Women's Health 'Hub' development and implementation

1 National guidance on a 'Women's Health Hub'

Women's Health Strategy for England (2022)

The Women's Health Strategy for England sets out a 10-year ambition (2022-2032) for boosting the health and wellbeing of women and girls. It identifies the following priority areas:

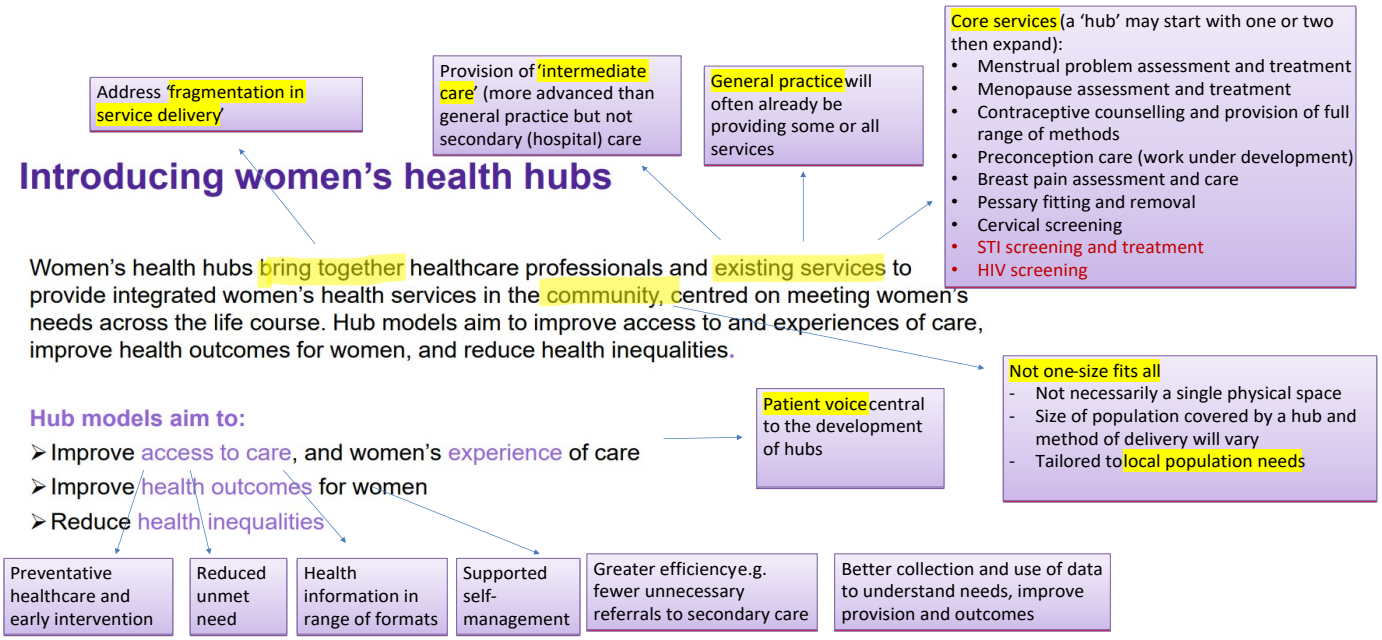
- Menstrual health and gynaecological conditions
- Fertility, pregnancy, pregnancy loss and post-natal support
- Menopause
- Mental health and wellbeing
- Cancers
- Health impacts of violence against women and girls
- Healthy ageing
- Long –term conditions

A top priority in the Strategy is the development and expansion of women's health hubs, which bring together healthcare professionals and existing services to provide integrated women's health services in the community, focusing on improving access to care and reducing health inequalities.

NHSE Guidance on Women's Health Hubs

There is one-off funding of £595,000 for each ICS to develop a Hub, to be spent by 31st March 2025.

The below visual provides a summary of the national core specification of a Hub. The full specification can be found on the gov.uk webpage on Women's Health Hubs.



Key points to note

1) Use of the term 'women' from the national guidance: 'While we refer to women, we recognise that some people who do not identify as women also require access to the services listed and may benefit from care in women's health hubs. These groups will also have specific needs and experiences which should be considered'.
2) The term 'hub' is being used with single quotation marks intentionally. This is because the interim evaluation report on existing women's health 'hubs' across England commissioned by the National Institute for Health and Care Research found that "Stakeholders, including women, have highlighted that the term 'hub' is being used increasingly across health and social care settings, with different interpretations, and considerable scope for confusion". We want to avoid confusion in BNSSG, and this may mean abandoning the term 'hub' altogether.
3) There is a deliberately broad scope for how a 'hub' is set up. This is to allow each area to make it work best for the population and to capitalise on existing provision and ways of working. For example, there is no absolute requirement for a 'hub' to be a physical place, and there is some scope for the services the 'hub' offers to be locally determined.
4) The specification is clinically focused, with many of the core services requiring delivery by qualified healthcare professionals. However, it has been recognised in BNSSG that there is an important role for non-clinical and self-management support for women. For example, managing the menopause, incontinence awareness and signposting to information and services. We also need to consider the importance of the VCSE sector who help meet the needs of specific groups of women, such as sex workers.

See Appendix 1 for a visual of a woman's reproductive life course.

2 Women's health needs, outcomes, and access to and uptake of services in BNSSG

BNSSG ICS serves the areas of Bristol, North Somerset and South Gloucestershire. It is comprised of ten partner organisations; three Local Authorities, two acute NHS Trusts, the mental healthcare trust Avon and Wiltshire Partnership (AWP), the Integrated Care Board (ICB), Sirona (community care) and One Care (representing general practice). The ICS's aim is to meet the challenge of improving poor health outcomes in our local population, which includes realising the Women's Health Strategy as part of a wider priority to address health inequalities.

Synthesis of existing quantitative and qualitative data on women's health

A significant amount of work has already been undertaken to understand the current situation for women in Bristol, North Somerset and South Gloucestershire. The qualitative and quantitative data from these sources has been synthesised into a 'one pager' – see Appendix 2. It provides a high-level oversight and understanding of how well we are meeting the needs of women across the life course, with a focus on those areas of women's health that form part of the national core specification for a WHH. It is recognised that there are limitations to the data we currently have (see Appendix 2 for further detail).

Emergent themes from the data synthesis

INEQUALITIES

1. There are health **inequalities for some cohorts** of women in terms of access to and uptake of services; especially women from ethnic minorities, women living in socio-economically deprived areas or with a Learning Disability.

ACCESS AND QUALITY OF HEALTHCARE

2. There is a **disparity of access to some women's health services in general practice.** e.g., LARC for contraception, heavy menstrual bleeding, Hormone Replacement Therapy (for menopause), pessaries for prolapse
3. The **quality and level of care in general practice i**s variable for menopause and probably menstrual health due to training and expertise and pressure on general practice.
4. **Demand exceeds current capacity** for women's health services (e.g., long waits for LARC and secondary care gynaecology services).
5. There is a **gap in commissioning/provision** around some services e.g. Complex menopause, post-partum contraception.
6. Quality of care within integrated sexual health services is generally good, but **access to sexual health services** is problematic**.**
7. Commissioning and provision are **fragmented.** There is an **opportunity to better connect services** through the recommissioning of sexual health services.

OUTCOMES

8. **Sexually transmitted infections are rising,** and Bristol has relatively **high prevalence of HIV.**
9. **Teenage pregnancies** have been reducing for years but have recently shown an increase.

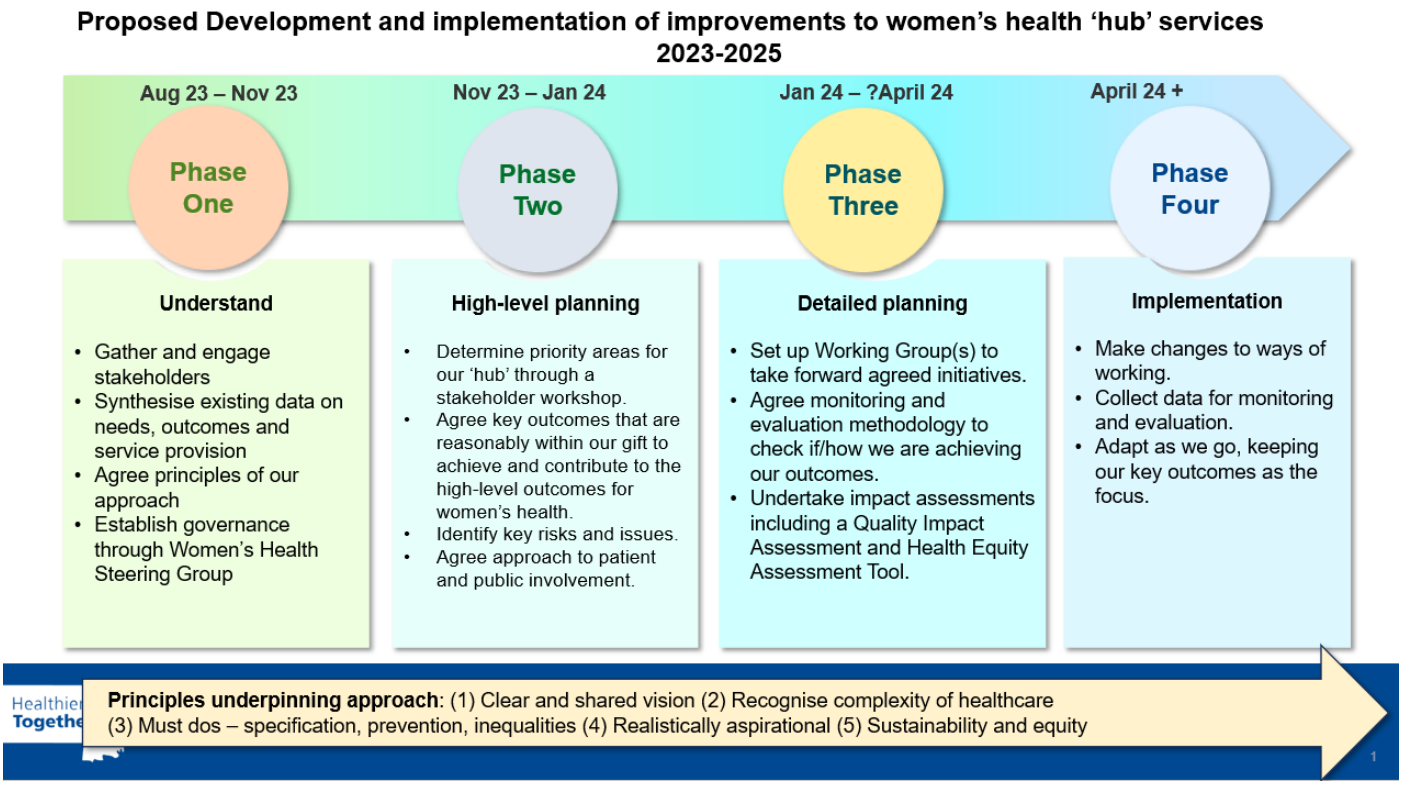
9. **Termination of pregnancy rates have risen significantly** in the last year.
10. We have not yet achieved the national ambition of 80% **cervical screening uptake and HPV vaccination levels could be improved.**

ENABLING WOMEN

11. There is an **opportunity to better enable women** to understand their health needs, know where to find high quality information to support self-care, when to seek medical help and have the confidence to do so. This is particularly notable for menopause, pelvic health and menstrual health.

3 BNSSG approach to developing and implementing a Women's Health 'Hub'

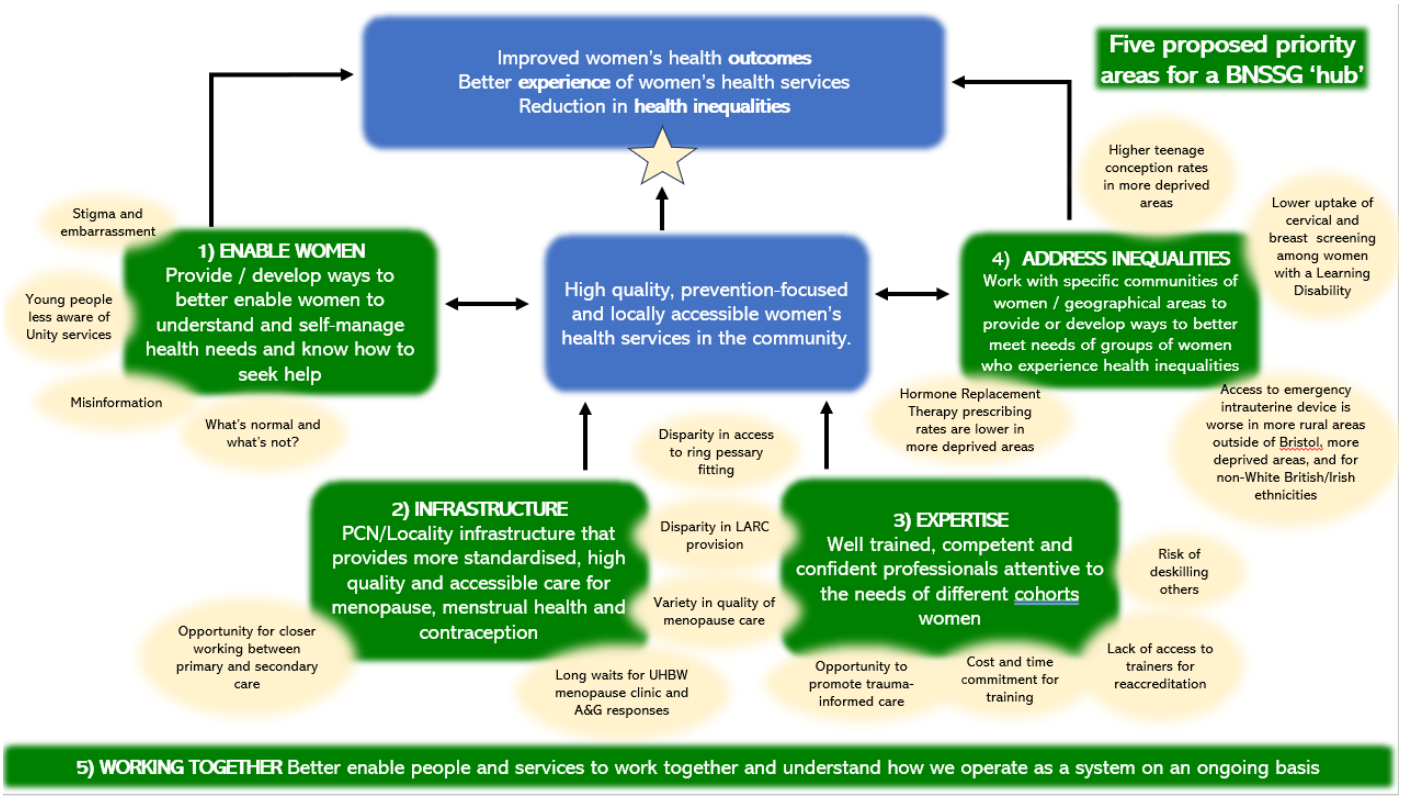
Phases and principles



Proposed priority areas for improving Women's Health services

It is proposed that we meet the ambition to "bring together healthcare professionals and existing services to provide integrated women's health services in the community, centred on meeting women's needs across the life course" through focusing on five complementary priority areas.

The below diagram shows the five priority areas in green boxes. The blue boxes are the outcomes we intend to achieve. The beige 'blobs' reflect some of the data and insights that have helped determine the proposed priority areas, and some of the challenges we face. See Appendix 4 for the proposed methodology for addressing health inequalities.



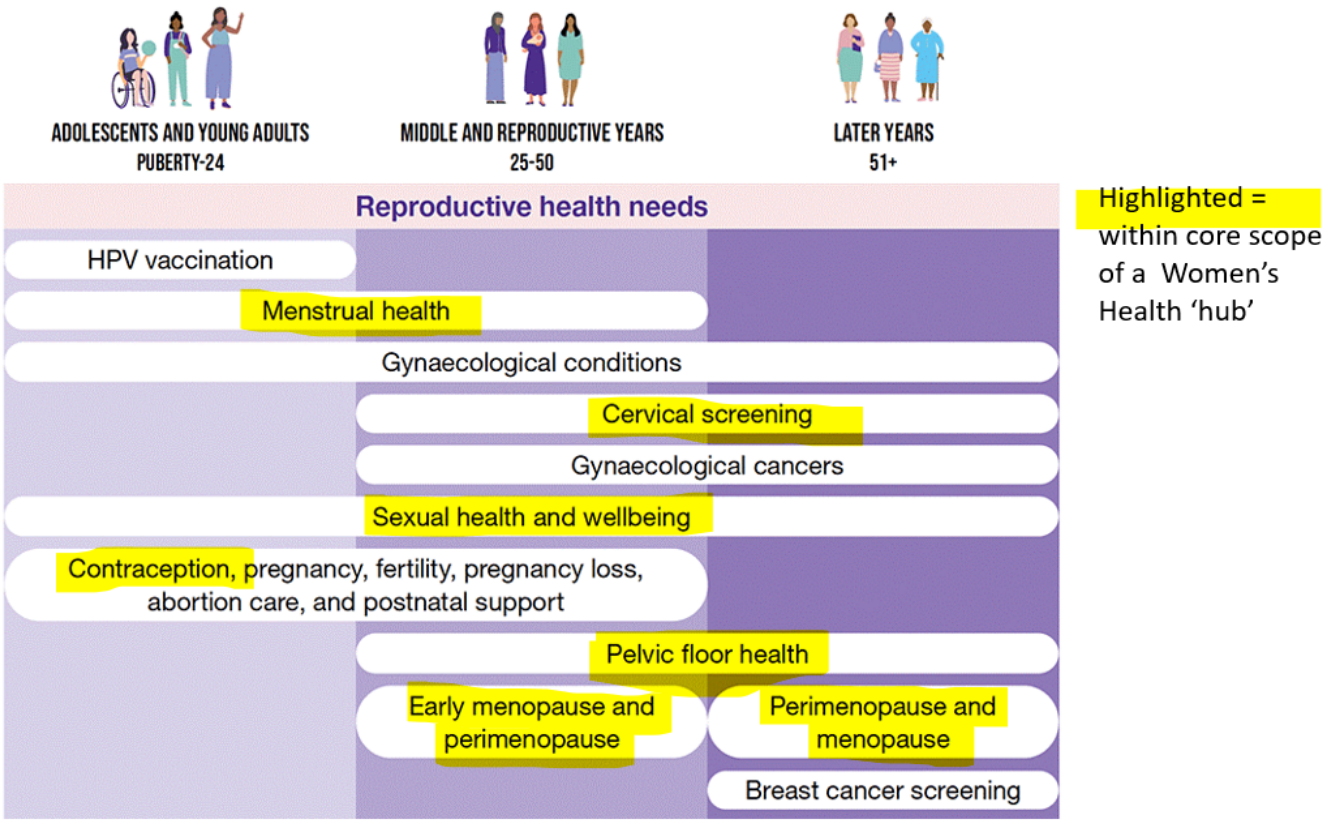
The stakeholder workshop in December 2023 is an opportunity to gather insights and ideas that will help test, refine and explore these priority areas.

The 'output' from the workshop will be collated and reviewed, and synergies and themes identified. This will be taken to the newly established BNSSG Women's Health Steering Group, which will agree the outline approach to our 'hub'. More detailed planning will then be undertaken through a new Working Group, which will include leadership from general practice, the VCSE sector, secondary care, and sexual and reproductive health. It will work closely with a Patient and Public Reference Group.

See Appendix 4 for a brief overview of the BNSSG Women's Health Steering Group.

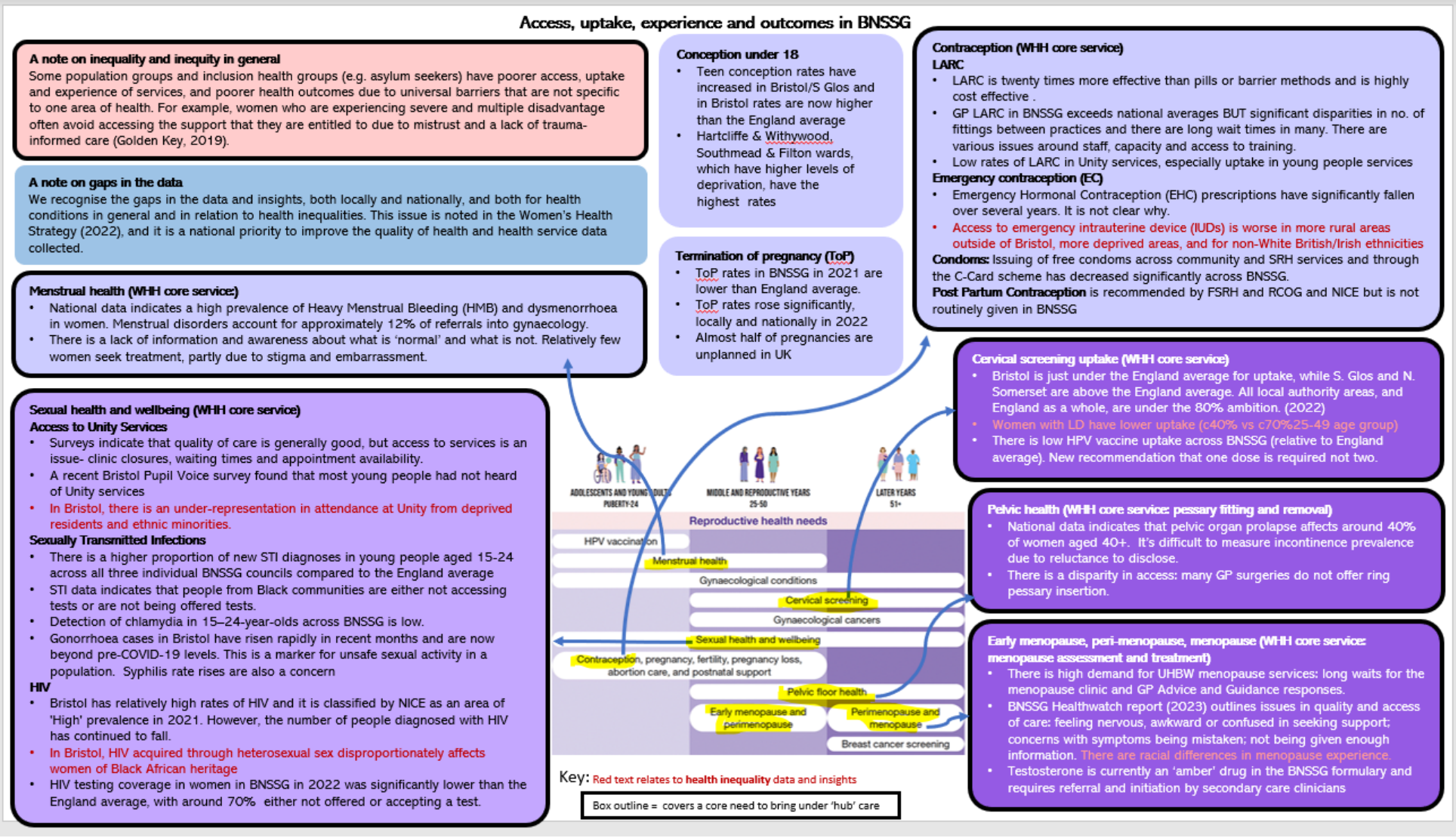
Appendix 1

Life course of women's reproductive health



Highlighted = within core scope of a Women's Health 'hub'

Appendix 2 – Data synthesis



A note on the limitations of BNSSG data:

The data we have only provides a partial picture of what is happening:

1) The data on Unity sexual health services is mostly from 2021 onwards and there are data quality issues with historical data.
2) The Covid pandemic has affected service and activity levels.
3) There are no known national benchmarks for good provision of pelvic health, menstrual health or menopause.

However, the national data is a useful starting point for identifying general issues.

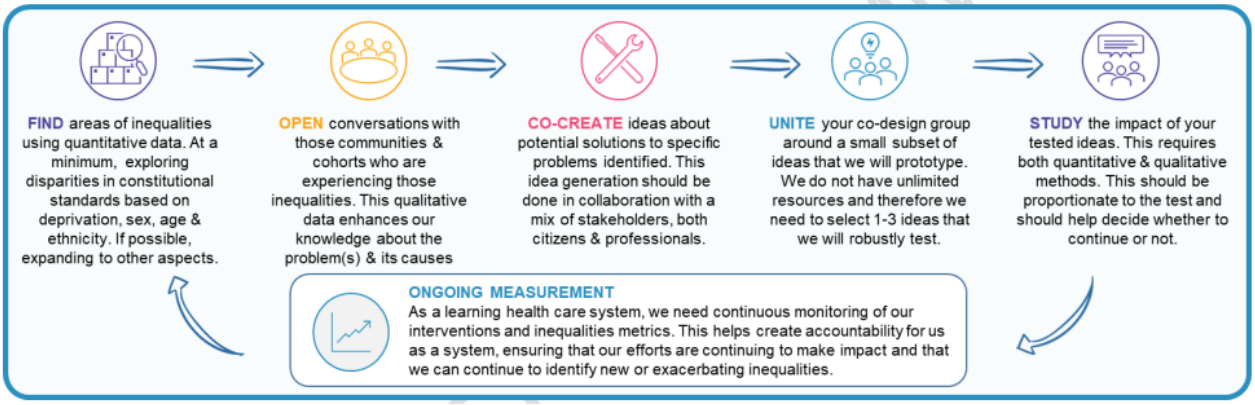
BNSSG-focused sources include:

a) Bristol Women's Health Needs Assessment (2022)
b) BNSSG Sexual Health Needs Assessment (in final draft, to be published in due course)
c) Healthwatch Menopause report (2023)
d) Long-Acting Reversible Contraception (LARC) Audit of General Practice provision (2023, internal report)
e) Somali Women's Coffee Morning – discussion on women's health hubs (2023, grey literature)
f) Create Open Health: Voices for Change - An open innovation project to initiate positive change for people affected by bladder and bowel continence conditions (2022)
g) Bristol Women's Voice - Bristol City Listening Project 2020

The synthesis document will be updated as additional data is gathered.

Appendix 3: FOCUS-ON approach to addressing health inequalities

This approach is being taken by the BNSSG Strategic Prevention Oversight Group



Appendix 4 – BNSSG Women's Health Steering Group overview

The BNSSG Women's Health Steering Group will take a systemwide approach to women's health:

- It will ensure commissioning and provision of services is joined up.
- It will steer and oversee transformational work and continual improvement of women's health services across BNSSG.

Areas of focus may include:

- Developing and maintaining a better understanding of diverse women's needs, outcomes and experiences of health and wellbeing. This will support with development of initiatives and capturing overall impact and impact on specific groups.
- Identifying/developing a framework to prioritise key areas in women's health, in line with these identified needs, to improve women's health and reduce inequalities whilst utilising the principles of prevention and value-based healthcare.
- Optimising existing pathways, services and assets across the ICS to build on good practice and manage cost pressures. This will include co-designing with people and partners.
- Agreeing a short (1-2 years), medium (3-5 years) and long-term (5 years +) ICS plan for Women's Health.

Proposed core membership:

- ICB Chief Medical Officer
- Public Health lead for Sexual Health across BNSSG
- ICB Local Maternity Neonatal System Lead
- ICB lead for data improvement in women's health
- Healthwatch
- NBT Head of Equality, Diversity and Inclusion
- NBT and UHBW clinical and non-clinical representatives
- GP Collaborative Board Medical Director
- Unity Sexual and Reproductive health clinical representative
- VCSE representative