



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Public Health Medicine Environment and Health Group



Public Consultation on Health Sector Climate Change Adaptation Plan

August 2019

The Public Health Medicine Environment and Health Group (PHMEHG) works to represent the Medical Officers of Health in fulfilling their statutory environmental medicine roles.

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Summary Recommendations

1. That our suggested resilience goals and adaptation actions are prioritised.
2. That resources appropriate to achieving adaptation goals are applied as swiftly as possible.

Population Health

Predicted health impacts

These are outlined in the PHMEHG Position Paper on Climate Change Mitigation in Ireland (August 2017) based on our review of literature and our experience during severe weather events.

<https://www.lenus.ie/bitstream/handle/10147/622551/PHMEHG+PP+Climate+Change+Mitigation+in+Ireland.pdf;jsessionid=F7817132D50C7A8838832C14AFD4529D?sequence=1>

Suggested Goals for Health Sector Climate Change Adaptation

1. **Population resilience** – that predicted climate change adverse impacts on health should be minimised and positive impacts maximised for the people of Ireland throughout the 21st century. The needs of the most vulnerable groups to climate change threats need to be prioritised.
2. **Infrastructure resilience** – that healthcare facilities and other health infrastructure should be safe, functional and accessible at all times, regardless of weather conditions and climate change pressures.
3. **Service resilience** – that appropriate and high-quality health services can be provided at all times, regardless of weather conditions and climate change pressures.
4. **Financial resilience** – that costs of achieving resilience as above are minimised and that the impacts of external financial shocks do not have an impact on the quality of health or health services.
5. **Health in All Policies & Cross-Cutting Collaboration** – that the collaborative ways of working to achieve climate change adaptation are further developed, valued and maintained towards “health in all policies” (HIAP) and achieving maximal level of synergies and minimal mal-adaptation.

Suggested Adaptation Actions include:

1. Population resilience

- Adverse health impacts should be anticipated, with special emphasis on our most vulnerable populations. Climate epidemiology needs to be developed to support the evidence for adaptation actions. Public health risk assessment is needed on an ongoing basis and stepped up for acute events.
- Cost-effective primary prevention should be prioritised where possible, but effective secondary and tertiary prevention should be carried out where primary prevention cannot be achieved. Positive health impacts should also be scoped and facilitated where possible.

2. Infrastructure resilience

- Risk assessment of all infrastructure is required to consider the vulnerabilities to all predicted changes, with priority for critical infrastructure.
- Coordinated infrastructure planning within and external to the health sector to ensure all changes are anticipated and designed for, taking into account all other relevant pressures.

3. Service resilience

- Risk assessment of each and every service, on a regular basis. Business continuity needs to be planned for so that all predicted challenges are catered for, recognising interdependencies.

4. Financial resilience

- Development and integration of costing mechanisms in analysis of previous events, predicted health impacts and cost-effectiveness of interventions towards good collaboration on achieving best possible value for money with finite resources.

5. Health in all policies & cross-cutting collaboration

- Recognising common purpose and that “health is wealth”, identifying cross-sectoral health impacts and addressing them across sectors as well as within the health sector.

Resource requirements include:

Public Health Medical Capacity to support adaptation

The members of the Public Health Medicine Environment and Health Group, as Medical Officers of Health (MOHs) have numerous statutory responsibilities that would inform adaptation, including for carrying out environmental epidemiology, public health risk assessment and provision of medical advice to populations during severe weather events. As MOHs, they also can process special category data under GDPR in the interest of the health of the public so are integral to working with research programmes to provide better data and other evidence. An adequate public health medical resource is required particularly to implement population resilience, health in all policies and on-going cross-cutting collaboration.

Members of our group have already carried out numerous climate change adaptation roles including acute public health risks assessments during severe weather events over the last few years, and provided health advice for services and the public, have supported this adaptation planning process and have been engaged in health in all policies with cross-cutting collaboration.

However, the statutory brief is mainly regional, to fulfil necessary front-line work, and very few resources are formally available to support national planning work. The PHMEHG was set up to fill the gap caused by no national service, but there are no formal protected resources to provide this service. This is a resource resilience risk and formal resources to provide for this service should be allocated.