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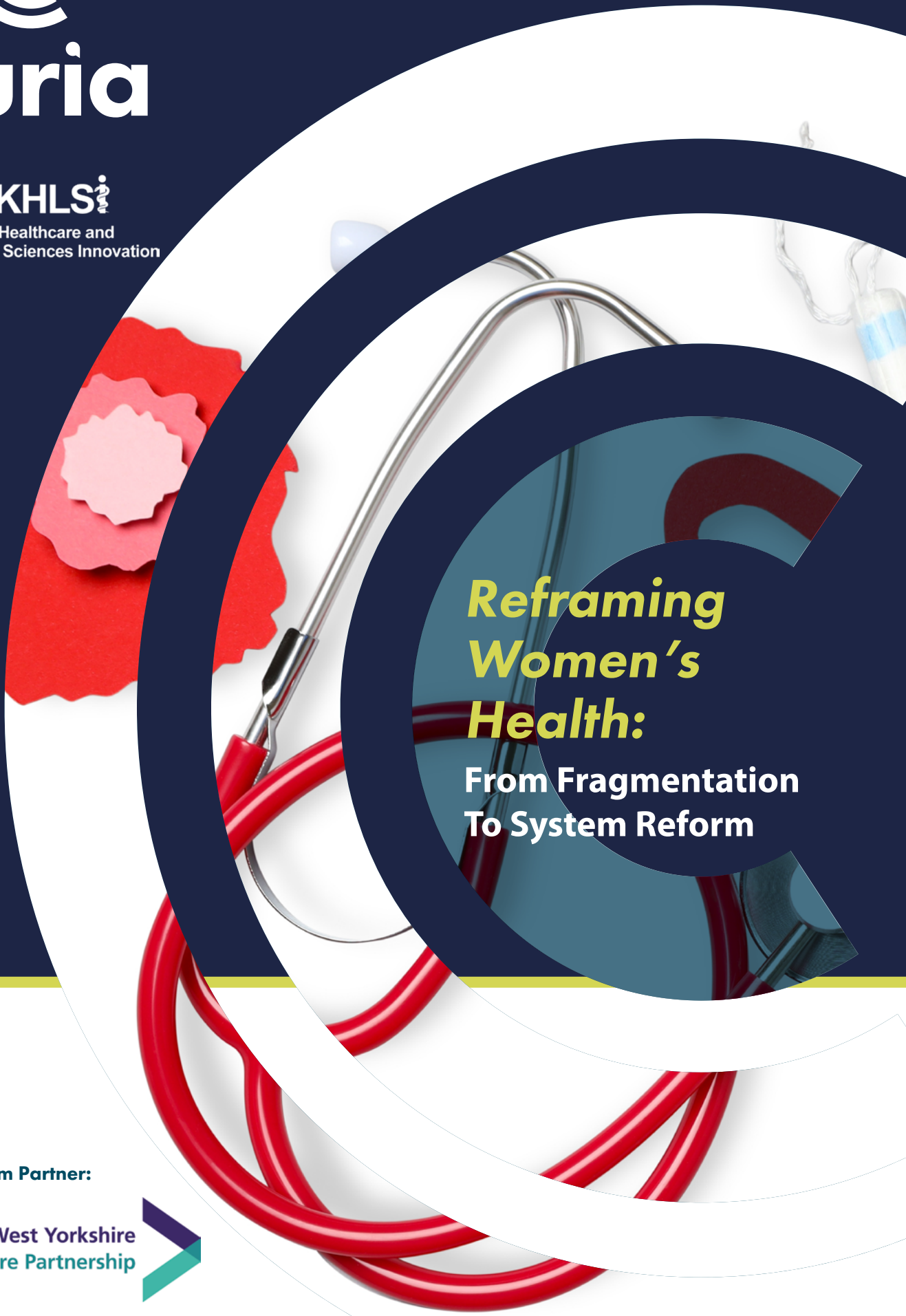

Reframing Women's Health:

From Fragmentation To System Reform

System Partner:

West Yorkshire Health and Care Partnership

Contents

The sprint was co-facilitated by former Shadow Minister for Women and Equalities, Paula Sherriff.

Forewords

Reframing Women's Health as a System Priority

Having worked in the sector for many years, I know it is unfortunately still the case that women's health is all too often treated as a niche or specialist issue within the health system. In reality, it is anything but. It is a cross-societal challenge that shapes not only individual health outcomes, but also workforce participation, economic productivity, and the wellbeing of families and communities across the country. When women's health is not adequately supported, the consequences ripple far beyond individual women – it affects households, services, and the wider economy.

That is why women's health must now be understood as both a clinical priority and as socio-economic infrastructure – critical to the very fabric of society. The cost of inaction is already being paid. Women aged 45 to 64 are the fastest-growing segment of the UK workforce, yet many are leaving work or reducing their hours due to unmanaged menopause symptoms, untreated gynaecological conditions, and long waits for care.[1] This represents lost productivity for employers, reduced tax revenue for the Exchequer, and increased demand on already stretched public services. This is not a marginal issue – it is a structural challenge with nationally significant consequences.

Yet despite this, women's health has remained under-prioritised by successive governments. The Government's launch of the renewed Women's Health Strategy this month is welcome, but long-term funding remains a standing concern.[2] Services continue to be organised around a fragmented and, in many respects, outdated model of care – one that has not kept pace with our evolving understanding of population health or the lived realities of women's lives. As was evident throughout the North of England Accelerating NHS Innovation Summit Sprint, the system still relies heavily on a binary model of general practice and secondary care – with insufficient provision in between and significant variation depending on geography.

This fragmentation is not incidental. It is designed into the system. Sexual and reproductive health, general practice, and specialist services are often commissioned separately, creating artificial barriers to joined-up care. The result is duplication, delay, and frustration. Women are too often bounced between services, conditions worsen unnecessarily, and inequalities widen. For those already facing barriers due to income, language, or geography, the system compounds disadvantage rather than addressing it.

Alongside these structural challenges sits a more fundamental issue: how we define women's health in the first place. Too often, it is narrowly framed through the lens of reproductive or gynaecological services. What is missing is a clear, shared understanding of what "good women's health" looks like across the life-course – from adolescence and menstrual health, through pregnancy and the reproductive years, to menopause and later life. The biggest killer of women remains cardiovascular disease – yet where are the political leaders highlighting this shocking fact?[3] Without that narrative, unmet need remains invisible. Many women do not recognise that their experiences are not normal, or that support should be available to them.

The discussions captured in this Sprint and report also highlight the profound role of social and cultural norms in shaping outcomes. Women's health is not isolated from the issues of stigma, trust, and lived experience. Too many women encounter systems that do not feel designed for them – whether through long waits for care, limited access to clear and reliable information, or services that fail to reflect the practical realities of their daily lives. It is good to see that the Government has put a focus on placing women's voices at the heart of the renewed Women's Health Strategy – inbuilt misogyny in the NHS cannot be tolerated.[4]

However, there is also a compelling opportunity that was not covered in any great detail by the Government's renewed Women's Health Strategy. Across the country, there are already examples of what works – particularly in community-based models of care that provide earlier intervention, more holistic support, and greater continuity across the life-course. Where implemented effectively, Women's Health Hubs demonstrate that it is possible to reduce waiting times, improve access and deliver more integrated care.[5] Yet access remains uneven, and too often depends on where a woman lives. However, these models remain unevenly distributed and are often limited to specific localities rather than embedded consistently across whole systems such as West Yorkshire.

Thanks go to the passionate NHS, local authority, industry, and academic voices that were represented at the Sprint. The clear message from this Sprint is that there is no shortage of evidence, ideas, or passion for reform. What we are short of is delivery, accountability, and the political will to treat women's health as a core priority rather than an optional extra. For example, where is the implementation plan for the renewed Women's Health Strategy? How will the Government assess performance based on the metrics set out in the renewed strategy?

This report sets out a pathway towards a more coherent and effective system – one that is grounded in a life-course approach, strengthens community provision and places trust, empowerment, and prevention at its core. The insights it contains are grounded in lived experience, frontline delivery, and proven practice. Above all, this report begins the process of holding the Government to account on its ability to deliver its plan.

Are we prepared to do it?

Paula Sherriff
Advisory Board, Curia, Health, Care, and Life Sciences Research Group, Former Shadow Minister for Women and Equalities, and Shadow Minister for Mental Health and Social Care

The sprint was co-facilitated by Associate Director – Clinical Policy, Strategy, and IFR at West Yorkshire Health and Care Partnership, Catherine Thompson.

Turning Local Insight Into System Change

It was a pleasure to contribute to the North of England Accelerating Innovation in the NHS Women's Health Sprint in Barnsley earlier this year. This Sprint was not convened to rehearse what is wrong with women's health services. We already know that. The Sprint demonstrated how we can move towards a model of delivery and enhance the pathways we have developed in West Yorkshire. As I explained at the event, the session took what we see every day in practice and translated it into changes that can actually be implemented.

Through the discussion, there was recognition that women's health services today could and should be better. But many of the challenges we see are not new. They are the product of longstanding structural issues – in how services are organised, how care is commissioned, and how women's health is understood more broadly.

At its core, the current model of care has not kept pace with need. We still largely operate within a binary system of general practice and secondary care, with limited provision in between. As we heard on the day, some areas – including Oxfordshire, West Yorkshire, and South Yorkshire – are developing forward-thinking, but these remain inconsistent and dependent on local leadership rather than embedded as standard practice. In West Yorkshire in particular, this results in a mixed picture, where pockets of excellence sit alongside areas where services remain underdeveloped.

That gap in the middle matters. It is where early intervention should happen, and where continuity of care should sit. And it is where we have the greatest opportunity to improve both outcomes and experience for women.

Alongside structural challenges, the Sprint discussion highlighted the importance of recognising the wider context in which women's health is experienced. Social and cultural norms continue to shape how women understand their own health, what they consider to be normal, and when they seek support. Participants challenged the out-of-date view by some policymakers that this is purely a clinical issue. It was proved that the challenge is societal – and any future model of care must be designed with that in mind.

There was also a strong sense that we lack a clear, shared narrative for women's health. Too often, it is reduced to a set of services rather than understood as a life-course experience. We do not consistently articulate what good looks like – whether that is in adolescence, during the reproductive years, or later in life. Without that clarity, it is difficult for both the system and for women themselves to identify when something is not right, and where support should sit.

Importantly, this Sprint highlighted that there are already examples of effective models across the country – particularly those that bring care closer to communities, integrate services, and provide more holistic support. These approaches demonstrate what is possible when services are organised around people rather than around organisational boundaries.

The challenge is not identifying what works, it is all about implementing it consistently.

We do not need further pilots. We already know what needs to be done, and we already know that it works. Continuing to test and retest the same approaches in different places does not move the system forward. What is required now is alignment – of commissioning, funding, and expectations – to ensure that proven models are delivered at scale.

Two priorities emerged from the session. The first is empowerment and awareness. There remains significant unmet need within the population, and many women are not aware of what support should be available to them. Addressing this requires a stronger focus on education, communication, and confidence – enabling women to understand and engage with their own health more effectively.

The second is the development of community-based services. The workforce capability to deliver this already exists. The challenge here is not a lack of skills, but a lack of organisational preparedness. Bringing that capability together into cohesive, accessible models of care represents one of the most immediate opportunities for improvement. This is an area that best exemplifies why the NHS and regional authorities, which have the responsibility for skills, must work closer together.

It is insulting to consider that the future direction is complex. It is achievable and, in many cases, it has already been demonstrated. The task now is to move from isolated examples of good practice to consistent, system-wide delivery – overcoming that 'second adopted problem' identified by Curia Chair, and former Minister of State at the Department of Health and Social Care, Rt Hon Andrew Stephenson CBE, at the summit.

That will require clear direction, appropriate resourcing, and a shift in expectation – from optional innovation to standard provision.

Catherine Thompson
Associate Director – Clinical Policy, Strategy, and IFR, West Yorkshire Health and Care Partnership

The Renewed Women's Health Strategy: From Commitment to System Reform

As outlined in Curia's recent assessment,[6] the Government's renewed Women's Health Strategy for England[7] marks a significant shift in both tone and approach, moving from broad policy ambition towards a more explicit focus on system reform, accountability, and delivery.

Building on the original 2022 strategy,[8] the updated framework responds to longstanding concerns around delays in diagnosis, inadequate pain management, and the persistent under-recognition of women's health conditions across the NHS. Crucially, it acknowledges that these challenges are not isolated issues, but symptoms of deeper structural and cultural shortcomings within the health system.

Curia Analysis

The strategy reflects several priorities set out in Curia's *Women's Health Dividend* report

1. Embedding women's voices in system design

- Curia called for co-production and accountability driven by lived experience.
- The Government's decision to link feedback to funding represents a direct and significant alignment.

2. Integrated, community-based care models

- Curia emphasised the need for
  - Women's Health Hubs
  - Single point triage neighbourhood delivery models
  - The introduction of single referral pathways and community integration mirrors this approach.

3. Focus on high-impact conditions

- Curia highlighted
  - Heavy menstrual bleeding
  - Menopause
  - Contraception
- Government reforms prioritise exactly these areas, particularly pathway redesign and waiting list reduction.

4. Innovation and adoption (including femtech)

- Curia called for stronger innovation pathways and adoption frameworks.
- The new Femtech Challenge Fund and digital services reflect this agenda.

5. Tackling inequalities and adopting a life-course approach

- Curia's report highlighted regional, socio-economic, and ethnic disparities and called for equitable access for all, including minority ethnic groups and BAME.
- The strategy includes commitments to equity, education, and community provision.

Curia and UK Healthcare and Life Sciences Innovation (UKHLSI) members can read more about the strategy here:

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www.ukhlsi.co.uk

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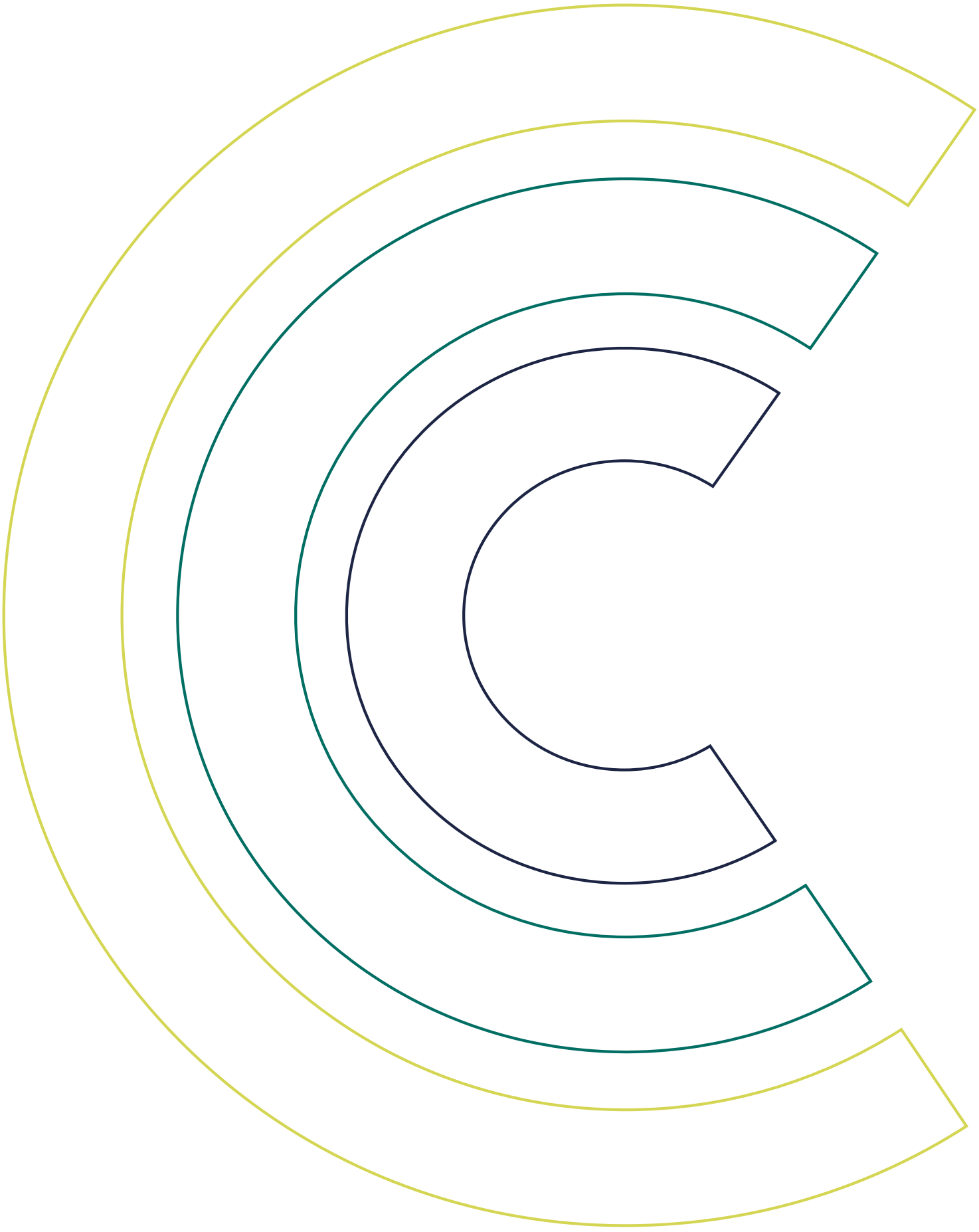

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