

Women's Health Project summary report

September 2025

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Acknowledgements

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We would like to thank:

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- East and Kendal Integrated Care Communities
- Endometriosis UK Cumbria group
- <u>Fairoaks Housing</u>
- <u>Family Action</u>
- Furness Multicultural Community Forum
- Mind in Furness Women's group
- My Community Penrith
- 4Eden
- <u>Women's Community Matters</u>
- Lancashire South Cumbria ICB

Glossary

ADHD – Attention deficit hyperactivity disorder.

CQC – Care Quality Commission, the regulator of health and social care in England.

Health inequalities – Preventable, unfair differences in health between groups, often due to unequal social, environmental, or economic conditions.

HWE – Healthwatch England, which supports local Healthwatch.

ICB – Integrated Care Board, oversees NHS services and integration.

LSC ICB – Lancashire and South Cumbria Integrated Care Board.

MNVP – Maternity and Neonatal Voices Partnership, gathers parent feedback on maternity services in LSC.

NENC ICB – North East and North Cumbria Integrated Care Board.

Person-centred care – Care focused on an individual's needs, preferences, and values.

Reasonable adjustments – Changes to support people with disabilities, required under the Equality Act 2010.

VCFSE – Voluntary, Community, Faith, and Social Enterprise sector (charities and nonprofits).

About us

Healthwatch Westmorland and Furness (HWW&F) is the local health and social care champion for the unitary authority of Westmorland and Furness. Independent of all services, local Healthwatch is in place across England to engage with local people, communities and neighbourhoods, listening to their feelings, wishes and experiences of using health and social care services.

Healthwatch works to reduce inequalities and barriers to services by seeking out the experiences of those under-represented communities and sharing intelligence gathered to drive improvements.

Defined by the Health and Care Act 2012, our statutory role is to:

Gather the views of people about their needs and experiences of local health and social care services. Local Healthwatch makes these views known to those involved in the commissioning and scrutiny of care services.

Make reports and make recommendations about how those services could or should be improved to decision-makers on how to improve the services they are delivering, enacting positive change.



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Promote and support the involvement of people in the monitoring, commissioning and provision of local health and social care services.



Provide information and advice to the public about accessing health and social care services and options available to them.

To fulfil our statutory functions, Healthwatch undertake a range of engagements from 'pop-ups' in villages and towns, attending existing support groups and networks, holding focus groups, and visiting services to see them in action (this is called Enter and View).

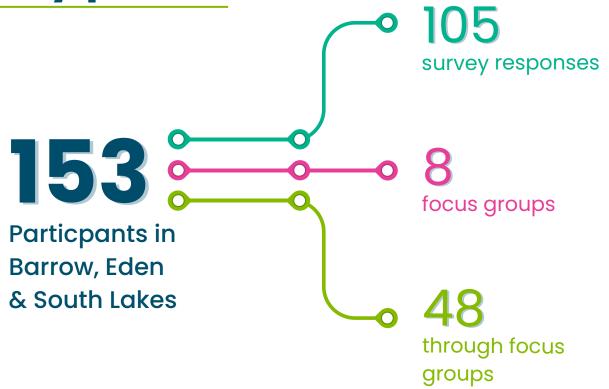
By law, there must be a Healthwatch in every local authority, and local Healthwatch are commissioned by those authorities. Healthwatch England (HWE) acts as the national consumer champion for all local Healthwatch organisations, enabling and supporting local Healthwatch to bring important issues to decision-makers attention nationally.

We do this by:

- A) Bringing people's views and experiences to Healthwatch England will help us carry out our role as national champions.
- B) Making recommendations to Healthwatch England to advise the Care Quality Commission (CQC) to carry out special reviews or investigations into areas of concern.



Key points



Your top four priorities

Cancer

Mental health

Menopause

Gynaecological

Themes we heard lots about:

- Reasonable adjustments
- Person-centred care
- Right person, right care, right time
- Health inequalities
- Being listened to and believed!

Being heard, believed and treated with empathy

- Across all groups, women expressed a strong desire to be listened to and validated.
- Many shared experiences of being dismissed, infantilised (especially those with learning disabilities/autism), or misunderstood.
- There was a clear call for compassionate communication and continuity of care.



Access and equity

Barriers to accessing care were a major concern:

- Difficulty getting GP appointments.
- Over-reliance on digital systems.
- Lack of face-to-face options.
- Women with learning disabilities/autism highlighted the need for reasonable adjustments, clear communication, and female clinicians for intimate care.



Holistic, joined-up care

Participants wanted services that work together.

Suggestions included:

- Shared digital records across services.
- Long-term case management.
- Hospital passports for people with learning disabilities/autism.



Introduction

This report provides an accessible overview of the findings from a survey and focus group interviews carried out by HWW&F from September to November 2024. This project aimed to understand what matters most to women across Barrow, South Lakes and Eden about their health.

The survey asked questions such as

- What matters to you most about your health and wellbeing?
- How would you describe women's health services in your area?
- How comfortable do you feel talking to healthcare professionals about your women's health needs?
- Do you feel listened to by healthcare professionals when discussing your women's health needs?

This research compliments results from the Big Conversation Survey, which gathered views from across the North East and North Cumbria with support from the region's Healthwatch organisations, including HWW&F.

The findings from this research helped us expand our understanding of women's health needs in our area, and shape future HWW&F projects related to women's health.



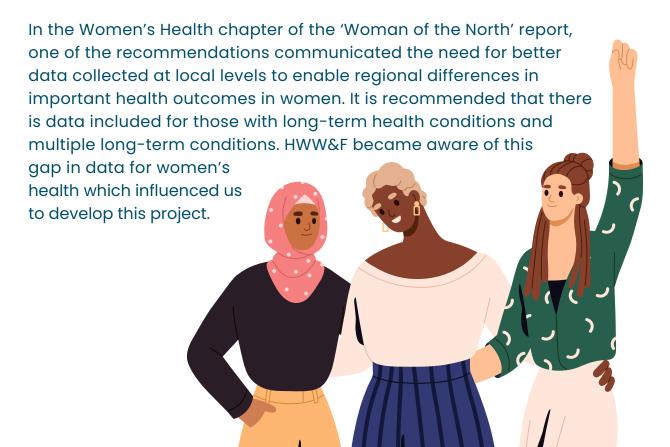
This was commissioned by North East North Cumbria Integrated Care Board (NENC ICB) and only covered Eden in Westmorland and Furness. With this second survey we aimed to build a picture across the whole of the local authority area.

The report 'Woman of the North: Inequality, health and work' by Health Equity North shows the importance of our work in women's health especially in our area. The report presented findings stating that women living in the north of England have lower healthy life expectancy, fewer qualifications, worse mental health, and are more likely to suffer domestic violence or to end up in the criminal justice system than their counterparts in the rest of the country.

Infant mortality is also higher and abortions are more common. The inequity between women living in the north and those in the rest of England has grown over the past decade.

The local picture

More specific to this research, Westmorland and Furness is England's most sparsely populated local authority area, which makes it hard to deliver services and travel to health appointments without access to private transport. Those living in this area without access to private or public transport are likely to struggle with social isolation which in itself can negatively impact health outcomes.



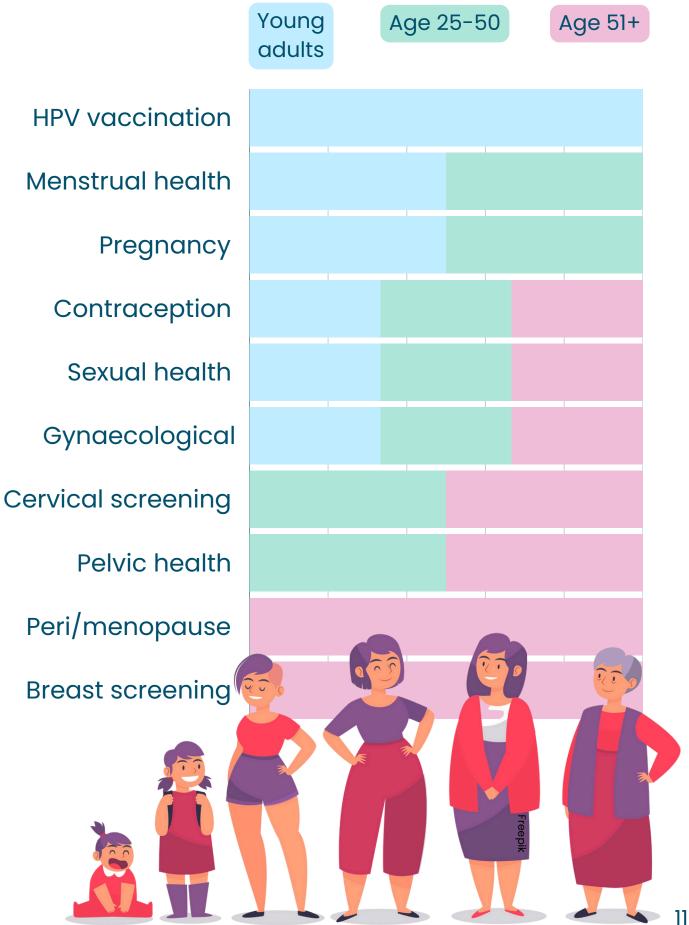
Background

In the past, medicine has often been said to have a male focus, and most attention to women's health has been related to reproductive health. Most diseases are based on what is understood about male bodies because medical research has been primarily focused on men. Male subjects (being given the tests) and male researchers therefore, there is a large gap in what is understood and tested for women's bodies in medicine.

The first ever <u>Women's Health Strategy for England</u> was launched in 2022 with the aim of ending inequality in healthcare. The 10-year strategy aims to "improve the way in which the health and care system listens to women's voices, and boost health outcomes for women and girls", as well as taking "a life course approach, focused on understanding the changing health and care needs of women and girls across their lives, from adolescents and young adults to later life".



General health needs of women throughout their life



As stated by the Department of Health and Social Care (2023),

"Expanding women's health hubs across England is a key commitment in the first ever government-led Women's Health Strategy for England, with an initial aim to see at least one hub in every integrated care system (ICS)."

What is a women's health hub?

Women's health hubs are in development across the country to increase access to medical services, to address health inequalities and to provide a holistic, 'women-centred' approach. The women's health hub model brings together a range of women's health service in-person, virtually or in a hybrid format.

Other hubs are being developed across Lancashire and South Cumbria, with the goal to improve access to care for women of all ages.

It should be noted that, at the time of writing, available information on women's health hubs is limited.



Our approach

This project followed a mixed-methods approach to allow for a greater understanding, drawing on the strengths of both numerical (quantitative) and written (qualitative) methods.

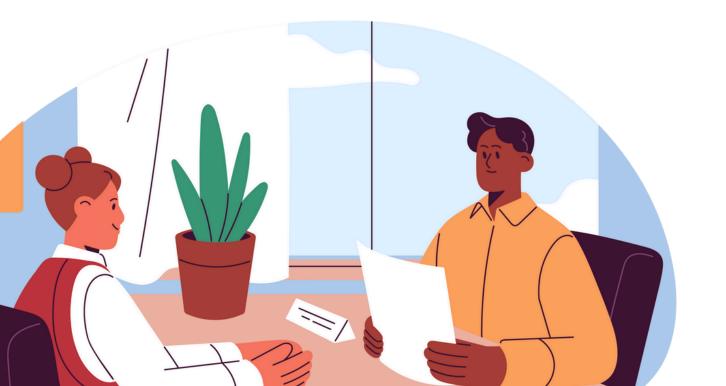
The methods used were an online survey (the data was collected in SmartSurvey) and focus groups (group conversation). Recruitment was achieved using social media platforms, posters across Westmorland and Furness or by contacting existing women's groups.



Our online survey allowed for open-ended answers (more complex answers than a simple yes or no) from women across Westmorland and Furness.

Data from our survey was complimented with written information from eight focus groups with a total of 48 participants. This meant we gathered a good mix of numerical information and in-depth feedback from our community.

Each focus group was carried out using the survey questions as a guide to collect responses. Focus groups were held face to face, with one being hybrid (both in-person and remote participants).



Handwritten notes were taken rather than recording what was said in each focus group. One of the limitations of using field notes to record data (rather than transcriptions) is that conversation content may be incomplete or recalled incorrectly, with a risk of simplistic or wrong interpretations. On the other hand, some people may be inhibited by the presence of recording devices.

The reason for also using focus groups is that this data collection method encourages the respondents to talk more freely. HWW&F has the unique opportunity to engage with community face-to-face and listen to your feedback directly. These conversations can provide supporting evidence for results found in the survey data.

Additionally, surveys may not reach certain demographic groups.

Quantitative and qualitative (numbers and words) data were analysed separately to identify individual topic insights, and then combined to gain greater understanding of the topics.



Women's Health Event

On the 6th May, we hosted our first Women's Health event at Space2Create in Kendal along with representatives of local charities, with representatives from the Women's Health team of Lancashire and South Cumbria Integrated Care Board (ICB). Through engagement with around 30 members of our community, we gathered themes of feedback to influence our second phase of the project. This event gave us the opportunity to signpost 18 people to relevant services, demonstrating our impact in being present in our area.

A core theme we heard frequently was how women's health must be approached holistically (as a whole). This means taking account the connections between health issues such as cancer, mental health, menopause and gynecologic issues.

There was an emphasis on the need to be heard, believed and treated with empathy in regards to women's health issues. Accessing care needs to be accessible to all and person-centered.

This feedback we received sparked influential conversations about the direction we are taking the project. For instance, a significant focus on signposting to assist those needing to access services and feeding back women's healthcare experiences to service providers.



Women's Health Event: Phase Two

On the 11th of September, we held our second women's health event at Space2Create in Kendal. Building on our first get-together, we welcomed women from Fairoak Housing Association in Kendal, 4Eden/My Community in Penrith, and Lou Curry, who helped establish South Lakes Menopause Café in Kendal.

At the heart of Healthwatch Westmorland & Furness' mission is to ensure that our communities are heard by NHS and local authority decision makers, service commissioners and providers. We invited Cara Stride, Women's Health Programme Manager, and Sarah Bibby, Women's Health Delivery Manager for LSC ICB, to speak at our September gathering.

Cara and Sarah's message was clear: the feedback from our first event is directly shaping women's services in South Cumbria, in particular with the new Women's Health Hub. The voices of our local women are not just being heard and amplified, they're positively influencing service design.

The message from participants has been consistent and powerful. Women want holistic care, recognising the connections between health issues such as cancer, mental health, menopause and gynaecological concerns. They need to be heard, believed and treated with empathy.



To put what we have heard into actions, we are developing signposting materials that have been informed by women's feedback throughout our events. Our resources are being developed with accessibility in mind, ensuring they are fit for purpose and inclusive. Our September event provided us with valuable insights for our signposting materials. We are working to make our materials Easy–Read and to include simplified content to make these resources useful for all. QR codes, organisational logos and information on where to go when you're not being listened to will all be included.

An exciting development that has emerged is the sense of community that our women's health events have naturally created. The welcoming, shared space created at our first event inspired us to explore how we can maintain this valued peer support.

As a result, we're looking at regular informal get-togethers across Penrith, Kendal and Barrow, possibly featuring guest speakers, and exploring connections with Lou's work at South Lakes Menopause Café workshops. These will be an informal safe space, to go with no agenda but to build trust, see where we can connect women with support, and provide advice if needed.



Next steps

Summary of findings

The project identified several key areas needing improvement to better support individuals with disabilities. There is a significant need for accessible information and enhanced communication tailored to these individuals, including the provision of easier-to-read materials and personalised approaches.

A greater understanding of mental health and trauma is essential, particularly in the context of sensitive procedures such as cervical screening. Additionally, creating more welcoming and sensory-friendly environments for those with hearing or sensory issues is crucial.

Empathetic and compassionate support from healthcare professionals is necessary, with a focus on improving services for people with autism and learning disabilities. The lack of availability and accessibility to women's health services, especially for those unable to travel far, was also highlighted.

There is a clear preference for female GPs among respondents, with many reporting difficulties in communicating with male doctors. Long waiting times for doctor appointments were a common concern and participants often felt patronised or dismissed regarding their symptoms.

- We will share findings and our report with the groups that we spoke with, as well as groups and individuals not previously involved to expand our reach.
- We will make sure our report reaches the right people in NHS women's health service commissioning in South and North Cumbria, service providers, and Westmorland and Furness Council.
- With input from local women involved with the project, we will develop signposting materials and based on the four highlighted women's health concerns.

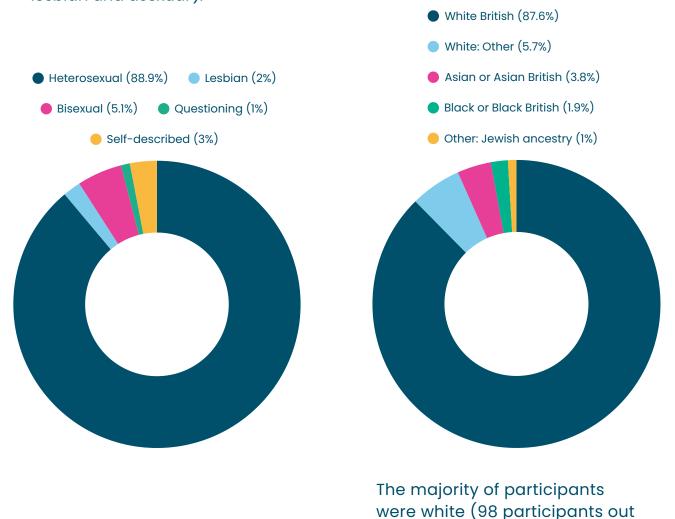
Appendix

Demographics

Demographic data was collected including age, gender, gender identity, ethnicity, employment status, sexual orientation, religion and location. The participants' demographics are shown in the charts below.

All respondents identified as female. 102 respondents out of 105 are the same gender to that assigned at birth.

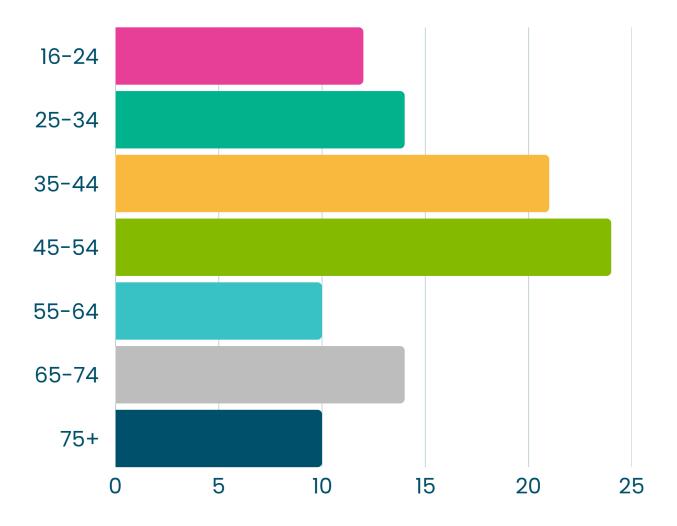
88 out of 105 respondents identified as heterosexual, with five preferring not to say, two identifying as lesbian, five as bisexual, one chose the option 'Questioning', and three self-described (i.e. one participant self-identified as 'lesbian and asexual').



of a total of 105), and of these

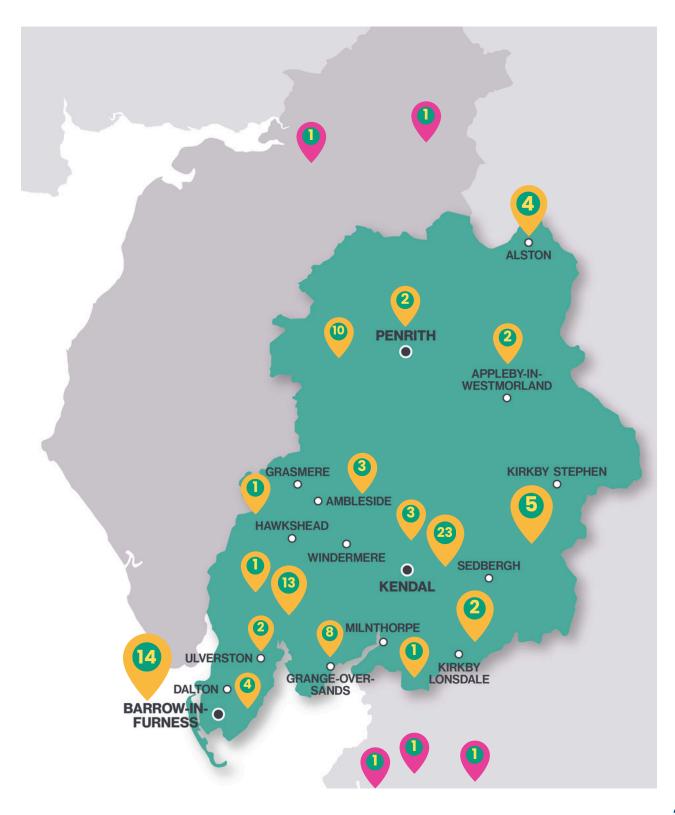
92 were white British.

Survey respondents by age:



Locations of survey respondents

Based on the first part of postcodes provided (E.g. CA9 or LA8)



healthwatch Westmorland and Furness









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