



HSE Public Health Medicine  
Environment and Health Group (PHMEHG)

Annual Report for 2017



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## About this Report

The Public Health Medicine Environment and Health Group (PHMEHG) aims to support the implementation of the Medical Officer of Health (MOH) function at regional and national level, which provides for health protection and health improvement relating to environmental influences on health. This brief report highlights some of the activities of the Public Health Medicine Environment and Health Group in 2017 in line with our terms of reference.

These activities also support the implementation of international and national legislation and policies including:

- The United Nations Development Programme [Sustainable Development Goals](#) (SDGs) especially *SDG 3- Good Health and Wellbeing*; *SDG 6 – Clean Water and Sanitation*; and *SDG 13 – Climate Action*
- [International Health Regulations 2005](#) and [EU Decision on Serious Cross Border Threats 2013](#)
- [Healthy Ireland Goal 3](#) - *Protect the public from threats to health and wellbeing*

The report was prepared by Dr. Ina Kelly, Consultant in Public Health Medicine/ Medical Officer of Health, HSE Midlands and Chair of the PHMEHG.

## Summary

Air quality, drinking water quality & quantity and climate change are some of the most important environmental influences likely to impact on human health in the 21st Century and the PHMEHG has been particularly active in 2017 in identifying and communicating the current vulnerabilities in Ireland to the relevant government departments toward influencing their environmental policies and plans.

We will continue to contribute to national efforts to protect and improve the health of the public through risk assessing, advising and advocating on a healthier environment, minimising emissions of greenhouse gases and developing climate resilience in public health and the health sector.

## Activities in 2017

The PHMEHG aims to assist in the implementation of the Medical Officer of Health (MOH) function of Departments of Public Health and at national level, which provides for health protection and health improvement relating to environmental influences on health. (For more information on the PHMEHG please see Appendix A and the main terms of reference of the group are in Appendix B.)

The PHMEHG met six times in 2017 by face-to-face or teleconference, which allowed us to plan our work to:

1. Standardise medical guidance
2. Co-ordinate our services
3. Develop and deliver advocacy
4. Provide collegiate support in the management of local environmental incidents *and*
5. Develop and provide training for our colleagues

### 1. Standardisation of guidance

Members of the PHMEHG are continuously engaged in the development and improvement of evidence informed guidance. The MOH role is being clarified which allows for more effective working and will contribute to enhancing inter-professional work with HSE and external colleagues. In guideline development 2017 these included:

- Ongoing improvement of the Public Health Medicine On-Call Pack – this is guidance for Consultants in Public Health Medicine on-call on the main Public Health Risk Assessments and the medical advice they may have to provide during environmental incidents

- Cluster investigation guidance was updated
- Ongoing improvement of [Environment and Health webpages](#)

## 2. Co-ordination of public health medical service at national level

The main method of coordinating national work is through the leadership of PHMEHG members in their areas of expertise. These areas include:

Drinking Water, Bathing Water, Outdoor Air Quality, Radon, Wind Turbines, Climate Change and Severe Weather.

Highlights included:

- **Wind Turbines** – Dr. Melissa Canny, Consultant in Public Health Medicine/ Medical Officer of Health, HSE West developed a position paper on [Wind Turbines and Public Health](#) on behalf of the group
- **Drinking Water** – Dr. Una Fallon, Consultant in Public Health Medicine/ Medical Officer of Health, HSE Midlands developed public health medical advice on Lead (Pb) in water in order to inform and protect the public who are exposed to lead above regulatory limits.
- **Bathing Water** – Dr. Regina Kiernan, Consultant in Public Health Medicine/ Medical Officer of Health, HSE West led the Public Health Bathing Water Group in updating national guidance on implementing bathing water legislation / health protection and health improvement in this area – this group produces its own [Annual Report](#).
- **Air Quality Outdoor** - the EPA Inter-Agency Air Quality Health Information Group (AQHIG) was reinstated and Dr. Tessa Greally, Consultant in Public Health Medicine/ Medical Officer of Health, HSE MidWest and Dr. Patricia McDonald, Consultant in Public Health Medicine/ Medical Officer of Health, HSE East led for the PHMEHG on tackling this very significant health issue.
- **Radiation including Radon** - Dr. Mary O'Mahony, Consultant in Public Health Medicine/ Medical Officer of Health, HSE South, led on providing public health medical advice to the National Radon Control Strategy (NRCS) which is being implemented by the Department of Communications, Climate Action and Environment, with on-going input from members of the PHMEHG; and represented the PHMEHG on the statutory National Radiation Safety Committee; the EPA Office of Radiation Protection (ORP) Radiological Advisory Committee; and the HSE EPA ORP Radon Working Group.
- **Climate Change Adaptation** – Dr. Ina Kelly, Consultant in Public Health Medicine/ Medical Officer of Health, HSE Midlands led on climate change and public health through

advocating for consideration of the health impacts of climate change at the national Climate Change Advisory Council Adaptation Committee, Department of Communication, Climate Action and Environment sectoral team meetings and other stakeholders.

### **3. Development of Advocacy**

The health of the public is an important but often non-prioritised issue for environmental stakeholders. SPHMs remind, advise and advocate towards safer environmental policy, strategy and implementation. The following submissions were made:

- January 2017 - [Agriculture Sector Climate Change Adaptation Plan](#)
- February 2017 - [Transport Sector Climate Change Adaptation Plan](#)
- March 2017 - [National Planning Framework](#)
- April 2017 - [Ireland's Nitrates Action Programme](#)
- April 2017 - [Cleaning Our Air - Development of a National Clean Air Strategy](#)
- August 2017 - [Draft River Basin Management Plan for Ireland](#)
- October 2017 - [Draft Climate Change Adaptation Plan for the Electricity and Gas Networks Sector](#)

In addition a submission on [Climate Change Mitigation](#) was submitted to the [Citizens Assembly](#) (Search: Ina Kelly).

### **4. Provide collegiate support in the management of local environmental incidents**

Meetings provide an opportunity to discuss ongoing environmental issues and incidents and this is a regular agenda item. Issues include drinking and bathing water contamination issues, air quality and soil contamination incidents. In addition, discussion on local planning issues were also discussed with development and sharing of expertise towards providing maximal quality in public health risk assessment and public health medical advice during incidents and about issues.

### **5. Develop and provide training for our colleagues**

The PHMEHG develops and delivers an annual training day for: current PHMEHG members from each Department of Public Health; SPHMs who participate in MOH work; and SpRs in Public Health Medicine. SPHMs as trainers also provide on-going training in their departments to their SpR colleagues.

A very successful training day for Specialist Registrars in Public Health Medicine and SPHMs was carried out on March 1st 2017, led by Dr. Patricia McDonald. The theme of the event was Public Health Role in Managing Environmental Incidents and had presentations on the roles in Ireland, Irish incidents and a workshop presented and facilitated by Public Health England, which provides contracted support services to our service.

Apart from the formal training, our service also supports universities in provision of Masters in Public Health teaching, which is an essential requirement for our SpRs.

## **6. Implementation of Recommendations from Annual Report 2016 for 2017**

1. Continue developing role clarity and communicating this particularly to those with responsibility for the role, by documenting role in guidance and training
  - This was implemented through development of guidance and provision of training
2. A brief MOH communications strategy should be developed
  - A formal strategy was not documented, but the informal strategy of increasing the number of submissions into relevant public consultations was carried out. In addition, the format of our submissions changed from “text heavy” to more succinct materials.
3. Development of the national environment and health function – continue making business case, including the need for research and the obligation to provide training.
  - No opportunity to make a business case occurred. The PHMEHG provides annual training and fulfils this need at present, based on the 2015 audit of training needs.

## **Recommendations for 2018**

Continue to:

1. Provide expert advice to the relevant agencies and government departments based on evidence based public health risk assessments
2. Contribute to national climate action especially developing climate resilience in public health and the health sector

# Appendices

## Appendix A: About the Public Health Medicine Environment and Health Group (PHMEHG)

### Governance

The Public Health Medicine Environment and Health Group is a group of Specialists in Public Health Medicine (SPHMs) who represent all those who implement the [Medical Officer of Health \(MOH\)](#) functions in the Environment and Health area of Health Protection. The group reports to the Directors of Public Health and all departments of Public Health are represented, so the coverage of the group is national. See Appendix 1 for the main terms of reference as updated in 2017.

### MOH Legislation relevant to the Environment

The main Medical Officer of Health functions for Environment and Health are described in the Health (Duties of Officers) Order, 1949 (S.I. No. 128 of 1949)<sup>1</sup> which includes the following roles:

- A. *Inform ourselves “as respects all influences affecting or threatening to affect injuriously the public health in the county and as respects the causes, origin and distribution of diseases in the county”.*
- B. *“Advise the county council – generally in relation to the health of the people and the provision of health services, sanitary services and housing accommodation”*

These statutory functions provide for health protection functions including:

- Public Health Risk Assessment in environmental emergencies and acute and on-going environmental incidents
- Environmental epidemiology
- Cluster investigations
- Public health medical advice to the appropriate authorities
- Advocacy on environmental matters

In addition, where there is an environmental source of an infectious disease, Infectious Diseases Regulations, 1981 is also implemented by MOHs. There is also environmental legislation which cites the HSE (or health board) as a prescribed body, including [Planning and Development Regulations 2001](#) as amended, [Drinking Water Regulations](#), [Bathing Water Regulations](#), [European Communities \(Environmental Liability\) Regulations 2008](#), [Waste Management \(Management of Waste From the Extractive Industries\) Regulations 2009](#)

Directive EPA Act on IPC, Strategic Environmental Assessment (SEA) etc. This legislation does not mention MOHs, but as the purpose is generally to protect the health of the public, therefore MOHs are informed. MOH legislation as above then provides for the assessment and advisory roles of the MOH when informed.

### Medical Officer of Health function in relation to the Environment

The [Medical Officer of Health](#) function is implemented on a regional basis. The regions are those of the Departments of Public Health – East, West, South, Mid West, South East, North West, North East and the Midlands. At national level, the Medical Officer of Health function is implemented by the HSE National Director of Health Protection.

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<sup>1</sup> Health (Duties of Officers) Order, 1949 Available at: <http://www.irishstatutebook.ie/eli/1949/si/128/made/en/print>



## **Appendix B: Terms of Reference of the Public Health Medicine Environment and Health Group**

To assist in the implementation of the Medical Officer of Health (MOH) function at regional and national level by:

1. Providing a forum for sharing of clinical and Public Health expertise on environmental public health hazards in Ireland between Specialists in Public Health Medicine (SPHMs)/ MOHs in the Departments of Public Health
2. Supporting the provision of consistent evidence-based advice from Departments of Public Health to national bodies and agencies as required

### **Objectives**

1. Standardise approaches to:-
  - a. Risk assessment of environmental hazards and concerns
  - b. Risk communication of environmental hazards and concerns
  - c. Risk management of environmental hazards and concerns
  - d. Surveillance of incidents requiring public health risk assessment
2. Co-ordinate work/projects requiring a national response
3. Provide collegiate support to each other
4. Provide a forum for the review of difficult incident management issues and the identification of lessons learned, potential interventions and/ or need for guidance
5. Develop and maintain guidance as required
6. Develop and maintain inter-professional work with appropriate colleagues within the Health Service Executive (HSE)
7. Develop and maintain inter-professional work with other stakeholders external to the health sector
8. Support provision of advice on environment and health issues of concern at national level to government, national bodies and other relevant agencies
9. Advocate on issues of concern as required
10. Facilitate continuing professional development (CPD) and audit
11. Facilitate training of:
  - a. Current PHMEHG members from each Department of Public Health
  - b. SPHMs who participate in MOH work
  - c. Specialist Registrars (SpRs) in public health medicine (PHM)
12. Support research as resources allow
13. Communicate risk to the public as appropriate
14. Assist in the development of a national focal point for public health advice on environment and health
15. Monitor and review where necessary the contract for chemical advisory support with Public Health England (PHE)
16. Identify capacity, infrastructure and succession planning needs to Directors of Public Health (DPHs)

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