Women's health, Women's voices: Key findings and recommendations

The Women's Health and Equality Consortium (WHEC) held events with women's voluntary and community sector (VCS) organisations across England in the autumn of 2012 as part of our strategic objective to support the women's sector engage with the new health and social care system.

Key findings

The women's VCS raised concerns around:

- a **lack of information** about the reforms to health and care services and a **lack of engagement** during these changes with an apparent failure to understand barriers to their participation (childcare, transport costs, times meetings are held) in engagement events
- the particular **exclusion of marginalised women** (e.g. BME women, women with low levels of literacy, women with learning disabilities, lesbians and bisexual women). These women are less likely to be part of patient groups and many feel unable to express their views in the current processes and consultations
- **funding cuts** to many women's organisations resulting in a loss of vital health promotion projects
- **accountability and transparency** processes particularly in regard to health and wellbeing boards, Clinical Commissioning Groups (CCGs) and local Health Watch
- the lack of **voluntary sector representation** on health and wellbeing boards and inconsistencies of representation across the country
- considerable **capacity challenges** for many women's organisations to engage and influence. Almost none had been approached by new health agencies or involved in Health Watch development
- the **loss of expertise on equality issues** in the new health and care system, particularly as a result of equality leads in what were 'Strategic Health Authorities' leaving the system
- **clarity of roles** in new health agencies, in particular who was responsible for which areas of work. There was a lot of uncertainty around sources of future income and who will commission services
- the particular **emphasis on local decision-making**. Issues faced by significant groups of minority women or issues experienced by a minority of women may not be captured at the local level and potentially be overlooked. This could affect the quality and availability of services delivered (for example, women with HIV; women who have experienced FGM).
- a **lack of available data** on equality groups, particularly at the local level. Commissioners are increasingly requesting this data, suggesting it is not being adequately captured by appropriate agencies.
- **payment by results system**. This may disadvantage smaller specialist organisations which find it difficult to compete against larger organisations. This affects their sustainability since they need up-front funding and investment in their services

Recommendations for

…Health and wellbeing boards and Clinical Commissioning Groups

1) Ensure each CCG has a clinical lead for women's and girls' health and equality issues
2) Make transparent who is on boards and CCGs, their roles and responsibilities and how to contact them
3) Use a transparent engagement framework to carry out meaningful engagement with the VCS to ensure equality issues are embedded in decision-making and the commissioning process. This should capture diverse views of girls and women and provide resources to support input from specialist organisations including marginalised women who experience high level of health inequalities
4) Ensure women's and girls' health needs are explicit within JSNAs by including women's groups in the development of JSNAs and JHWSs (see WHEC report)
5) Work with Police and Crime Commissioners on public health matters particularly in relation to appropriate services that respond to Violence Against Women and Girls (VAWG)
6) Ensure commissioning procedures do not exclude smaller women's VCS organisations and that there is a 'level playing field' for specialist services
7) Invest in cost-effective preventative and early intervention programs for women's health and wellbeing preferably provided by local women's VCS organisations

…National Government

1) Promote engagement practices with specialist VCS organisations to inform strategic policy development
2) Clarify which evidence can be used to inform commissioning and decision-making;
3) Promote commissioning processes that allow smaller specialised VCS organisations to operate on a 'level playing field'
4) Ensure proper implementation of the Equality Act 2010 and Public Services Social Value Act 2012 at local level
5) Clarify accountability procedures and the action that organisations or individuals can take where they feel they are not being engaged properly or their issues are not being addressed effectively (e.g. how to use the Public Health Outcomes Framework)
6) Promote the Equality Delivery System across the NHS and with Public Health England to ensure accurate data collection on service access and health and wellbeing outcomes. This information should be disaggregated by equality characteristics, including gender and ethnicity
7) Clarify what is meant by 'Any Qualified Provider', in particular which services it applies to and how organisations can qualify
8) Work with national women's organisations to address and understand specific concerns around girls' and women's health. Particular attention should be paid to VAWG, particularly affecting minority women such as FGM and forced marriage, 'honour-based killings'; and HIV to ensure these are not overlooked.

…Women's Voluntary and Community Sector organisations

1) Develop partnerships with other women's organisations, VCS organisations and the local voluntary service to approach new health and wellbeing boards, CCGs, and local Health Watch on joint issues. Join local networks, forums and work strategically to influence as widely as possible and share resources
2) Identify which, if any, VCS organisations are represented on the health and wellbeing board and make sure they are representing you
3) Liaise with elected members on the health and wellbeing board and find a local champion
4) Use evidence and data to 'make the case' for specific services, to demonstrate impact over time and, where appropriate, for the value offered by small and specialist organisations
5) Read your local Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Being Strategies (JHWSs) to identify gaps
6) Find out how to be involved in your local Health Watch or its steering group to feed into the health and wellbeing board
7) Use the language of the health and social care sector to communicate what you can deliver to help meet health priorities and reduce NHS and care costs
8) Offer training around your specialisms – VAWG, mental health; sexual health; good practice; advocacy

Conclusion

WHEC's local events highlighted that many women's organisations lack the capacity to engage with the new health structures, and where they have approached boards and CCGs, they have faced barriers to an effective dialogue. The sector is facing threats to its sustainability and the viability of much needed services, and there remain high levels of uncertainty around who will commission services. There must be clear and direct messages from national government around engagement and investment in VCS services and expertise. There also needs to be an equal playing field, both in terms of access to support as well as information and resources for the VCS, as we move into a new health landscape.

Women's organisations accept the potential benefits of local decision-making structures but need assurances that these will meet the needs of women and girls. There remains concern that the reforms have led to a loss of knowledge and expertise within health agencies which may affect delivery of services for women and girls, and engagement with the women's sector. As new emerging structures develop, there must be better engagement with women's VCS organisations and a better understanding of equality issues. This should include training for staff in new organisations around equality as well as specific responsibility to gather relevant data to ensure all needs in the local area are effectively met.

About the events

The aims of these events were to

- Provide a women-only space to discuss the health and care reforms and understand the context at a local level
- Support women to share experiences of engaging with health structures locally and lessons learnt
- Explore how women's VCS organisations can influence new structures to ensure women's and girls' health needs are met
- Capture key messages, concerns, issues and examples of good practice to feed back to government and inform WHEC's policy work

Events were held in Birmingham, Brighton, Bristol, Cornwall, Coventry, Newcastle, Leeds, London and Manchester. Over 400 women attended and provided very positive feedback.

About the women's voluntary and community sector

Women's organisations are a vital part of the voluntary and community sector (VCS), providing much needed support to women and girls, their families, and the wider community. The sector is made up of a diverse range of organisations working to promote women's equality and human rights. Just under half of women's organisations (43 per cent) are small with an annual income of less than £100,000[i]. Women's VCS organisations are often more dependent on statutory funding[ii], yet many local authorities have cut funding: more than 25 per cent in voluntary sector support in 2012[iii]. In the North East, a staggering 95 per cent of women's organisations faced funding cuts in the year 2011/12, with a quarter stating further cuts would result in closure[iv]. Smaller women's organisations are facing bigger cuts to grants than larger organisations and smaller specialist services are facing substantial challenges in continuing to provide services to often vulnerable women with needs that otherwise will not be met. Services that respond to the specific needs of women and girls who have experienced violence are facing significant cuts (31 per cent of funding to the domestic violence and sexual abuse sector from local authorities cut between 2011 and 2012)[v]. The impact of this means up to 70,000 women may not be able to access services, putting their lives at risk[vi]. This comes at a time when the demand for women's services increases as a result of rising poverty, unemployment or underemployment, cuts to benefits, and financial hardship.

[i] Women's Resource Centre (WRC) (2009) 'Not Just Bread, But Roses too: Funding to the women's voluntary and community sector in England 2004-2007'
[ii] Women's Resource Centre (WRC) (2011) 'Assessing the financial Vulnerability of Charities Serving Women'
[iii] Guardian (2010) 'Redundancies begin as voluntary sector feels impact of the cuts'
[iv] Women's Resource Centre (WRC) 'Survey on women's organisations and funding'
[v] Towers and Walby (2012) 'Measuring the impact of cuts in public expenditure on the provision of services to prevent violence against women and girls'
[vi] Women's Aid (2011) ''Women's Aid's survey reveals fear that over half of refuge and outreach services could face closure'