

BETTER HEALTH FOR WOMEN: SUMMARY GUIDE

Introduction

Women form half the community, so Joint Strategic Needs Assessments (JSNAs), and Joint Health and Wellbeing Strategies (JHWSs) must assess and aim to meet their needs at the local level. Women are more likely to live in poverty and to experience health inequalities so health and wellbeing boards need to ensure women have a voice in decision-making processes that affect their health.

More information can be found in our Guide 'Better Health for Women' (on our website, <http://www.whec.org.uk>). It signposts essential sources of supporting evidence to inform JSNAs and JHWSs, including an example *Women's JSNA* and case studies, plus a simple, five-step process to identify where there are health gaps for women (where special action is needed to close the gap between women and men in health outcomes across the community) and where there are women-specific health issues.

Why focus on Women?

It's evidence-based

The evidence shows women's health needs are different: for example, they suffer more from poverty, gender inequality, gender-based violence and mental problems. Our guidance will help health and wellbeing boards identify where particular groups of women have specific health needs.

It's better service provision

Reducing health inequalities is one of the NHS's top five priorities. Investment decisions based on women's specific health needs are a practical, cost-effective way of delivering the NHS Social Inclusion Agenda. For example, the cost of violence against women and girls to the NHS is around £1.2 billion a year; domestic abuse alone costs an additional £176 million a year in mental health services, while each rape costs in total around £96,000. The return on investment on prevention is therefore significant: for example, low-cost community-based support services (such as refuges or rape crisis centres) can reduce the demand on GP services, A&E and admissions to hospital. Around 50% of women who use mental health services have experienced violence and abuse.

It's better community engagement

JSNAs need to be rooted in communities, reflecting their priorities. Women are under-represented in high-level decision-making resulting in inadequate knowledge of their specific needs. The valuable intelligence on service users' needs that is collected by the health and social care voluntary and community groups that work with women and girls must feed into JSNAs. This will help health and wellbeing boards understand what assets and resources local communities can offer to help meet local needs and improve health and well-being outcomes.

It's the law

The Health and Social Care Act 2012 includes a duty to reduce health inequality which applies to CCGs, and Local Authorities have a duty to improve the health of their communities. All public bodies must comply with the Equality Act 2010 as well as the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) (Article 12).

How to Do it: in Five Steps

1. Gather gender disaggregated data
2. Analyse data
3. Listen to women
4. Design and implement
5. Evaluate (listen again)

Listening to women – Dos and Don'ts

- ✓ **Do** make a special effort to reach the women who are the most marginalised and invisible (BME women, women living with HIV, women with experience of prison, women and girls living with legacies of child sexual abuse, etc.) Some women will find it easier to attend meetings that are women-only; while some may need separate engagement mechanisms, such as focus groups hosted by representative organisations.
- ✓ **Do** seek effective, long-term engagement, through dialogue, engagement and funding, with local organisations that support women and women's health. Such organisations are crucial intermediaries, directly in contact with women who may find it hard to be heard in formal consultation events.
- ✓ **Do** provide crèche facilities for women with caring responsibilities.
- ✓ **Do** meet travel expenses to avoid excluding women living in poverty.
- ✗ **Don't** just talk to groups that are led by men, excluding women's voices.
- ✗ **Don't** hold meetings late at night - many women don't leave home in the evening for safety and child care reasons.
- ✗ **Don't** hold meetings when public transport is not running: women have less access to private transport.