

Introduction

For the first time, the impact of the Director of Public Health Annual Report will be assessed through a pre- and post-publication survey. This paper summarises findings from the pre-publication survey, which was distributed to key stakeholder groups ahead of formal presentation of the Women's Health report. The purpose of the survey was to understand stakeholders' baseline knowledge, priorities, and how they intend to use the report.

Survey Respondents

A total of 27 stakeholders from across the North East participated in the survey. Respondents represented a broad range of sectors, with the largest proportions from:

- Local Authorities
- NHS organisations
- Health and Social Care Partnerships

Smaller numbers of responses were received from Councillors and Members of Parliament, Emergency Services, the Military, Education, and community representatives. Overall, responses demonstrate strong system-wide interest in women's health, extending well beyond statutory health services.

Stakeholder Confidence in Women's Health Knowledge.

Respondents were asked how informed they currently feel about women's health issues.

- Just over half reported feeling *only slightly informed*.
- Fewer than one third felt *informed*.
- Only a small proportion described themselves as *very informed*.

These findings indicate a clear demand for accessible, credible and locally relevant information. There is a strong expectation the Annual Report should support shared understanding and increase confidence across the system in addressing women's health priorities.

Priorities for a Women's Health Plan

Stakeholders identified a consistent set of priorities across survey responses.

Access and Diagnosis

Respondents highlighted the need for improved access to services and faster diagnosis, particularly in relation to:

- Menopause
- Endometriosis
- Polycystic Ovary Syndrome (PCOS)
- Abortion care and access to Long-Acting Reversible Contraception (LARC)
- Variation in GP and primary care provision

Local Data and Evidence

There was strong emphasis on the importance of robust local intelligence, including:

- Local and national comparisons
- Sex-specific (biological sex) data
- Analysis of rurality, deprivation, and health inequalities

Mental Health and Neurodiversity

Key themes included:

- Later-life diagnosis of ADHD and ADD in women
- The interaction between menopause and mental health
- Improved and clearer support pathways

Family and Life-Course Approach

Respondents stressed the importance of addressing women's health across the life course, including:

- Health education from school age
- Maternity, parenting and caring responsibilities
- Impacts on children's wellbeing, educational attainment, and poverty

Inequalities and Intersectionality

Stakeholders consistently noted that women are not a homogenous group. Priority areas included:

- Socio-economic status
- Disability
- Race and ethnicity
- Trauma and adverse experiences

Intended Use of the Annual Report

Participants consistently described the Women's Health report as a practical tool for action. Intended uses included:

Informing Decision-Making

- Council policy development
- Local Outcome Improvement Plan (LOIP) priorities
- NHS and Health and Social Care Partnership planning

Supporting Investment and Accountability

- Scrutiny of budgets and outcomes
- Aligning expenditure with outcomes
- Identifying system gaps and unwarranted variation

Guiding Partnership Action

- Community Planning and Place Plans
- Workforce support, including employers and trade unions

Amplifying Women's Voices

- Evidence to support advocacy
- Contributions to Integration Joint Boards and strategic forums

Report Design and Accessibility

There was strong consensus on features that would support effective use of the report:

- Easy-read summaries
- Clear presentation of local data using simple charts
- Visual content such as infographics and short videos
- Inclusion of lived experience and case studies
- Tailored messages for different audiences, including NHS, Local Authorities, employers and communities

Stakeholders expressed a preference for clear headlines, key messages and actionable insights rather than a single, lengthy report.

Key Messages Emerging from the Survey

Several consistent messages emerged from respondents:

- Women should be treated as partners in authorship, not solely as data subjects.
- Variation in experience and outcomes should be made visible and acted upon.
- Prevention and early intervention should be central.
- The report should be designed explicitly for use as well as publication.

Implications for the Annual Report

To maximise impact, respondents indicated the Women's Health Annual Report should:

- Be data-driven while remaining grounded in lived experience
- Adopt a clear life-course approach
- Explicitly link inequalities, underlying causes and recommended actions
- Include practical sections outlining implications for different sectors and audiences
- Be supported by short-form, accessible and visual outputs

These findings will directly inform the structure, content and dissemination approach for the Director of Public Health Annual Report on Women's Health.