Report authors: Kathryn Ingold / Tim Taylor. Tel: 07981 270181 / 07981 278231

Report of: Director of Public Health

Report to: Scrutiny Board (Adults, Health and Active Lifestyles)

Date: 16th March 2021

Subject: Women's Health in Leeds

Are specific electoral wards affected? If yes, name(s) of ward(s):	☐ Yes ☒ No
Has consultation been carried out?	☐ Yes ☒ No
Are there implications for equality and diversity and cohesion and integration?	☒ Yes ☐ No
Will the decision be open for call-in?	☐ Yes ☒ No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	☐ Yes ☒ No

Summary

1. Main issues

- The COVID-19 pandemic has negatively impacted women's health.
- Whilst Primary Care continued to see patients, routine invites from central screening services for breast and cervical screening were paused during the first wave. Uptake rates have reduced, are lower than the national target and lower in deprived Leeds.
- Maternity Services have continued to support women but are unable to facilitate women having partners present in some parts of the pathway due to constraints around social distancing and the current estate.
- Reproductive health has been negatively affected. The pandemic has impacted women's ability to access contraception within their local community services. There has also been a significant reduction in the number of C-Card sites that are able to support young people with sexual health information, advice and condoms. Nationally there is an increase in women seeking information and advice on abortions and emergency contraception via national helplines.

- Women's Lives Leeds consultation found that that women reported disproportionately negative impacts of COVID-19 including: an increase in domestic violence, childcare and home schooling, caring responsibilities; working in frontline jobs and therefore increased exposure to COVID-19, worries around job insecurity, household chores, the emotional burden of keeping things together and mental health issues.

2. Best Council Plan Implications

In order to deliver our ambitions to be compassionate and caring city with a strong economy and tackling poverty and reducing inequalities; we need to take proactive action to consider the health and wellbeing needs of women in Leeds.

3. Resource Implications

This report is a system report rather than a council report.

4. Recommendations

The Scrutiny Board is asked to:

a) Note the content of the report.
b) Support plans to improve cancer screening, maternity services and reproductive health.
c) Support work to ensure Leeds is a United Nations Women Friendly City with the aim of addressing inequalities and the specific impact of the pandemic on women's physical and mental health and wellbeing.
d) Encourage services to engage with girls and women's hubs.

1. Purpose of this report

1.1 This report provides an update on key women's health issues and how COVID-19 has impacted. The report includes a specific focus on breast and cervical cancer screening, maternal health and reproductive health and also includes information of the impact of COVID-19 on women in Leeds gathered through consultation carried out by Women's Lives Leeds.

2. Background information

2.1 In 2019 Leeds City Council published The State of Women's Health, which produced a comprehensive picture of life, health and wellbeing for women and girls. This report provides:

- A brief update on actions delivered following publication of The State of Women's Health.
- Updates on specific areas of interest flagged by the scrutiny committee of breast and cervical cancer screening, maternal health and reproductive health.
- Information on key health issues reported by girls and women in Leeds as a result of the COVID-19 pandemic.

3. Main issues

3.1 Female Life expectancy in Leeds

3.1.1 Female life expectancy at birth in Leeds has been static since 2011-13. This lack of change mirrors the national picture, female life expectancy for England has barely altered either. Female life expectancy in Leeds is now consistently about 1.5 years below England. In terms of links to deprivation, in 2011-13 there was a 6.9 year gap in female life expectancy between the most and least deprived deciles in the city. The latest data for 2017-19 shows a 7.7 year gap, so inequalities are widening. This is at least partly due to a fall in the most deprived decile of the city. England has a similar widening of the gap over the same time period. For context, the male position is similar and has been static since around 2011-13, with a slowly increasing gap between top and bottom deciles

3.2 The State of Women's Health 2019

3.2.1 The broader context for women's health in Leeds is described in The State of Women's Health in Leeds report.

The main findings were:

- In Leeds, women and girls still face a number of inequalities and for many life is becoming more complex.
- The health and wellbeing of women living in poverty and experiencing inequality is worsening.
- Women and girls' lives are becoming more complex and including more 'risky' behaviours which have long-term impacts on their physical and emotional wellbeing.
- Young girls are experiencing more mental health problems.
- An ageing population sees more women at risk of dementia, frailty and falls.

- Women's reproductive and maternity health issues are not always supported.
- Safety is a priority for women and girls in Leeds.

3.2.2 Since the report was published in 2019 it has contributed to a richer picture of the Leeds Joint Strategic Assessment and articulates a series of recommendations to support the ambition of the Leeds Health and Wellbeing Strategy for Leeds to be the Best City for Health and Wellbeing for all of our citizens. The State of Women's Health in Leeds and the State of Men's Health in Leeds reports have been:

- Highlighted in the next Leeds Integrated Market Position Statement developed by the Integrated Commissioning Executive (ICE).
- Shared as best practice examples regionally and nationally with Public Health England.
- Presented at NHS Leeds Clinical Commissioning Group (CCG) Target events.
- Reflected on and discussed with commissioners of services and providers to consider how to take forward the findings and key areas of action. This includes auditing new and existing commissioning specifications to ensure gender is appropriately represented.
- Shared at workshops for key commissioners have been held to go through the report. The learning has included auditing new and existing commissioning specifications to ensure gender is appropriately represented.
- Presented at the Joint Health and Wellbeing Board and key Boards across the city.
- Used by Human Resources to produce a resource containing help, support and information which may be useful for the council's female staff and their managers. It offers suggestions about what support can be arranged in the workplace, some advice on what women can do to improve their own health and wellbeing and links to local organisations.
- Used as part of the bid for Leeds to gain United Nations Women Friendly Leeds status.

3.3 <u>Breast and cervical cancer screening</u>

3.3.1 Whilst Primary Care continued to see patients, routine invites from central screening services for breast and cervical screening were paused during the first wave of the pandemic. The numbers of patients contacting practices for smears also fell, and overall appointment capacity was reduced due to the need to adhere to social distancing and PPE requirements. During this time, the numbers of people contacting their GP with concerning signs of cancer also decreased significantly. In Leeds we are working together as an integrated system to mitigate against the health impacts of this, to get screening rates back up to pre COVID-19 rates as swiftly and safely as possible and to prevent a widening of the health inequalities gap.

3.3.2 Given that routine invites into cancer screening services were paused for a period of time, it can be expected that this will be reflected in the cancer screening uptake data. Latest published data (June 2020) shows that the breast screening uptake rate in Leeds was 68.7%. This is a decrease from 71.2% (June 2019) and is below the national target of 80%. The data also shows that breast screening uptake is lower in deprived Leeds with uptake being 63.5% in deprived decile 1 and 65.4% in deprived deciles, 1-4. (June 2020).

3.3.3 Latest published data (Oct 2020) shows that the cervical screening uptake rate in Leeds was 70.6%. This is a decrease from 73.3% (Oct 2019) and is below the national target of 80%. The data also shows that cervical screening uptake is lower in deprived Leeds with uptake being 65.2% in deprived decile 1 and 67.2% in deprived decile 1-4 (Oct 2020). There is also a clear inequality in screening uptake across age ranges with women in the lower age range (25-49) having a 68.5% uptake rate compared with women in the higher age range (50-64) where uptake is 75.8% (Oct 2020).

3.3.4 Prior to COVID, we already had a range of programmes in Leeds, led by the Cancer Prevention, Awareness and Increasing Screening Uptake work stream of the Leeds Cancer Programme, designed to raise awareness of the signs and symptoms of cancer, increase the uptake of cancer screening and reduce health inequalities by focussing on areas of deprivation and specific groups where awareness of cancer signs and symptoms and screening uptake is lower.

3.3.5 During the first wave of the pandemic a small cancer screening task group was established made up of representatives from across the cancer system in Leeds. The group has worked together to understand the scale of the demand, the capacity across the system to deal with this demand and has informed how programmes needed to adapt and flex to support people to uptake cancer screening and to access primary care should they have concerning signs or symptoms. Excellent local level work has been delivered through our programmes:

- The Leeds Cancer Awareness Service commissioned by Public Health, Leeds City Council, takes a local level community outreach approach to increasing awareness and uptake of screening in areas of highest need with a focus on breast, cervical, bowel and lung screening. They have continued to get messages out to local communities throughout the pandemic emphasising the importance of accessing primary care with worrying signs and symptoms and taking part in screening. They have adapted their delivery model in response to the pandemic, maximising on social media, local media, virtual attendance at groups etc.

- Primary Care Cancer Screening Champions commissioned by NHS Leeds Clinical Commissioning Group, are GP practice based staff in the most deprived areas in Leeds with protected time to support and motivate eligible patients to uptake both bowel and cervical cancer screening. This year 36 practices signed up to the scheme which is excellent given the challenging circumstances. Workshops were delivered for champions in October 2020 to support them in their roles and enable them to share best practice and work together to overcome challenges that the pandemic has brought about.

- Cancer Wise Leeds commissioned by Yorkshire Cancer Research and led by Public Health, Leeds City Council, has continued to drive forward and develop a network of 9 Cancer Screening and Awareness co-ordinators working as part of local Primary Care Networks (and covering all PCN in Leeds) to understand local need and assets and to develop tailored activity to support awareness and screening uptake. Through analysis on PCN level data and engagement with local women, one co-ordinator found that women weren't coming forward for cervical screening due to clinics being held during working hours. As a result the co-ordinator worked with the PCN to establish and test a Saturday morning cervical screening hub. Due to the success of this approach, other PCN areas

are exploring options to develop similar models and will be supported by their Cancer Wise Leeds Co-ordinators to do so. The programme has also developed a video for use across Leeds encouraging women to access cervical screening and has driven forward local media work as part of cervical cancer prevention week.

- As part of a series of events by NHS Leeds Clinical Commissioning Group using social media channels to target a wider range of audiences, we coordinated and presented a 'Cancer Facts and Fictions' event on the 25th November with three Leeds GPs and a cancer specialist from Cancer Research UK. The session covered Signs and Symptoms, Cancer Myths and the 'Importance of Screening. The Latest viewing numbers total 1,700 as at Dec 2020.

3.4 Maternal health

3.4.1 The current maternity strategy (2015-2020) requires refreshing to continue the drive to improve mother and infant outcomes with a particular focus on reducing health inequalities. Public Health refreshed the Leeds Maternity Health Needs Assessment (HNA) earlier this year (Goldsborough, 2020). This valuable resource underpins the refresh of the maternity strategy. The HNA establishes a clear need to prioritise a focus on reducing health inequalities.

Some of the key findings are listed below;

- There are approximately 10,000 births per year in Leeds, a third to women residing in deprived Leeds.
- There has been an increase in the proportion of births to Black, Asian and Minority Ethnic women since 2009, with ethnic minority groups overrepresented in deprived Leeds and an increase in births to non-British born mothers.
- Despite a significant and continued reduction (over 50%) in under 18 conception rates during the last decade, Leeds continues to have higher rates than both the national and regional average with the majority of births being to mothers living in deprivation.
- There has been a rise in the infant mortality rate in Leeds since the last HNA, with a persistent gap between deprived Leeds and Leeds overall.
- Smoking in pregnancy rates in Leeds are higher than national rates and are significantly higher amongst women who are under 18 years old at time of delivery, with no improvement since 2014.
- The percentage of mothers with obesity in Leeds has been rising, with a greater percentage residing in deprived Leeds.
- Breastfeeding initiation rates in Leeds are lower than national rates, but have increased since 2014; improvements have been observed in deprived Leeds. The White population in Leeds has the lowest breastfeeding initiation and continuation rates of all ethnicities. Young mothers are also much less likely to initiate breastfeeding.
- The percentage of mothers attending their booking appointment before 10 weeks gestation has increased in Leeds overall since 2012/2013. However, the percentage of mothers from deprived Leeds attending before 10 weeks has slightly dropped and thus the inequalities gap has widened. All minority groups other than Indian show below average attendance rates before 11 weeks.

- The complexities of women and families accessing services in Leeds are increasing; in terms of both physical health and social factors. Staff report a rise in the number of women homeless and sofa surfing.
- Data collection, reporting and sharing needs to be more robust with regards to women with complex needs. This information is crucial to determine gaps in service provision, ascertain whether needs are being met, share best practice and ultimately work to reduce health inequalities.

In addition to local data and the voice and experience of our local population, national policy also shapes our local strategy.

3.4.2 There is a significant national focus on the improvement of maternity services. Better Births (2016) highlighted various priorities and aims, which have been taken forward via the national maternity transformation programme. In summary these require:

- Personalised care centred on the woman her baby and her family based around their needs and their decisions where they have genuine choice informed by unbiased information.
- Continuity of carer, to ensure safe care based on a relationship of mutual trust and respect in line with the woman's decisions.
- Safer care, with professionals working together across boundaries to ensure rapid referral, and access to the right care in the right place; leadership for a safety culture within and across organisations; and investigation, honesty and learning when things go wrong.
- Better postnatal and perinatal mental health care, to address the historic underfunding and provision in these two vital areas, which can have a significant impact on the life chances and wellbeing of the woman, baby and family.
- Multi-professional working, breaking down barriers between midwives, obstetricians and other professionals to deliver safe and personalised care for women and their babies.
- Working across boundaries to provide and commission maternity services to support personalisation, safety and choice, with access to specialist care whenever needed.
- A payment system that fairly and adequately compensates providers for delivering high quality care to all women, whilst supporting commissioners to commission for personalisation, safety and choice.

3.4.3 More recently, Implementing Phase Three of the NHS Response to COVID-19 (2020) revises the key trajectories expected in line with the current context. Of particular relevance are:

- Develop digitally enabled care pathways in ways which increase inclusion.
- Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes; including more accessible flu vaccinations
- Increase the continuity of maternity carers to 35% of women by March 2021. As part of this, by March, systems should ensure that the proportion of Black and Asian women and those from the most deprived neighbourhoods on continuity of carer pathways meets and preferably exceeds the proportion in the population as a whole.
- Plans should set out how insight into different types of risk and wider vulnerability within their communities will be improved.

3.4.4 *Refresh of the Leeds Maternity Strategy*

3.4.5 The Maternity Strategy programme board has worked to identify key priorities for the maternity refresh, which have been informed by the HNA, the comprehensive feedback from women and their families, the reconfiguration plans and the wider policy context.

3.4.6 Five priorities have been identified as set out in the table below:

- Preparation for parenthood
- Personalised care
- Perinatal mental health
- The maternity reconfiguration
- Reducing health inequalities

	Personalised Care	**Perinatal Mental Health**	**Reconfiguration**	**Reducing health inequalities**	**Preparation for Parenthood** (led by public health)
Key Areas of Focus	Continuity of carer Early access Midwifery-led births	Improving access to specialist teams Developing trauma offer Anti-stigma Peer support	Community hubs Building the Leeds Way Co-creating positive environments	Targeted pathways System integration Perinatal mortality Strengths-based localised offer	Better Parent Education More Breastfeeding Stopping Smoking Healthy weight and alcohol intake
Cross-cutting Themes	**Co-production** (we will work with families throughout development and implementation)				
	Integrated Care (seamless pathways of care; joined up services; shared information)				
	Quality and Safety (clinically-led, we will make evidence-based decisions and won't be afraid to try new ways				
	Staffing (we will look after the people who work with families)				
	Innovation and Digital Technology (We won't be afraid to try new ways of working, maximising the use of digital technology whilst reducing the impact on digitally excluded people)				

3.4.7 In order for the CCG and NHS England specialised commissioners to be assured that they are achieving best outcomes for their population in the given resource and applying the principles of the health inequalities framework, and in line with national and local policy driving increased antenatal delivery in the community via community hubs and increased telemedicine, the centralisation to one site was supported with an alongside implementation plan, which will continue to evidence delivery of the government's tests of service change and will comprehensively addresses the following issues:

- 70% of antenatal contacts are currently delivered in the community and this will increase. Better Births national maternity policy is clear on the need to increase community maternity support via the creation of community hubs. In Leeds a priority will be to develop a community hub near the St James's site.
- Maximizing the use of digital telemedicine to increase access and deliver more appointments in the community and to ensure digital inclusion is addressed

within this work stream. Significant acceleration of digital delivery has occurred in response to Covid-19.

- LTHT has an award winning service that supports the BAME population (Haamla); this expertise will be maximized to engage with BAME communities (particularly those near the St James's site) to ensure equity of access, positive experience and culturally sensitive services.
- The clinical and architectural design of the new maternity and neonatal units will work with families to ensure a positive personalised care experience.
- Increased capacity of parking at the LGI site for mums and their partners is planned through a new dedicated MSCP.
- NHS colleagues will work with council colleagues with an aim to influence bus providers to have routes stopping near the LGI site.
- Colleagues across NHS commissioners and providers, LA, will work together to continually review maternity outcomes and infant mortality, to ensure progress is made faster in more deprived and vulnerable communities in line with the ambitions set out in the Left Shift Blueprint.

3.4.8 *Partners at Appointments*

3.4.9 It is recognised that it is critical that both pregnant women and their partners are involved at all stages of the maternity journey. Maternity services in Leeds are currently provided within estates which do not easily facilitate social distancing, which has proven a particular challenge to enabling partners to attend at all stages of the maternity journey. Partners can currently attend all scan appointments and all parts of active labour, and are able to book time slots to attend postnatal wards.

3.4.10 Leeds Teaching Hospitals are continuing to rapidly explore how to expand this even further, including scoping building work to change the layout of clinical spaces. LTHT are also scoping the options around the implementation of lateral flow tests for partners, and will be making recommendations on what can feasibly be progressed in this area in March 2021.

3.4.11 *Perinatal and Postnatal Mental Health*

3.4.12 The CCG has have commissioned some peer support infrastructure work to provide better training and support for our peer supporters, both within commissioned services and volunteers.

3.4.13 At a West Yorkshire and Harrogate footprint, there continues a large programme of work to improve support for women and partners in the perinatal period. We are building on this locally by giving increased funding to a communications agency, to make sure co-produced messages about perinatal mental health reach all the families in Leeds.

3.4.14 Through the Leeds Mental Wellbeing Service, we are prioritising support for people in the perinatal period who are experiencing low to moderate mental health issues, and continue to commission specialist support from voluntary sector organisations to broaden the offer of different services available.

3.4.15 The CCG continued to expand the community perinatal mental health service for women with moderate to severe mental health issues, and have doubled the number of women who this service supports.

3.4.16 Through the Leeds Best Start Plan, in particular Outcome 2, parents experiencing stress are identified early and supported. There are programmes of work delivered by partners focussing on strengthening perinatal mental health via antenatal and postnatal parenting programmes. Early Start services have revised their antenatal contact and Maternal Mood Pathway to strengthen and better integrate the support they provide mothers, and the NSPCC Pregnancy in mind antenatal programme is available and embedded in the local service offer. Anti-stigma campaign resources have also been developed and promoted via relevant Maternity, Early Start and Mental Health Services, plus there has been an online campaign targeting members of the public via the Mindwell website. To address additional issues that compound poor mental health, including the use of drugs and alcohol and domestic violence, additional specialist programmes are in place.

3.4.17 Women from particular ethnic backgrounds are more likely to suffer from perinatal mental health issues, and potentially less likely to access appropriate support. Our specialist perinatal mental health service has employed a BAME engagement worker to do specific work with communities in Leeds to improve access to appropriate services.

3.4.18 *Needs of women from black Asian and minority ethnic communities*

3.4.19 In Leeds, as mirrored nationally, black and Asian women are more likely to suffer from poor outcomes when using maternity services. We have prioritised reducing health inequalities within our draft Leeds Maternity Strategy from 2021, and intend to work with these communities, and community-based organisations with knowledge around the specific cultural and health needs of these communities, to co-produce solutions to help ensure that maternity services better meet these needs. Providing continuity of carer can help improve outcomes for women and babies, and have targeted our continuity of carer teams to be based in localities which are more deprived, and localities which have a higher proportion of families from black, Asian and other minority ethnic backgrounds. We are working with business intelligence colleagues to be able to monitor our outcomes by ethnicity and deprivation, and will use this to further target our future work.

3.5 <u>Reproductive health</u>

3.5.1 Women (including young women under the age of 18) living in areas of deprivation are known to be disproportionately affected by poor sexual health including being more likely to have an unplanned or unwanted pregnancy and well as being at higher risk of Chlamydia (<25's).

- Despite reducing under 18's conception rates by almost 50% in the last decade, the rate in Leeds rate is still higher than the national average. Strong empirical evidence supports that access to quality assured, consistent relationship and sexual health information within statutory relationship and sex education lessons and timely access to non -judgemental sexual health and contraceptive services, information and support (including emergency contraception) is key to mitigating this health inequality. Although under 18 conception rates in Leeds are higher than the national and regional average, the year on year rate continues to decline with the most up to date annual data (2018) showing a rate of 23.8 conceptions per 1000 young women (274 actual conceptions). In

comparison to the previous decade (1998) which recorded 50.4 conceptions per 1000 young women (641 conceptions) this shows a reduction of 52.7%.

- Emergency Hormonal Contraception (morning after pill) is available for free to all women via 38 community pharmacies, Leeds Sexual Health or through a women's GP.
- Contraception, including Long Acting Reversible Contraceptive methods (LARC) are available via a women's GP as well as via the main Leeds Sexual Health Service. The overall uptake of LARC methods such as copper coils, IUS's and contraceptive implants in Leeds is higher than the national average and is testament to the excellent services available to women within the city. Pre-COVID, work was underway to reverse the decline in under 18s using LARC methods and increase use in all women, to mirror the increased use by student population.
- Leeds has the largest C-Card scheme in the country offering free condoms, STI screening and pregnancy testing to young people under the age of 25 within community based sites.

3.5.2 *Impacts of COVID on Sexual and reproductive health*

3.5.3 During the COVID-19 pandemic there is likely to be an increased number of women having sex without using a form of contraception which could lead to a large increase in unplanned/unwanted pregnancies as well as an increase in undiagnosed STI's.

- The impact of the COVID-19 pandemic on a woman's ability to access contraception especially LARC methods, is a concern locally, regionally and nationally. Despite both the Faculty of Sexual and Reproductive Health and the Royal College of GP's producing guidance that stresses the importance of continued access to contraception, local intelligence (mirrored regionally and nationally) reveals a decline in the number of women accessing contraceptive services via their own GP. Many GPs have reduced face to face activity instead offering bridging methods, practices are not able to offer LARC service as trained fitters are shielding as well as anecdotal feedback that many women presume that access to contraception via their GP has been paused due to the pandemic. Leeds sexual Health has seen an increase in the number of women seeking support with LARC which is felt to be as a direct result of the reduction of women accessing it via primary care.
- NHS choices have reported an increase in women seeking information on local abortion services and access to emergency contraception. However, there is actually a reduction in the number of women accessing EHC via our scheme during COVID. This may be due to a reduction in students who often use EHC but could also signal barrier to accessing services/ a perception amongst women that services aren't available. Data are not available yet to tell whether abortion rates have increased locally during COVID-19.
- Many C-Card sites are unable to offer regular face to face contact with young people, but have mobilised efforts to see/contact young people where possible, e.g. outside, via detached youth work, over the phone, text ChatHealth, virtual meetings. A system has been set up to allow young people to request condoms posting home. Concerns: digital divide – some young people not able to access own phone/web easily, privacy/confidentiality issues at home, postal service only for those signed up to C-Card scheme – work is ongoing to allow young people to be virtually registered to scheme safely. 16-24 year olds can order

postal STI screening kits online or access them from sexual health pharmacies, however, under 16s can only access in person from community sites or Leeds Sexual Health – so access more limited at the moment. Concerns that as schools, colleges are not seeing pupils regularly, they may not be aware of issues they would previously have spotted and offered support/signposting on.

3.5.4 The CCG is delivering work to improve reproductive health services. Developments include:

3.5.5 *Futures* - In partnership, the CCG continues to deliver the Futures service which provides intense therapeutic support for young women who have had a child removed. This service has evaluated well.

3.5.6 *Female Genital Mutilation* - The CCG successfully piloted a service for adults who had suffered from female genital mutilation (FGM). This service provides wrap-around physical health, mental health, and advocacy support. Following the end of this pilot, we have gained agreement to fund this service on an ongoing basis. We continue to commission a local specialist service for children who have suffered from FGM.

3.5.7 *Contraception* - In partnership with LCC and Leeds Sexual Health, the CCG have trained midwives who work with more vulnerable groups to deliver long-acting reversible contraception to reduce unwanted pregnancy rates. We have also introduced the insertion of long-acting reversible contraception at elective caesarean sections, to increase the ease by which women can access contraception.

3.5.8 *Termination* - The CCG are currently listening to what is important to women who are accessing termination services. We will be commissioning these services, with new services to launch in October, with the aim of making them more accessible, better linked into wider support services, and to enable women to access terminations close to home wherever possible.

3.5.9 *Menopause* - A new local community-based dedicated menopause clinic has been launched to provide extra support for Leeds women going through the menopause. In addition to CCG work, in May 2019 the lead member for women enquired about the idea of a menopause café within the city to provide peer support. There was a menopause café session which facilitated peer support in the St Georges Centre in Middleton. During the COVID-19 pandemic this has been replaced by an online menopause meet up run by Women Friendly Leeds. It is held on the first Wednesday of every month and provides an opportunity for peer support.

3.5.10 Endometriosis - Leeds Teaching Hospitals NHS Trust are taking forward developments to improve the service given to women with potential endometriosis in a holistic way through a dedicated pelvic pain clinic. As part of training on women's health for GPs, a specific training session was delivered on how best to manage healthcare for women experiencing pelvic pain.

3.6 <u>Women's experiences of health during the COVID-19 pandemic</u>

3.6.1 Women's Lives Leeds undertook a survey in June 2020 to understand the effects of COVID-19 on women. An online survey was undertaken between 1st

and 14th June. 979 responses were received.

The results were as follows:

- 85% (829 respondents) agreed that women bear the brunt of childcare and other caring responsibilities more than men.
- 57% (558 respondents) agreed that there are more women than men in frontline jobs, therefore having a greater risk of exposure to the virus.
- 90% (877 respondents) agreed that women's experience of domestic violence is likely to increase during lockdown.
- 72% (702 respondents) agreed that BAME women are disproportionately affected by COVID-19 compared with white British women.
- Only 43% (424 respondents) agreed that women are more likely to be affected by mental health issues as a direct result of COVID-19, with 39% (382 respondents) neither agreeing or disagreeing, demonstrating that most women did not think this was a gendered issue.

3.6.2 Women were asked if there are other ways women were disproportionately impacted by COVID-19. The top 5 themes were:

- Employment – mentioned by 60 respondents, was particularly about job security and stability and was hindered by other responsibilities such as childcare and home schooling.
- Childcare or home schooling – mentioned by 58 respondents, women spoke about bearing the brunt of these responsibilities, or doing all of it, whilst often working from home at the same time.
- Carrying the emotional burden and juggling a variety of roles – mentioned by 58 respondents, this was about 'holding it all together' and looking out for the practical and emotional needs of others.
- Household chores – mentioned by 41 respondents, these tasks had increased due to more people being at home and for longer periods of time.
- Other caring responsibilities – mentioned by 39 respondents, this included current caring roles that had become more complex and time consuming, or new caring roles due to the virus, again fitting alongside other responsibilities.

3.6.3 Women were asked to agree or disagree with statements to reflect their own experiences:

- 19% agreed that they have experienced difficulty accessing women's health services during lockdown.
- 27% agreed that COVID-19 had negatively affected their financial situation.
- 25% were concerned about their children going back to school or nursery too soon.
- 56% agreed that they had experienced mental health issues more than normal directly due to the pandemic.
- 29% agreed that they were concerned about going back to work sooner than they felt comfortable with.
- 18 % experienced difficulties due to inadequate technology, however it was important to note that this was an online survey, so likely that respondents had a reasonable level of access to the internet, and a device.
- 31% of respondents agreed that they had been affected by shielding for themselves of others.

- 56% who expressed that they had experienced mental health issues more than normal as a direct result of COVID-19, clearly demonstrating that is the most significant issue that women are experiencing.

3.6.4 Women were asked what their main concerns were. The top five are:

- Childcare, home schooling and other household chores – mentioned by 93 respondents.
- Health – mentioned by 89 respondents
- Lockdown being lifted too soon – mentioned by 68 respondents
- Mental health – mentioned by 64 respondents
- Safety – mentioned by 60 respondents

3.6.5 Women were asked about future concerns, their top five were:

- Work, unemployment and jobs – mentioned by 109 respondents
- Returning to normal – mentioned by 87 respondents
- A second spike – mentioned by 79 respondents
- Education – mentioned by 70 respondents
- A recession and the economy – mentioned by 68 respondents

3.6.6 Women were asked if they could access services:

- 64% being able to access it within their locality
- 7% commenting that this was through work specifically
- 16% hadn't tried or needed to access information or services
- 8% had not been able to access any at all

3.6.7 Since June, Women's Lives Leeds have continued listening to women to understand their experiences of COVID-19. They report that:

- Women have raised concerns about increasing levels of domestic abuse.
- Women would like to be consulted more about cancer screening, especially women from culturally diverse backgrounds.
- There have been issues accessing some services which have stopped.
- Some women and girls are experiencing mental health problems and feel there is a lack of support unless they become serious, there is a gap between peer support and specialist services and many women report "flipping" from coping to not coping.

3.6.8 Some of these issues will be picked up by work underway to secure United Nations Women Friendly City status for Leeds.

4 Corporate considerations

4.5 Consultation and engagement

4.5.1 The Women Friendly Leeds COVID-19 survey ran between 1st and 14th June. 979 responses to the survey were received.

4.5.2 Women's Lives Leeds and Leeds Women's and Girl's Hubs are developing the VOICES project – Views, Opinions and Insights Consultation and Engagement

Systems to develop and strengthen the new Hubs to seek views on what needs to be done to improve women's and girls' lives in Leeds.

4.5.3 There has been significant engagement with women and families about maternity services over the last few years, including an extensive consultation to support the proposals to centralise maternity services. There has been a review of this engagement work jointly conducted by the Maternity Voices Partnership and the CCG, in order to identify any gaps. It was concluded that there have been no seldom heard groups who have not been represented, but particular groups who we have not had so much engagement with have been identified for prioritising in future engagement (including LGBT+ families and women with physical disabilities).

4.5.4 Launch of the State of Women's Health report on International Women's Day, 8th March 2019.

4.5.5 Workshop on the State of Women's Health, 28th November 2019.

4.6 Equality and diversity / cohesion and integration

4.6.1 Equality issues are implicit in the priorities presented in this report. The purpose of the strategic and operational activity in this report is to ensure that the needs of people at risk of poor outcomes are identified and responded to both as individuals and at a community level.

4.7 Council policies and the Best Council Plan

4.7.1 This report provides an update on progress in delivering the council and city priorities in line with the council's performance management framework and the Best Council Plan. It also contributes to the Joint Health and Well Being Strategy.

4.7.2 There are no specific climate change implications from this report. However in broad terms the promotion of good health, healthy living and active travel is supportive in helping to limit the impact on the climate emergency.

4.8 Resources, procurement and value for money

4.8.1 There are no specific resource implications from this report.

4.9 Legal implications, access to information, and call-in

4.9.1 The Scrutiny Board may wish to consider any specific resource, procurement or value for money matters associated with this matter.

4.10 Risk management

4.10.1 Some of the details in this report relate to external organisations, which may be subject to other considerations relating to risk management. Specific matters may need to be taken into account if any additional scrutiny activity is deemed appropriate.

5 Conclusions

5.1 The COVID-19 pandemic has negatively impacted on women's health.

5.2 Whilst Primary Care continued to see patients, routine invites from central screening services for breast and cervical screening were paused during the first wave. Uptake rates have reduced, are lower than the national target and lower in deprived Leeds.

5.3 Maternity Services have continued to support women but are unable to facilitate women having partners present in some parts of the pathway due to constraints around social distancing and the current estate. Maternity Services continue to work flexibly to support women to access high quality services, and will develop this further through the new Leeds Maternity Strategy.

5.4 Services continue to work together to support women's perinatal mental health, and are seeing an increasing number and severity of mental health issues.

5.5 Reproductive health has been negatively impacted. The pandemic has impacted women's ability to access contraception within their local community services.

5.6 There has also been a significant reduction in the number of C-Card sites that are able to support young people with sexual health information, advice and condoms. Nationally there is an increase in women seeking information and advice on abortions and emergency contraception via national helplines.

5.7 Women's Lives Leeds consultation found that that women reported disproportionately negative impacts of COVID-19 including: an increase in domestic violence, childcare and home schooling, caring responsibilities: working in frontline jobs and therefore increased exposure to COVID-19, worries around job insecurity, household chores, the emotional burden of keeping things together and mental health issues. Work for Leeds to become a Women Friendly City will help to redress this inequality.

6 Recommendations

6.1 The Scrutiny Board is asked to:

a) Note the content of the report.
b) Support plans to improve cancer screening, maternity services and reproductive health.
c) Support work to ensure Leeds is a United Nations Women Friendly City with the aim of addressing inequalities and the specific impact of the pandemic on women's physical and mental health and wellbeing.
d) Encourage services to engage with girls and women's hubs.

7 Background documents[1]

- The State of Women's Health 2019: https://observatory.leeds.gov.uk/health-and-wellbeing/needs-assessments/
- Woman Friendly Leeds: https://womenfriendlyleeds.org/about/
- Leeds Maternity Strategy: https://www.leedsccg.nhs.uk/content/uploads/2015/06/Maternity-strategy-for-Leeds-2015-2020.pdf
- Leeds Maternity Health Needs Assessment: https://observatory.leeds.gov.uk/wp-content/uploads/2020/08/Leeds-Maternity-Health-Needs-Assessment-April-2020-FINAL.pdf
- Implementing Phase Three of the NHS response to COVID-19: https://www.england.nhs.uk/publication/implementing-phase-3-of-the-nhs-response-to-the-covid-19-pandemic/
- Women's Lives Leeds COVID-19 survey June 2020: https://www.womenslivesleeds.org.uk/women-friendly-leeds/women-friendly-leeds-covid-19-survey/

[1] The background documents listed in this section are available to download from the council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.