

Eluned Morgan
Minister for Health and Social Services
Welsh Government

18 July 2022

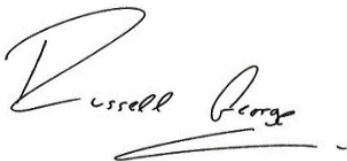
Dear Eluned

Women and girls' health quality statement and plan

Further to your Plenary statement on 5 July 2022 and your response of 11 May 2022 to our letter of 25 March 2022, I would be grateful if you could now provide a detailed response to the issues contained in the attached annex.

As you are aware, the Committee has identified women's health as a priority issue and plans to undertake an inquiry in this area beginning towards the end of the autumn term. We will be considering the scope and terms of reference for this inquiry at our meeting on 15 September, and anticipate reporting our findings in the spring. It would therefore be helpful if you could respond to the issues set out in the annex by **2 September 2022**, in particular to provide clear timescales for the publication of the women's health plan.

Yours sincerely



Russell George MS
Chair, Health and Social Care Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg. We welcome correspondence in Welsh or English.

Annex: Women and girls' health quality statement and plan

A women and girls' health plan

We welcome the publication of the quality statement on women's and girls' health on 5 July and look forward to the publication of a 10-year women's health plan in the autumn.

1. Can you clarify the timescale for the publication of the plan.
2. Would you be willing to share a draft of the plan in confidence with us.
3. Can you confirm that you will ensure that what goes into the plan are actions that can be measured when implemented.
4. Can you clarify how the plan will provide for communication with women.
5. Can you clarify:
 - a. the role of the NHS executive, NHS Wales Collaborative and the Women's Health Implementation Group in directing the action plan and then supporting its implementation; and
 - b. who will be accountable to the Minister in terms of delivering the ambitions of the quality statement.
 - c. whether there is an expectation that service specifications will be developed for all the conditions identified in Annex A of the quality statement, and how much discretion health boards will have to prioritise some conditions over others.

Lack of data

We were told that, in terms of diseases that impact on men and women, women's experiences are pushed to the periphery. One possible reason for this could be the under-representation of women in clinical trials. Women's bodies, and the conditions that affect them are under-researched, with the causes and treatments unknown.

The lack of medical research also means that researchers do not have the opportunity to identify and study sex differences in diseases, and creates assumptions that similar medical treatments will work for both males and females. During the Plenary debate you said that you were exploring the creation of a women's health research fund.

6. Can you provide further details about that fund, including how much funding is likely to be made available and the timescales for its establishment.

7. Can you confirm that the quality statement and health plan will include a commitment to increasing the representation of women in clinical trials in Wales. This includes funding research on women's health issues across the life course and ensuring studies analyse and publish data on sex and gender differences in diseases.

Women's voices

In your letter of 11 May, you say that you have been very clear that the Plan should have significant input from service users to ensure that women's voices are heard "loud and clear" and their concerns reflected. You restated this commitment during the Plenary debate on 5 July.

8. Can you provide details of the extent to which the quality statement was co-produced and the methodology, as well as details of how the action plan is being co-produced.

9. Can you confirm how you intend to take on board the real life experiences of women in developing and implementing the plan, and ensure voices for women's health are built into governance and leadership structure in the NHS.

The COVID-19 pandemic has shone a light on many health inequalities, with disabled people, Black and Asian groups, and those living in poor economic conditions, more likely to die as a result of COVID-19. We also heard of the disproportionate expectation and inequality for minority ethnic women when it comes to gynaecological or obstetrical outcomes. That is why intersectionality and hearing the views of different groups of women with lived experience is so important.

10. Can you clarify how services, interventions and funding will be targeted to take existing health inequalities into account.

11. Can you provide details of how the plan will reflect women's multi-layered and intersectional identities and characteristics.

Access to specialist services

Specialist services to meet women's health needs are not available locally, in every health board. At the moment, some women are not able to access specialist services that are delivered outside their health board (because funds don't follow the patient).

12. Can you confirm that you will address this problem as part of your commitment to improve women's health services.

Mental health

A report by the UK's Women's Mental Health Taskforce found that women are more likely to experience common mental health conditions, such as anxiety and depression than men. They say the prevalence is increasing in women, with young women in particular being identified as a high-risk group.

It is well documented that the negative impacts of lockdowns, job losses and the burden of caring during the pandemic disproportionately affected women. The majority of unpaid carers are women and the vast majority of lone parents are women. The challenges of balancing childcare, paid work, caring responsibilities, alongside managing the stresses and uncertainties of the pandemic have, and continue to have, a significant impact on women's health.

13. Can you clarify how you see the quality statement and plan fitting with the new Together for Mental Health Plan, due to be published this autumn.

Education and training

We were told that improved training for health and care professionals was a priority. It was also suggested that health professionals' training on women's health, particularly gynaecology and those associated conditions, may only form six weeks of the training programme.

14. Can you confirm how training in women's health is covered in medical training syllabuses in Wales.

Preventative health

Promoting health and disease prevention can include ensuring women have information about the benefits of building and maintaining a healthy lifestyle, including being physically active and maintaining a healthy weight.

We welcome the Welsh Government's commitment to introduce legislation to reduce price promotions on the unhealthiest food and drink.

15. Can you provide further information on the timing of this legislation.

16. Can you also clarify whether the plan will include a focus on promoting health and disease prevention and how this will fit with Healthy Weight, Healthy Wales.

We recognise the case put forward by the Coalition that the plan needs to focus on key clinical issues. However we believe the Welsh Government should work cross-government (i.e. in policy areas that stretch beyond the NHS) to ensure wider systemic changes to tackle women's health inequalities are considered, as well to ensure the plan is joined up with other strategies such as the Violence Against Women, Domestic Abuse and Sexual Violence strategy.

17. Can you confirm whether the women and girls' health plan will take a cross-government approach, and how it will be joined up with other key strategies such as the Violence Against Women, Domestic Abuse and Sexual Violence strategy.