

REGIONAL HEALTH FORUM - DUBLIN NORTH EAST

FÓRAM RÉIGIÚNACH SLÁINTE - BAILE ÁTHA CLIATH AGUS AN TÓIRTHUAISCEART

MINUTES OF MEETING HELD ON MONDAY, 23RD SEPTEMBER, 2024 AT 2:00PM

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

Members Present (*in person*)

Cllr. Kieran Dennison
Cllr. Gillian Toole

Cllr. John Paul Feeley

Cllr. Alan Lawes

Members Present (*online*)

Cllr. Donna Cooney
Cllr. Tom Kitt
Cllr. Ejiro O'Hare Stratton
Cllr. John Stephens

Cllr. Michelle Hall
Cllr. Fiona Mhic Conchoille
Cllr. Supriya Singh
Cllr. Aoibhinn Tormey

Cllr. Deirdre Heney
Cllr. Caroline O'Reilly
Cllr. Áine Smith

Apologies

Cllr. Christy Burke
Cllr. Cat O'Driscoll

Cllr. Shane McGuinness

Cllr. Edel Moran

Not in attendance

Cllr. Winston Bennett
Cllr. Ruth Coppinger
Cllr. Mary McCamley
Cllr. Sarah Reilly

Cllr. Eimear Carbone-Mangan
Cllr. David Maxwell
Cllr. PJ O'Hanlon

Cllr. Pdraig Coffey
Cllr. Bronagh McAree
Cllr. Gayle Ralph

HSE Representatives Present (*in person*)

Mr. Liam McHale, Communications and Parliamentary Affairs, CHO Dublin North City & County
Ms. Rosaleen Harlin, Communications Lead, HSE Dublin and North East
Ms. Sue Markey, Assistant Director of Nursing, Sepsis, Deteriorating Patient Lead, RCSI Hospital Group
Ms. Lorraine Timmons, Regional Health Office – HSE DNE

HSE Representatives Present (*online*)

Ms. Mellany McLoone, Chief Officer, CHO DNCC
Ms. Fiona Murphy, Head of Health & Wellbeing, Midlands Louth Meath CHO
Mr. Conor Fitzpatrick, Principal Social Worker, Primary Care, CHO DNCC
Dr. Graham Connon, Principal Psychologist, CHO DNCC
Ms. Grace Larkin, Communications Officer, Community Healthcare Cavan, Donegal, Leitrim, Monaghan, Sligo

Cllr. Kieran Dennison chaired the meeting.

Regional Health Forums and Health Regions

Ms. Mellany McLoone, Chief Officer, CHO DNCC updated members on recent correspondence from the Department of Health to Mr. Bernard Gloster, Chief Executive Officer of the HSE, relating to the establishment Regional Health Fora in the new Health Regions.

The key points included the following:

- The number of Regional Health Fora will increased from four to six to reflect the six Health Region geographies;
- The Regional Health Forum – Dublin North East will retain its current functional area;
- Proposal to add more representatives to the Forum in line with population increases, based on the 2022 population of the local authority area;
- Dublin North East Forum will increase in membership from 29 to 34;
- New legislation necessary.

Ms. McLoone suggested that a report be prepared by the executive on the proposal to increase the membership and the process involved. Ms. McLoone pointed out the underlying principle that no Council would lose their current representation on the Forum.

Cllr. Kieran Dennison outlined that the process would involve how extra members would be distributed among the local authorities and advised members that any suggestions would be welcome.

It was agreed that the matter would be added to the agenda for the November Forum meeting for further discussion.

1. Adoption of minutes of meeting held on Monday, 22nd July, 2024

The minutes of the meeting held on Monday, 22nd July, 2024 were adopted by the Forum on the proposal of Cllr. Alan Lawes and seconded by Cllr. John Paul Feeley.

2. Health Service Executive Updates

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

- World Suicide Prevention Day 2024;
- Early Diagnosis of Lung Cancer Campaign - #CheckThatCough;
- New immunisation programme to protect newborn babies against RSV;
- National Sepsis Summit highlights the importance of prompt action and intervention;
- World Alzheimer’s Month;
- Together we can reduce harm and save lives this International Overdose Awareness Day;
- eHealth Videos to reduce the harms from Cocaine.

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

HSE marks World Suicide Prevention Day 2024
- *Request for details how many people enrolled for the ‘Let’s Talk About Suicide’ online training programme*

A response will be provided.

HSE launches Early Diagnosis of Lung Cancer Campaign - #CheckThatCough

- *Clarification on why campaign only relates to North Dublin*

CHO Dublin North City and County was chosen by the National Cancer Control Program as a target area for this campaign, which commenced in July and ran for six weeks. North Dublin was chosen because of a higher instance of lung cancer relative to other parts of the country. There's also a high prevalence of risk factors for lung cancer including an older population and a relatively high prevalence of smoking and social economic deprivation. The area also has two rapid access lung clinics in the Mater Hospital and Beaumont Hospital where GPs can refer suspected cases of lung cancer.

HSE launches Early Diagnosis of Lung Cancer Campaign - #CheckThatCough

- *Diagnosis of lung cancer*

Online tools on how to detect lung cancer are available.

New Immunisation programme to protect newborn babies against RSV

- *Clarification on whether parents are given information on the full ingredients in vaccines*

A response will be provided.

HSE National Sepsis Summit highlights the importance of prompt action and intervention

- *Clarification on whether CPE (carbapenemase-producing Enterobacterales) is relevant to sepsis*

A response will be provided.

eHealth Videos to reduce the harms from Cocaine

- *Clarification on whether the Integrated Cocaine Programme is a DNCC only initiative or if it will be rolled out in other areas*

A response will be provided.

Request for presentation on iSIMPATY

The iSIMPATY ran very successful in CHO Cavan, Donegal, Leitrim, Monaghan and Sligo. It was examined in terms of CHO DNCC and it was decided to take a slightly different approach in terms using the Community Healthcare Network model.

A presentation can be arranged for a future meeting.

Linkage between workforce planning and population growth figures of CSO

This does not happen at present. However, the Department of Health (DOH) is currently leading a group specifically on the area of population based planning.

The report was noted by the Forum.

3. Presentation on National Clinical Programme for Sepsis

Ms. Sue Markey, Assistant Director of Nursing, Sepsis, gave a presentation to members on the National Clinical Programme for Sepsis.

Members expressed sympathy with the family of Aoife Johnston, 16, from Co. Clare, who died in 2022 after suffering from meningitis-related sepsis.

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

Lack of awareness among healthcare professionals and patients around symptoms of sepsis following surgery. Request that information be provided to patients upon discharge

Patient information leaflets are provided to patients prior to surgery in many hospitals and as part of the consent process around the signs and symptoms of infection in most hospitals. It is important that the surgical risks are always explained to patients.

Information on sepsis symptoms and septic shock

Post Sepsis symptoms include neuropathies affecting nerves with severe pain, difficulty swallowing, muscle weakness, clouded thinking, difficulty sleeping, poor memory, anxiety, fatigue, and difficulty concentrating. If a person survives septic shock, effects can include the loss of limbs, physical disabilities, poor concentration. However, if you get sepsis and it is recognised and treated early, you will make a full recovery.

Concerns in relation the high incidence of children that die from sepsis. Relevance of wound cleaning at home and in schools

Good hand hygiene is a key element in the prevention of sepsis. It is extremely important in hospitals, however, everyone should be practicing good hand hygiene. Doctors, nurses and all health care professionals should be performing the 'five moments for hand hygiene' before they attend the patient, with the patient and after they leave the patient. HSE staff are fully trained in this area.

Triage process in Emergency Departments for suspected cases.

An Emergency Medicine Early Warning System (EMEWS) is operational in almost all Emergency Departments within the Dublin and North East region. Once a patient has been triaged, they will be categorised as follows:

- Category 1: Patient requires resuscitation.
This would happen in cases of heart attacks, strokes and septic shock.
- Category 2: This applies where there is a query of sepsis.
The patient should be seen within ten minutes. However, this may not always be possible due to the often large numbers of Category 2 patients.
- Category 3 (hourly review).
- Category 4: 2-hourly review (less urgent).
- Category 5: EMEWS is not applicable as these are non-urgent cases.

Category 2 to Category 4 patients are subject to certain observation frequency and observations are all recorded.

Clarification on the hospital in the region that has not implemented the EMEWS system

The implementation of the system is currently being discussed and planned with the Mater Hospital at present. The system was in place prior to the pandemic but it was ceased due to inadequate safe staffing levels.

How does Ireland compare internationally in relation to rates of deaths from sepsis
Ireland compares very well internationally. In fact, Ireland is possibly one of the only countries that constantly performs national audits in all acute hospitals.

Information on audits

Work commenced in July to assess compliance with the recognition, treatment and management of sepsis in Emergency Departments. This also involves recognition of sepsis, the time to doctor and the time to antibiotics or antimicrobials.

A set of metrics for all Emergency Departments is being developed. Generally, between ten to 15 charts will be randomly audited on a monthly basis. Sepsis is now included in performance reports in all Emergency Departments. Training and education programmes are also taking place for nurses and medical staff.

Reasons for almost three-fold increase in sepsis cases from 2019 to 2023

The increase in numbers was a result of Covid-19 and we have also improved our recognition of sepsis so we are better at picking it up. It is believed a large number of Covid-19 deaths, where people who were admitted with shortness of breath and were most likely sepsis related due to respiratory failure. Research is ongoing examining Covid-19 diagnosis more accurately in relation to sepsis. It should also be noted that throughout the pandemic, there was a decrease in other infections presenting to hospitals.

4. Motions

That the HSE report on how someone under 18 can receive an assessment for Autism Spectrum Disorder (ASD) through the public health/disability services, who resides within the Howth Malahide Local Electoral Area. Please specify within the report how those with mild, moderate or less complex difficulties can access assessment. Please specify within the report the wait times and numbers awaiting the services who provide ASD assessments publicly.

Cllr. Aoibhinn Tormey

Cllr. Aoibhinn Tormey outlined the reason for submitting her Motion relates to the ongoing challenges for young people in receiving assessments for Autism Spectrum Disorder (ASD) and that she is constantly encountering the issue locally as an election candidate.

Cllr. Tormey stated that she had asked for waiting times for all services providing ASD assessments but this information was omitted from the response. She stated that the Assessment of Need (AON) process is not functioning in terms of helping young people and their parents and asked if the HSE was achieving timeframes in delivering AONs and if the process is being reviewed or evaluated in any way.

The councillor raised concerns in relation to the waiting time of four years in the Coastal Network and requested details on efforts to improve access for young people to primary care services.

Cllr. Tormey requested clarification around the Primary Care Autism Assessment Service (PCAS) process and how the new assessment pathway is being evaluated.

Clarification was sought on accessing ASD assessments in the service being attended or whether other teams are able to access ASD assessments more easily.

Cllr. Tormey questioned if the Progressing Disability Services (PDS) model of services has been evaluated as an effective model in terms of supporting young people and their families, if the model is correct but does not have sufficient staffing, or if the young people are much more complex than what it was originally set out to be.

The issue of training was outlined and whether clinicians are receiving appropriate ASD assessment training.

Cllr. Tormey detailed the presentation of girls with ASD, observing that the majority of measurements or assessments would have been standardised predominantly for boys.

Cllr. Donna Cooney supported the Motion and acknowledged that earlier diagnosis is beneficial for the child and also for the school in terms of any extra services that may be required.

Cllr. Cooney cited that generally, an assessment should take place within a 13 week timeframe, therefore the HSE are not meeting the criteria. She questioned whether the issues relate to recruitment and resources and what could be done to reduce the waiting times.

Ms. Mellany McLoone explained that as the Motion related specifically to Autism Spectrum Disorder, and there was no reference to AON, these figures were not included in the response.

Ms. McLoone affirmed a certain challenge in demand and capacity, noting the significant population growth in the Fingal area over the last number of years, as well as the area having one of the largest population of young people in the country.

Significant challenges in recruiting to Children's Disability Services in particular were cited, as staff do not see the area as being an attractive place to work. While significant numbers of posts are advertised, the area continues to struggle to recruit and retrain staff. This was particularly evident recently when employment control measures were in place across most services - despite Disability Services being exempt from the controls, it did not attract staff as might be expected. Nationally, a person has been appointed to deal with HR issues in relation to Disabilities. Work has also been undertaken with colleges in trying to attract students. The familiar problem of housing in the Dublin area is also a factor.

Ms. McLoone acknowledged the huge amount of innovative work being progressed in trying to develop different pathways and informed members that some services being provided in CHO DNCC do not exist in other parts of the country.

The aim to have all services working as one - Children's Services - as opposed to Primary Care, Disability Services and CAMHS.

Dr. Graham Connon responded to some of the questions and comments. He detailed the tiered approach to assessment for Autism, which makes more efficient use resources. Straightforward assessment cases are seen with less intensive assessment models and more complex assessments would get more intensive, Tier 2 or Tier 3, assessment models.

In terms of access to services, Dr. Connon advised that the approach being taken is that access can be provided without a diagnosis. Long waiting lists were confirmed, however, a group intervention for a child with Autism could be offered within months of referral. Therefore, the assessment and diagnosis is not necessarily an obstruction to the child actually progressing and receiving services.

An explanation on tiered assessments was given. Tier 1 assessments take place in either primary care or CDNT, these are normally where a child's ASD presentation is straightforward and they would be seen by the clinicians in their local health centre. Tier 2 assessments relate to more difficult assessments. These take place in the PCAS service in Castleknock, which is a more dedicated, specialist service with clinicians who

only perform Autism assessments. Within CDNT, if an assessment becomes or looks more complex, it can be the same clinicians who perform Tier 1 or Tier 2.

Dr. Connon discussed the national evaluation with the Centre for Effective Services (CES) and being one of four pilot sites in CHO DNCC, having contributed more assessments than any other area. A report on the evaluation is expected to be published in Q4 2024.

The reduction of 1,200 in AON numbers in the last year was also mentioned, together with the actions undertaken to achieve this, such as the use of some private providers. Dr. Connon stated that unfortunately, due to the staffing issues discussed, there has been a need to employ a Clinical Specialist Team to ensure that clients are assigned to the appropriate areas and duplicate assessments do not take place.

In terms of the evaluation of PDS, Dr. Connon informed the meeting that there has been some discussions with professional bodies at national level, however, the feeling on the ground amongst professionals, is that the issue is not necessarily the model, it is likely additional staffing.

Dr. Connon clarified that ASD assessment training is part of psychology training, but is not necessarily part of SLT or OT training. The Autism Diagnostic Observation Schedule (ADOS) is a specific tool that is used to assist in some Autism assessments, but it is not a necessary tool and is only recommended for use by experienced clinicians working with Autism for quite some time. HSE trainees would receive exposure to the test, however, they would not receive certification.

The difference in presentation of girls and women was recognised as an issue which may lead to under diagnosis or misdiagnosis. It is well recognised in the HSE and specific training is provided.

In relation to the 13 week criteria, Dr. Connon stated that the Clinical Specialist Team are making better use of resources of signposting and directing children to the right service and private providers are being availed of as much as possible to provide maximum capacity. However, until the service is fully resourced, waiting lists will continue.

Cllr. Michelle Hall joined the discussion and spoke about the children in her school that are not being diagnosed in time or are attending the incorrect service. She queried if access to services without a diagnosis is available in County Louth.

She also questioned if PCAS staff are HSE employees or if this is a private provider.

Cllr. Hall raised concerns in relation to outsourcing assessments, the financial incentives that can be offered to staff by private contractors, and the difficulties the HSE are experiencing in attracting staff.

Cllr. Hall referenced inappropriate language used in a private provider's assessments and asked that this be monitored.

Cllr. Gillian Toole referenced a suggestion she made at a previous meeting for the use of private services in an effort to reduce waiting times, and while welcoming the use of private providers, she referred to comments made in relation to populations and stated that we now have, effectively, a post-code lottery, where location can determine services available.

Cllr. Toole stated that many private providers are former HSE employees and that the retention of staff by the HSE needs to be thoroughly examined.

Cllr. Toole praised the pilot campaign and asked if small funding could be provided for interventions for children, in particular for primary school initiatives.

A request was made for the CEO of the HSE, Mr. Bernard Gloster, to attend a Forum meeting in order that members may personally outline disparities in services across the counties in Dublin and North East.

Dr. Graham Connon informed Cllr. Hall that he did not have the specifics with regard to County Louth in relation to access to services without diagnosis, but as the county forms part of the new Regional Health Area, it will likely be examined in terms of providing some standardization around the process.

In relation to PCAS, Dr. Connon confirmed that all staff are HSE employees, and by and large, it is a HSE run service.

In terms of inappropriate language, it was outlined that private provider's reports are examined by a governance team. Any new provider will have all of their reports checked, and as they gain in understanding of the area, this would be reduced. However, a percentage of reports would always continue to be checked and where something is inappropriate, it is dealt with appropriately and the frequency of checking would increase for that provider. HSE staff are also trained in the use of neuroaffirmative language.

Dr. Connon referenced the use of purchasing private services stating that the HSE is in a no-win situation in that it is legally mandated to meet timelines, however, the goal is for all services to be provided by the HSE. He believes this would provide a better service to clients and an easier service to govern.

On the issue of reimbursement, Dr. Connon declared that the HSE do not currently reimburse. He stated that it complicated issue and in some instances reports are provided privately which do not meet HSE governance standards. A substantial amount of work would have to go into examining each individual report to determine if it met criteria and if it could be paid for or not.

Ms. Mellany McLoone informed that meeting that under the Disability Act, only the HSE can issue an Assessment of Need report. Therefore, there is no mechanism to be reimbursed. The only way this could be considered would be if there was a change in legislation.

Cllr. Donna Cooney referenced recruitment and asked if part-time working is being examined.

Ms. McLoone confirmed that part-time working is facilitated within the organisation, having regard to the nature of the service being provided. For example, health and social care professionals are very mindful of the importance of the consistency of a therapist to a child.

Cllr. Aoibhinn Tormey indicated that she may submit a further Motion for the next Forum meeting specifically on staffing rates and vacancies in the coastal primary care area.

To ask the HSE what numbers of Social Workers are in place at the Primary Care Centre in Summerhill Dublin 1 and are they based there on a full time basis?

Cllr. Christy Burke

Cllr. Burke was not in attendance so the Motion was not moved.

5. Questions

The responses to the Questions were noted.

6. Chairperson's Correspondence

There was no business under this item.

7. Date and time of next meeting

The next meeting of the Regional Health Forum - Dublin North East will take place on Monday, 25th November, 2024.

Signed:

_____ **Chairperson**