

REGIONAL HEALTH FORUM - DUBLIN NORTH EAST

FÓRAM RÉIGIÚNACH SLÁINTE - BAILE ÁTHA CLIATH AGUS AN TOIRTHUAISCEART

MINUTES OF MEETING HELD ON MONDAY, 24TH MARCH, 2025 AT 2:00PM

IN THE BOARDROOM, HSE OFFICES, BECTIVE STREET, KELLS, CO. MEATH
& VIA MICROSOFT TEAMS

Members Present (*in person*)

Cllr. Christy Burke
Cllr. John Paul Feeley

Cllr. Pádraig Coffey
Cllr. Mary McCamley

Cllr. Kieran Dennison
Cllr. John Stephens

Members Present (*online*)

Cllr. Donna Cooney
Cllr. Tom Kitt
Cllr. Cat O'Driscoll
Cllr. Supriya Singh
Cllr. Aoibhinn Tormey

Cllr. Michelle Hall
Cllr. Fiona Mhic Conchoille
Cllr. Tom O'Leary
Cllr. Áine Smith

Cllr. Deirdre Heney
Cllr. Edel Moran
Cllr. Ejiro O'Hare Stratton
Cllr. Trevor Smith

Apologies

Cllr. Shane McGuinness

Not in attendance

Cllr. Eimear Carbone-Mangan
Cllr. Alan Johnston
Cllr. Caroline O'Reilly

Cllr. Séamus Coyle
Cllr. Alan Lawes
Cllr. Gayle Ralph

Cllr. Yvonne Everard
Cllr. Bronagh McAree
Cllr. Sarah Reilly

HSE Representatives Present (*in person*)

Mr. Liam McHale, Communications and Public Affairs, HSE Dublin and North East
Ms. Rosaleen Harlin, Regional Director of Communications & Public Affairs, HSE DNE
Mr. Robert Kidd, IHA Manager, Dublin North County
Ms. Katherine Kellett, Regional Health Office – HSE DNE
Ms. Lorraine Timmons, Regional Health Office – HSE DNE

HSE Representatives Present (*online*)

Ms. Michelle Forde, Head of Primary Care, IHA Dublin North City & West
Ms. Josephine Collins, General Manager, Primary Care, IHA Cavan Monaghan

Cllr. Kieran Dennison chaired the meeting.

1. Adoption of minutes of meeting held on Monday, 27th January, 2025

The minutes of the meeting held on Monday, 27th January, 2025 were adopted by the Forum on the proposal of Cllr. Christy Burke and seconded by Cllr. Mary McCamley.

2. Health Service Executive Updates

Mr. Liam McHale gave a report to the meeting which dealt with the following:

- Your health in your hands: first version of HSE Health App includes hospital appointments for expectant mothers.
- HSE project addresses links between smoking, HPV and cervical cancer.
- HSE Enhanced Community Care - Improving health outcomes for patients across Ireland.
- Public consultation on new suicide reduction policy.

The following outlines comments and queries raised by members and responses from HSE representatives:

- **Clarification on whether individuals will be able to access all their health information through the HSE Health App in future.**
The first phase of the implementation allows patients to access digital lists of medications, vaccination records and certain health schemes. Future updates will include hospital records, screening appointments and referral information. Implementation will take time due to system complexity.
- **Request for January presentation on Women's Health.**
A copy of the presentation has been requested and will be forwarded to members once received.

The report was noted by the Forum.

3. Presentation on Foetal Alcohol Spectrum Disorder (FASD)

Dr. Mary T. O'Mahony, Consultant in Public Health Medicine & Medical Officer of Health, gave a presentation to members on Foetal Alcohol Spectrum Disorder (FASD).

The following outlines comments and queries raised by members and responses from Dr. O'Mahony.

- **Statement that no level of alcohol is safe during pregnancy.**
There is no established evidence-based safe level of alcohol intake in pregnancy. The World Health Organisation (WHO) identifies that there is no alcohol that is risk free.

While there is individual variability, evidence from a large number of studies across various countries have all found an association between alcohol and FASD. The greater the amount of alcohol that has been consumed during pregnancy, the greater the risk to the development of the embryo and fetus.

Previously, it was believed the placenta protected the unborn child, however, now we know that substances can be passed from the mother to the baby. Alcohol is an unusual substance, in that it is both water and lipid soluble, so

there is no biological membrane that stops its progress. As women are drinking more, we are now witnessing more developmental disorders. The baby forms in the first three months, but the brain continues to develop throughout the entire pregnancy.

- **Alcohol being consumed in early weeks where a woman may not know she is pregnant – need to target women who are planning a family.**

Alcohol consumption in pregnancy is widespread (80% in some studies). Pre-conception care is very important and it is key that women are aware that they need to stop drinking if they are planning a family.

Approximately 40% of pregnancies in Ireland are unplanned, therefore, quite a number of women may be drinking before they realise they are pregnant.

The HSE's [Making Every Contact Count](#) (MECC) programme provides healthcare professionals with the skills to raise lifestyle behaviour changes with their patients. Women seeking contraception at their GP practice is a good time to raise awareness on the effects of alcohol during pregnancy.

Pre-employment screening is another opportunity where women could have their alcohol intake discussed and receive advice.

- **Need to remove blame and taboo from the expectant mother and onto society as a whole.**

Agreement that we certainly need to take the blame away from the mother. Alcohol is the problem and national policies are required along with full implementation of the Public Health Alcohol Act.

- **Suggested community-based alcohol-free social spaces to reduce pressure on pregnant women.**

Agreement that in Ireland, women may often experience pressure at social events where they do not want to drink but may not yet be ready to disclose they are pregnant. Socially, and within our culture, we need to become more supportive of women and less questioning of their choices. Alcohol-free community events & social spaces should be encouraged in order to reduce reliance on alcohol culture.

- **Increase awareness campaigns targeting pregnant women, e.g. signage in supermarkets: Are you pregnant - Think before you Drink.**

Women may resent being targeted with a message like this. Women are generally not the big drinkers and a whole societal approach works better.

- **Need for alcohol awareness programme in schools.**

Information on alcohol is increasingly being provided in schools and is part of the Social, Personal & Health Education (SPHE) programme in secondary schools. It is also now compulsory up to Leaving Certificate.

Another resource is 'Know The Score' for Senior Cycle students (15-18yrs) which enables young people to make conscious and informed decisions about alcohol and drugs.

- **Need for alcohol awareness programmes in addiction services.**

The Irish Community Action on Alcohol Network (ICAAAN) are active in trying to raise awareness on the dangers of alcohol during pregnancy. They have also funded research into the impact of FASD in the family.

- **Leveraging social media (TikTok, Instagram) for awareness campaigns.**
Agreement there is a need for multimedia campaigns to try to raise awareness.
- **Suggestion of messaging being shared through Mother and Baby groups and possibility of linking with vaccinations.**
Suggestions noted.
- **Sources of information.**
All pregnant women can access mychild.ie where trusted information on pregnancy, health services and supports is available. This includes information on alcohol.

A drug and alcohol [helpline](#) is also available. A resource similar to Quit.ie is needed in terms of alcohol.

- **Need to address alcohol in similar way that smoking was tackled.**
The Government have been very effective in reducing smoking in Ireland through the Quit campaign. A similar focus on alcohol would be welcomed with a whole of Government strategy.
- **Advertising of non-alcoholic drinks.**
Alibi marketing, the practice of a brand using features of the brand that are synonymous with it, without actually advertising alcohol, needs to be tackled. Legal advice received states that while legislation does actually prohibit this practice, it is being largely ignored by the alcohol industry. If the legislation is not clear enough, an amendment should be made.

Concerns arise where advertisements state that you can drink and drive as some non-alcohol drinks do contain a low level of alcohol. The HSE support legislative measures to restrict alcohol advertising and improve warning labels.

- **Trends that young people are drinking less.**
It is very hopeful that young people are not drinking as much and there seems to be a 'sober movement' taking place.
- **Difficulties in diagnosing FASD – symptoms similar ASD.**
Many children with FASD are misdiagnosed as having ADHD or Autism Spectrum Disorder (ASD). However, there is now a movement towards classifying people according to the International Classification of Functioning, Disability and Health (ICF) rather than by a diagnosis. This is where there is a focus on difficulties and how to support, rather than applying a label.

It is acknowledged that Children's Disability Network Teams (CDNTs) need to be more aware symptoms and a pathway needs to be put in place in order that such children can receive a service.

- **Timeline for diagnostic pathway or model of care for FASD**
Dr. John Cuddihy, National Director of Public Health is endeavouring to bring this topic forward with some of our clinical leads and various disciplines. Increased interest in the matter is evident through Parliamentary Questions and it is important to continue to keep awareness increasing and to the fore in order that a service can be provided.

- **Diagnostic pathways in other jurisdictions.**
This area is generally poorly developed across all of Europe. There have been significant difficulties in the rollout in Scotland, and in the UK, there is only one multidisciplinary team. At present, there is a quite a limited service in any jurisdiction.
- **Role of medication**
Within Child and Adolescent Mental Health Services (CAMHS) there is a belief that ADHD can be helped with medication. However, a lot of the difficulties that FASD presents cannot be treated by medication alone. Knowledge and awareness helps people with a greater understanding of themselves and in turn, they may be able to modify their own behaviour.
- **Life expectancy for people with FASD.**
The average life expectancy for persons with FASD is early 30s. Contributing factors include accidents, suicide and FASD associated conditions.

4. Motions

That the HSE set up centres specifically for detoxification in Louth and other counties for those in need of detox services to address the growing prevalence of substance misuse in our towns. This facility would offer a safe, monitored setting, easing the strain on acute hospital services current struggling with bed capacity in Louth and across the country.

Cllr. Ejiro O'Hare Stratton

Cllr. O'Hare Stratton proposed her Motion and sought clarification on the list of centres outlined in the response, asking whether a person could just walk into one of these centres, be triaged, accessed, admitted and treated, similar to an Emergency Department.

She referred to this cohort of people turning up at Emergency Departments, being admitted and occupying acute hospital beds. She stated that she wanted to divert people away from using acute hospitals for detox, while they should be treated in a specialised detox centre. She referred to the numbers of these patients occupying beds in Our Lady of Lourdes Hospital at present, while elderly people are waiting on trolleys for up to two days for a bed.

Cllr. O'Hare Stratton stated that none of the centres listed were in County Louth and asked if the HSE could invest in a specific detox centre for the county.

Cllr. Donna Cooney supported the Motion referring to providing treatment in the community as close to people as possible. She outlined that in some cases, residential care is needed for people with addiction issues. She also referenced the growing population of County Louth and income / insurance restraints in some cases.

Cllr. Cooney agreed that a specific centre would result in less people taking up places in acute hospital beds.

Ms. Rosaleen Harlin, Regional Director of Communications & Public Affairs, HSE Dublin and North East, outlined that a representative from IHA Louth Meath could not be present at today's meeting. She responded to the comments stating that while there may not be centre situated in County Louth, all the centres outlined in the response take referrals from across the country. She stated that each centre has different criteria

for acceptance and it also depends on individual choice, service user's say and other health issues.

Cllr. O'Hare Stratton outlined that if a person turned up at the Emergency Department (ED) of Our Lady of Lourdes Hospital where they were under the influence of alcohol, she would not be referring them to Carlow or Blanchardstown. She outlined that they would be admitted and treated. Similarly, emergency services would bring a patient to the nearest hospital.

The councillor referred to the huge need in the community due to a growing population and that the HSE need to look at placing centres where the needs are.

Cllr. O'Hare Stratton outlined that she would like to see a proposal come from this group and that she did not just want talking or a report, but action. The councillor requested the HSE respond positively to the needs on the ground.

It was agreed that Ms. Harlin would make contact with Cllr. O'Hare Stratton directly.

Cllr. Kieran seconded the Motion.

The Motion was adopted by the Forum.

5. Questions

The response to the Question was noted.

6. Chairperson's Correspondence

Cllr. Kieran Dennison updated members on the appointment of Cllr. Tom O'Leary to the Forum. Cllr. O'Leary replaces Cllr. Ruth Coppinger as a Fingal County Council nominee.

7. Date and time of next meeting

The next meeting of the Regional Health Forum - Dublin North East will take place on Monday, 26th May, 2025.

Signed:

Chairperson