Rotherham Women's Health Network Report for the Health Select Committee June 2026

1. Context & Policy Framework

1.1 The Women's Health Strategy for England (2022)[1] was launched as the first comprehensive, system-wide plan to address longstanding inequalities in how women experience healthcare. It was driven by extensive public consultation, which revealed consistent themes: women often felt not listened to, dismissed, or poorly supported, and there were significant gaps in research, data, and service design tailored to women's needs.
At a high level, the 2022 strategy set out a 10-year ambition to improve health outcomes across the life course—from adolescence to menopause and ageing—by improving access, embedding a "listening to women" approach, increasing representation in research, and shifting more care into community settings.

1.2 Recently in April 2026, a Renewed Women's Health Strategy[2] was introduced because progress had been uneven and many of the original issues—such as long waits for diagnosis, fragmented services, and women feeling unheard—persisted. Reviews and parliamentary scrutiny highlighted gaps in implementation, workforce pressures, and insufficient prioritisation of areas like menstrual and gynaecological health.
The refreshed strategy is therefore intended not just to restate ambitions, but also to accelerate delivery and align women's health more closely with wider NHS reform, ensuring it becomes a core system priority rather than a standalone policy.

1.3 What is notably different in the 2026 refresh is its stronger focus on practical system change and accountability. It places women's voices at the centre of care in more concrete ways—for example, linking patient feedback to service improvement and potentially funding decisions, and introducing clearer care pathways and single points of referral to reduce delays. There is also greater emphasis on reducing waiting times, improving pain management standards, expanding menstrual health education, and redesigning clinical pathways for conditions like endometriosis and menopause.

1.4 The refreshed national Women's Health Strategy outlines:

- 117 actions and 4 core commitments over a 10-year horizon
- A focus on improving healthy life expectancy and reducing inequalities
- A long-term ambition to eliminate cervical cancer by 2040

Priority areas include:

- Endometriosis (delayed diagnosis)
- Cardiovascular disease (misdiagnosis risk in women)
- Mental health
- Maternity inequalities
- Osteoporosis and dementia

The strategy emphasises listening to women, improving access, and strengthening prevention and early intervention.

[1] Women's Health Strategy for England - GOV.UK
[2] The Renewed Women's Health Strategy for England

Lead Author: Nazreen Iqbal, Healthy Hospital Programme Manager.
Co-Author, Linda Strettle GP and Rachel Copley Public Health Practitioner.

1.5 84% of women report not being listened to by healthcare professionals, persistent inequalities and variation in care and cultural issues including bias and unequal treatment.

1.6 Overall, while the 2022 strategy established the vision and direction, the 2026 refresh represents a shift toward implementation, integration, and measurable change—with a stronger focus on tackling systemic biases, improving patient experience, and delivering faster, more joined-up care for women across the health system.

1.7 While the 2026 update to the Women's Health Strategy for England is broadly welcomed for maintaining focus on women's health and sharpening priorities, the absence of a detailed delivery plan and ring-fenced funding means that implementation is less certain. In practice, this shifts responsibility onto local systems—Integrated Care Boards (ICBs), NHS trusts, and local authorities—to decide how and whether to prioritise women's health alongside many competing demands. This reliance on local leadership creates both opportunity and risk.

2. Rotherham Women's Health Network (RWHN)

2.1 The Rotherham Women's Health Network (RWHN) was established in August 2025 by a group of committed women seeking to address health inequalities affecting women in Rotherham. Since its inception, the network has grown steadily and now includes representation from a broad range of stakeholders across the borough. It is important to note the network is made up of voluntary members, and some of the attendees attend in their own time, unpaid.

2.2 Membership spans key partners including Public Health, Primary Care, Secondary Care (Gynaecology and Sexual Health Services), Healthwatch, Voluntary Action Rotherham, and Rotherham Metropolitan Borough Council (RMBC). While the network is currently an all-female group, there is a clear commitment to engaging male allies to strengthen and support this work.

2.3 The network has established formal governance arrangements, including agreed Terms of Reference, and meets on a bimonthly basis to progress its priorities. Its overarching aim is to ensure that women's health remains a visible and prioritised agenda within Rotherham, to address inequalities, and to progress the ambition for a dedicated Women's Health Hub.

2.4 Despite being in its early stages, the network has already identified several key themes through shared discussion and insight. A priority emerging from this work is the need for a single, accessible and consistently maintained source of information on women's health services in the Rotherham area.

2.5 The network is increasingly recognised as a key forum for engagement, with partners proactively inviting the group to contribute to local events and initiatives. Membership continues to grow, including the involvement of academic partners such as the University of Sheffield, supporting greater opportunities for research engagement and ensuring that the voices of women in Rotherham inform future studies.

2.6 The network has begun to collate intelligence on key public health indicators relating to women's health and intends to strengthen this further by incorporating primary and secondary care data. In addition, collaboration with Healthwatch—who are currently undertaking a women's health survey—will provide valuable qualitative insight, which will be synthesised into a comprehensive report.

2.7 The RWHN has taken it's early findings to Rotherham Place board on the 20th May 2026. The presentation was well received and the following actions were agreed:

- SYICB to include women's health in their Target Operating Model.
- We have agreed to host a 'Protected Learning Time' session on women's health for GP's.
- We have requested funding to be able to host a conference on women's health; we are awaiting confirmation on this.
- A commitment to embedding women's health within the neighbourhood model going forward.
- Support to agree a referral proforma for Primary Care referrals into gynaecological secondary care.

2.8 Looking ahead, the network aims to share its early findings and raise the profile of women's health through a Rotherham-wide conference, complemented by interactive workshops. This will provide an opportunity for system partners to convene, align priorities, and make a collective commitment to advancing this agenda.

3. Population Health Data

3.1 Women in Rotherham are experiencing declining rates of health with healthy life expectancy registering lower than it did a decade ago at just 55.1 years compared to 58.5 years in 2011-2013.[3]

3.2 Healthy life expectancy at birth for females in Rotherham is significantly lower than the England average of 61.3 years and is also lower than the corresponding estimate for males in Rotherham (55.6 years).[4]

3.3 Concerningly these figures highlight that the average woman in Rotherham now spends over 30% of their life in poor health. This is exacerbated further in the most deprived areas of Rotherham, specifically around the Central wards and Maltby East.

3.4 At age 65, women in Rotherham can expect to live an average of 7.3 years free from disability, compared to 9.9 years for women in England, a gap of 2.6 years. For men, the corresponding figures are 8.2 years in Rotherham and 9.8 years nationally. This highlights a wider inequality for women in Rotherham, who experience a larger gap in disability-free life expectancy (2.6 years) compared to men (1.6 years).[5]

3.5 Entrenched local deprivation, high unemployment rates and poorer physical health in Rotherham compound several inequalities for women and girls. Rising rates of violence against women and girls, both nationally and locally, contribute to long-lasting trauma and poorer mental and physical health outcomes. Nationally, 3.3% of women aged 16 and over

[3]Office for Health Improvement and Disparities. Public Health Outcomes Framework: Life expectancy and health indicators for Rotherham [Internet]. London (UK): Department of Health and Social Care; 2025 [cited 2025 Nov 4]. Available from: https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000049/pat/15/par/E92000001/ati/502/are/E08000018/iid/90362/age/1/sex/2/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1

[4] Public Health England. Health Inequalities Dashboard: statistical commentary, March 2020 [Internet]. London (UK): GOV.UK; 2020 Mar 3 [cited 2025 Nov 4]. Available from: https://www.gov.uk/government/statistics/health-inequalities-dashboard-march-2020-data-update/health-inequalities-dashboard-statistical-commentary-march-2020

[5] Office for National Statistics. Sexual offences in England and Wales overview: year ending March 2022 [Internet]. Newport: ONS; 2023 Mar 23 [cited 2025 Nov 12]. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/sexualoffencesinenglandandwalesoverview/march2022 [ons.gov.uk]

reported experiencing sexual assault in the year ending 2022, while 7.7% of women reported having experienced rape or attempted rape at some point in their lifetime.[6]

3.6 Women provide significantly more unpaid care than men.[7] In Rotherham, limited childcare availability and wider socio-economic challenges are associated with lower household incomes and restricted employment opportunities for women. This is evident despite girls in Rotherham generally outperforming boys in educational attainment across school years.[8]

3.7 Rotherham women suffer higher rates of chronic pain, self-harm episodes and physical inactivity than both their male Rotherham counterparts and women nationally[9]. Male prevalence of back pain in Rotherham is 14.3% compared to the female prevalence of 22.0%.[10] This physical health gender disparity is replicated for musculoskeletal pain.

3.8 Women in Rotherham experience higher rates of non-communicable diseases compared to the national average. For example, cardiovascular disease mortality among women in Rotherham is 207.2 per 100,000, compared to 181.2 per 100,000 in England[11]. A similar pattern can be seen across other conditions, including Alzheimer's disease and cancer as well as in all-cause mortality, where rates among women in Rotherham are consistently worse than the national average.[12]

3.9 Girls in Rotherham show concerning trends in responses to the school lifestyle survey. Around 22% report experiencing chronic loneliness, 42.5% have experienced bullying, and 28.2% report a recent decline in their mental health.[13] All of these figures are higher than those reported by boys, indicating poorer wellbeing outcomes for girls.

4. Lived Experience & Patient Voice

4.1 Healthwatch are a key stakeholder in the Rotherham women's Network and we are working closely together. They currently have a survey out to gather local intelligence and lived experience from women around their experiences of healthcare services locally.

4.2 Healthwatch gather feedback from local residents and Elena's story highlights the impact on individuals that are systematically not being heard.

4.3 Elena arrived in England 6 years ago with her family and was initially placed in a hostel in the Midlands. After moving to Rotherham, Elena reported a very positive experience with her

---

[6] Office for National Statistics. Sexual offences in England and Wales overview: year ending March 2022 [Internet]. Newport: ONS; 2023 Mar 23 [cited 2025 Nov 12]. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/sexualoffencesinenglandandwalesoverview/march2022 [ons.gov.uk]

[7] Office for National Statistics. Unpaid care by age, sex and deprivation, England and Wales: Census 2021 [Internet]. London: ONS; 2023 [cited 2025 Nov 4]. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/articles/unpaidcarebyagesexanddeprivationenglandandwales/census2021

[8] Office for National Statistics. Childcare accessibility by neighbourhood: 2024 [Internet]. London: ONS; 2024 Jun 4 [cited 2025 Nov 4]. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/educationandchildcare/articles/childcareaccessibilitybyneighbourhood/2024-06-04

[9] Office for Health Improvement & Disparities. Public Health Profiles [Internet]. London: Department of Health and Social Care; 2025 [cited 2025 Nov 7]. Available from: Fingertips | Department of Health and Social Care

[10] Versus Arthritis. Back pain in Rotherham [Internet]. London: Versus Arthritis; [cited 2025 Nov 18]. Available from: https://www.arthritis-uk.org/media/13233/rotherham-back-pain.pdf

[11] Office for Health Improvement & Disparities. Public Health Profiles [Internet]. London: Department of Health and Social Care; 2025 [cited 2025 Nov 7]. Available from: https://fingertips.phe.org.uk/search/cardio.

[12] Office for Health Improvement & Disparities. Public Health Profiles [Internet]. London: Department of Health and Social Care; 2025 [cited 2025 Nov 7]. Available from: https://fingertips.phe.org.uk/search/dementia.

Lead Author: Nazreen Iqbal, Healthy Hospital Programme Manager.
Co-Author, Linda Strettle GP and Rachel Copley Public Health Practitioner.

first GP surgery, describing staff as caring, patient, and supportive of both her physical and mental health needs.

4.4 Following another house move, Elena had to register with a different GP surgery, where her experience changed significantly. For the past 4 years, Elena has experienced recurrent urinary infections causing severe pain and distress.

4.5 Despite repeated contact with her GP surgery, Elena felt her concerns were dismissed and that staff did not listen to her requests for further investigation. Elena reported being repeatedly directed to pharmacies and prescribed antibiotics, despite wanting the underlying cause of her condition investigated. The repeated use of antibiotics caused additional side effects, which Elena also felt were dismissed by healthcare staff. Elena described reception staff as rude and felt communication lacked empathy and understanding.
She felt she was treated differently to English patients and perceived less friendly and supportive interactions from staff due to her nationality.

4.6 Elena stated she felt the need to change the way she spoke to healthcare professionals in order to be taken seriously. Requests to see doctors she felt comfortable with were not accommodated, leading to inconsistent care and frustration.

4.7 The ongoing health issues significantly affected Elena's daily life, employment, sleep, relationships, and mental wellbeing. Elena eventually left her job due to the impact of her health condition and repeated flare-ups. She described experiencing severe emotional distress and feelings of hopelessness due to the lack of support and ongoing pain. After years of advocating for herself, Elena was finally referred for a scan and further investigation.
Elena's case highlights the impact of patients feeling unheard within healthcare services, particularly regarding communication, continuity of care, and culturally sensitive support.

5. Audit of Gynaecology Referrals (TRFT)

5.1 An audit of gynaecology referrals highlights significant challenges, including long waiting times, variation in referral quality, and opportunities to strengthen community-based care.

An audit of 100 consecutive outpatient records (January 2025) identified:

- Urgent suspected cancer: 27%
- Urgent referrals: 15%
- Routine referrals: 58%

5.2 Source of Referrals

- Majority originate from primary care across all categories
- Smaller proportion from secondary care

5.3 Waiting Times

- Urgent suspected cancer: 12 days
- Urgent: 64 days
- Routine: **253 days**

➞ Key issue: Significant delays for routine cases.

5.4 Referral Outcomes

- Two-week wait: 60% discharged at first appointment
- Urgent referrals: 47% discharged at first appointment
- Routine referrals: 12% discharged at first appointment

5.5 Community/Hub-Based Model

Potential benefits include:

- Pre-screening and triage of referrals
- Delivery of interventions closer to home
- Reduced demand on secondary care
- Improved patient experience

Examples from other systems show:

- Rapid triage (within 72 hours)
- Use of telephone and face-to-face models
- Reduced referral volumes

5.6 Pathway and Process Improvements

- Introduction of referral proformas to ensure appropriate pre-referral testing
- Development of specific pathways (e.g. ovarian cysts)
- Enhanced clinical training in primary care

6. Recommendations

6.1 Make women's health a core local priority – Embed women's health within Place plans, neighbourhood models, and system strategies to address worsening outcomes and inequalities for women in Rotherham.

6.2 Invest in a community-based Women's Health Hub – Deliver integrated, accessible care closer to home to reduce long waits, improve early intervention, and enhance patient experience.

6.3 Support a Rotherham Women's Health Conference – Enable system-wide collaboration across health, local authority, and community partners to share learning, align priorities, and act as a catalyst for sustainable change in women's health outcomes.

6.4 Improve access, pathways, and patient experience – Reduce gynaecology waits, standardise referral processes, and ensure services actively listen to and respond to women's voices.

7. References

1. Women's Health Strategy for England - GOV.UK (2022) Available from: https://assets.publishing.service.gov.uk/media/6a0dcebffaac4bc0b0e906f4/withdrawn-womens-health-strategy-for-england-easy-read.pdf
2. The Renewed Women's Health Strategy for England. GOV.UK (2026) Available from: The Renewed Women's Health Strategy for England
3. Office for Health Improvement and Disparities. Public Health Outcomes Framework: Life expectancy and health indicators for Rotherham [Internet]. London (UK): Department of Health and Social Care; 2025 [cited 2025 Nov 4]. Available from: https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/4/gid/1000049/pat/15/par/E92000001/ati/502/are/E08000018/iid/90362/age/1/sex/2/cat/-1/ctp/-1/yrr/3/cid/4/tbm/1
4. Public Health England. Health Inequalities Dashboard: statistical commentary, March 2020 [Internet]. London (UK): GOV.UK; 2020 Mar 3 [cited 2025 Nov 4]. Available from: https://www.gov.uk/government/statistics/health-inequalities-dashboard-march-2020-data-update/health-inequalities-dashboard-statistical-commentary-march-2020
5. Office for National Statistics. Sexual offences in England and Wales overview: year ending March 2022 [Internet]. Newport: ONS; 2023 Mar 23 [cited 2025 Nov 12]. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/sexualoffencesinenglandandwalesoverview/march2022 [ons.gov.uk]
6. Office for National Statistics. Sexual offences in England and Wales overview: year ending March 2022 [Internet]. Newport: ONS; 2023 Mar 23 [cited 2025 Nov 12]. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/sexualoffencesinenglandandwalesoverview/march2022 [ons.gov.uk]
7. Office for National Statistics. Unpaid care by age, sex and deprivation, England and Wales: Census 2021 [Internet]. London: ONS; 2023 [cited 2025 Nov 4]. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/socialcare/articles/unpaidcarebyagesexanddeprivationenglandandwales/census2021
8. Office for National Statistics. Childcare accessibility by neighbourhood: 2024 [Internet]. London: ONS; 2024 Jun 4 [cited 2025 Nov 4]. Available from: https://www.ons.gov.uk/peoplepopulationandcommunity/educationandchildcare/articles/childcareaccessibilitybyneighbourhood/2024-06-04
9. Office for Health Improvement & Disparities. Public Health Profiles [Internet]. London: Department of Health and Social Care; 2025 [cited 2025 Nov 7]. Available from: Fingertips | Department of Health and Social Care
10. Versus Arthritis. Back pain in Rotherham [Internet]. London: Versus Arthritis; [cited 2025 Nov 18]. Available from: https://www.arthritis-uk.org/media/13233/rotherham-back-pain.pdf
11. 39. Office for Health Improvement & Disparities. Public Health Profiles [Internet]. London: Department of Health and Social Care; 2025 [cited 2025 Nov 7]. Available from: https://fingertips.phe.org.uk/search/cardio.
12. Office for Health Improvement & Disparities. Public Health Profiles [Internet]. London: Department of Health and Social Care; 2025 [cited 2025 Nov 7]. Available from: https://fingertips.phe.org.uk/search/dementia.