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NHS Somerset

REPORT TO:	NHS SOMERSET INTEGRATED CARE BOARD ICB Board Part A	ENCLOSURE: Enc F
DATE OF MEETING:	26 September 2024	
REPORT TITLE:	Women's Health Investment	
REPORT AUTHOR:	Libby Hawker – Women's Health Lead	
EXECUTIVE SPONSOR:	Shelagh Meldrum - Chief Nursing Officer & Director of Operations	
PRESENTED BY:	Katy Crabbe - Associate Director Commissioning and Transformation, Women, Children and Family Health	

PURPOSE	DESCRIPTION	SELECT
Approve	To formally receive a report and approve its recommendations, (authorising body/committee for the final decision)	☐
Endorse	To support the recommendation (not the authorising body/committee for the final decision)	☐
Discuss	To discuss, in depth, a report noting its implications	☒
Note	To note, without the need for discussion	☒
Assurance	To assure the Board/Committee that systems and processes are in place, or to advise of a gap along with mitigations	☐

LINKS TO STRATEGIC OBJECTIVES
(Please select any which are impacted on / relevant to this paper)

- ☒ Objective 1: Improve the health and wellbeing of the population
- ☐ Objective 2: Reduce inequalities
- ☒ Objective 3: Provide the best care and support to children and adults
- ☐ Objective 4: Strengthen care and support in local communities
- ☐ Objective 5: Respond well to complex needs
- ☐ Objective 6: Enable broader social and economic development
- ☐ Objective 7: Enhance productivity and value for money

PREVIOUS CONSIDERATION / ENGAGEMENT

Women's Health Oversight Group

REPORT TO COMMITTEE / BOARD

Women's Health Strategy:

In August 2022, the Department of Health and Social Care published the Women's Health Strategy for England. This paper outlines the barriers to health and care services experienced by women, despite the fact that 51% of the population is female. Although women, on average, live longer than men, there is also often a greater proportion of their lives spent in ill health, therefore addressing these barriers and improving access to healthcare for women is fundamental.

There has been a historical gender bias in healthcare, from research and clinical trials to policy design and this has resulted in significant gaps in data and evidence relating to women's health conditions such as menopause or endometriosis. Additionally, the historic lack of focus on women's health in the evolving healthcare landscape has led to inefficiencies in service access for women and a lack of research and understanding about how conditions affecting both men and women can impact women in different ways. These inefficiencies, in combination with varying levels of confidence in managing women's health in primary care can result in misdiagnosis and reduce opportunities for early identification of women's health conditions by increasing referrals into secondary care. The resulting increasingly long waits can then result in more complex treatment needs for progressive conditions such as endometriosis, including emergency admissions and surgical intervention. Therefore, there has been a missed opportunity for early intervention within primary care and community settings to reduce the burden on secondary care and improve experiences and outcomes for patients.

Nationally, some of the key ways to improve experiences of women's health services were identified as: access to professional advice in a timely manner, ending the 'postcode lottery' for access to services and facilitated peer support groups. This has been further reiterated by a local Somerset-wide women's health survey, substantiating the feedback that women feel they are not listened to by the health and care system, and struggling to access information and services relating to women's health.

Poor quality of life for women experiencing ill health as a result of women's health conditions can affect a number of factors, including but not limited to: social relationships, diet and exercise, ability to work and mental health. Using menopause as an example, the Office of National Statistics (ONS) has reported that suicide rates for women aged between 45 and 54 (the most common age group for peri-menopause and menopause) has risen by 6% in the past 20 years. Those in this age bracket have the highest suicide rate among all women, with 7.1 deaths per 100,000 women aged 45 to 49, and a rate of 6.9 for 50–54-year-olds.

Demand for improved women's health services locally and nationally is increasing as media focus is fortunately making women more aware of, and normalising, women's health conditions and the range of symptoms that affect their everyday lives. This has made women far more aware that they can ask for help to manage symptoms and improve their quality of life.

In light of this, there has been a national non-recurrent investment of £25 million to implement a women's health hub in each Integrated Care System (ICS)[4]. The aim of these 'hubs' is to bring together existing services and professionals to provide integrated health services in the community, centred on a life-course approach to meet women's needs. These 'hubs' do not necessarily constitute a physical place, but a model of care working across a population.

Our Response:

In Somerset, we have achieved widespread engagement and collaboration from colleagues across the system, including, but not limited to, Somerset FT and Somerset County Council and established several priority areas: menopause, endometriosis, pelvic health and access to long-acting reversible contraception (LARC). Oversight of the project has been through the Women's Health Oversight Group, which includes representation from across the system.

Given the rural geography and its associated barriers to accessing care in one centralised hub it was agreed that hub funding would be best used to improve existing health services across the integrated care system.

As general practice is the setting in which most women's health care is delivered it plays a unique role in preventing the escalation of health problems and coordinating assets available in the community. It was agreed, therefore, that a substantial portion of resource available in year 2023-24 should be allocated to Primary Care Networks (PCNs), complimenting the previous year's funding allocated for the continuation of the specialist menopause service.

Given the short-term nature of funding available and the current economic climate, it is necessary to place focus on quality improvement, system-wide learning, and integration as opposed to additionality. Secondary and community care teams delivering elements of women's health pathways will support PCN led joint quality improvement projects where appropriate and will work to establish more consistent routes of referral and communication with community teams.
It is additionally recognised that due to increased system-wide pressure, time and availability of resources for continuous professional development for women's health conditions has been limited within women's health. This has resulted in re-serving patients via repeat appointments as they seek answers for their health concerns and delayed access to specialist service. In response, practitioners from across the integrated care system will produce a range of educational materials in a variety of formats such as bitesize videos, written pathways and materials and in-person training opportunities.

Some of the specific pieces of work that have been completed, or are underway are listed below:

- Women's health needs assessment to gain further insight into the needs of our population to inform future commissioning and service delivery
- PCN Women's Health Leads and QI projects to facilitate a network of professionals throughout primary care to support the sharing of opportunities and best practice relating to women's health and complete quality improvement based on local intelligence and data – 11 out of the 13 Somerset PCNs have signed up to be part of this initiative.
- System-wide Women's Health Information Day will be held in October to provide an opportunity for networking and learning for professionals throughout the system, with a focus on holistic, personalised care for those accessing women's health services.
- Development of resources for professionals and patients to support a greater understanding of women's health conditions throughout the life-course and support self-management where appropriate and promote these through communications where possible, including the development of a Women's Health Webpage for a centralised source for signposting.
- Development of system-wide women's health pathways for conditions such as endometriosis to enable clarity of support available to patients.

In addition to the above, future planning is ongoing to determine how the women's health strategy (10 years) will continue to be delivered, despite no further national funding beyond year 2023-24.

Investment:

Budget: £298,000
Women's Health Quality Improvement Project in PCNs: £298,000
Project Management and Associated Costs: £25,000

Outcomes:

The anticipated outcomes for this work are outlined below:

- Women's Health Needs Assessment

- Improved understanding of the needs of our population requiring access to women's health services and support
- Enhanced ability to utilise data reflecting the needs of our population to support future commissioning and service delivery across the system

- PCN Women's Health Leads and QI projects

    - Improved access to women's health services on a PCN footprint
    - Increased confidence in managing women's health conditions in primary care
    - Enhanced integration of primary care, secondary care and Voluntary, Community, Faith and Social enterprise (VCFSE) services
    - Improved mechanisms for shared learning and best practice across PCNs
    - Improved clinical outcomes for patients
    - Reduced misdiagnosis and mis-referral for women experiencing ill-health

- System-wide Women's Health Information Day and development of resources for professionals and patients

    - Increased knowledge of how to support those requiring access to women's health services or support in a holistic, personalised way
    - Increased knowledge of women's health and self-management strategies for our local population
    - Reducing the mixed picture of confidence in supporting the diagnosis and management of women's health conditions within the system workforce
    - Reduced misdiagnosis and mis-referral for women experiencing ill-health
    - Improved clinical outcomes for patients

- Development of system-wide women's health pathways

    - Improved understanding (patient and professional) of the services available to patients for both diagnosis and ongoing management of women's health conditions, offered by organisations throughout the system
    - Improved clinical outcomes for patients
    - Reduced misdiagnosis and mis-referral for women experiencing ill-health
    - Enhanced integration of primary care, secondary care and Voluntary, Community, Faith and Social enterprise (VCFSE) services

IMPACT ASSESSMENTS – KEY ISSUES IDENTIFIED (please enter 'N/A' where not applicable)	
Reducing Inequalities/Equality & Diversity	This work is focused on reducing health inequalities for women by improving access to services and reducing inefficiencies influenced by a historic, national bias in healthcare. Please note that women's health is also applicable to any person who may require access to women's health services and may not identify as a woman/female. An EIA has not yet been completed as a commissioning process has only recently taken place, and impact is yet to be determined based on initial plans from primary care networks.
Quality	With the primary focus on quality improvement, there is an anticipated improvement in patient experience, outcomes and clinical effectiveness associated with the increased centring of women's voices, increased knowledge and training throughout the

<table>
<tr><td></td><td>system workforce and development of local solutions to meet the needs of the population. As the women’s health investment has not been focused on additionality, this should have minimal impact on sustainably managing additional workforce/estates etc.</td></tr>
<tr><td>Safeguarding</td><td>Safeguarding has been considered and where appropriate, safeguarding colleagues will be engaged i.e. pathway development.</td></tr>
<tr><td>Financial/Resource/ Value for Money</td><td>Programme has been funded via the national investment to support Women’s Health Strategy and Women’s Health Hubs, no additional spend has been utilised.</td></tr>
<tr><td>Sustainability</td><td>N/A</td></tr>
<tr><td>Governance/Legal/ Privacy</td><td>A health needs assessment has been undertaken to support this programme of work in conjunction with public health. Information governance have been consulted and advice followed with regard to information sharing across sectors. No new solutions have been put in place to-date and no further requirements have been identified.</td></tr>
<tr><td>Confidentiality</td><td>N/A</td></tr>
<tr><td>Risk Description</td><td>
<table>
<tr><th>Risk and risk score</th><th>Mitigation</th><th>Corporate Risk Register</th></tr>
<tr><td>There is an issue that the non-recurrent nature of funding will prevent further development of this work, particularly given financial pressures seen at system level. (12)</td><td>Ensure our programme of work is utilising the funding sustainably.

Using our work to evidence the case for investment where possible.

Escalation to regional and national teams.</td><td>Risk no. 680</td></tr>
<tr><td>There is a risk that due to the gaps in commissioning nationally, and locally e.g. pessary fitting, this service will no longer be financially viable for providers. (12)</td><td>Development of a pelvic organ prolapse pathway.

Escalation to regional and national teams.</td><td>Risk no. 663</td></tr>
<tr><td>There is a risk that current funding arrangements will not support growth in IUS need for non-contraceptive purposes and the long-term provision of LARC (12)</td><td>Review demand of IUS non-contraceptive purposes

Explore opportunities for joint commissioning with Somerset County Council</td><td>Risk No.654</td></tr>
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