

## SUNDERLAND HEALTH AND WELLBEING BOARD

14 March 2024

## SUNDERLAND WOMEN'S HEALTH HUB

**Report of the Place Director for South Tyneside and Sunderland (North East and North Cumbria Integrated Care Board)****1.0 Purpose of the Report**

- 1.1 To provide the Health and Wellbeing Board with an update on Sunderland's Women Health Hub pilot programme and provide assurances that the pilot approach will support a broader strategy for improving health and wellbeing outcomes for women and girls in Sunderland.

**2.0 Background**

- 2.1 In 2021, the government launched a 14-week call for evidence to seek views on women's health issues and experiences of the healthcare system, to inform the development of the first Women's Health Strategy for England. Based on feedback from almost 100,000 women nationally, the first 10-year [Women's Health Strategy](#) was published in August 2022.
- 2.2 The Women's Health Strategy sets out an approach to tackling the following seven priority areas, based on the call for evidence findings. The seven priority areas are:
- 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 and long-term conditions
- 2.3 A key component of the strategy was to expand the provision of women's health hubs, following the successful pilot of one-stop models of care in Liverpool and Manchester.
- 2.4 To support the regional development of a women's health hub offer, the North-East and North Cumbria Integrated Care Board (NENC ICB), requested expressions of interest from local areas to pilot a Women's Health Hub (WHH) offer. In November 2023, Sunderland health and care partners, working through the Sunderland Place Committee arrangement, were successfully awarded £250,000 of non-recurrent ICB funding to roll-out a WHH pilot, with a specific focus on increasing equitable access to a range of women's health services that would tackle some of the biggest causes of poorer health outcomes for women in Sunderland. An additional £50,000 of Public Health grant funding was invested into the scheme, in order to ensure that aligned

areas of public health commissioning (including contraceptive use of Long-Acting Reversible Contraception, and wider services that support women with additional psycho-social complexity), could be further developed to support an inclusive and sustainable WHH offer.

### **3.0 Rationale for a Women's Health Hub**

3.1 Sunderland is one of the most 20% deprived local authorities in England, with women living on average 24-years in poor health compared to 19-years nationally. Over recent years, Sunderland has seen:

- An 82% increase in the number of pregnancy terminations carried out (381 in 2017 vs 694 in 2022), with some of the highest numbers in West 2 PCN.
- An increase in the number of (under-18) teenage pregnancies (18.2 in 2020 vs 26.4 in 2021, per 100,000; much higher than the regional average of 19.8 and more than double the England average (of 13.1 per 100,000).
- Low uptake of Long-Acting Reversible Contraception (LARC) in some areas, particularly in West 1 & West 2 areas of the city.
- A lack of availability of LARC in some areas, particularly in West 1 and West 2, due to a lack of trained clinicians and poor accessibility to training programmes.
- The majority of general practices failing to achieve the 80% national cervical screening standard (only 6 practices out of a total of 38 achieving the 80% national standard in 2022/2023, across the two core age groups of 25-49yrs and 50-64yrs). In addition, 7 of the lowest 10 cervical smear uptake rates are observed in the west of the city, demonstrating significant ward-level variation in cervical cancer screening.
- No specialist menopause advice made available to women in Sunderland, despite menopause being one of the key causes of negative economical and health impact, and the third most selected topic that respondents picked for inclusion in the (national) Women's Health Strategy.

3.2 Timely access to appropriate intervention does not affect all women equally. In addition to the geographical and socio-economic variations in access outlined above, there are significant disparities in access and outcomes for women in relation to protected characteristics (including age, ethnicity, sexual-orientation and disability), and women from inclusion health groups (including women experiencing homelessness, asylum seekers and refugees, and victims of domestic abuse).

3.3 As such, there are intersectional issues that further impact on women's health and care outcomes, that require a proportionate-universalist and targeted delivery approach that recognises - and is responsive to - the heterogeneity within female population groups.

### **4.0 Women's Health Hub Pilot**

4.1 The Sunderland Women's Health Hub pilot is a direct response to the challenges outlined in section 3, setting out a two-year sustainable improvement programme that aims to build local capacity and resource, in

order to better meet the needs of women through a women's-led approach to WHH provision locally. This will include meeting the following strategic objectives:

- Enabling greater provision and easier access to LARC across the city, with a clear emphasis on addressing geographic variations.
- Enabling high-quality, equitable provision of specialist menopause advice and support.
- Enabling timely and equitable access to cervical screening programmes.
- Building increased capacity and capability across primary and community care, in relation to: LARC fitting/removal, menopause advice and guidance, and cervical screening.
- Ensuring fair and equitable access to all women's health support and advice, with a specific emphasis on the 20% most deprived communities and those belonging to inclusion health groups.

4.2 In delivering on these objectives, local investment has been aligned to the below areas of women's health provision as part of phase 1 (2023/24-2024/25) of the pilot. This investment forms part of a coordinated, primary care-led response to addressing identified needs of women within the city, including:

- The development and expansion of a pilot WHH offer at Pallion Health Centre, to address immediate gaps in women's health service access in the west of the city. This includes one-stop access to LARC fitting and removal; specialist menopause advice, guidance and treatment; and cervical screening.
- The staged expansion of WHH provision across all areas of the city, building on learning from the Pallion Health Centre model.
- The development of a training hub at Pallion Health Centre, to upskill and train clinicians across all PCNs in respect of: LARC fitting and removal; menopause advice, support and treatment; and cervical screening.
- The exploration, engagement and assessment of women's health needs across the city, with a key focus on inclusion health groups, and those residing within the 20% most deprived areas. This work will ensure WHH provision continues to meet the needs and aspirations of women in the city, and promotes sustainable and inclusive access to support.
- The building of a women-led WHH brand and quality standard, to support a scalable women's health offer across the city
- The formal evaluation and economic analysis of the WHH programme, in partnership with regional universities, in order to build the local and national evidence-base, and support future investment opportunities.

4.3 A second phase of the pilot will be rolled-out later in 2024/2025, based on a formal evaluation of phase 1 activity, in addition to a formal needs assessment that will support the prioritisation of provision across Sunderland.

As with the initial pilot phase, this will be rolled out using a staged approach to implementation, which is anticipated to include expansion of the following provisions within West PCN WHH initially:

- Access to specialist gynaecology (consultant-led) services
- Pipelle biopsies
- Colposcopy clinics
- Pelvi-abdominal ultrasound services
- NHS Health Checks
- Making Every Contact Count (including improved linkages with Links for Life offer)
- Cardiovascular risk assessment
- Domestic violence advice and support
- Mobile outreach clinics
- Liaising with family hubs and breastfeeding advisors
- Mental health support

4.4 Whilst funding has been secured over a two-year period, this funding is intended to support capacity building and programme implementation only. Whilst additional investment may be required to implement some elements of phase 2 delivery, the expectation is that the majority of schemes will be funded through transformation of services that are currently commissioned via the ICB and SCC. A formal economic evaluation of the pilot, and cost-benefit analysis of proposed schemes will support the development of business cases, where required, to attract additional investment, this is however not guaranteed.

4.5 To support the oversight of the WHH pilot, a WHH implementation Group has been established, involving key partners across primary and secondary care, ICB, Public Health, Health Watch and the wider the voluntary and community sector. The WHH implementation group will:

- Ensure key milestones and ongoing reporting and assurance requirements of the WHH funding are met.
- Ensure all areas of WHH investment maximises opportunities for long-term sustainable change, that will deliver improved health and wellbeing outcomes for women across Sunderland, with a clear focus on inequality.
- Ensure the WHH pilot is underpinned by effective clinical leadership and governance at all times.
- Ensure appropriate and innovative commissioning and financial management arrangements are in place to safeguard key areas of investment, and ensure that WHH funding is underpinned by robust governance and partnership arrangements.
- Ensure the WHH pilot is developed and implemented in collaboration with women, key system partners and wider stakeholders, in order to support a sustainable, co-production approach to delivery and evaluation.

- Ensure assumptions on areas of investment are continually informed by capacity and demand planning arrangements and risk is appropriately managed.
- Ensure the WHH pilot is monitored and evaluated in-line with the agreed evaluation framework, maximising opportunities to contribute to the evolution of the women's health evidence base and ensuring the WHH pilot successfully addresses local needs and aspirations identified within the original funding proposal.
- Ensuring the WHH maximises the use of local assets and services, to support sustainable, scalable and holistic women's health provision.

4.6 The implementation group will be accountable to the Sunderland Place Committee at a local level, working through the Adult Collaborative arrangements. Regional reporting and oversight will follow the NENC ICB governance framework for the Women's Health Programme as set out in fig 4.1 below.

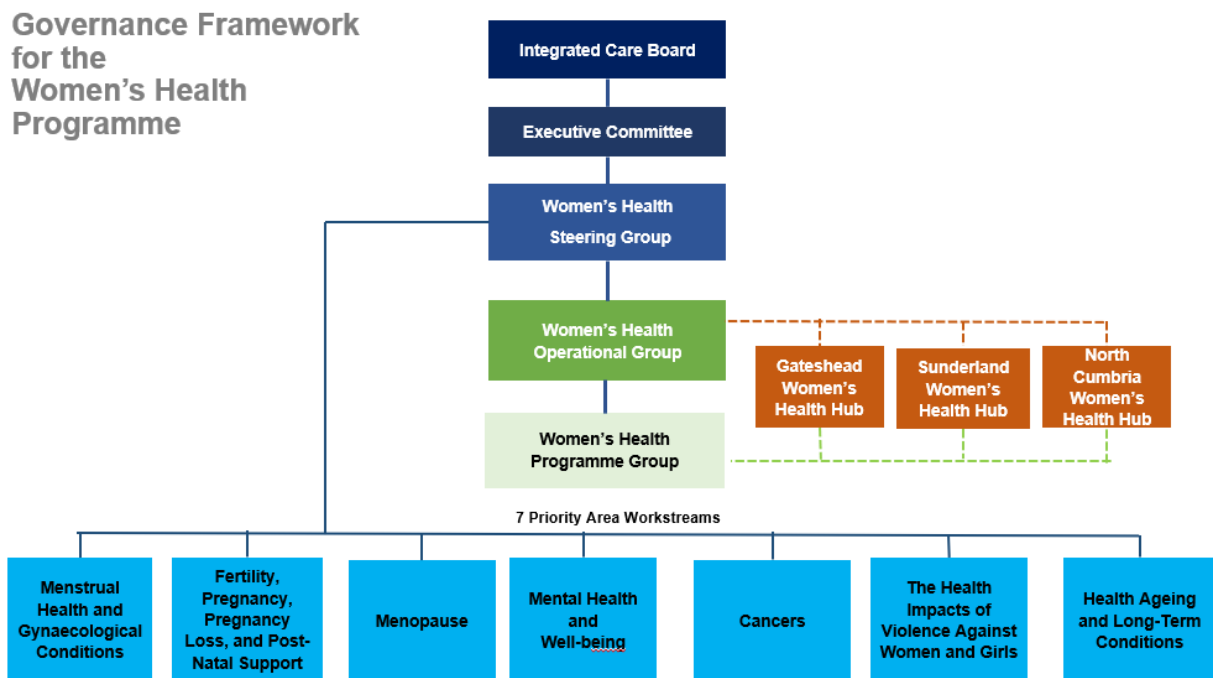


Fig 4.1 Regional Women's Health Programme governance framework

4.7 Anticipated benefits of the programme in phase 1, include:

- Improved access for women needing LARC, cervical screening, and menopause advice, including out of hours provision at evenings and weekends.
- Reduction in the number of appointments women attend to get their women's health needs met.
- Increased uptake of LARC - particularly in the PCNs with the current lowest uptake.
- Reduction in Emergency Hormonal Contraception prescriptions.
- Reduction in the number of termination of pregnancy.

- Reduction in the number of teenage pregnancies
  - Increased number of years lived in good health for women in Sunderland.
  - Increased number of cervical cancers diagnosed at stages 1 & 2
  - Increased number of trained professionals clinically competent to fit/remove LARC
  - Increased menopause knowledge within general practices gained.
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- 4.8 Further work to ensure that the WHH evolves to support wider clinical and non-clinical needs as part of a holistic service offer (see phase 2, section 4.3), will create additional benefits that will be captured and monitored via an updated benefits realisation plan. This will be managed through the WHH Implementation Group arrangement (section 4.4), with continued assurance being provided to the Health and Wellbeing Board through the Sunderland Place Committee quarterly assurance report.

## **5.0 Link with the Healthy City Plan**

- 5.1 The WHH pilot supports all life stages within the Healthy City Plan, with alignment to key city plan outcomes including:
- Breastfeeding continuation
  - Teenage pregnancy
  - Healthy life expectancy
  - Emotional health and wellbeing across the life course
  - Mortality rates from causes considered preventable.
- 5.2 In addition, the pilot programme has actively embedded the values and behaviours that underpin the Healthy City Plan, with demonstrable linkages to these across the development, delivery and evaluation stages of the pilot.

## **6.0 Recommendations**

- 6.1 The Board is recommended to:
- i. Discuss and endorse the proposed approach to the Women's Health Hub offer in Sunderland.
  - ii. Endorse the proposed approach to Health and Wellbeing Board assurance in relation to the Women's Health Hub pilot - specifically the intention to provide regular updates in-line with the Place Committee assurance reporting arrangements.
  - iii. Consider the role of the Health and Wellbeing Board in providing place-level stewardship of the Women's Health Hub ambitions, with specific consideration of its role within the Integrated Care Partnership (ICP) in ensuring the continued success of the programme.