Women's and Girls' Health

Overview of our current system

Women's and girls' health needs are complex and vary across the life-course. Currently women's and girls' health needs are met by a patchwork of providers and professionals across SEL; including primary care, gynaecology, maternity, community sexual health services and genitourinary medicine. There is also fragmentated commissioning between the NHS and Local Authority partners. The complex landscape means that provision is often not well integrated, there are challenges in access linked to training and workforce issues, and inequalities in access, experience and outcomes for our diverse SEL population.

Strengths / opportunities

- Life course approach
- Alignment with national Women's Health Strategy which has strong evidence-base and high levels of engagement/insight
- Learning and translating good practice from others who have already progressed the development of Women's and Girls' Health Hubs
- Ability to connect and network inter-disciplinary expertise in the system
- Pockets of excellence and innovation that can be harnessed and scaled
- Links to existing expertise and work across the system (e.g. SEL APC gynaecological network, Maternity and LMNS Network)
- Opportunities to realise population-level benefits through co-commissioning with local authority partners

Challenges

- Currently no women's health hub providing a range of dedicated services
- Fragmented commissioning and provider landscape
- Variation in availability and quality of services, and in the needs of women and girls across the life-course
- Long waiting lists exacerbated by Covid (e.g. gynaecology, menopause)
- Significant inequalities with some populations and young people disproportionately impacted
- Lack of robust population-level needs assessment to understand the current and future health and wellbeing needs of women and girls in boroughs and across SEL and to identify future priorities
- Investment nationally in the development of Women's and Girls' Health Hubs is non-recurrent and designed to enable establishment of at least one 'hub' in every ICS, requiring the ICS to prioritise, focus efforts where we will deliver best outcomes and facilitate co-commissioning arrangements to support scaling and sustainability of provision

Our vision and objectives

Our vision

Improve access to health care for women and girls' across the life-course, enhancing experience, empowerment, and improving health equity and outcomes – with a focus on increasing services and support available where women and girls' live, work and are educated in the community.

Our key objectives – what we want to achieve over the next five years

- Improvements in access, experience and health outcomes (particularly relating to sexual and gynaecological health), and reduced disparities between different groups of women and girls.

- To co-commission a more effective and joined-up 'hub and spoke' model of women and girls' health across SEL that includes high quality information provision and signposting tailored to local need; prevention and early intervention services and support; and intermediate care.

- Improved workforce satisfaction and retention across the system and increased use of multi-disciplinary team working.

- Improved efficiency in the system, reducing the number of appointments needed (e.g. through a 'one stop shop' model); increasing quality of, reducing variation in secondary care referrals.

Our working principles

Our principles

- Women's and Girls' Health hubs are in the community and are working at the interface between primary and secondary care and/or the voluntary community sector

- Women's and Girls' Health hubs offer more than a single service (including both physical and mental health), including both gynaecological and contraceptive services as a minimum

- The hub model should result in more women being seen in the right setting, by the right professional, at the right time – it is not the consolidation of services and workforce in one centralised estate – rather it should build on and better integrate existing women's health services and address any gaps to address inequalities

- We will ensure our model for women's and girls' health hubs is co-produced and informed by the voice of service users/residents and our workforce

- More than one organisation will be involved in the design, commissioning and/or delivery of care, beyond simply referring in

- They will be co-commissioned or jointly commissioned and have integrated governance and leadership

- We will take an 'all ages' life course approach and be individual, family and community focused – ensuring the needs of our diverse population are first and foremost

- The location of services will reflect clinical guidelines on where specialist care is recommended, as well as harness opportunities to integrate or co-locate services closer to the community

Our priority actions

Our priority actions – what we will do

Actions for 24/25

Continue to share learning and good practice through SEL women's and girls' health network – to inform our approach locally.

Complete needs assessment and pathway review, led by public health, focused on long-acting reversable contraception (LARC) for both gynaecological or contraceptive reasons; heavy menstrual bleeding; menopause and pre- conception. This will include incorporate analysis and synthesis of existing data and clinical guidelines, stakeholder engagement (service providers and service users/residents), service and pathway mapping, and a review of provider and service usage data.

Based on the outputs of the above needs assessment, we will identify specific populations we need to target, define the core offer and a consistent set of outcomes across SEL tailored to population needs. Alongside this, we will work with commissioner, provider, VCSE and service users/residents to co-produce the service model for Women's and Girls' Health Hubs; consider options for delivery and commissioning; and take final recommendations through relevant ICB/ICS and Local Authority governance.

We will test the delivery of a Women's and Girls' Health hub model via a proof of concept approach (either consolidating this in 1-2 boroughs or through a number smaller initiatives across SEL) during 2024/25, underpinned by learning and evaluation to inform future delivery and the investment model required to scale and sustain the model across SEL.

Actions for 25/26

We will review and evaluate the Women's and Girls' Health hub proof of concept, translating recommendations into a business case for longer-term collaborative commissioning of the model across SEL.

Intended outcomes in 5 years time

- Improved access to healthcare services for women and girls, and reduced disparities in access to healthcare, quality of care and health outcomes
- Increased cervical cancer screening uptake
- Reducing unplanned pregnancies
- Reducing pressure on secondary care (e.g. reducing multiple referrals, variation in referrals and improving primary and secondary care interface)
- Improved staff training, morale and workforce retention

Enabler requirements

Workforce

- Supporting upskilling of PCN and wider community workforce..
- Training and education to underpin effective multi-disciplinary working.
- Supporting ability to measure impact of women's and girls' health hub on workforce retention and morale.

Digital

- As part of the hub offer, we may want to explore digital tools (e.g. supporting sharing of knowledge and self-management/signposting information; or enabling group consultations) and may require support with this.

Estates

- Ensuring estates are fit for purpose to deliver model of women's and girls' health hubs, recognising that this is about building on and enhancing existing services rather than consolidating services into one hub. Estates expertise will be required in any business case development once the service model is further developed.

Data

- Good IT/EMIS interoperability will be central to the success of the SEL Women's and Girls' Health Hub service. We will require support from the SEL Data and Digital team to explore options to facilitate this as part of service model development so this infrastructure is in place for any proof of concept delivery.