NHS Leicester, Leicestershire and Rutland

Rutland County Council

Leicester City Council

Leicestershire County Council

Women's Health in Leicester, Leicestershire and Rutland 2026

A Health Needs Assessment based on
The Women's Health Strategy for England, 2025



Chapter Snapshots

Menstrual Health & Gynaecological Conditions

This chapter covers endometriosis, dysmenorrhoea, menorrhagia and other menstrual disorders, period poverty, pelvis pain, ovarian pathology (non-cancerous), pelvic organ prolapse and continence and fibroids.

Key Epidemiology & Context

- Menstrual disorders are common, affecting a substantial proportion of women, with conditions such as heavy menstrual bleeding affecting up to 1 in 4 women.
- Endometriosis affects ~1 in 10 women, with long diagnostic delays (average ~8 years).
- Pelvic pain impacts up to 1 in 6 women and is a frequent cause of GP consultation, with local data showing rising trends in inpatient admissions for PID.

Inequalities & At-Risk Groups

- Women in deprived areas report worse symptoms and poorer quality of life
- Ethnic minority women may under-report symptoms due to stigma and health literacy differences
- Younger women disproportionately affected by menstrual disorders and period poverty

Gaps & Unmet Need

- Significant diagnostic delays (especially endometriosis)
- Underreporting means prevalence is likely underestimated
- Limited focus on quality of life impacts (social, economic, emotional)
- Data gaps across ethnicity and underserved groups

Implications for LLR

- High burden on primary and secondary care pathways
- Missed opportunities for early diagnosis and prevention
- Economic impact through reduced work participation

Priority Action Themes

- Improve diagnostic pathways and reduce delays
- Strengthen menstrual health literacy and stigma reduction
- Expand research and data on local prevalence and experience
- Enhance holistic support beyond clinical treatment

Sexual & Reproductive Health

Key Epidemiology & Context

- STI testing rates in LLR remain below national averages
- Leicester shows higher chlamydia and gonorrhoea diagnoses in young women, while parts of the county have persistently low screening rates.
- Contraceptive access and uptake varies significantly across the system
- Abortion rates reflect broader inequalities, particularly in Leicester

Inequalities & At-Risk Groups

- Higher STI burden in younger women and those in deprived areas
- Ethnic disparities in diagnosis rates and contraceptive use
- Barriers for migrants, vulnerable groups, and those with learning disabilities

Gaps & Unmet Need

- Fragmented pathways across contraception, sexual health, and reproductive services
- Low PrEP awareness and uptake among women
- Variation in LARC access and prescribing

Implications for LLR

- Risk of worsening inequalities in reproductive outcomes
- Opportunity to improve service efficiency through more integrated system design

Priority Action Themes

- Increase STI testing and PrEP uptake in women
- Expand access to LARC and contraceptive choice, through exploration of different delivery models and support
- Strengthen targeted interventions for high-risk groups

Menopause

Key Epidemiology & Context

- Around 75% of women experience symptoms, with 1 in 4 reporting debilitating impacts
- ~13 million women in the UK are peri- or post-menopausal
- HRT prescribing varies significantly by deprivation - with women in Leicester's most deprived areas far less likely to receive treatment than those in more affluent Leicestershire districts, mirroring national trends.

Inequalities & At-Risk Groups

- Lower HRT prescribing in deprived areas
- Poorer access for ethnic minority, disabled, and neurodiverse women
- Workforce impacts significant for midlife women

Gaps & Unmet Need

- Low awareness and health literacy (many women not seeking support)
- Primary care confidence and training gaps
- Lack of routine data on prevalence and symptom burden

Implications for LLR

- Increasing demand due to ageing population
- Links to cardiovascular risk, mental health, and workforce participation

Priority Action Themes

- Improve primary care capability and reduce unnecessary referrals
- Address prescribing inequalities
- Strengthen menopause support in workplaces
- Improve local intelligence and data systems

Mental Health

This chapter covers general mental health, suicide, serious mental illness, eating disorders and perinatal mental health.

Key Epidemiology & Context

- Women experience higher rates of common mental disorders than men, with young women (16–24) particularly affected; rates of self-harm, PTSD and eating disorders have risen significantly in this group
- Local need in LLR aligns with national patterns, with an estimated 15.8% of adults experiencing common mental disorders and higher numbers of diagnosed depression in women aged 35–64, many potentially linked to peri menopause/menopause
- Increasing rates of self-harm and suicide in some groups

Inequalities & At-Risk Groups

- Multiple gendered risk factors contribute to poorer mental health in women, including caring responsibilities, poverty, abuse, sexual violence, long term physical conditions, and inequalities affecting ethnic minority, disabled, and LGBTIQ+ women.
- Ethnic minority women face additional risk and barriers
- LGBTQ+ and disabled women disproportionately impacted

Gaps & Unmet Need

- Overlap with menopause often poorly recognised
- Data gaps on women-specific mental health pathways
- The contribution of menopause, domestic and sexual abuse, caring responsibilities, chronic illness and socioeconomic strain to women's suicidal distress is not always systematically recognised or understood.

Implications for LLR

- Significant demand on services across life course
- With an ageing population, there is a need to better understand local menopause implications on mental health and ensure appropriate services are in place.
- Links with wider determinants and social inequalities

Priority Action Themes

- Strengthen early identification and prevention
- Improve understanding of gender-specific drivers
- Integrate mental health with women's health pathways

Lifestyle & Wellbeing

This chapter covers substance use, smoking, physical activity, obesity and healthy weight.

Key Epidemiology & Context

- Smoking, inactivity, and obesity significantly impact women's health across the life course
- Patterns strongly linked to deprivation and wider determinants
- Combined, they contribute to preventable long-term conditions, poorer pregnancy outcomes, reduced healthy life expectancy and widening health inequalities for women
- LLR shows clear deprivation related patterns: higher smoking rates in Leicester, lower physical activity in the city (particularly among women) and rising obesity across all three areas.
- National research shows that excessive alcohol intake is increasing in women, yet the number of women in alcohol treatment has remained relatively stable over recent years

Inequalities & At-Risk Groups

- Higher risk behaviours concentrated in deprived communities
- Cultural and structural barriers influence behaviour
- LGBTQ+ individuals are more likely than the general population to use alcohol and other drugs, however, less likely to access treatment services

Gaps & Unmet Need

- Interventions often focus on individual choice rather than system drivers
- Limited integration with wider services
- Systems and interventions do not always consider women's unique and different needs e.g. caring responsibilities, thus making it difficult for women to engage, and stay engaged longer term.

Implications for LLR

- Major contributors to long-term conditions and inequalities, especially with an ageing population

Priority Action Themes

- Shift towards system-wide prevention approaches, focussed on women's issues
- Address structural determinants of health behaviours
- Use a MECC approach

Cancer

Due to data availability, this chapter focusses on breast and cervical cancer.

Key Epidemiology & Context

- Breast and cervical cancer outcomes vary by deprivation and ethnicity
- Screening uptake is lower in Leicester City
- Breast cancer is the most common cancer in UK women, with risk increasing with age, family history, hormones, obesity, alcohol use and smoking
- Screening saves lives, but LLR coverage (68.1%) remains below the national average
- Mortality rates are similar to England, but urgent suspected breast cancer referrals are rising in LLR
- Around 3,635 women in LLR are living with or beyond breast cancer
- HPV vaccination coverage in LLR is below national target of 90%.

Inequalities & At-Risk Groups

- Lower uptake among ethnic minority groups, as well as those with a learning disability
- Access barriers differ between urban and rural populations

Gaps & Unmet Need

- Low screening uptake in key populations
- Late presentation in some communities
- Routine cervical screening in LLR is typically conducted in GP surgeries, but uptake remains inconsistent. Barriers include embarrassment, lack of symptoms, cultural stigma, and previous negative experiences.

Implications for LLR

- Inequalities directly impacting survival outcomes
- Deprivation, ethnicity, language barriers and low health literacy may prevent some women from coming forward for screening or seeking help early

Priority Action Themes

- Improve screening and HPV uptake and access
- Target culturally appropriate engagement

Violence Against Women and Girls (VAWG)

This chapter covers domestic violence and female genital mutilation.

Key Epidemiology & Context

- VAWG is a serious and preventable public health issue, with pervasive impacts across physical, mental, sexual and reproductive health
- An estimated 3.8 million people experienced domestic abuse in England and Wales in the year ending 2025, including 2.2 million women
- Violence has both immediate and long-term health consequences, and in extreme cases results in homicide
- The true scale is substantially under-reported, with many incidents hidden and perpetrators unidentified

Inequalities & At-Risk Groups

- VAWG is both driven by and reinforces gender inequality, shaped by power imbalances and structural barriers
- Disproportionate impact on:
    - Women in deprived communities
    - Ethnic minority, migrant, and asylum-seeking women
    - Disabled women and those with multiple vulnerabilities
    - Younger women and girls
- Experiences are intersectional, often overlapping with poverty, poor mental health, substance use, and social exclusion
- Locally, nearly half of domestic abuse incidents occur in Leicester City, indicating place-based inequality

Gaps & Unmet Need

- Significant underreporting, hidden harm and stigma
- Fragmented pathways between health, justice, and community services
- Variable training, confidence, and response across healthcare settings
- Limited routine data linking health outcomes with VAWG experiences

Implications for LLR

- Significant cross-sector impact on health and social care
- Long-term health consequences can increase repeat service use and costs across the system
- Hidden needs, compounded by stigma, shame and fear, shows there are women living and suffering in silence
- Variation in recognition and response may lead to missed opportunities for early intervention and prevention

Priority Action Themes

- Strengthen identification and support pathways in health and care settings
- Improve multi-agency response
- Embed lived experience and improve data to drive service design across health and care settings
- Improve staff confidence and competence in addressing and enquiring

Healthy Ageing

This chapter covers cardiovascular disease, bone health and cognitive health.

Key Epidemiology & Context

- Women more likely to live longer but with disability and chronic conditions
- High burden of cardiovascular disease, osteoporosis, and dementia in older women
- CVD can manifest and present differently in women, which is not always understood or known by women or healthcare staff
- Cardiovascular diseases are reported as the main cause of death in LLR (23% of all deaths in women), the percentage of deaths due to Hypertension, Stroke and Other CVD are higher in women compared to men.
- Bone health is significantly worse in women, with hip fractures and rates of osteoporosis higher in females, and mortality from accidental falls significantly worse in LLR than nationally.
- Bone health is strongly linked to changes during menopause

Inequalities & At-Risk Groups

- Deprivation and earlier life factors shape outcomes
- Ethnicity plays a role, with higher admission rates in the black ethnic group for CVD
- Rural vs urban differences in access and needs
- Higher risk among carers

Gaps & Unmet Need

- Limited prevention focus earlier in the life course
- Increasing demand due to ageing population
- There is a need to for greater understanding of how health conditions impact women specifically, and greater education of this for the general public, and healthcare professional to ensure that conditions are not missed or dismissed.
- Risk of social isolation and unmet need not being systematically identified

Implications for LLR

- Ageing population will drive increasing demand on health, social care, and community services
- Rising prevalence of multi-morbidity requiring coordinated, person-centred care
- Need to shift from treatment-focused models to prevention and independence
- Strong links to other chapters (e.g. menopause, mental health, VAWG, lifestyle), reinforcing a whole-life-course approach

Priority Action Themes

- Strengthen prevention across life course, not just in older age
- Improve management of long-term conditions
- Services need to understand the implications of the growing aging population and how they can ensure they will meet rising need