Women's Health Director of Public Health and Communities Report Recommendations and Draft Action Plan

The purpose of this document is to complement the Nottinghamshire Women's Health Annual DPH Report which was published in June 2025. This is a product of engagement with partners across multiple other partnerships alongside a workshop held after the Health and Wellbeing Board on 25th June 2025. This has been out to engagement with system stakeholders over the summer and is due to be finalised in September 2025.

Theme	Recommendation(s)	Organisations involved/ owning partnerships	Actions
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.	• Nottinghamshire Health and Wellbeing Board	• Health and Wellbeing Board to commit to support Women's Heath (Confirmed June 2025)
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.	• Place-Based Partnerships • Public Health • Integrated Neighbourhood Working • Primar Care Networks • Nottinghamshire Women's SMD group • Gynaecology services (NHS Trusts) • Sexual Health Services • NHS England commissioners	• Utilise the findings from this DPH AR report, with additional data from across the system, to identify areas of highest need. • Consider barriers to access for women with caring responsibilities e.g. 8am rush. • Engagement with integrated neighbourhoods and Place Based Partnership to establish partnership and identify areas for service improvement. • Work with VCSE partners to identify opportunities for joint support and "one-stop shop" approach. • Pilot some women's specific clinics in areas of highest need, working with Integrated Neighbourhoods/ PCNs in those areas. Ensure we evaluate impact, develop lessons

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			learned and explore opportunities for further development. • Ensure information about women's health services is accessible to all, by working with community groups and bringing information to places where people already visit. • Ensure that resources are translated into different languages and in line with literacy levels of the local population. • Consider opportunities for non-contraceptive LARC fitting/ other gynae procedures in primary care to streamline pathways of care and reduce waiting lists, alongside releasing referral guidelines for GPs.
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.	• Health and Wellbeing Board • Integrated Neighbourhoods • Healthwatch	• Work with colleagues across the system to identify spaces where women's voices have the opportunity to be heard. • Understand existing VCSE groups where women are engaging and their voices could be heard. • Consider opportunities where the women's voices can be worked into local quality governance and contracts e.g. through Trusts/ ICB Quality routes, through Healthwatch. • Work with unpaid carer networks to hear the voices of women in that space- to understand the impact on them and what solutions would help.

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			• Ensure inclusive participation and seek out underrepresented women to be heard through our resident voice channels. • Seek opportunities to arrange more women's health events, to hear from residents about what matters to them. • To include women's voices in the development of any solutions to other recommendations in this report. • Work with women's groups to create resources to support professionals with their approach to women's health challenges (linked to MECC priority below).
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.	• Mental Health Joint Commissioning Group • Best Start Strategic Partnership	• Further investigate and understand what the barriers are for women accessing mental health services • Consider how current services, e.g. wellbeing service, can signpost or offer support to individuals with mental health conditions. • Undertake a pilot to provide support to the mental health need that exists between GP and crisis services • Promote and publicise work around primary prevention e.g. five ways to wellbeing • Recognise that sex (gender) is a protected characteristic, and that women have different needs and experiences than men, and services should be aware and able to adjust for this. • Utilise the work on the Mental Health JSNA to understand the risk factors for mental health conditions

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			in women, and how services should accommodate these findings • Utilise the work on the Best Start JSNA to provide support for perinatal mental health and how services can support these individuals • Consider the needs of carers and their mental health and physical health so they can continue their caring responsibilities. • Engage with women to understand how they want to access information about support e.g. via app, leaflets, cards. Need to consider those who may not have access to digital. • Examine stigma around mental health – look at wider community response to mental health and emotional wellbeing. Do we have emotionally healthy communities so people feel comfortable acknowledging when they might need help? • More promotion of services – not just through provider websites. • Consider how we embed trauma informed practices/approach to women's 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.	• Nottingham and Nottinghamshire Smoking & Tobacco Alliance • Nottinghamshire Best Start	Support the Nottingham and Nottinghamshire Smoking & Tobacco Alliance to help people give up smoking by: • Addressing differences in provision in smoking in pregnancy services across the County

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		• Nottinghamshire Fire & Rescue Service	• Identifying population groups to target with enhanced support • Undertake a health equity audit of existing services • Link together with Notts Fire & Rescue around safe smoking advice/ smoking cessation opportunities (MECC) • Increase publicity and information regarding the harms of e-cigarettes and vapes. • Collaborate with pregnant women to hear their voices and how they can be supported to quit smoking during pregnancy. • Work with sexual health services to provide smoking cessation advice as part of pre-conception care (planning a healthy pregnancy)
		• Safer Notts Board • Domestic Abuse Partnership Board • OPCC • Notts Police • Community Safety Partnerships	• Support community safety by working with Notts Police on the "Walk in my Shoes" campaign, feeding in insights and working in partnership to work through recommendations. • Work with Local Wellbeing services to address barriers to partaking in physical activity. • Promote safe spaces for women to exercise in e.g. indoor community centre or group sessions, areas with more lighting/ CCTV etc.

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6. Building Blocks of Health	Work with anchor institutions in Nottinghamshire to support women in the workplace and prevent female economic inactivity.	• Anchor Champions Network • EMCCA	• Create a standardised approaches to supporting employees during menopause. • Utilise opportunities of leisure contracts to think about how women can be supported to improve their health and wellbeing. • Coordinate campaigns on women's health across the system. • Destigmatise women's health in the workplace, by having staff support networks and clear policies of support e.g. consistency of policies. • Explore economic inactivity data • Consider opportunities for raising aspirations for women through education and skills.
7. VAWG	Champion the healthcare system to be trauma informed and take an increased role in prevention, early identification and provision of support for victims of abuse and violence.	• Domestic Abuse Partnership Board • Health and Wellbeing Board	• Highlight the impact of Traumatic experiences on women, including domestic abuse and sexual violence and the long-term support and understanding required to support their recovery journey through staff safeguarding training. • Support from employers and services needs to recognise the long-term impact of domestic abuse – encourage professionals to attend specialist training and become trauma informed.

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			• Consider the impact of waiting lists on trauma-driven support services – waiting lists increase trauma episodes. • Align the Women's Health DPH findings with the Nottinghamshire Violence Against Women and Girls Strategy and delivery plan (5 pillars Preventing, Responding, Supporting, Including and Strengthening). • Ensure that empowering and inclusive practices are embedded in all services, including in the police (offer training).
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.	• Nottinghamshire Women's SMD group	• Findings from this review will inform an action plan for improvement where required utilising the national research. • Consider ways to improve identification of hidden homelessness, engage sex workers, and provide trauma-informed training to colleagues across the system. • Increase access to sexual health services for women with SMD.
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	• MECC System Working Group • Nottingham and Nottinghamshire Sexual and Reproductive Health Partnership • Public Health intelligence and Public Health team • Healthy Families Service	• Nottingham and Nottinghamshire Sexual and Reproductive Health Partnership Contraception Subgroup to work through what is working well about contraception provision, where the barriers are, and develop a plan to address these. Continue work between the Sexual Health Services and maternity services to improve the postnatal contraception offer. • Public Health to provide enhanced surveillance to abortion, teenage pregnancy and teenage mothers

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	and health conditions and are enabled to signpost women towards the best care possible.	• Family Hubs • GPs • Community Pharmacy	indicators to ensure we sustain our achievements, narrow the variation in rates between and within local areas, and improve the outcomes for young parents and their children. • Ensure women's health content, with emphasis on Sexual Health - identified as an area of weakness in the MECC staff survey – is embedded into MECC training, and monitor uptake of MECC training across the system • Work with women's voice forum(s) to ensure how women can be listened to more through MECC approach. • Consider a online space/hub for Women's Health – similar to NottAlone website. Providing holistic information about women's health (physical and emotional wellbeing), issues, symptoms, self-help, guide to services. • Offer menopause cafes in neighbourhoods, working with the VCSE • Offer GP training around women's health.
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.	Public Health Intelligence ICB SAIU Health Protection Board East Midlands Cancer Alliance Nottinghamshire County Council Adult Social Care	• Establish or advocate for new data sets regarding women's health conditions with the aim of improving women's health outcomes across the ICS. • Commissioners across the County should consider requesting performance data disaggregated data by sex as core component of contract management to improve sex-specific information

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			• Investigate the performance of early deaths from colorectal cancer to reduce future cases of cancer and maximise prevention and early diagnosis. • Better support for ageing carers and volunteers. For example Nottinghamshire CC are a big employer of women and carers. • Provide unpaid carer training to system health and care partners. • Address challenges for frail homeless individuals. • Implement strength and balance classes in the county, ensuring that they are signposted to as part of MECC • Encourage and support local research on women and ageing • Improve support for ageing carers and volunteers through existing plans and building upon existing successes. • Support social connectedness as a key building block of health and optimise the use of MECC and link workers in the community to support people to access the help that they need. • Consider the role of Integrated Neighbourhood teams in supporting women to age well.