



# Women's Health Taskforce

10<sup>th</sup> Meeting  
14<sup>th</sup> April 2021

# The Taskforce is working to **implement a set of agreed actions** to improve priority areas for women's health

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## The purpose of the **tenth meeting** was to:

- Provide an update on the Women's Health Fund
- Provide updates on work underway and key issues for women's health.
- Seek input from members on the Radical Listening, Internal Gender Equality and Mental Health workstreams.
- Progress proposals to improve women's health outcomes and experiences, specifically in relation to the priority area of Mental Health
- Taskforce to stress-test /respond to the set of proposals under the Mental Health Workstream.

# Funding for two Women's Health Taskforce proposals has **now been approved...**

**Two community-based Ambulatory Gynaecology Services governed by two acute hospitals (Tallaght University Hospital, and University Maternity Hospital Limerick)**

This will see the setup of one-stop “see and treat” gynaecology clinics in the community where women can be seen and assessed, following referral by their GP to the hospital’s general gynaecology services.

This will address a clear and identified need, both from the proposals developed by the Taskforce and in the 30,000 women waiting for a gynaecological appointment in Irish hospitals.

**The expansion of the endometriosis service at Tallaght University Hospital (TUH) to deliver a specialist endometriosis centre for the management and treatment of all forms of endometriosis, with particular focus on advanced and complex cases.**

Endometriosis is estimated to affect 1 in 10 women and represents one of the top four categories of symptoms and complaints that comprise approximately 80% of gynaecology referrals. It also has clear links with the previously mentioned high waiting list numbers for gynaecological appointments.

# Our Co-char Peggy Maguire updated members on the progress of the **Strategic Focus** exercise...

The Strategic Focus subgroup presented to the Policy Committee on March 26th, sharing our planned approach on the Women's Health Strategy and seeking feedback and suggestions at this stage.

Broad approval was received, including positive feedback on the overall scope and approach. Suggestions on what structures we should consider for progressing/continuing Taskforce activity beyond our September mandate were also received.

- A **Project Charter** has been drafted and is being finalised.
- A draft **Taskforce Evaluation** document has been initiated which will capture all activity to date, highlight key learnings and takeaways and provide a critical reflection based on the Public Sector Scorecard.
- Informed by the Taskforce **evaluation**, we will identify **key actions** and **consult** with stakeholders
- A summary of the **international policy context** and a series of **international policy dialogues** with the WHO and identified countries is under development
- Refresh of **national policy and evidence** context, to include input from the IPH

# Taskforce members were updated on the debriefing of the **Radical Listening** exercise...

Experiences of healthcare have been very positive for many women. Many spoke warmly about the healthcare professionals and services they received across a range of settings.

However, we also heard from many women who believe their experiences of healthcare have underdelivered versus their needs. For this significant cohort there is a palpable sense of disappointment and frustration.

**Three key areas for consideration arose:**

**1**  
**MAKE WOMEN'S HEALTH PART OF THE CONVERSATION**

**WOMEN'S HEALTH INFORMATION PLATFORM & DISCUSSIONS ON NATIONAL PLATFORMS**

**2**  
**EDUCATE AND INFORM**

**HEALTH AND WOMEN'S HEALTH EDUCATION PROGRAMME IN SCHOOLS / COMMUNITIES / WORKPLACES**

**3**  
**WOMEN FIRST THINKING IN THE DELIVERY OF SERVICES  
A  
KEY LIFESTAGES / EVENTS**

**WOMEN'S HEALTH IN THE COMMUNITY: ANNUAL WOMEN'S HEALTH CHECK & COMMUNITY FORUMS**

# In groups, members discussed **how to respond to what we have heard** throughout the Radical Listening exercise?

Having listened to these women, what should the Taskforce response look like...

## In the next 3 to 6 months

- Share findings with GPs & other clinicians.
- Leverage social media in women's health communications.
- Recognise diversity in Information materials. Women need to see themselves in materials.
- Multiple Channels for delivering information to diverse groups.
- Identify branding around the communications.
- Need to ask the question "Who needs to hear these results?"
- Cross departmental communication is needed.

## Ove the next year / longer term

- Promote this method further (process and outcomes)
- Link it to key performance indicators in DOH and HSE.
- Develop more demographically specific public health information, with multiple aligned platforms.
- Comprehensive source of trusted information
- Sex education - a standardised curriculum. Look at UK model.
- Link into national integrated care programme
- Behavioural change of clinicians
- Linking key messages to the development of curriculum for relevant/all third level courses
- Use finding to inform multi annual waiting lists plan.

# Taskforce members heard an update from the **Strengthening internal Gender Equality** workstream...

This work is an amalgamation of two workstreams from 2020:

- **Leading the Way:** Strengthening internal gender equality
- **Policy Platform:** Tool to ensure women's health needs are considered in policy process

## **Actions achieved to date include:**

- Policy Platform tool tested with one unit
- Governance workshops on Gender Balance, Diversity and Inclusion in Nov and Feb
- Internal information session on the work of the Taskforce and gathering suggestions on how to better address gender equality internally
- International Women's Day event with a gender equality and women's health lens

Building on these actions identified in 2020 and with strong membership on the sub group from Strategic HR, this workstream restarted in February of this year and have developed a work programme for the coming months.

# In groups, members then discussed if there **are there any additional areas** that we should be considering?

## Anything Missing?

- HR, childcare, flexible remote working
- Baseline Data
- Quantitative and Qualitative Data
- Linking with PAS
- DOH - exit interviews
- After school facilities
- Civil Service remote working policy
- Extended paternity leave
- Menopause, carers support
- Unconscious bias training
- Link PMDS to an equality diversity framework
- Consideration of trauma informed work influencing policy and interpersonal engagement

## Additional levers/drivers to consider?

- Framing within strategy development
- ESRI research report & recommendations
- Public Sector Duty
- Civil Service-wide strategies
- Link to performance outcomes of the organisation

## Any other general comments?

- Statement around what gender equality looks like
- Lack of awareness of what needs are. Benefit from an informal conversation around supports
- Maternity leave & links into Department.
- Radical Listening as a methodology beyond the department

# Taskforce members were updated on the work of the **Mental Health** workstream...

## Mental Health Workstream Problem Statement

*Recognising the activity underway in the area of mental health, how can we help ensure that women and girls benefit from (i) preventative and (ii) service level mental health supports that are responsive to their specific needs?*

### 4 proposed areas for action:

- 1 Leverage existing processes to include further women specific consideration
- 2 Further identification of specific mental health supports responsive to women and girl's needs.
- 3 National Clinical Programmes in Perinatal Mental Health and Eating Disorders
- 4 Increase supports for Family Carers by funding mental health and wellbeing initiatives

# In groups, members were asked if **anything particularly strike you** about these proposals? Any key feedback?

- Department should have a collaborative life course approach.
- Anything to be considered re. mental health and sexual violence?
- Clear outcomes between the Department and HSE needed
- Slaintecare project; online sexual health testing - outcome was majority young women.

## Leverage existing processes

- Work with NOSP is vital
- structured approach to eHealth solutions
- Powerful long-term impact likely with this approach
- Physical activity, social prescribing; continue to leverage.

## Specific mental health supports

- Information from CSO and Student Unions on issues that are specially affecting young women.
- The impact of social media in school curriculum

## Perinatal Mental Health and Eating Disorders

Considering the role of midwives in referring onwards  
Women's Health Weekly presentation highlighted need for funding

## Family Carers

Caring responsibilities & Covid with challenges facing care workforce.  
Recognising Caregiver Burden as a domain of care needs with appropriate pathways of care.

## Next steps in our Work Programme

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- Consider what we have heard today and layer it into the work
- Taking forward the proposals we have endorsed – further refinement, resourcing and implementation
- Strategy focus for the next meeting
- The next meeting will take place in **May 2021.**

# Keep in Touch

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