importance of public transport
- Access to blue & green spaces
- Work and balancing challenges – little time for leisure, family time or healthy activities

Violence Against Women & Girls



- Life-long effects of sexual assault, domestic violence & abuse
- 'It doesn't happen to people like me' – but it does
- Lack of response from services
- Need for better education and awareness – consent, spot signs of abuse etc

Menopause



- Women are more open about experiences
- Changes to physical and mental health – lack of awareness
- Lack of awareness about support & help
- Clinical & non-clinical support
- Effect on working lives

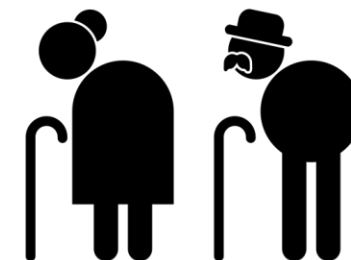
430,000 women in Nottinghamshire, 51% of the population

“fobbed off”

Women described not being listened to by healthcare services

43% of

respondents reported barriers in accessing healthcare services



A higher proportion of mothers in Nottinghamshire **smoke in early pregnancy** than the national average



Due to **caring and domestic responsibilities**, many women in Nottinghamshire do not prioritise their health

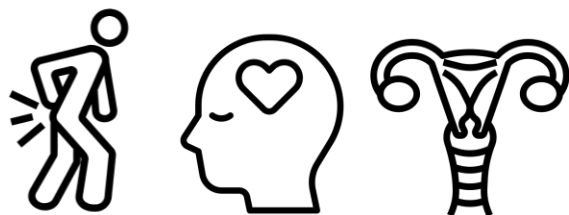
Women in Nottinghamshire are **frailer** than men, live with disability for longer and **have a higher rate of falls admissions and hip fractures.**

Many women report **not feeling safe** to exercise outdoors

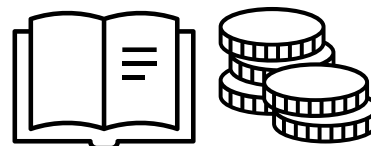


Women's Health in Nottinghamshire 2024-25

There are **inequalities** in Nottinghamshire in the rates of **HRT and LARC** prescribing



Women in Nottinghamshire are **living longer in disability**. The main causes for this are **musculoskeletal conditions, mental health conditions** and **gynaecological conditions**.



Women in Nottinghamshire have **lower levels of education than the national average**, higher levels of economic inactivity, and have told us they worry about **financial instability**.

Anxiety & depression

were the most common health conditions in women under 50 in Nottinghamshire



1 in 3 women will be a victim of domestic abuse in their lifetime.

Overall themes:

Access to
healthcare
services



Women's Voices



Mental health &
wellbeing



Health
Behaviours



Building Blocks
of Health



Marginalised
Groups and
VAWG



Women's Health
Conditions



Healthy Ageing
and Long-Term
Conditions



Women's health is our joint responsibility

Recommendations

Executive Summary

Theme	Recommendation(s)
1. System-wide commitment	Establish a system-wide commitment to actioning these recommendations and to reducing inequalities for Women's Health through the Nottinghamshire Health and Wellbeing Board.
2. Access to healthcare services	Explore opportunities through integrated neighbourhood working to address inequalities in access to women's healthcare, such as HRT prescribing, access to contraception e.g. for younger women and girls, targeting the areas of highest need and vulnerable groups as highest priority.
3. Women's Voices	Continue conversations with the women of Nottinghamshire to ensure they feel listened to in order to understand how to best support their health and champion their voices.
4. Mental Health & Wellbeing	Work to improve the mental health and wellbeing of women and girls in Nottinghamshire by further investigating what the barriers are for women accessing mental health services and improving signposting to offer support.
5. Health Behaviours	Continue work to reduce smoking in pregnancy and to support women and girls to feel safe to engage in physical activity in green spaces.
6. Building Blocks of Health	Work with anchor institutions in Nottinghamshire to support women in the workplace and prevent female economic inactivity.
7. Violence Against Women and Girls	Champion the healthcare system to be trauma informed and take an increased role in prevention, early identification and provision of support for survivors of abuse and violence.
8. Marginalised Groups	Using national research into women's severe multiple disadvantage, we will develop a framework tool that will enable a review of services to identify areas of good practice and gaps in delivery for women. Findings from this review will inform an action plan for improvement where required.
9. Women's Health Conditions	Strengthen existing partnerships to focus on priority women's health issues and use the principle of Making Every Contact Count (MECC) to ensure that healthcare professionals are provided with the training, skills and tools to initiate and have meaningful brief conversations about women's health and health conditions and are enabled to signpost women towards the best care possible.
10. Healthy Ageing and Long-Term Conditions	Support women in Nottinghamshire to Age Well by investigating data to improve early female mortality from colorectal cancer and overall women's health outcomes and consider the impact of musculoskeletal conditions on women's frailty.

Discussion tables:

**Access to
healthcare
services**



Table 1

Women's Voices



Table 2

**Mental Health &
Wellbeing**



Table 3

**Health
Behaviours**



Table 4

**Building Blocks
of Health**



Table 5

**Marginalised
Groups and
VAWG**



Table 6

**Women's Health
Conditions**



Table 7

**Healthy Ageing
and Long-Term
Conditions**



Table 8