

Women's and Girls' Health



Advancing Equity in Women's and Girls' Health: Funding Call for
Local Prevention and Early Intervention Initiatives

Navigating the EOI and Application Pack



Contents

Overview of SEL Women's and Girls' Health Hub Programme	3
Learnings from our local population health needs assessment	4 – 5
What We Heard: Insights from the 'Let's Talk' Engagement Survey	6
Essential criteria for applying	7
How to express an interest	8
Examples of projects	9 – 10
What our team can offer/Additional resources and supporting information	11

SEL ICS Women's and Girls' Health Hub Programme



In south east London, we recognise that women and girls often face additional barriers to accessing health services that reflect their unique needs across the life course. These barriers can contribute to poorer health outcomes and deepen existing inequalities.

Following the publication of the [Women's Health Strategy \(2022\)](#), [NHS England planning guidance and service specification \(2024/25\)](#), and extensive engagement with women and girls across the six boroughs, we established a **Women's and Girls' Health Network**, a community of practice for providers, commissioners, and VCSEs to co-design a model of care that works locally.

To support this work, a comprehensive **health needs assessment**, led by Ethica, explored access to: Menopause support, Preconception care, Heavy menstrual bleeding and Long-acting reversible contraception (LARC). The findings made it clear: there is a pressing need for more **joined-up, preventative, and community-rooted care**, delivered through a **health inequalities lens**.

In **March 2025**, we launched two pilot Hubs in **Lambeth** and **Greenwich/Bexley**, each combining a clinical model with targeted outreach to better reach **underserved communities** and test new ways of delivering **integrated, preventative care**.

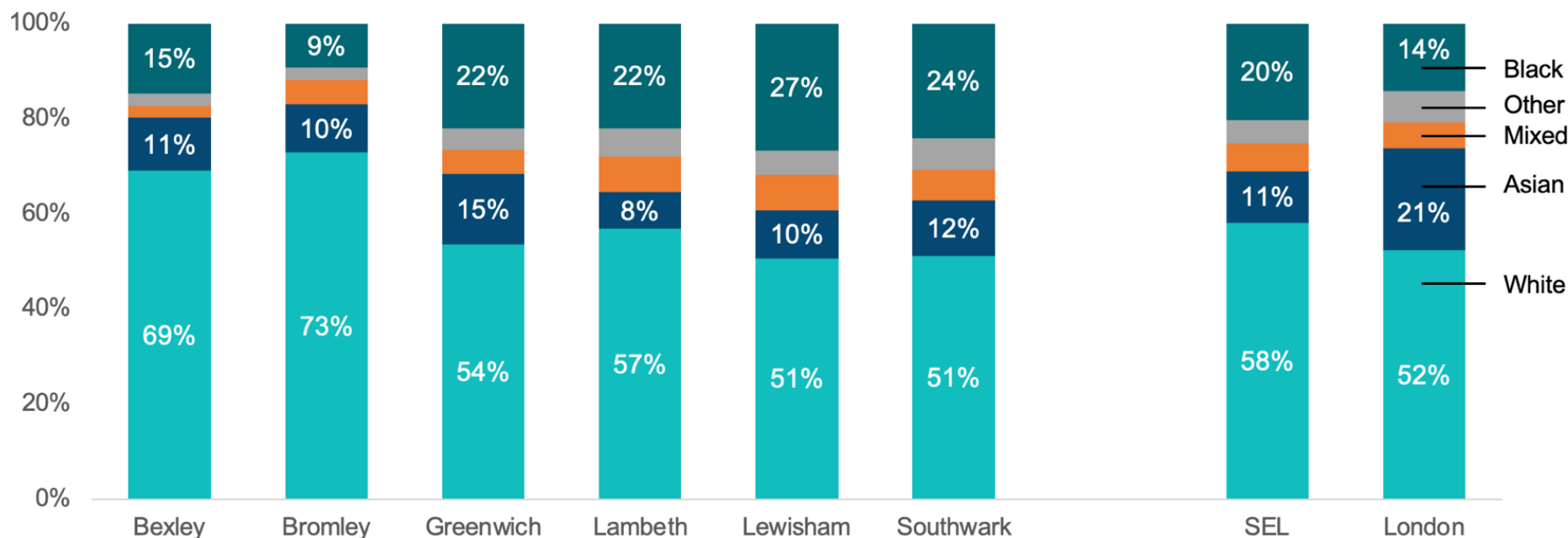
This Expression of Interest pack invites local care partnerships and community organisations to access funding deliver projects that take a **population health approach to women's health – with a key focus on prevention and early intervention initiatives** that improve health outcomes for women and girls across south east London.

South East London is ethnically diverse, with substantial black communities and smaller Asian communities than London



In South East London, 58% of women aged 15-55 years are white, 20% are black, 11% are Asian and 6% and 5% are from mixed and other ethnic backgrounds, respectively.

- Two of the outer London boroughs – Bexley and Bromley - are less ethnically diverse, with 69% and 73% of the female population aged 15-55 identifying as white.
- Lewisham (26,585) and Southwark (25,685) are home to the most populous black communities.
- Greenwich (13,355) and Southwark (12,450) are home to the most populous Asian communities.



High-level ethnicity categories for the female SEL populations of interest (aged 15-55) compared to London, in 2021, by borough

Data from the 2021 Census.

What the Data Tells Us



Women of reproductive age and those approaching or experiencing the menopause constitute approximately **61% (592,000)** of the **SEL female population**

Heavy menstrual bleeding (HMB) is common: we estimate more than 90,000 women are affected across SEL. At least 6000 women each year seek support from their general practice for HMB, with more than three recorded attendances every day by SEL residents to urgent and emergency care services.

About **48,500 women across SEL** may be in the **perimenopausal** period at any one time. Of these, **39,000 are likely to experience symptoms**. There is **11% growth projected in the population of women of menopausal age**, with Greenwich experiencing 47% growth over the next 20 years.

Using the analysis from Lewisham Population Health Management, it is clear that **risk factors in preconception health are common**, with about **75% of the Lewisham population facing at least one**. A small number of women in the **most deprived areas face multiple risks**.

The overall rate of **LARC prescribing is relatively consistent across all SEL**. Five boroughs are broadly consistent with or exceed the London average, although **they fall markedly (about a third) short of the England average**. The **total abortion rate across SEL is higher than London and England averages and peaks among those aged 20-24**

What We Heard: Insights from the 'Let's Talk' Engagement Survey

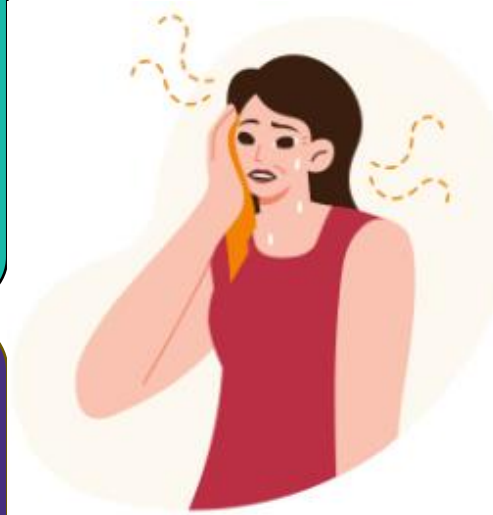


1434 responses between July and September 2024:

- Top four ethnicities reflected in responses: White – British (62%), Any other White background (11%), Black or Black British – African (4%), White – Irish (4%) and Black or Black British – Caribbean (3.5%)
- Top four age groups reflected in responses: 55+ (34%), 41-54 (13%), 31 – 35 (10%) and 46 – 50 (10%)

Top three preferred methods for service delivery:

- 1) Workshops (online or face to face) (43%)
- 2) Mobile apps for health tracking (41%)
- 3) Support Groups AND Yoga or Exercise Classes (37%)



Most important services across all ages

- Breast Screening (50%)
- Mental Health & Wellbeing (44%)
- Menopause (37%)
- Cervical Screening (37%)
- Maintaining a healthy weight and/or lifestyle (35%)
- Menstrual Health (29%)
- Fertility, pre-conception (16%)

Top three preferred venues for accessing additional support services:

- 1) Healthcare Sites (e.g. GP surgery, CPs) (90%)
- 2) Non-healthcare Community Venues (Community Centre, Church) (50%)
- 3) Mobile Health Services (46%)

Priority Services by Age

18-25 year olds:

- Menstrual and reproductive health (62%)
- Mental health and wellbeing (62%)
- Contraception (30%)
- Breast screenings (28%)

26-40 year olds:

- Menstrual and reproductive health (15%)
- Cervical screening (50%)
- Fertility and preconception (46%)
- Mental health and wellbeing (44%)

41-54 year olds:

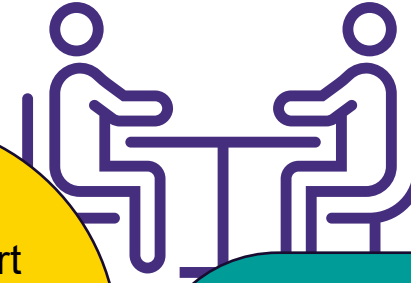
- Menopause (70%)
- Breast screening (50%)
- Mental health and wellbeing (43%)
- Cervical screening (34%)

55+ year olds:

- Breast screening (69%)
- Maintaining a healthy weight and/or lifestyle (51%)
- Mental health and wellbeing (40%)
- Menopause (35%)

* Please note, people were able to choose more than one service option and therefore the most popular for each age group has been presented

Essential Criteria for Applications



- Applications must involve **two or more partner organisations** across sectors (e.g. NHS and VCSEs, Acute Providers and Primary Care) to support joined-up, place-based delivery. We welcome applications from Local Care Partnerships.
- Proposals should **optimise use of existing workforce and estates**, and/or **free up clinical capacity**, and should also include **measurable outcomes**.
- Proposals must align with one or more of the **eight core services** in the **Women's Health Hub Service Specification**, which can include integration into wider services such as **mental health** and **domestic violence and abuse support**.
- **Focus on prevention and early intervention:** All applications must include a clear preventative component (e.g. screening, vaccinations, contraception, lifestyle advice, MECC).
- Applications must include plans for how the initiative could be **sustained beyond the pilot funding**, including opportunities for embedding into existing structures or pathways and a **final evaluation report of the pilot**.
- Applicants may request up to **£87,500 in funding**, which can be allocated across a **two-year delivery period**

Proposals must clearly contribute to **reducing health inequalities** and one or more of the following:

1. **Delivering care closer to home**
2. **Improving patient experience**
3. **Reducing pressure on secondary care and waiting lists**
4. **Targeted population health management approach**

How to express an interest

This EOI form asks for an overview of your partnership organisations, project proposal, evaluation and sustainability and budget. Click the link [here](#) or use the QR code to start.

Please submit your completed form by **17th September 2025**.

We'll be holding **two informal drop-in sessions** on MS Teams for anyone who would like to ask questions or talk through their proposal:

- **Monday 8th September at 1pm**
- **Wednesday 10th September at 4pm**

Contact alice.gough@kcl.ac.uk
or monica.franklin@selondonics.nhs.uk for the session links

Once we've received your submission, it will be reviewed by our programme team across Women's and Girls' Health and the Local Maternity and Neonatal System, in line with the criteria set out on Slide 7 and in the application form.

All applicants will be notified of the outcome.

Funding EOI: Women's and Girls' Health Prevention and Early Intervention Initiatives



Example 1: Postnatal Contraception and Pre-conception Advice Pilot



What it is:

A midwife-led initiative at Queen Elizabeth Hospital to offer contraception (implants, injections, pills, condoms) to new mothers especially those facing vulnerabilities like mental health issues, substance misuse, or social care involvement.

Why it matters:

- 85% of pregnancies in the cohort were unplanned.
- Many women had limited access to contraception services post-birth.
- Midwives already had trusted relationships with these women.

How it worked:

- Midwives working within existing caseload team supporting vulnerable women were trained to deliver contraception under Patient Group Directions (PGDs).
- The team worked closely with mental health and social care professionals.
- 115 women (23% of the caseload) received contraception during the pilot.

What was achieved:

- Improved access to contraception for vulnerable women.
- Positive feedback from participants who appreciated the convenience and trust in their midwives.
- A model that can be adapted and scaled in other maternity settings.

Example 2: SELVIS Maternity Vaccination Uptake Pilot



What it is:

A collaborative project in south east London to boost vaccine uptake (COVID-19, flu, pertussis, RSV) among pregnant women through proactive outreach and community engagement and new phone-in process.

Why it matters:

- Pregnant women often miss vaccines due to lack of awareness or access.
- Uptake was low in some ethnic and vulnerable communities.

How it worked:

- Weekly patient lists were generated and followed up by admin staff using a structured script.
- Clinics were set up at convenient locations (e.g. Francis House, STH).
- Community groups (e.g. IRMO) helped promote the service.

What was achieved:

- 1785 successful patient contacts.
- 4385 vaccines administered a 212% increase from the previous year.
- Strong patient feedback on the convenience and friendliness of the service.



What can our teams offer?

- »» Access to our Women's and Girls' Health Network and networking opportunities with wider stakeholders across the system
- »» Consultative advice and guidance
- »» Evidence of local population health needs to support grant applications and business cases for future sustainability

Additional resources and supporting information

- »» Our network including full needs assessment, resources and previous network meetings <https://future.nhs.uk/SELWomensandGirlsHealth>
- »» [Women's and Girls' Health 2025/26 Joint Forward Plan](#)
- »» [Prevention, Wellbeing and Equity 2025/26 Joint Forward Plan](#)