

How can ICSs drive meaningful transformation in women's reproductive health?

A guide for ICS leaders from the Advisory Group on Contraception

Introduction

The Advisory Group on Contraception (AGC) is an expert advisory group of leading clinicians and advocacy groups who have come together to discuss and make policy recommendations concerning the contraceptive needs of women of all ages and from all backgrounds.¹

After years of fragmented commissioning in reproductive healthcare, which have adversely impacted women's experiences and in particular their access to contraception, AGC members believe that the introduction of ICSs as statutory bodies provides a landmark opportunity to put provision of women's reproductive healthcare on a sustainable footing, now and in the future. By harnessing the current policy focus around women's reproductive health, ICSs have the opportunity to redesign collaborative, patient-centred care that can ensure women's reproductive health needs are fully met, no matter their age, personal situation, or where they live.

In order to support ICSs to maximise this opportunity, the AGC has developed this guide for ICS leaders on improving access to contraception, at the heart of a new approach to holistic women's reproductive healthcare. This guide sets out:

- **Why ICSs should prioritise access to contraception through holistic women's reproductive health**
- **What ICSs can do to drive meaningful change in women's reproductive healthcare**
 - **Step 1:** appoint a women's health lead
 - **Step 2:** develop a local strategy for holistic women's reproductive healthcare
 - **Step 3:** establish Women's Health Hubs, built around contraceptive provision
- **Useful resources**

In line with the recommendations of the recently published Women's Health Strategy, the AGC believes that the Women's Health Hub model offers a distinct opportunity for many systems to improve the delivery of holistic women's reproductive healthcare, and therefore this guide also includes our practical recommendations for their development at the ICS level.

Why should ICSs prioritise access to contraception through holistic women's reproductive healthcare?

Whilst often perceived as a women's issue for a certain age group, access to contraception is in fact a vital public health intervention throughout a woman's life course. When unavailable, it affects the entire population through the repercussions of unplanned and unwanted pregnancies – at an estimated annual cost of £193 million to the NHS in England.² As noted in the Women's Health Strategy, contraception also plays a vital role in managing menstrual and gynaecological conditions and the menopause, reducing referrals to already overstretched gynaecology services³ – something which can often be overlooked.

“Most women will menstruate for nearly 40 years, and most women require reliable contraception (which is also a highly cost-effective intervention) for most of this time to prevent unplanned pregnancies. Contraception is frequently used as a first-line treatment for menstrual problems, but many women meet barriers in accessing the method of their choice due to siloed commissioning.”³

Professor Dame Lesley Regan, Women’s Health Ambassador for England

The Women’s Health Strategy for England sets out a national plan for boosting health outcomes for all women and girls within the next 10 years, including for access to contraception. With a national spotlight on women’s health, and particularly women’s reproductive health (through the upcoming Sexual and Reproductive Health (SRH) Action Plan), it is now time for prioritisation at a local level. Therefore, as each ICS works in the coming months to develop five-year strategic plans and plans for prevention of ill-health – informing the redesign of care around the needs of its local population – it is critical that ICSs prioritise and take full responsibility for access to contraception through holistic reproductive care.

NHS England’s 2022/23 planning guidance sets out expectations for Integrated Care Boards (ICBs) to ensure that their strategic plans reflect both the national priorities and ambitions for the NHS, as well as ambitions set for ICSs.⁴ Harnessing and reflecting the priorities and ambitions set out through the publication of the Women’s Health Strategy and the upcoming SRH Action Plan, access to contraception through holistic women’s reproductive health can act as a trailblazer for integrated and collaborative care, matching the four national primary ambitions set out for ICSs:

1. Improve outcomes in population health and healthcare

Access to contraception is a basic fundamental right for all women that empowers them to take control of if, and when, they choose to become pregnant, protecting themselves from the significant costs of unplanned pregnancies.

Public Health England identified ‘not getting pregnant’ as women’s greatest reproductive concern,⁵ and yet in reality almost half of pregnancies are estimated to be unplanned⁶

Whilst for some women an unexpected pregnancy is a joyful event, for others it will be both unplanned and unwanted. The potential repercussions of this include:

- Increased abortion rates – which in 2021 were at the highest rate since the Abortion Act was introduced⁷
- Adverse implications on child health from these pregnancies, including on birthweight, mental and physical health, and cognitive abilities⁸

Prioritising access to contraception through holistic women’s reproductive healthcare will improve not only women’s own outcomes but will also support improved child health by ensuring that – when they do arise – pregnancies are planned and pave the way for a healthy childhood.

2. Tackle inequalities in outcomes, experience, and access

Underpinning the right to access contraception is the right for women to choose the best method for her, as well as where and how she accesses it. However, unacceptable inequalities exist in exercising this right, leading to a higher likelihood of underserved women experiencing unplanned pregnancies.

Women in deprived areas are 2x as likely to have an abortion as those in less deprived areas⁷

In many cases, these inequalities stem from systemic barriers to education and provision, most keenly felt by already vulnerable groups:

- Sensitivities and sometimes stigma surrounding the setting women are comfortable using; while some women are hesitant to use SRH services, others may have fears about visiting their family doctor for contraceptive purposes⁹
- Varying physical or digital access capabilities of service users
- Specific access barriers for vulnerable women – such as sex workers, refugees and asylum seekers, and victims of sexual violence – and marginalised communities, through a lack of targeted outreach or peripatetic service availability
- Women’s views not being represented in the design of the service, or meaningfully listened to by healthcare professionals

“The difficult part was being able to speak to my family doctor... [it was] just hard to muster the courage to ask for it. Being able to access a clinic would have made it easier.”⁹

Respondent in AGC survey of vulnerable women, 2018

Provision of holistic reproductive healthcare that is designed to encompass the preferences and needs of all women, no matter their age, location, and circumstance, can play a key role in tackling health inequalities.

3. Enhance productivity and value for money

Contraceptive provision is among the most effective public health interventions:

For every £1 spent on long-acting reversible contraception in primary care, the whole system saves £48 over 10 years¹⁰

Despite this, since the significant 6.2% in-year cut to national public health budgets in 2015,¹¹ the public health grant has been hit by annual cuts that have seen local authority spending on contraception in real terms (taking inflation into account) fall by 42% between 2015/16 and 2020/21, with a particularly steep drop during COVID-19 – shining a light on the need to take action now to safeguard contraceptive spending and maximise this return on investment in the longer term.¹²

4. Support broader social and economic development

Unplanned pregnancies can have an enormous personal, social and economic impact.⁸ Access to contraception can give women the power to choose if, and when, they have a baby, increasing the likelihood of a child being born in safe, supported and financially viable circumstances.

- Every young mother who returns to education, employment & training saves agencies £4,500 a year⁸
- For every child prevented from going into care, social services would save on average £65,000 a year⁸

What can ICSs do to support access to contraception through holistic women's reproductive healthcare?

Statutory establishment of ICSs across England – intended to enable a more integrated, collaborative, and place-based approach to designing healthcare services – presents a real opportunity to break down the current silos in reproductive healthcare and make the system work for women. The publication of the Women's Health Strategy in July 2022 serves to emphasise the window of opportunity, outlining national priorities and commitments that can be mirrored at the system level. Building on the national strategy, the AGC would encourage ICSs to take the three steps outlined below to build momentum towards the vision for set out in the Women's Health Strategy:



Step 1: Appoint a women's reproductive health lead on ICBs

In order to ensure meaningful improvements for access to contraception, there must be accountability at a national and regional level. The appointment of Professor Dame Lesley Regan as Women's Health Ambassador for England is a landmark step towards national accountability. This should now be matched at the system level through the appointment of a women's reproductive health lead on every ICB. This recommendation has support from 28 organisations – including Royal Colleges, the Association of Directors of Public Health and the English HIV and Sexual Health Commissioners Group – through their endorsement of the FSRH Hatfield Vision.¹³

Reflecting the responsibilities of the Women's Health Ambassador, ICB women's reproductive health leads should be responsible for:

- **Championing women's voices**, through regular and ongoing consultation, to ensure that all women are meaningfully involved in, and inform, decisions about the delivery of reproductive healthcare across the life course
- **Engaging with local health care professionals** to better understand their perspective on the delivery of women's reproductive health
- **Driving system-level change** in response to the national priorities set in the Women's Health Strategy and SRH Action Plan
- **Ensuring the right metrics are being collected** across the system to effectively track outcomes and identify opportunities for improvement
- **Taking responsibility for collaborative commissioning and integrated delivery of contraceptive provision**, and supporting NHS and local authority organisations to overcome the historic challenge of fragmented commissioning

Step 2: Develop a local strategy for holistic women’s reproductive healthcare

As ICSs are formally established, the current national focus on women’s reproductive health must be translated into system level implementation. The opportunities created for women’s reproductive healthcare through the integrated care agenda are extensive and can be realised through careful design of collaborative and joined-up working as a core component of ICS strategies.

The AGC recommends that each ICS develops a local whole system response to the Women’s Health Strategy, setting out how it will deliver on the national priorities and ambitions set out in the strategy. This should set out actions across the short-, medium-, and long-term, with action to enhance access to contraception at the heart of local strategies.

Women's Health Strategy long-term ambitions³

- Ensuring women's voices are heard
- Improving access to services
- Addressing disparities in outcomes among women
- Better information and education
- Greater understanding of how women's health affects their experience in the workplace
- Supporting more research, improving the evidence base and spearheading the drive for better data

Crucially, local strategies must include a workforce plan to support renewed and redesigned services, with a particular focus on growing and developing the workforce of trained LARC fitters. Workforce plans should look at the picture across the whole system, incorporating for example the potential role of community pharmacy, an opportunity highlighted in the Women’s Health Strategy. This could look to build on and expand existing initiatives such as NHS England’s Community Pharmacy Contraception Management¹⁴ Service Pilot to relieve the burden on wider primary care and sexual health clinics and improve contraceptive choice and action for women.

Top 5 tips for ICSs when developing local strategies for women’s reproductive health

- 1 Continuously listening to **women’s voices** to support the design, evaluation, and quality improvement of reproductive health services
- 2 Collating and tracking **locally agreed priority datasets** – such as LARC uptake, waiting times, or referrals to secondary care – to measure success and identify areas for improvement
- 3 Coming to a **shared vision on the workforce** required to deliver holistic reproductive health, and pooling resources to put in place training and development opportunities
- 4 Establishing a system agreement on the **true value of contraceptive provision** and ensuring services are fairly reimbursed to invest in contraceptive provision
- 5 Mapping access to contraceptive **provision for underserved communities**, and establishing outreach services to make care more accessible

Step 3: Establish Women’s Health Hubs, built around contraceptive provision

As recommended in the Women’s Health Strategy and championed by the Women’s Health Ambassador for England,¹⁵ the AGC proposes that the third step in ensuring holistic women’s reproductive healthcare, and

specifically access to the whole range of contraceptive methods for all women, is for ICSs to establish Women's Health Hubs in their localities.

What is a Women's Health Hub?

Women's Health Hubs can provide integrated women's health services at the primary and community care level and are centred on women's needs across the life course rather than on individual conditions or issues. Designed as a 'hub and spoke' model, women are able to easily access services either through the primary and community care (the hub) or through specialist services outside their network where necessary (spokes). Women's Health Hubs can leverage integrated and collaborative ways of working to deliver joined-up access to core women's health services, including contraception, menstrual health, and menopause management, with the potential of further broadening the offer to encompass services such as abortion, psychosexual services, or fertility management.

"Localised, holistic, integrated and accessible care for women, bringing services together with appropriately trained clinicians, supported by specialists"¹⁵

Primary Care Women's Health Forum

Building a women's health hub

In order to deliver truly holistic women's reproductive healthcare, Women's Health Hubs must be built around three key ambitions:

1. **Consider** women's experiences and views when designing services, reflecting the national commitment in the Women's Health Strategy
2. **Provide** joined-up care delivered across the life-course, enabling greater access through the reduction of existing siloes in women's reproductive healthcare
3. **Prioritise** accessibility, education, and choice, to help address inequalities in outcomes, experience, and access

Whilst Women's Health Hubs should ultimately look to deliver all elements of women's health, provision of the full range of contraception – a service which many parts of the system already play a role in delivering – should pose a momentum-building starting point.

Through the Women's Health Hub model, women can expect the provision of information, counselling, and where appropriate contraception itself, in a setting that is closer to home and with a single point of access. ICSs will then be in a strong position to build on and replicate early successes to reach more women through a wider service offering – including for example postnatal contraception or peripartetic outreach – further enhancing local women's access to, and experience of, reproductive healthcare.

CASE STUDY: Liverpool Women's Health Hub

Commissioners in Liverpool have introduced a Women's Health Hub, based at the PCN level, to bring together key, and previously siloed, women's reproductive health services including contraception, emergency provision, menopause management, and heavy menstrual bleeding, along with other services such as community cervical screening.

The model seeks to strengthen the available LARC workforce and ensure financial viability for LARC provision, and has already translated to significant increases in uptake. Between 2019/20 and 2021/22, the PCNs implements the Women's Health Hub model saw rising LARC rates of:

- 56% in North Liverpool PCN
- 113% in Picton PCN
- 366% in Central Liverpool PCN



If you would like further information and resources to help you design and develop a Women's Health Hub, the AGC recommends the Primary Care Women's Health Forum's [Women's Health Hub Toolkit](#).



What happens next?

It is clear that ICSs provide an unprecedented opportunity to bring together NHS, local authority, and voluntary sector organisations in the delivery of holistic and streamlined women's reproductive healthcare. While for many areas a Women's Health Hub provides a useful vehicle for delivering the reproductive health ambitions of the Women's Health Strategy – while helping ICSs to meet national objectives for improving population health more broadly – the AGC recognises that each ICS footprint will have unique populations, challenges, and relationships.

As a first step, the AGC recommends that system partners come together to build a shared understanding of the priority reproductive health challenges for women in their area, before working in partnership with staff and service users to co-create the most appropriate solutions – building on the positive examples of collaboration and innovation harnessed by COVID-19. This approach will set solid foundations for long-term, whole-system transformation in women's reproductive healthcare, that ultimately enables every woman served by each ICS to access her preferred method of contraception, in the setting of her choice – no matter what her needs or preferences may be.

If you would like any further information about the work of the AGC or would be interested in discussing our recommendations for women's reproductive healthcare at the ICS level in further detail, please contact AGC@incisivehealth.com.

Advisory Group on Contraception, September 2022

Useful resources

- **AGC** – [Securing sustainability: Access to contraception during and after COVID-19](#)
- **AGC** – [At tipping point: an audit of cuts to contraceptive services and their consequences for women](#)
- **Department of Health and Social Care** – [Our Vision for the Women’s Health Strategy for England](#)
- **Department of Health and Social Care** – [Women’s Health Strategy for England](#)
- **Faculty of Sexual and Reproductive Healthcare (FSRH)** – [FSRH Hatfield Vision](#)
- **Local Government Association** – [Sexual health commissioning in local government: collaborating for better sexual and reproductive health and wellbeing](#)
- **Organon** – [Commissioning Connect](#)
- **Primary Care Women’s Health Forum** – [Women’s Health Hub toolkit](#)
- **Public Health England** – [Reproductive health: what do women say?](#)
- **Royal College of Obstetricians and Gynaecologists** – [Better for women: improving the health and wellbeing of girls and women](#)

References

¹ The AGC recognises that access to contraception is essential for everyone who can become pregnant, no matter how they identify, and therefore supports and advocates for the right to access contraception for trans, non-binary and intersex people that need it. It is essential that there is an understanding of intersectionality to help minimise inequalities in care and the provision of essential service. We use the word women for simplicity but also in recognition that the majority of those requiring access to contraception identify as women.

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³ Department of Health and Social Care, Women’s Health Strategy for England, July 2022. Accessed here: <https://www.gov.uk/government/publications/womens-health-strategy-for-england/womens-health-strategy-for-england#womens-health-ambassador-foreword>

⁴ NHS England, 2022/23 priorities and operational planning guidance, February 2022. Accessed here: <https://www.england.nhs.uk/wp-content/uploads/2022/02/20211223-B1160-2022-23-priorities-and-operational-planning-guidance-v3.2.pdf>

⁵ Public Health England, What do women say? Reproductive health is a public issue, 2018. Accessed here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/731891/What_do_women_say_reproductive_health_is_a_public_health_issue.pdf

⁶ Royal College of Obstetricians and Gynaecologists, Better for women report, December 2019. Accessed here: <https://www.rcog.org.uk/globalassets/documents/news/campaigns-and-opinions/better-for-women/better-for-women-full-report.pdf>

⁷ Office for Health Improvement and Disparities, Abortion statistics, England and Wales: 2021. Accessed here: <https://www.gov.uk/government/statistics/abortion-statistics-for-england-and-wales-2021/abortion-statistics-england-and-wales-2021>

⁸ Public Health England, Health matters: reproductive health and pregnancy planning, 2018. Accessed here: <https://www.gov.uk/government/publications/health-matters-reproductive-health-and-pregnancy-planning/health-matters-reproductive-health-and-pregnancy-planning>

⁹ AGC, At tipping point: an audit of cuts to contraceptive services and their consequences for women, November 2018. Accessed here http://theagc.org.uk/wp-content/uploads/2018/11/At_tipping_point_AGC_Nov_18.pdf

¹⁰ Public Health England, Extending Public Health England’s contraception return on investment Tool: Maternity and primary care settings, July 2021. Accessed here:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1001464/ROI_LARC_maternity.pdf

¹¹ BMJ, “Deeply disappointing” public health cuts will increase demand on NHS, says expert, November 2015. Accessed here: <https://www.bmj.com/content/351/bmj.h6035>

¹² Department for Levelling Up, Housing and Communities, Local authority revenue expenditure and financing England: 2020 to 2021 final outturn, 2022. Accessed here: <https://www.gov.uk/government/statistics/local-authority-revenue-expenditure-and-financing-england-2020-to-2021-final-outturn>

¹³ The Faculty of Sexual and Reproductive Healthcare, Hatfield Vision, 2022. Accessed here: <https://www.fsrh.org/policy-and-media/the-fsrh-hatfield-vision/>

¹⁴ NHS England, NHS Community Pharmacy Contraception Management Service Pilot: Access to Ongoing Management of Oral Contraception (Tier 1). Accessed here: <https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-integration-fund/nhs-community-pharmacy-contraception-management-service-pilot/>

¹⁵ Primary Care Women’s Health Forum, Women’s health Ambassador for England Appointed, 2022. Accessed here: <https://pcwhf.co.uk/news/womens-health-ambassador-for-england-appointed/>