

Appendix 20: NHS reforms (See Article 12)

There have been various cuts to healthcare services,¹ including cuts to speech therapy, mental health services, walk-in centres, elective surgery, maternity services, fertility treatment, dementia services, physiotherapy, drug addiction services and cosmetic surgery.² A survey by the Association of Directors of Adult Social Services, suggested that local authority social services budgets would be reduced by £1bn, and it is expected that 25% of the reductions will come from reduced services.³

For example, there have been a total of 100 cuts to services in the North East most of which would be considered vital and the majority of which have the biggest impact on women. The Maternity Unit at Northallerton has closed as has the Children's Unit. Pathways Advice and Advocacy Services in Gateshead have had their hours cut for adults with mental health issues. Newcastle City Council have cut the services for homeless, homecare services, reduced the number of looked after children and reduced the amount paid to Newcastle Carers Centre. Sunderland City Council have scrapped the Meals on Wheels Service where the majority of both users and workers are women.⁴

Both women and men need health services and use the NHS. Therefore, any cuts to healthcare services⁵ will affect both men and women. However, there are certain health issues which are more likely to affect women than men. For example, cuts in mental health services may particularly impact on women who are between one and a half and two times more likely than men to suffer from anxiety and depression.⁶ (See Appendix: 22) In addition, Primary Care Trusts (PCTs) currently fund work with victims and survivors of violence and it is not clear how far the new Clinical Commissioning Groups (CCGs) will continue to fund this work. Research for the Department of Health has highlighted how health services can fail to meet the needs of women who have experienced violence or abuse⁷ and cuts to NHS funding may reduce the ability of health services to meet these women's needs still further. (See Appendix: 21)

Cuts to health care services to older people are likely to affect women disproportionately since women live longer than men. Care homes specialising in patients with dementia have been threatened with closure which is also likely to affect more women than men. Other examples include:

¹ False Economy, Health cuts <http://falseeconomy.org.uk/cuts/sectors/type/health> Accessed: 13/04/13

² Stephenson, M. (2011) *TUC Women and the Cuts Toolkit: How to carry out a human rights and equality impact assessment of the spending cuts on women*. TUC: London <http://www.tuc.org.uk/equality/tuc-20286-f0.cfm>

³ Association of Directors of Adult Social Care, Survey of Local Authorities, April 2011

⁴ In North East Women's Network (2012) *Findings and recommendations from interim case study: The impact of austerity measures upon women in the North East of England*, October 2012. NEWomen's Network and Women's Resource Centre <http://www.newwomens.net/index.php/latest-news-leftmenu-50>

⁵ False Economy, Health cuts <http://falseeconomy.org.uk/cuts/sectors/type/health> Accessed: 13/04/13

⁶ Collins, N. (2011) 'Women more than twice as likely to be depressed', *The Telegraph*, 5th September 2011 <http://www.telegraph.co.uk/health/8740278/Women-more-than-twice-as-likely-to-be-depressed.html>

⁷ Women's National Commission (2010) *A Bitter Pill To Swallow: Report from WNC Focus Groups to inform the Department of Health Taskforce on the Health Aspects of Violence Against Women and Girls*. WNC: London <http://wnc.equalities.gov.uk/work-of-the-wnc/violence-against-women/news-and-updates/309-a-bitter-pill-to-swallow-report-from-the-wnc-focus-groups.html>

- 77% of GPs have reported that PCTs are restricting access to InVitro Fertilisation (IVF) treatment, amongst other procedures, to save money.⁸
- Cuts to carers allowance will disproportionately affect women: 58% of carers and 74% of current carers allowance claimants are women.⁹ (See Article 13)
- The Health in Pregnancy grant, which was a payment of £190 paid to women in the 25th week of pregnancy and designed to support healthy eating, was abolished from January 2011.¹⁰ (See Article 16)

Based on the work of women's organisations we know that health and social care services fall short in meeting these needs. A gendered approach to the design and delivery of health and social care is needed if the health service is to meet the needs of all women and girls. This requires incorporating a definition of health that understands and reflects the diverse experiences of women's lives. It must be able to take a 'whole person' or holistic approach to ensure women's health and wellbeing is appropriately and effectively supported. It must also include an approach that can look at the prevention of poor health.¹¹ Enabling effective early intervention and easy access to specialised support services will save the Government money.¹²

The new health and care system came into being from April 1st 2013. As part of the NHS reforms, PCTs are being abolished and CCGs are being developed in preparation to take over. Almost half of available budgets have already been delegated to emerging CCGs and this will increase over 2013/14. They have taken an active role in planning strategies and budgets for 2012/13 and begun to develop relationships with local partners in social care and the voluntary and community sector.¹³

Health and Wellbeing Boards and Joint Strategic Needs Assessments (JSNAs) are a key part of broader plans to modernise the NHS. Made up of democratically elected representatives, patient representatives, CCGs and councils, these boards will have strategic influence over commissioning decisions in health, public health and social care. Boards will be under a statutory duty to involve local people in the preparation of JSNAs and the development of strategies. JSNAs will be used to analyse the health needs of a local population, based on a wide range of data including patient, service user and community views. The JSNA will inform and guide decisions made at all stages, from identifying health priorities to providing services. It will be a public resource for commissioners, local authorities and service providers. Since April 2012, Health and Wellbeing Boards have been acting in shadow form, with all boards due to take on full statutory functions from April 2013.¹⁴

⁸ Beckford, M. (2011) 'Infertility services reduced as NHS cuts costs', *The Telegraph*, 19th April 2011
<http://tinyurl.com/442od6y>

⁹ Butler, P. (2011) 'Women and the coalition: Social care', *The Guardian*, 20th May 2011
<http://tinyurl.com/5szl4x2>

¹⁰ Stephenson, M. (2011) *TUC Women and the Cuts Toolkit: How to carry out a human rights and equality impact assessment of the spending cuts on women*. TUC: London <http://www.tuc.org.uk/equality/tuc-20286-f0.cfm>

¹¹ Women's Health and Equality Consortium (2011) *Why women's health?* WHEC: London
<http://www.whec.org.uk/wordpress/wp-content/uploads/downloads/2011/11/WhyWomensHealth11.pdf>

¹² Coy, M., Kelly, L. and Foord, J. (2009) *Map of Gaps 2: The postcode lottery of violence against women support services in Britain*. Equality and Human Rights Commission and End Violence Against Women Coalition: London <http://www.equalityhumanrights.com/key-projects/map-of-gaps/>

¹³ Women's Resource Centre (2012) *Factsheet: Women and the cuts 2012*. WRC: London
<http://thewomensresourcecentre.org.uk/wp-content/uploads/women-and-the-cuts.pdf>

¹⁴ Women's Resource Centre (2012) *Factsheet: Women and the cuts 2012*. WRC: London
<http://thewomensresourcecentre.org.uk/wp-content/uploads/women-and-the-cuts.pdf>

Although CCGs will not be responsible for commissioning GP services, they will have responsibility for improving primary care. Given their responsibility for non-registered patients, this means that they must ensure access to the GP services provided by their member practices.¹⁵ PCTs currently fund work with victims and survivors of violence and it is not clear how far the new CCGs will continue to fund this work. Research for the Department of Health has highlighted how health services can fail to meet the needs of women who have experienced violence or abuse¹⁶ and cuts to NHS funding may reduce the ability of health services to meet these women's needs still further. (See [General Recommendation 19 and Appendix: 21](#))

The Government has a target of recruiting an additional 4,200 health visitors to support families with young children by 2015.¹⁷ However, the personalisation agenda is also problematic. The Government needs to ensure that these are not structured in ways that lead to the detriment of service delivery or survival of crucial mental health services, such as specialist women's voluntary and community organisations (VCOs). There is a need to ensure better support of and partnership working with these crucial services, in the personalisation agenda and the commissioning framework. Women's VCOs are an important source of information and support for women who struggle with the current NHS system. Building a close relationship with these specialised organisations is vital to empowering women patients to participate fully in making decisions on their care.

The Public Health Observatory on the health of people with learning disabilities will only continue until March 2013 and it is unclear what will happen after this which may impact on a large number of vulnerable people and lead to long-term healthcare issues.

Recommendations:

- **There must be commissioning of preventative projects or specialised services for marginalised groups, particularly women**
- **Recommend that the National Institute for Health and Clinical Excellence (NICE) publish a quality standard on violence against women and girls and/or gender equality within patient care**
- **Clarify what training will be available to GP consortia on equalities issues to comply with the Equality Act 2010**

¹⁵ Maternity Action (2012) *Guidance for Commissioning Health Services for Vulnerable Migrant Women*. WHEC: London

<http://www.maternityaction.org.uk/sitebuildercontent/sitebuilderfiles/guidancecommissioninghealthservulnmigrantwomen2012.pdf>

¹⁶ Women's National Commission (2010) *A Bitter Pill To Swallow: Report from WNC Focus Groups to inform the Department of Health Taskforce on the Health Aspects of Violence Against Women and Girls*. London: Women's National Commission <http://wnc.equalities.gov.uk/work-of-the-wnc/violence-against-women/news-and-updates/309-a-bitter-pill-to-swallow-report-from-the-wnc-focus-groups.html>

¹⁷ Government Equalities Office (2010) *The Equality Strategy – Building a Fairer Britain*. GEO: London <http://www.homeoffice.gov.uk/publications/equalities/equality-strategy-publications/equality-strategy/equality-strategy?view=Binary>