

# Director of Public Health Annual Report – Women's Health – Report of the Adult Social Care and Health Overview and Scrutiny Sub-Board

## Report to Cabinet on 26 November 2024

## **Background**

- 1. The Adult Social Care and Health Overview and Scrutiny Sub-Board met on 5 September 2024 to consider Director of Public Health Annual Report Women's Health. The Director of Public Health and Public Health Specialist provided an overview of the key themes and recommendations from the forthcoming Director of Public Health Annual Report which focused on health and wellbeing of women as set out in the submitted report. The key themes were:
  - Women, employment and household labour;
  - Working with vulnerable women;
  - Discrimination, inclusion and exclusion:
  - Connecting with communities;
  - Reproductive Health; and
  - Barriers to being physically active.
- 2. Members asked questions around the lack of detailed information presented in the report; it was known that men were reluctant to go to the GP when they should have done so, was this the same for women; a lot of younger people were getting seriously ill e.g. people with cancer in their 30s, what was being done to encourage people to seek help and go to their GP; were people from LGBTQ+ groups actively involved in providing feedback as part of the evidence gathering; what were women's health hubs; and the Council's Economic Development Team were developing an Employment and Skills Plan was there work that this Team could contribute to help Public Health with their data and inform the plan in a joined up way.
- 3. The Chief Executive of Healthwatch Torbay advised that Healthwatch had undertaken a survey on men's health as part of a pilot but the funding was withdrawn. Women usually had more contact with medical professionals due to contraceptives and pregnancy but there was a need to ensure an integrated approach to meet the needs of both men and women. Ms Harris raised concern that Healthwatch Reports were shared with the Council but they did not always receive feedback on the impact their reports had.

- In response to questions Members were advised that the detailed report was 4. still being developed ready to present to the launch event on 9 October 2024, which all Members had been invited to attend. The Director of Public Health felt that it was important to bring the overview to the Sub-Board to enable them to feed into the final report, with a view to Members monitoring the progress against the action plans which will emerge from the report later in the year, in the same way they were monitoring Cardiovascular Disease which was an action from last year's Annual Report. Women's Health had been chosen this year to highlight that although progress had been made there were still areas for improvement and to focus on issues such as culture and heritage, sexuality and gender identity that may present barriers in women's access and experience of healthcare services. Women tend to access healthcare more than men and a focus on the health of women could benefit the whole family. Key data around this was included in the Joint Strategic Needs Assessment, which was another key piece of work carried out by Public Health.
- 5. Members were informed that Torbay was an outlier for poor health of working age people as well as having an aging population with high relatively high proportion of people with disabilities and poor health in poorer areas. There needed to be a more joined up approach looking at the whole population when dealing with health and wellbeing as well as looking at sub-groups where disparities may exist.
- 6. Members were informed that there was a huge disparity between health services for men and women with more funding for women's health than men and there needed to be a more joined up approach looking at the whole body when dealing with health and wellbeing. Torbay was an outlier for poor health of working age people as well as having an aging population. With high numbers of people with disabilities or poor health in poorer areas.
- 7. The Sub-Board noted that many different groups had been consulted and engaged with but that people from the LGBTQ+ community felt that they had been over consulted, however, views were obtained from non-binary individuals as well as discussions around transgender. Members acknowledged the need to show sensitivity around gender and show compassion for those involved.
- 8. Members were advised that part of the Government's National Women's Health Strategy 2022 was the creation of Women's Health Hubs with two year's funding provided to the Integrated Care Board (ICBs). One Devon ICB was working with Public Health Teams across Devon to give better pathways for women's health across the County through GP services in Torbay as Devon was too small an area to create individual Women's Health Hubs.
- 9. In response to questions Members were advised that the support for women in employment required a holistic approach to supporting women with childcare to enable them access to health services, working with employers to support women who were returning to work. This was one of the proposed workstreams which would be developed over the year.

### 10. Conclusion

10.1 The Sub-Board reflected and debated the information provided to them, both verbal and written and formed the following recommendations to the Cabinet On being put to the vote, the motion was declared carried unanimously.

### 11. Recommendations

11.1 That the Cabinet be recommended:

to note that the Adult Social Care and Health Overview and Scrutiny Sub-Board noted the Director of Public Health's Annual Report 2024: Women's Health and that the Cabinet be requested to support:

- development of flexible and inclusive employment practices to reflect and encourage women into education and employment;
- raising awareness of the impact of domestic abuse on women who experience it, and the sensitivity of response needed to meet their needs;
- improvement to access, experience and outcomes for women's healthcare through Torbay's women's health hub;
- recognition and support of grass roots women's groups and activities as integral components of mental health and wellbeing provision;
- development of integrated service delivery pathways for women's health care, reducing the need to attend multiple appointments for routine health care; and
- development of inclusive approaches that facilitate and support girls and women to become more physically active.