

# A CONTEXT and VISION

# LOGIC MODEL: Dorset Women's Health Hub

The Women's Health Strategy for England was published in the summer of 2022. Whilst women make up 51% of the UK population, the evidence base suggests women are not receiving the same level of care, investigation or treatment for common and important diseases when compared to men. Although women in the UK on average live longer than men, women spend a significantly greater proportion of their lives in ill health and disability when compared with men. The strategy and ask for creation of Women's health hubs within systems has outlined a core offer and within Dorset, the system has set up a steering group and identified the following key priorities for focus: Creation of a virtual hub, LARC, Young Women's Health, Menopause, Minoritised groups and mobile support, Gynaecological and Pelvic Health.

## B With these INPUTS

- Women's Health Strategy 2022
- WHH Core Spec
- Women's Health 2024 Priorities
- Dorset Women's Voices – what do the women of Dorset think?
- Funding, including non-recurrent programme funding
- Infrastructure
- Integration (IT systems/pathways)
- Workforce
- System Partners such as social care, police, academia
- Community assets
- Innovators
- Implementation specialists (e.g. HIW)

## C we will carry out the following ACTIVITIES

- Activities across all focus areas:
- Development of community of practice
  - Research/evaluation activity
  - Clinical champions
  - Co-production/engagement with women (including trans community)
  - Public facing source of information for women.
  - Collection of meaningful, accurate, timely data/intelligence
  - Innovation development and adoption

### Enabling activities

- WHP support with research in progress and how this can inform this programme
- Innovation scans provided by HIW
- HIW innovation adoption implementation support
- Diis and Data
- Communications and engagement

## D Creating the following OUTPUTS

1. Targeted/tailored approaches for health inequalities.
2. ↑ access to existing services in a timely way.
3. ↓ unnecessary appointments
4. ↓ secondary care referrals
5. ↑ LARC
6. ↑ knowledge and skills for health care professionals.
7. More rapid development & deployment of innovation.
8. Partnership with VCSE
9. Access to women's health info for a range of audiences.
10. Increase in supported self- management.
11. Evaluation of services and initiatives.

## E to deliver the following OUTCOMES

### Locally agreed outcomes:

- Reduce numbers of preventable conditions
- Improve women's experiences & individual health outcomes
- Address public health challenges
- Reduce inequality of access and inequality of individual outcomes
- Reduce preventable deaths
- Empowering communities

### Wider outcomes:

- ↓ length of pathway
- ↓ secondary care waiting lists/backlogs
- ↑ skills, capacity and experience
- ↑ relevance of research and innovation, speed of delivery and implementation
- ↓ absence from education/work
- ↓ stigma, normalising conversations around women's health and diagnoses.

## F with these long-term IMPACTS

### For women and girls:

- ↓ health inequalities
- Better access, including preventative/early intervention
- ↓ unmet need
- Improved patient experience
- ↑ health outcomes
- Improved

### For the health and care system:

- ↑ workforce experience, skills and knowledge
- ↑ communication, integration, partnerships and joint working
- ↑ efficiency/↓ unnecessary demand
- Best use of resources
- Better collection and use of data to improve patient outcomes
- Research and Innovation to support economic growth, address the wider determinants of health and reduce the reliance on health services

Cross-cutting themes (tick): Workforce

PP&CC

Health Inequalities

Patient Safety

Net Zero

EDI