South East London Integrated Care System

NHS South East London

Women's and Girls' Health

Engagement Assurance Committee

Equality Sub Committee, November 2024

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Overview

The approach to establishing a Women's and Girls' Health Hub in south East London is driven by the National Women's Health Strategy, national operating plan guidance for Integrated Care Boards (ICBs) and the SEL Integrated Care System Joint Forward Plan for 2024/25.

We have been bringing together partners from across the Integrated Care System since early 2024 to help shape our approach through our SEL Women's and Girls' Health Network.

National context

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Women's Health Strategy, published in 2022, led by Professor Dame Lesley Regan

- A life course approach to improving women's health
- Challenge the "male as default" approach to medical research, training and practice
- Commissioned following a series of high-profile incidents, including the Ockenden Review into maternity services and investigations into convicted breast surgeon Ian Paterson
    - 14-week call for evidence in 2021, more than 100k respondents and 400 expert input

One of the commitments made in the strategy was the development and roll-out of integrated Women's Health Hubs across England:

- £595k non-recurrent funding for each Integrated Care Board (ICB) to pump-prime model
- Core specification published in March 2024: integrated model situated in the community, aimed at improving access and experiences of care, improving health outcomes for women and reducing health inequalities
- NHS England planning guidance sets ICBs target for at least one Hub in each ICB footprint to be operational by December 2024

Hub Core Services:

- Menstrual Disorders: Assessment & Treatment
- Menopause: Assessment & Treatment
- Contraception including Long Acting Reversible Contraception (LARC)
- Preconception Care
- Breast Pain: Assessment & Care
- Pessary Fitting & Removal
- Cervical Screening
- STI & HIV: Screening and treatment

National context contd.

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Overall, the current system remains one of episodic care, inadequate availability of consistent and tailored women's health information and fragmented commissioning and provision of women's health services – which disproportionately impacts those living in contexts of deprivation and from marginalised and minoritised backgrounds.

In areas where the Women's Health Hubs model has been introduced and established, they are proving successful in addressing these inequalities, co-commissioning services, improving the resident journey and ultimately the health of the women they serve.

- Some gynaecological conditions (incl. endometriosis, and polycystic ovary syndrome) should receive the same parity of esteem and management as other long-term conditions
- Many women suffer from menstrual problems, tolerating them for too long because of stigma, lack of information and difficulties accessing timely support
- An estimated 50% of pregnancies are unplanned, with an increasing number of women requesting abortion
- Many perimenopausal women suffer unnecessarily and can feel forced to give up their careers or reduce their working commitments and ambitions
- We also know that many women face layered inequalities with wider issues relating to mental health, caring responsibilities and violence against women and girls impacting on their overall health and wellbeing

The **aims and objectives** of a Women's Health Hub are to:

- Reduce inequalities in access and care for the 8 core services
- Streamline pathways and delivery of more person-centred care
- Offer accessible, quality care closer to home
- Reduce multiple contact points and waiting times
- Streamline referrals to reduce secondary care waiting lists and be a more efficient service offer
- Provide new or additional services in the community to address gaps in current provision
- Upskill the workforce and support more multi-disciplinary working
- Reduce unplanned pregnancies
- Educate and empower women to self-manage and seek help as needed

Progress so far and key next steps

SEL Women's and Girls' Health Network convened and meeting monthly (Community of Practice) with NHS Future's platform supporting information sharing and collaboration

Interdisciplinary (HIT) group convened to help coordinate development of the model across SEL

Formally launch SEL WGH Steering Group to oversee development and delivery of the model

SEL Women's and Girl's Health Needs Assessment completed – prioritising menopause, LARC, heavy menstrual bleeding and pre-conception

Work with SEL Public Health Directors and teams to prioritise expanded women's and girls' health needs assessment over 25/26 (SEL JSNA)

Engagement and insights work with residents, providers and commissioners incl. exploring good practice from elsewhere

Continue to engage and involve partners and residents in the development and evolution of the model and explore potential women's and girls' health PPE/I panel

Co-production of model through BBG and LSL co-design workshops and resident focus groups

Develop service specification → Develop evaluation framework → Finalise options for delivery & commissioning → Mobilise hub(s) → Learning & evaluation to inform recurrent commissioning & delivery

Dec

Jan

Proof of concepts launched for pre-conception, with proof of concepts being scoped across Lambeth and Greenwich/Bexley to test elements of hub model

Engaged King's Health Partners Women's and Children's Health to support development of evaluation framework

Women's and Girls' Health Clinical and Care Professional Lead role outline developed with funding secured

Recruit to Women's and Girls' Health CCPL for 12 months with links into SEL CCPL network

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SEL Insights

Insights have been gathered via existing engagement activities from across SEL, targeted outreach in each of our boroughs, a 'Let's Talk about Women's and Girls' health' survey and stakeholder interviews with a snapshot of providers and commissioners across SEL

What residents have said is important*

(Captured through engagement, outreach, Let's Talk survey and focus groups)*

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1

Residents want comprehensive and integrated care:

- Full range of sexual and reproductive health services has high demand and often fragmented pathways
- Ability to offer comprehensive 'MOT' check-up services
- Integration of point-of-care testing for quick diagnostics and signposting

2

Proactive and targeted approach:

- Importance of targeting services for those with highest needs, based on data and qualitative insights
- Broader health education and public health initiatives for self-management and patient activation
- Dedicated clinics for specific services regularly receive positive feedback

3

Improved access should consider both convenience and knowledge of services:

- Virtual hub triage function to direct patients to appropriate services
- Care navigation support (virtual or in-person) to help residents navigate complex health and care pathways
- Extended hours and community-based services to increase engagement

4

Culturally appropriate and inclusive services with targeted outreach:

- Focus on building trust and relationships with communities
- Culturally sensitive services and outreach
- Translation and accessible knowledge for specific groups and communities critical
- Increase community outreach and engagement, especially for underrepresented groups

5

Demand for a digital and in-person hybrid model

- Emphasis on digital accessibility for health information and education
- Recognition of the need for both digital and face-to-face options
- Improve the NHS app for easier access to women and girls' health information and guidance

6

Youth engagement and education:

- Engaging with young people and education on relevant topics needs consideration of appropriate channels
- Collaboration with schools and youth-based organisations important for engagement

Examples from resident insights

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"Community support services which support the 'village', but created and delivered by community members in response to a need in their own community"

"more mental health treatment and support that is longer than a few weeks/months and for older people (over 40) "

"Really good promoting of services, one place to go when you need to seek advice. NHS is too complicated for patients, particularly when you become ill. Things that would be easy to do when you are well become hard/difficult/blockers when you become acutely unwell"

"Quick availability of quality and accurate information around endometriosis, PCOS and other conditions"

"Information or services to be translated into different language. Community voluntary organisations to be more involved as they are the first point for connection and communication."

"It's vitally important that women and girls have unfettered access to information about sexual health and contraception as well as health screenings. I hope we can use as many ways as possible!"

"Remember we are whole people so having safe spaces to meet, socialise, learn and share with other women would be beneficial."

"Support for adult women with hidden disabilities"

"Support for all women around menopause: what to expect, resources available, real conversations with people who have already gone through it, real support with different options to help women as they go through it. Not just a brochure."

Summary of insights from Let's Talk Survey

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1434 responses between July and September 2024:

- Top four ethnicities reflected in responses: White – British (62%), Any other White background (11%), Black or Black British – African (4%), White – Irish (4%) and Black or Black British – Caribbean (3.5%)
- Top four age groups reflected in responses: 55+ (34%), 41-54 (13%), 31 – 35 (10%) and 46 – 50 (10%)

Top three preferred methods for service delivery:

1) Workshops (online or face to face) (43%)
2) Mobile apps for health tracking (41%)
3) Support Groups AND Yoga or Exercise Classes (37%)

Most important services across all ages

- Breast Screening (50%)
- Mental Health & Wellbeing (44%)
- Menopause (37%)
- Cervical Screening (37%)
- Maintaining a healthy weight and/or lifestyle (35%)
- Menstrual Health (29%)
- Fertility, pre-conception (16%)

Top three preferred venues for accessing additional support services:

1) Healthcare Sites (e.g. GP surgery, CPs) (90%)
2) Non-healthcare Community Venues (Community Centre, Church) (50%)
3) Mobile Health Services (46%)

Priority Services by Age

18-25 year olds:

- Menstrual and reproductive health (62%)
- Mental health and wellbeing (62%)
- Contraception (30%)
- Breast screenings (28%)

26-40 year olds:

- Menstrual and reproductive health (15%)
- Cervical screening (50%)
- Fertility and preconception (46%)
- Mental health and wellbeing (44%)

41-54 year olds:

- Menopause (70%)
- Breast screening (50%)
- Mental health and wellbeing (43%)
- Cervical screening (34%)

55+ year olds:

- Breast screening (69%)
- Maintaining a healthy weight and/or lifestyle (51%)
- Mental health and wellbeing (40%)
- Menopause (35%)

* Please note, people were able to choose more than one service option and therefore the most popular for each age group has been presented

Challenges and barriers seen by providers and commissioners

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Long-acting reversible contraception

- Women who require LARC fittings for gynaecological reasons (e.g. same-sex couples, menopausal women) cannot receive procedures from sexual health clinics
- Increasingly seeing terminations and emergency contraception in young women

Pre-conception

- Perceived as a quick win given high rates of unplanned pregnancy – opportunistic provision of information key
- Risk factors are more concentrated in more deprived areas, further heightening health inequalities

Commissioning & Funding

- Patchwork commissioning of services between public health, primary care, community care and acute care services means pathways lend way to having gaps in provision (e.g. fragmented commissioning for LARC for contraceptive vs. Gynaecology reasons)
- While there are some gynaecology services available in the community, most of SEL's provision is hospital based. Gynaecology is also not currently part of the community diagnostic centre offer and there are delays in accessing diagnostics.
- The ICS public health grant process might be worth considering within the scope of this programme in the medium-term
- Tariff-based system means inability to impact total needs of patients despite having the capability to do so

Menopause

- High demand for menopause support outside of acute care and in the community
- Women are keen for holistic support, education around menopause and social support, additional to symptom management and HRT

Heavy menstrual bleeding

- With acute services having such high waiting lists, a triage component between primary care and acute care services might be beneficial

Integrated working

- Calls for camaraderie and joint working across partner organisations, with open communication channels
- Communication between healthcare professionals and outreach can help to identify and support bridging health inequalities gaps e.g. teens in care, sex workers, refugees, people living in deprivation

Workforce and capacity

- With a significant proportion of workforce currently trained to provide LARC procedures due for retirement, consideration for sustainability of services is crucial
- Long waiting lists for acute services such as pelvic prolapse and heavy menstrual bleeding affects quality of life of women

Outreach and Engagement Events

Rosemary at Lambeth council's annual Ageing Well Fair held at the Oval, engaging with older residents on whats important to them

Mandy Maycock & GSTT's Vital 5 Team, hosting a series of health checks for women within religious settings

Sol Noya Carreno, Communications Assistant, ICB, at the South East London College Campus Fair in Bromley, getting young people to share their views

Focus Groups

- As part of our engagement and outreach efforts, we conducted **two online focus groups** to gain detailed feedback and inform the co-design of the Women's Health Hub.
- **Each focus group had 4 participants** who shared their experiences accessing healthcare in their local area. They emphasized the need for **earlier diagnosis and improved treatment pathways** for conditions such as PCOS and pelvic organ prolapse.
- Most **participants relied on Google** to search for information about health conditions and treatments. While some found the NHS website helpful, others felt it lacked comprehensive and specific guidance on women's health issues, often directing them to "speak to their GP" without providing detailed advice.
- **Cultural and demographic factors significantly influence how women access healthcare**, underscoring the importance of tailored services that address diverse backgrounds and individual needs
- The insights and recommendations from the group, will be incorporated into the hub models and participants were encouraged to follow the SEL Let's Talk page to keep track of the hub's development

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ethica HEALTH PARTNERS

SEL Women's and Girls' Health needs assessment

An initial SEL women's and girls' health needs assessment was commissioned via Ethica Health. This focused on 4 priority areas following a public-health led scoping review and discussions with Directors of Public Health across SEL: heavy menstrual bleeding, long-acting reversable contraception, pre-conception and menopause

Key findings

- **Women of reproductive age and those approaching or experiencing the menopause constitute approximately 61% (592,000) of the SEL female population**
- **Cultural perceptions of health, health care and stigma are also important in improving access and uptake of preventive and therapeutic opportunities**
- **More outreach targeted to specific populations could address variation in access with an opportunity for increased partnership working with VCSE partners**

Heavy menstrual bleeding

- There is undoubted substantial capacity to benefit (a.k.a. "need") for greater investment in services and support for heavy menstrual bleeding
- At **least 6000 women each year seek support from their general practice**, with **more than three recorded attendances every day to urgent and emergency care services**

Long-acting reversible contraception:

- The **five boroughs are broadly consistent with or exceed the London average, although they fall markedly (~1/3) short of the England average**
- However, there is **variation in the rate** of LARC prescriptions by method and provider and **inequity in access** between communities

Pre-conception

- Using the analysis from Lewisham Population Health Management, **risk factors in preconception health are common**, with about three-quarters of the Lewisham population facing at least one. However, a small number of women in the most deprived areas face multiple risks
- **Improving folic acid uptake**, along with targeted (neighbourhood-oriented) preventive measures can materially improve pre-conception health

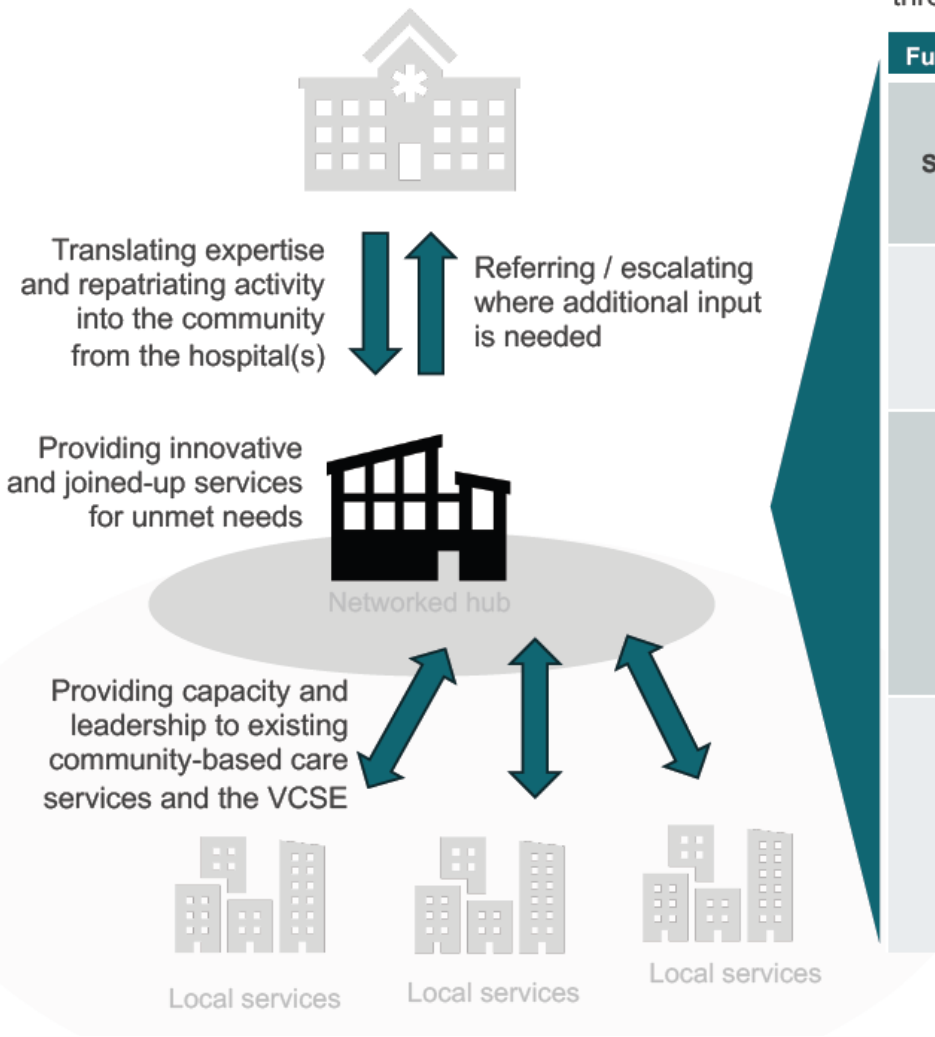
Menopause

- About **48,500 women across SEL may be in the perimenopausal period** at any one time. Of these, 39,000 are likely to experience symptoms – albeit of varying intensity
- The 45-55 age group is particularly opportune for primary (e.g. lifestyle advice) and secondary prevention measures
- **HRT take-up is twice as common among affluent areas,** compared to less affluent areas
- 11% growth projected in the population of women of menopausal age, with Greenwich experiencing 47% growth over the next 20 years.
- Uncertainty in unexpressed/unmet need = any expansion of offer needs to be carefully managed

What a SEL model could look like

Mobilising a new model of care must take a considered approach to setting both near- and longer-term objectives, recognizing likely capacity risks

SERVICE MENU & OUTLOOK



The table describes a **menu** of potential near- and longer-term functions that could be delivered by through a networked health hub and spoke model in SEL, assuming sustained resource and workforce

Function	Near-term (1-2 years)	Longer-term (2+ years)
Signpost to…	▪ Weight management services (including healthy eating and food insecurity advice). ▪ Stop smoking services and substance misuse services. ▪ Sexual and reproductive health services (including contraception). ▪ Other health improvement advice and support including NHS Healthy Start et al. ▪ Social prescribing and navigators.	
Support & augment…	▪ Develop and host **clinical education**; sharing learning, best practice and quality improvement projects across primary and secondary care. ▪ Identify **VCSE collaborators.**	▪ **Sexual and reproductive health services** for women including more integrated approaches to LARC and EHC. ▪ Provide **facilities and hosting** for VCSE activity affecting women's health.
Provide…	▪ **Patient education** (via digital health methods) across the conditions. ▪ **Pre-conception health advice** and support including targeted outreach to disadvantaged communities. ▪ **Walk-in assessment, advice (and referral)** for HMB and menopause. ▪ **Employer outreach** on menopause and older women's health.	▪ Innovative healthy pregnancy (pre- and post-conception) service. ▪ Community based **diagnostics**. ▪ **Integrated services** across women's life course transitioning legacy hospital services to the community, representing an extended scope and footprint from the four initial conditions of interest in this report.
Develop…	▪ **Leadership, innovation** expertise, **advocacy** and **influence** in integrated women's health, collaborating with the Women and Girls Health Network and others from across the ICS and leverage opportunities provided in digital health. ▪ A blended **workforce** of clinicians who can manage pathways of care with appropriate efficiency and integration, as well as **people participation expertise** that can support co-production. ▪ Integrated **pathways** for risk stratification and management in HMB and menopausal health. ▪ Monitoring and **evaluation** (M&E) and subsequent **advice** to integrated commissioning arrangements.	

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Co design workshops

Reflections from our Co-design workshops

- Both workshops were well attended – 66 people in total, with **high levels of engagement** and **positive feedback**
- Representation was **cross-sector** (e.g. commissioners in local authority and NHS, VCSE and providers across primary and secondary care) and **cross-disciplinary** (e.g. lifestyle, sexual and reproductive health, menopause, gynaecology, allied health professionals, nursing and medical)
- There is a tremendous amount of **energy and commitment** to addressing women's and girls' health inequalities – with many asking why it has taken this long to focus attention
- There is recognition that the women's and girls' health hub model provides **opportunities to do things differently** and address inequalities in our diverse communities – however, the **hub model cannot and should not solve all issues on its own**
- **Some of what was proposed is unlikely to be feasible** given the scope, funding envelope and sustainability of the model moving forward (e.g. addressing significant commissioning gaps, double-paying providers for the same ask, recreation of Sure Start Centres, dedicated care coordinator roles, child-minding provision)
- There are clear **opportunities to look at what can be leveraged within existing resources and pathways** to improve health equity and outcomes **alongside targeted investment into a hub model**
- **VCSEs are an essential partner,** and this needs to be recognised in the model as well as through **funding allocations** and commissioning
- We are dealing with **deep-rooted and layered inequities** – with many of the themes coming through systemic and not specific to just women's and girls' health – **what is the role of the Integrated Care System/Partnership in ensuring we get the basics right**?

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Co design workshops with providers, commissioners and VCSE leaders

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Four panel members from VCSEs, secondary care, allied health professions, and primary care shared insights on **addressing health inequalities for women and girls across the life course**. Participants then worked in breakout groups to review a patient persona and co-develop a hub model, focusing on key aspects such as **outreach, engagement, workforce, multidisciplinary teams, estates, education, and training.**

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Our emerging women's and girls' health hub model for south east London

Enablers:

- Population Health Management
- Workforce training and education
- Digital innovation
- Test, learn and evolve underpinned by formal evaluation
- Community of Practice
- Clinical Effectiveness and Guidelines
- Building on existing provision and addressing fragmentation/ gaps

Health Promotion and Outreach

Health education: accurate, consistent and accessible information tailored to residents facing greatest health inequalities

Health and wellbeing pop-ups: including workshops, community events and lifestyle health checks, especially for people who are less likely to access services

Targeted outreach and community support: through PCN-level women's networks and community groups/ women's and girl's health champions

Ensuring core general practice is supported to deliver consistent and equitable women's and girls' healthcare

SEL WGH Hub and Spoke Model

Existing community gynae offers (*where commissioned)

Sexual and reproductive health community clinics

Women's and Girls' Health Hub:

Multi-disciplinary team - triage, advice and guidance, case discussions, roving clinician(s)

Clinical space for in-reach, diagnostics and procedures - enabling holistic person-centred care

Staff training - upskilling of PCN and primary/community care staff

Group consultations - for shared learning and peer support

PCNs with a special interest in women's health & delivering GP-based LARC

LARC hubs

SEL-acute provider collaborative advice and guidance and gynae network developments

Referral to existing specialist services: based on needs of patient and referral pathways/guidance

In addition to proactive and targeted outreach, we will also explore current waiting lists to identify people who could be more appropriately seen in the community via the hub

Acronyms & Terminology

LARC – Long-acting reversible Contraception, e.g. Coil, IUS, IUD, implants
Preconception – Health care and planning before pregnancy.
Menopause – When periods stop due to lower hormone levels. It usually affects women between the ages of 45 and 55, but it can happen earlier.
Perimenopause – Symptoms of menopause, but periods have not stopped. Perimenopause ends, and you reach menopause when you have not had a period for 12 months.
EHC – Emergency Hormonal Contraception, sometimes called the "morning-after pill."
HRT – Hormone Replacement Therapy. Treatment is used to help menopause symptoms. Replaces hormones oestrogen and progesterone, which fall to low levels as you approach menopause.
GP – General Practitioner (working in primary care)
PN – Practice Nurse (working in primary care)
GPSI – General Practitioner with Special Interest
AUB – Abnormal Uterine Bleeding
PCOS - Polycystic Ovary Syndrome
Endometriosis: where cells similar to those in the lining of the womb (uterus) grow in other parts of the body.
PMS – Premenstrual Syndrome
PCN – Primary Care Network
ISHT – Integrated Sexual Health Tariff – commissioning arrangement for sexual health service costs
SRH – Sexual and Reproductive Health Services – includes tests & treatments for Sexually Transmitted Infections (STIs), HIV testing, contraception, pregnancy testing, and abortion advice.
MDT – Multidisciplinary Team. Individuals from different disciplines who come together to achieve a common goal.
VCSE – Voluntary, Community, and Social Enterprise
Proof of Concept: A study that gathers initial data to validate the feasibility of an idea like a new service.
Core20Plus – NHS England's approach to reducing health inequalities by focusing on the most deprived 20% of the population and marginalised groups. https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/

Additional Resources and Background Information

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- https://www.nhs.uk/womens-health/ Information and support on health, wellbeing, conditions and screening
- https://future.nhs.uk/SELWomensandGirlsHealth Community of practice open to interested stakeholders across South East London ICS. It contains valuable resources, including the full SEL Women's & Girls' Health Needs Assessment report
- https://assets.publishing.service.gov.uk/media/62d93c65d3bf7f2862f26a48/Womens-Health-Strategy-easy-read.pdf Easy Read version of the National Women's Health Strategy
- https://letstalkhealthandcareselondon.org/women-and-girls-health Online community for SEL residents to share ideas, provide feedback and update the public on our hub's development