******NHS Mid and South Essex**

**Local Implementation of the National Women’s Health Strategy for**

**2024/2025**

**September 2024**

**Introduction**

This Strategy outlines the approach that Mid and South Essex Integrated Care System (MSEICS) is taking in response to the national expectation and ten-year plan to boost health outcomes for women; as outlined in the Women’s Health Strategy (July 2022). Mid and South Essex Integrated Care System has responded to this ask as an opportunity to improve the way care pathways work for women living in our geography. The MSEICS one year Strategy for delivery will determine the priorities based on local need, identifying, and addressing barriers to improve Women’s health and wellbeing whilst ensuring we focus on delivering sustainable services and play our part in protecting our global environment. This strategy has been developed with system partners as part of the women’s health programme board who will oversee the delivery of its implementation.

The Government’s Women’s Health Strategy for England identified the opportunity to integrate women’s health services more effectively, with a more woman-centred, life course approach (see diagram one, page 3). The Women’s Health Strategy outlined a ten-year plan for each ICB to boost health outcomes for all women and girls and radically improve the way in which the health and care system engages and listens. The strategy encourages the expansion of Women’s Health Hubs and other models of one stop clinics across the country. The overarching ambition of the Women’s Health Hub (WHH) model is to improve women’s access and experiences of care by better integrating the services and support they require throughout their life.

Within this strategy the term ‘women’ is referred to throughout this document, we recognise that WHHs may serve people who are transgender, non-binary, with variations in sex characteristics (VSC) or who are intersex but for simplicity the term ‘women’ will be used. The term women also encompasses women and girls who may need access to the services that we describe within this strategy. We do not define age criteria yet look at the services a woman or girl needs to access throughout their life course.

**Background**

Although women live longer than men on average, they spend a greater proportion of their lives with illness or disability. Women living in the poorest areas of England are facing a declining life expectancy and the health divide between wealthy and poorer areas is growing. There have been calls by the Government for a more collaborative and holistic approach to delivering women’s healthcare services. Local areas and teams across the UK are establishing Women’s Health Hubs (WHHs) to improve provision, experiences and outcomes for local populations, address inequalities and reduce costs. Hubs function to meet women’s needs by integrating care and enabling women to be seen in the community by practitioners with appropriate skills, often within primary care.

The Women’s Health Strategy describes how the WHH model will “provide integrated women’s health services at primary and community care level, where services are centred on women’s needs and reflect the life course approach, rather than being organised by individual condition or issue.”

**Diagram one shows the women’s health and general health needs of women throughout the life course and will form the basis of services to be considered in the development of a WHH in Mid and South Essex.**



The national Women’s Health Strategy highlights priority areas for action, including menstrual health and gynaecological conditions, menopause, mental health and wellbeing, fertility, pregnancy, pregnancy loss and postnatal support. It sets out a number of immediate steps that are being taken to improve women’s experiences and outcomes, which relate to WHH. One such step is “encouraging the expansion of women’s health hubs around the country and other models of ‘one-stop clinics,’ bringing essential women’s services together to support women to maintain good health and create efficiencies for the NHS.”

Hubs are not necessarily a ‘place’ but a ‘concept’ where healthcare professionals with enhanced skills bring together their expertise. It enables these healthcare professionals to offer a wide range of women's health services in an easy to access location. It uses the right healthcare professional at the right time, in the right place to ensure a sustainable approach.

Mid and south Essex patients have a number of challenges when accessing health care. Travel times can be in excess of an hour when travelling by car and significantly longer when using public transport. Commissioned services vary from alliance locality to another which these disparities in services impact on health inequalities across the system. Waiting lists for first appointments and treatment continue to grow whilst MSEFT battle to manage demand for 2WW.

To ensure a sufficient use of our workforce we need to focus on delivering services in the right place at the right time. For instance, moving activity out of the acute that could be delivered in primary care such as the fitting of vaginal ring pessaries. This would not only improve patient experience but increase capacity in secondary care.

Given mid and south Essex wide geographic coverage, one physical women’s health hub would not suit our system but the development of a strong hub and spoke model focusing on the primary/community side of the spoke element would help transform our women’s health pathways and deliver the desired outcomes stated in the Department of Health and Social Care (DHSC) strategy. Reviewing and refining our existing services will be a key starting point for all of the work undertaken by the women’s health programme board.

Women’s sexual and reproductive health (SRH) needs are complex and vary across the life-course from menstruation to post-menopause. Currently, women’s health needs are met by a patchwork of providers, venues and professionals, including primary care, gynaecology, maternity, community sexual health services and genitourinary medicine (GUM). The complexity of the landscape means that provision is often not well-integrated and there are challenges in access linked to gaps in training, workforce issues, fragmented commissioning between the NHS and local authorities. Poor access can lead to poor experiences and outcomes.

Access to both gynaecology and contraception is challenging. A particular consideration is that Long-acting reversible contraception (LARC), specifically intrauterine devices/systems (coils) may be required for either contraceptive purposes, or for gynaecological reasons (such as heavy menstrual bleeding). Separate sexual health and gynaecology service arrangements mean that providers often cannot provide coils for both reasons in one setting.

Reducing the backlog of women waiting for a LARC for both gynaecological and contraceptive reasons is a key driver for the development and roll-out of WHHs: A key aim of hub models is to improve women's access to the full range of contraceptive methods including LARC. This will be achieved by removing barriers to improve access to these services.

The WHH model provides an opportunity for a holistic approach to women’s healthcare provision through collaborative working between primary and secondary care, alongside sexual and reproductive health services. Mid and South Essex will establish a hub for women’s health in each primary care network locality. The development of these hubs will be split into two phases with the first phase seeing the introduction of pessary services and LARC for gynaecological purposes during the summer of 2024. Phase two will see the coordination and development of existing women’s services already covered within the primary care setting.

**Aims**

Key intentions of the women’s health hub model:

* Improved access to women’s healthcare, and reduced inequalities in access between different groups of women
* Improved experiences of women’s healthcare, and reduced disparities in experiences of care
* Improved outcomes in women’s healthcare, particularly in relation to sexual and reproductive health and gynaecological health
* Improved integration of key women’s health services across the whole system (including local-authority funded services), more collaborative ways of working between primary and secondary
* Improved prevention of poor health outcomes throughout women’s life course, harnessing the benefits of public health, prevention, and early intervention services
* Improved knowledge and self-management for women, with high-quality information provision and signposting tailored to local need
* An increase in the services women can access in the community, where women live and work
* Work with primary care, to ensure they have the skills to respond with a high level of knowledge and experience to respond to women’s health needs
* Improved efficiency across the system, reducing the number of appointments women need to attend, increasing quality of and reducing variation in onward referral to secondary care
* Improved workforce satisfaction and retention across the system, and increased use of multi-disciplinary team working
* Use a population health management approach by using a range of local data and needs based assessment to influence local commissioning of services

**Data collection: Service Mapping**

Mid and South Essex Women’s health Programme Board will start mapping women’s health services currently delivered across the ICS. The main purpose of this mapping is to gather essential descriptive information from local areas to map the current WHH landscape and to identify any gaps in service provision. Through robust service mapping and the identification of barriers to local services we can build an integrated and collaborative approach to provision of women’s health care services for the future.

**Workforce and Training**

WHHs intend to bring together skills and knowledge from a range of professionals and services together to support women, offer a wide range of easily accessible women’s health services and provide more holistic, integrated care.

WHHs encourage partners to work together to identify opportunities for the provision of guidance and support, clinical oversight and supervision, training, and shadowing so that services can be co-delivered. Specialists will benefit from working closely with colleagues from other sectors e.g. primary care.

The WHH model enables Mid and South Essex partners to review the skills and experience around women’s health. The review will identify gaps, opportunities for training and development, benchmark quality of care and delivery of high-quality women’s healthcare for our population of women.

Mid and south Essex will initially focus on education and development of our primary care colleagues in menopause to ensure they have the skills and tools to meet women’s need.

**Patient voice**

Mid and south Essex want to engage and listen to residents to improve our women’s experiences of health care. We want a collaborative approach to identifying priorities based on local need and for this we need women’s experiences of access and barriers women face.

Initial focus for engagement was through a resident survey early in 2024. Preliminary results of this survey and feedback from our stakeholders have formed the priorities within this strategy. A patient forum has been formed to ensure we engage with our protected cohorts to address health inequalities.

**Communication and engagement**

To ensure successful transformation of service delivery MSEICS need to communicate women’s healthcare services, patient pathways and information on access via a number of platforms accessed by healthcare professionals and residents. A key focus will be the development of the primary care hub and ICB websites to house commissioned women’s health services and condition information to promote self care. The ambition is to produce a women’s health page which links websites between stakeholders to ensure consistent information sharing amongst our population.

**Key services for review during 2024/25**

Service: Contraception offer

Reducing unplanned pregnancies has the potential to improve pre-conception health and associated outcomes, as well as reduce costs to the health services.

Through development of the WHH, MSEICS will:

* + Improve access to contraception, emergency contraception and contraceptive counselling as a priority for the women’s health hub model. This will include improving access and reducing inequalities in access to LARC.
	+ Prevent unplanned pregnancies resulting in abortion and reduce both initial and repeat abortions.
	+ Work with maternity services to review contraceptive services for post-natal care and establish how maternity pathways will integrate into a WHH model. A particular focus will be exploring the demand and health inequalities benefit to offering LARC at the time of delivery or during the mother’s hospital admission.

Service: Medical and conservative management of menstrual health and gynaecological conditions

In line with NICE guidelines, the WHH model provides the opportunity to offer a service which acts as a bridge between primary and secondary care for the management of gynaecological conditions and menstrual health.

Through development of the WHH, MSEICS will :

* + Identifying opportunities for changing the model of care to one closer to home for women; for example the development of a primary care service to deliver long acting reversible contraception for gynaecological purposes.
	+ Improving access and standardising the offer for women of medical and conservative management of menstrual health and gynaecological conditions, which has the potential to reduce waiting times for care.

Service: Menopause care

The majority of menopause care and treatment takes place in primary care, unless there are circumstances where a referral is needed to a menopause specialist.

Through development of the WHH, MSEICS will:

* + Review training and education provision to ensure best practice in menopause care is delivered to a high quality across the system.
	+ Review and improve pathways to access existing menopause specialist care.
	+ Support providers to develop provision of specialist advice to support high-quality referrals for primary care professionals.
	+ Recognising that MSEICS is an anchor institution we will establish support for our workforce in terms of robust policies, awareness training, a support structure and access to information.

Service: Pelvic floor health services

Symptoms of pelvic floor dysfunction (including urinary and anal incontinence and prolapse) are common and can have a huge impact on women’s quality of life as well as a significant economic cost.

Through development of the WHH, MSEICS will:

* Review access to women’s health physiotherapy across our geography to ensure equitable access.
* Explore the feasibility of primary care professionals delivering ring pessary services and what competencies would need to be in place for this.
* Improve access to services promoting prevention and early intervention to improve women’s access to conservative management of pelvic floor dysfunction throughout their life course.
* Review the current model and interrogate how system partners can integrate and develop pelvic health services for the population.

Service: Abortion care services

* Through development of the WHH, MSEICS will ensure existing service provision for abortion care is integrated into pathways, providing better access to abortion care and ensuring women are not prevented from choosing to end an unwanted pregnancy by system barriers.

Service: Fertility and pre-conception health support and information

* Mid and South Essex will consider how the WHH model can improve women’s access to support and information on NHS-funded fertility services available, initial focus will be mapping the current patient pathway.
* Mid and South Essex will review routinely provided pre-conception health advice for women, including how through improved integration of services to support women with pre-conception health such as lifestyle support for reducing excess weight and smoking cessation would improve outcomes for women and their babies.

Service: Sexual Health services

* Mid and south Essex will review the existing sexual health services offer to identify gaps in service provision and opportunities for development of testing/screening. A particular focus will be on improving access to HIV testing to enable earlier diagnosis.

**Conclusion**

Mid and South Essex Integrated Care System have outlined a comprehensive approach to deliver a primary care network based model for women that reflects the national ambition for increased Women’s Health Hubs. This will be supported by national monies received by the System. The DHSC Strategy focuses on a ten-year plan and readers should recognise the MSEICS women’s health strategy only focuses on a one-year plan of work. There are elements within the DHSC strategy that as an ICS will be focussed on through other workstreams within the ICB or picked up within our stakeholders priorities.

Engagement and collaboration of partners is key to the success of the women’s health hub model and delivery of improvements in pathways for women, this in turn will improve outcomes and reduction in variation across our population.