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Women's health hubs

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To:

- Integrated care board (ICB) chief executives
- ICB chairs

cc.

- ICB chief nurses
- ICB medical directors
- NHS England regional directors
- Regional chief nurses
- Regional medical directors

Dear ICB chief executives and ICB chairs

Women's health hubs

The recently published 2024/25 operational planning guidance (https://www.england.nhs.uk/publication/priorities-and-operational-planning-guidance-2024-25/) asks ICBs to "establish and develop at least one women's health hub in every ICB by the end of December 2024 in line with the core specification, improving access, experience and quality of care" and sets the

expectation that at least 75% of ICBs have a hub in place by July 2024 that meets minimum requirements. This letter provides further guidance on hub requirements.

Funding

As we set out in our letter on 25 September (https://www.gov.uk/government/publications/womens-health-hubs-25-million-transformation-fund/letter-to-the-chief-executives-of-integrated-care-boards-from-health-ministers-the-womens-health-ambassador-and-the-chief-nursing-officer), the expansion of women's health hubs ('hubs') is a key priority and we are investing £25 million in women's health hubs over 2023/24 and 2024/25, with £595,000 in total for each ICB. The first instalment was issued in 23/24 and NHS England is transferring the remaining balance to ICBs this month (April 2024).

We have prioritised this investment in hubs given their importance in improving access to services and reducing health inequalities by bringing together healthcare professionals and integrating existing services. As described in the 2024/25 revenue finance and contracting guidance (https://www.england.nhs.uk/publication/revenue-finance-and-contracting-guidance-for-2024-25/), the funding allocated to each ICB for hubs must be spent only for this purpose and any ICB underspend against this funding will be adjusted for in month 12 2024/25. Each ICB is encouraged to make full use of their funding allocation to accelerate progress, noting that they will not be expected to incur costs implementing a model that is not recurrently affordable. Please see cost-benefit analysis (https://www.gov.uk/government/publications/womens-health-hubs-information-and-guidance).

We expect at least one hub to be established in every ICB.

By the end of July 2024 ICBs are expected to have:

- at least one hub that is operational and provides clinical support and consultations/triaging against at least 2 core services from the core specification.

By the end of December 2024 ICBs are expected to have:

- at least one hub that is operational and provides clinical support and consultations/triaging against all core services from the core specification.

Annex 1 provides detail about how funding can be used and the expectation of service provision both virtually and face-to-face.

We have updated resources to support hub implementation:

- the core specification for hubs (https://www.gov.uk/government/publications/womens-health-hubs-information-and-guidance/womens-health-hubs-core-specification), including a new section added on 'Type of hub models.' This provides clarity that primarily virtual models need to incorporate some in-person provision to meet the aims / core services of hubs
- the published cost benefit analysis of hubs (https://www.gov.uk/government/publications/womens-health-hubs-information-and-guidance/womens-health-hubs-cost-benefit-analysis) provides further information on how the funding might be utilised in terms of implementation costs (i.e. initial training and backfill costs, equipment) and expected benefits
- we also plan to publish hub collaborative commissioning guidance, which we will share with regional NHS England and ICB women's health champions

Data collection

To track progress in the development of ICB hubs and so that we can support ICBs who require additional assistance, NHS England is implementing a new monthly data collection and a more detailed quarterly collection from July onwards. These returns will provide assurance against delivery targets and will inform the impact evaluation of the investment, which the Department of Health and Social Care (DHSC) is commissioning.

ICBs women's health champions were involved in the development of the monthly and quarterly data collection, and their feedback has helped us ensure the information requested is achievable and, in many cases, already in process of collection.

Please ensure your ICB completes the first monthly collection using this link: forms.office.com/e/rXJNcTiTR8 (https://forms.office.com/e/rXJNcTiTR8) by Friday 31 May 2024. The monthly collection will happen until March 2025 to allow for all ICBs to have at least one hub fully operational as in line with the core specifications.

We will provide information on the data NHS England will require on quarterly collection in due course.

If you have any questions or would like to share any other work you are doing in women's health please email england.womenshealth@nhs.net (mailto:england.womenshealth@nhs.net).

Yours sincerely,

Dame Ruth May, Chief Nursing Officer, England
Ed Waller, Deputy Chief Financial Officer (Strategic Finance), NHS England

Annex 1

Overall targets (per NHS 2024/25 priorities and operational planning guidance)

- Establish and develop at least one women's health hub in every ICB by the end of December 2024 in line with the core specification, improving access, experience and quality of care;
- At least 75% of ICBs have a hub in place by July 2024 that meets minimum requirements, including a virtual option.

Points relevant to both July and December targets

- Hubs must be aligned to the definition, description, aims and core services outlined in the core specification (https://www.gov.uk/government/publications/womens-health-hubs-information-and-guidance/womens-health-hubs-core-specification). be providing integrated care in the community which involves collaboration between commissioners and providers.
- Hubs do not have to be a building or specific place; they may employ digital resources to provide virtual triage or consultations, or alternatively they may make use of existing facilities, for example GP surgeries or community centres.
- A website, other forms of digital signposting, or engagement events / awareness raising alone do not qualify as a women's health hub as they do not provide health services.
- Funding of a pre-existing service without any expansion of services provided or population reached does not qualify as a new or expanded hub against either target.

Minimum requirements definition for July target

- For end of July, at least one hub must be operational and providing at least 2 core services from the core specification to women. Each hub does not have to cover the entire population of your ICB.
- Those core services can be provided virtually (i.e. patient consultations in online, telephone and/or video format, 1:1 or in a group). However, in order to meet the definition and aims of a hub in the core specification, the ICB

would need to have clear plans for incorporating in-person delivery of services into their model by December 2024.

Fully operational definition for December target

- For end of December, at least one hub in each ICB is operational and provides all core services from the core specification.
- If, following a 'primarily virtual' model, the hub can provide the majority of services virtually, the ICB would need to ensure some level of in-person provision to deliver the core services, e.g. cervical screening tests or long-acting reversible contraception fitting and removal.
- Each hub does not have to cover the entire population of your ICB.

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