Women's and Girls' Health (1/6)

South East London Integrated Care System

Vision

To improve access to healthcare for women and girls' across the life course, enhancing experience, empowerment, and health equity with a focus on delivering integrated community-based services through women's and girls' health hub pilots alongside enhancement and improvement of sexual and reproductive health, gynaecological, and general women's healthcare.

Deliverables / Improvements since 2023/24

- A public health needs assessment has been completed in four prioritised areas: Long-Acting Reversible Contraception (LARC), Menopause, Preconception, and Heavy Menstrual Bleeding disorders.
- The Women's and Girls' Health Network is expanding, facilitating best practices in women's health with strong representation from borough partners in primary and secondary care, commissioners, and voluntary and community sector partners.
- Let's Talk about Women's Health campaign delivered including survey (1,400 responses) and targeted outreach to seek resident insights to inform our approach
- Two co-design workshops have been completed, and the outputs have informed the hub model for SEL which will be tested through proof of concept pilots:
  - Greenwich and Bexley: including a focus on reducing unplanned pregnancies in primary care, delivery of LARC procedures by midwives post-delivery and enhancing access to women's health resources through digital channels.
  - Lambeth: featuring a virtual multi-disciplinary triage function, community hub and spoke, along with health and wellbeing outreach initiatives in partnership with community-based organisations

Key Challenges / Opportunities Remaining

- Fragmentation in commissioning and provision across the system makes it difficult to deliver a consistent model across SEL
- Limited non-recurrent funding risky for commissioners and providers, not enough time to see benefits, and unable to solve larger commissioning gaps
- Ongoing funding/scaling will require shift of ICS resources (from acute into community) and business case to facilitate this
- Layered health inequalities for women and girls' requiring a systematic approach outside of women's and girls' health hubs alone to address these
- Different commissioning arrangements make it hard to implement core components of Women's Health Hub core specification, e.g. london tariff LARC, block contracts
- Removing barriers for LARC fitting for gynaecological reasons is an opportunity – not currently commissioned in most boroughs, however most places open to changing this to be delivered in the community
- Incredible amount of passion and enthusiasm across system partners (providers, commissioner, VCSEs) driving the programme of work – making it both an opportunity and challenge with many different views on delivery and allocation of funding
- Large datasets for LARC & Hormone Replacement Therapy (HRT) prescribing, and Heavy Menstrual Bleeding disorder diagnoses and treatment available to better understand local population needs and inequities

South East London Integrated Care System

What are our priority areas for 2025/26 (Max 4)	Why has this been identified as a priority areas?
1 Reduce health inequities and improve access to primary and community care for women and girls.	Data and insights garnered from the national Women's Health Strategy and SEL public health needs assessment highlight significant disparities in women's access to care, with stark inequities evident in marginalised communities, underscoring the need to reduce barriers and improve equitable access to primary and community health services.
2 Co-commission pilot hub-and-spoke models in Greenwich, Bexley and Lambeth, with embedded continuous improvement and evaluation to guide future commissioning arrangements and enable scale-up	• Getting the balance between people using the service and people delivering the service • Emphasising partnership and shared leadership • Evaluation independent of the service to be objective, methodical and hold us to account (make sure we're not worsening inequities)
3 Upskill the workforce in women's and girls' health through multidisciplinary teams, supporting satisfaction and retention. Ensure consistent information, guidelines, and treatments across services	This priority emerged from our co-design workshops with providers seeking to enhance their skills in women's health. Many noted a lack of core training and the need to pursue education outside of work hours. Additionally, women and girls often receive inconsistent advice depending on their provider. Our aim is to standardize this guidance to boost confidence in our population.
4 Improve health education for women and girls with culturally tailored approaches, empowering individuals to make informed choices.	Through local insights and engagement work, we have heard from many women who often feel they don't have all the information to make an informed decision about their health care or treatment options. For women of Black and Asian backgrounds, areas of high deprivation or who speak English as a second language, this can often be exacerbated and the need for better, culturally tailored and accurate translation of resources is much greater.

Women's and Girls' Health (3/6)

South East London Integrated Care System

Priority Area:

Reduce health inequities and improve access to primary and community care for women and girls.

Priority Area:

Co-commission pilot women's and girls' health hub models in Greenwich/Bexley and Lambeth to guide future commissioning arrangements and scaling

What are the actions we will deliver in 2025/26

- Embed population health management approaches through pilot hub models and wider Women's and Girls' health activities
- Define and deliver plan for working with voluntary and community sector organisations to deliver increased business as usual activity and in/outreach services
- Continue engagement with residents, especially groups with high inequity, and use insights gathered from resident survey, interviews with providers and commissioners, health needs assessment and workshops to address health inequities
- Share learning with system partners to influence improvement in service provision

What are the actions we will deliver in 2025/26

- Mobilise hub-and-spoke pilots in phased model in Greenwich and Bexley, and Lambeth alongside the delivery of SEL-wide initiatives (e.g. health promotion, outreach)
- Develop evaluation framework with clear outcome metrics and evaluate pilots
- Monitor insights and outcomes data and continuously iterate pilot model accordingly
- Continue to assess opportunities across SEL that align with national Women's Health Strategy core services specification, identifying areas where integration could improve outcomes and reduce inequalities for women and girls

Population Health and Inequalities Impact

- Improved access for underserved and minoritised groups with tailored and culturally competent care interventions
- Reduced variation in access and outcomes for women's and girls' health services
- Greater engagement from historically excluded communities
- Better understanding of local women's health needs

Population Health and Inequalities Impact

- Improved access to integrated high-quality care through pilot hub model
- Better flow from local residents directly into community-based services
- Leverages best practice evidence base and evaluation approaches
- Greater collaboration across system partners to reduce fragmentation and gaps in service provision

System Sustainability Impact

- More efficient resource use through targeted interventions
- Earlier intervention reducing long-term system pressures, including long waits for core services identified by national Women's Health strategy

System Sustainability Impact

- Cost-effectiveness of hubs outlined by national core specification, with evaluation intending to assess cost-effectiveness and benefits realisation of pilot hubs
- Reduction in duplication of services across system, including diverting acute care to community-based services
- Better use of existing resources through hub model

South East London Integrated Care System

Priority Area:

Upskill the workforce in women's and girls' health through multidisciplinary teams, supporting satisfaction and retention. Ensure consistent information, guidelines, and treatments across services

Priority Area:

Improve health education for women and girls with culturally tailored approaches, empowering individuals to make informed choices.

What are the actions we will deliver in 2025/26

- Create centralised repository of guidelines for workforce for core areas of national specification, and other areas where appropriate
- Align to national frameworks and guidelines (e.g. British Menopause Society, Royal College of Obstetricians and Gynaecologists)
- Understand current variation in service provision and guidelines
- Develop provider training framework with system partners
- Design competency framework for workforce with system partners

What are the actions we will deliver in 2025/26

- Create centralised repository with consistent and accurate health education resources
- Work with schools, colleges, VCSE organisations and other anchor institutions to develop tailored resources
- Develop culturally tailored resources for target population groups
- Establish Patient and Public Involvement and Engagement forum to test findings and continue to gather insights
- Work with comms team to develop and implement targeted dissemination of resources, to effectively reach target population groups

Population Health and Inequalities Impact

- Reduced variation of services across SEL
- Improved access to integrated and holistic healthcare
- Better patient experience through standardised and evidence-based care
- Consistent service offerings across providers

Population Health and Inequalities Impact

- Improved access to reliable and accurate health information
- Better informed decision-making by service users
- Increased trust and confidence in services, with tailored approach to groups that may have less understanding of health and care system
- Greater community engagement in service design

System Sustainability Impact

- Upskilled workforce reducing service pressures
- More efficient multidisciplinary team working
- Improved coordination and reduced duplication
- Better workforce retention through clear development pathways

System Sustainability Impact

- Reducing demand through improved health literacy
- More preventative care through better health education
- Increased enablement of self-management which can reduce acute service pressures
- Improved knowledge of community-based services and assets that enable service provision closer to home and out of acute care services

South East London
Integrated Care System

Priority Area	What are the outcomes we are aiming to achieve?	How are we measuring our impact?
Reduce health inequities and improve access to primary and community care for women and girls.	• Pilot hub sites in locations informed by SEL needs assessment • Improvement in inequality gap in healthcare access (e.g. waiting times, number of people seen within target population groups) and health outcomes • Increased health literacy and trust through targeted community-based health promotion and outreach • Increased collaboration and shared learning through WGH Network	• Track number of people accessing pilot hubs and outreach services, capturing key demographic data to measure improvements in health equity • Monitor participation in VCSE-led outreach activities (e.g. number of sessions, attendance rates, demographic of participants, qualitative feedback) • Monitor provider waiting times pre and post intervention where appropriate • Insights from partners across the system, with best practice & shared learning • Document and share system learning and evaluation findings
Co-commission women's and girls' health hub models in Greenwich/Bexley and Lambeth to guide future commissioning and scaling	• Effective co-designed pilot hub models through hub-and-spoke model in partnership with local authority commissioners • Completed pilot evaluation to inform sustainable commissioning and delivery model from 2026/27	• Track demographic data and which patients are referred and treated in the pilot hubs vs. other settings (acute, sexual health clinics) • Monitoring health access and outcomes against outcomes defined by evaluation framework and assessing the feasibility of the hub model (e.g. cost, patient outcomes and advice received)
Upskill the ICS workforce in women's and girls' health through multidisciplinary teams, supporting satisfaction and retention	• Central accessible repository of evidence-based guidelines for core areas of Women's and Girls' health • Training and education offer available across SEL, informed by competency framework and gap analysis • Identified opportunities to support retention and workforce development with recommendations set out in evaluation report	• Provider access to and implementation of resources • Provider feedback on training availability and quality • Workforce feedback on knowledge of women's' and girls' health information
Improve health education for women and girls with culturally tailored approaches, empowering individuals to make informed choices	• Improved access for residents to accurate and consistent health information on core areas of women's and girls' health • Increase in culturally tailored resources for target populations • Established partnerships with VCSEs and other institutions (e.g. schools) • Pilot hubs and wider service improvement informed by continued resident engagement	• Creation and use of a centralised repository, measured by resident access and feedback on usability • Number of culturally tailored health resources developed with schools and VCSEs and their reach among diverse communities • Resident insights from Let's Talk page and wider engagement with public

Women's and Girls' Health (6/6)

South East London Integrated Care System

What do we need from enablers and partners to deliver?

- Strengthen collaboration across commissioning partners, to facilitate integrated services and ensure flexibility that can address emerging health needs and inequities
- Leverage digital solutions (e.g. virtual group consultations, health apps, point of care systems) to enhance access, patient engagement and experience and make best use of our resources
- Use data and analytics to identify service gaps, better understand health inequities and drive targeted interventions (e.g. outreach/in-reach)
- Enhance our training and development opportunities for primary care especially around LARC fitting, Menopause treatment and prescribing, and management of heavy menstrual bleed disorders
- Strong evidence-based health interventions underpinned by formal evaluation of our proof of concepts by our academic health partners

How will we work in collaboration with our system?

- Use the insights and outputs gained from partners at our co-design workshops and structured interviews to co-develop a hub model across SEL
- Continue to grow our Women's and girls' network, sharing best practice, resources and support the development and continuous improvement of our model
- Establish steering groups across Greenwich, Bexley and Lambeth to oversee the development and implementation of pilot hub and spoke models
- Create a shared governance model to distribute decision-making across partners delivering pilot hubs
- Establishing integrated neighbourhood teams in our pilot clinical hub model in Lambeth

How will we engage with our population?

- Use the data and insights gathered from our SEL Let's Talk Survey (over 1400 responses) and targeted engagement events (at colleges, churches, community settings) to make sure our hub is reflective of the needs of women and girls in our community
- Strengthen our partnership with VCSEs who understand, represent and provide services to our target communities
- Use existing outreach/inreach models (e.g. public health vans, Vital 5) to deliver our services and widen access
- Establish a patient and participant group with direct feedback into the hub's development and facilitate co-production

How will we monitor and share progress?

- Through our monthly:
  - Women's and Girls' health network, which is open invite and includes providers, voluntary and community sector organisations, and commissioners
  - Womens' and Girls' Health Steering group: for strategic oversight, guidance and risk escalation which reports into the Population Heath & Equity board
- Established steering and working groups for pilot sites across Greenwich, Lambeth and Bexley
- Publishing a midway and end report on our pilot hubs led by our clinical academic team at KHP Institute of Women and Children's Health
- Via the SEL Lets Talk page, with open access to the public