



**Submission to
the Joint Committee on Health and Children
and members of the Northern Ireland Assembly**

on

“Cross-border cooperation on healthcare”

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Leinster House

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Key points

- The Institute of Public Health in Ireland (IPH) is an all-island organisation which promotes cooperation between the Republic of Ireland and Northern Ireland with the aim of improving population health on the island and tackling health inequalities. IPH work is focused on addressing the causes of ill health rather than the design and delivery of treatment services.
- North/South cooperation on health was mandated under the Belfast Agreement in 1998 in five domains, including health promotion. IPH has supported the North South Ministerial Council (NSMC) in respect of the health promotion strand since inception.
- The Department of Health and Department of Health, Social Services and Public Safety North-South Feasibility Study (December 2011) states that mutual benefits are most evident from cooperation in the areas of (i) anticipating trends and illnesses in a collective manner (ii) public health issues (iii) specialised services where the population or activity required to sustain the service cannot be met by either jurisdiction alone and (iv) in relation to those areas adjacent to the border.
- The European Directive on Cross-Border Healthcare will be implemented in the next few years which will have implications in relation to patients travelling for healthcare across the Republic of Ireland/Northern Ireland border.
- IPH is supporting the development of new public health strategies in the Republic of Ireland and Northern Ireland which are both due for publication this year.
- There are tangible benefits from cross-border cooperation in the health sector, both in public health and in health service planning and delivery and there are many examples of successful initiatives. However, developments are not occurring in the context of an agreed plan or overall strategic context and tend to be project-based and concentrated in border counties.
- Successful cross-border cooperation requires high level support and integration into departmental policy cycles. The provision of data on an all-island basis supports cross-border cooperation as does the operation of sustainable all-island organisations which can support research, evaluations and programmes.
- In the future, cross-border cooperation in health will be more effective if developed with a strategic planning process intrinsically linked to Departmental priorities.
- North-South cooperation in the areas of alcohol, obesity, tobacco health surveys and rare diseases will be particularly beneficial.

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1 Introduction

1.1 Institute of Public Health in Ireland – overview

The Institute of Public Health in Ireland (IPH) is an all-island organisation which promotes cooperation between the Republic of Ireland and Northern Ireland with the aim of improving population health on the island and tackling health inequalities¹. IPH supports the Departments of Health and their agencies in both jurisdictions, and seeks to maximise all-island cooperation to achieve better and fairer health outcomes for people on this island.

1.2 Social determinants of population health

IPH is focused on improving population health and reducing health inequalities. As such, our work is rooted in the social determinants of health approach². This approach recognises that population health is determined by a wide range of government policies that impact on health such as income, education, childcare, social protection, employment, the built environment and transport.

1.3 Emphasis of IPH work in preventing ill-health

Health services have a role to play in determining population health. However, the health service in its current configuration is primarily focused on treating illness. IPH work prioritises addressing the *causes* of ill health and we do not explicitly focus on treatment services. In this regard, our work in the health services domain has concentrated on the areas of health promotion and preventative interventions, and exploring inequalities in access to health care as a driver of health inequalities.

1.4 IPH areas of work

All-island working and cross-border cooperation are integral to all areas of our work, which can be categorised as follows:

- health intelligence (improving the quality and utility of data on the health of the population underpinning evidence-based policy-making and linked to Departmental priorities and indicators)
- informing policy-making across a wide range of government departments so that opportunities for improving population health and reducing health inequalities are fully realised and that threats to health are removed (this is achieved through policy submissions, active engagement on governmental working groups and health impact assessment)
- building the capacity of a wide range of stakeholders to improve the health of their communities by supporting evaluations of interventions,

¹ Health inequalities are preventable and unjust inequalities in health experienced by certain population groups. For example, the excess burden of ill-health and shortened life expectancy associated with poverty.

² World Health Organization Commission on Social Determinants of Health – Closing the Gap in a Generation. Healthy equity through action on the social determinants of health. WHO (2008).

informing national, regional and local planning processes and the development of practical tools.

Some IPH outputs in relation to all-island and cross-border working in these areas are listed in Appendix 1.

1.5 IPH involvement in all-island research collaborations

IPH is central to a number of high level research collaborations operating on a cross-border basis (Appendix 1). These collaborations are producing information critical to evidence-based policies and practice to improve population health and also to inform health service commissioning for preventative and treatment services. We are particularly active in the areas of chronic disease, diabetes, obesity, tobacco, alcohol and men's health. In addition, IPH has been strongly involved with projects relating to public health across Ireland, the United Kingdom and Europe.

1.6 IPH - a catalyst for development of new all-island organisations

IPH played a central role in the development of new all-island organisations which are leading on the development of information and research to inform quality health and social care services. These include the Centre for Ageing Research and Development in Ireland (www.cardi.ie) and the All-Island Institute of Hospice and Palliative Care (www.aiihpc.org).

1.7 Sources of further information on IPH

IPH was established in 1998. Further details on IPH including our partners, resources, governance and staff can be found on our website www.publichealth.ie and in the report *Towards Healthier Societies – the Institute of Public Health in Ireland - The First Ten Years* (IPH, 2008).

2 Policy context for cross-border cooperation in healthcare

2.1 Governmental structures and North-South cooperation on health

The Belfast/Good Friday Agreement (1998) recognises five key areas for North-South cooperation on health, namely

- Accident and Emergency Planning
- Major emergencies
- Cooperation in High Tech Equipment
- Cancer research
- Health promotion.

Child protection was subsequently added as an area for cooperation.

IPH has supported activities of the NSMC in respect of the Health Promotion strand, although some of our work would have an interface with the other domains. The NSMC group on the food safety promotion and health sectors articulated the scope of co-operation in the realm of health promotion as:

- sharing information and discussing opportunities for cooperation on an all-island basis
- collaboration on public information campaigns especially major media campaigns to maximise impact and economies of scale
- sharing information on research and good practice for mutual benefit including, in particular, the identification of potential joint campaigns relating to lifestyle surveys North and South
- scope for research and public information/education in areas of heart disease, cancer and smoking.

In 2009, IPH submitted a paper on North/South cooperation in health promotion to the NSMC. The last meeting of the NSMC held on June 2011 focused on activities in the areas of alcohol misuse, tobacco consumption and alcohol.

2.2 Department of Health and Children and Department of Health, Social Services and Public Safety North-South Feasibility Study

Findings from this study were made publicly available on December 2011.

The report acknowledges the achievements of IPH in fostering cross-border and all-island cooperation for better public health. The report sets out areas of cooperation where mutual advantages are evident:

- anticipating trends and emerging illnesses in a collective manner
- on public health issues
- on specialised services where the population or activity required to sustain the service cannot be met by either jurisdiction alone (see 2.6)
- in relation to those areas adjacent to the border.

The report makes 37 recommendations as listed in Appendix 2 of this document.

2.3 Programmes for Government

Ongoing development of North/South cooperation has been supported in statements made in the recent Programme for Government in the Republic of Ireland (Government for National Recovery 2011-2016, Department of An Taoiseach, 2011) and the draft Programme for Government in Northern Ireland (OFMDFM, 2012).

2.4 New public health strategies North and South due to be published

IPH is currently involved in the development of new public health strategies in both jurisdictions. IPH is working to optimise opportunities and benefits for North/South cooperation on public health in the context afforded by the similar timescales for both these strategies.

2.5 European Cross-Border Directive on Access to Healthcare

The Council of the European Union approved a Directive on cross-border healthcare in February 2011 and Member States have 30 months to transpose the Directive's provision into national legislation. This directive allows for patients to receive healthcare in another member state and be reimbursed up to the level of costs that would have been assumed by the member state of affiliation. The directive also covers the recognition of prescriptions issued in another member state. Improving the accessibility of patients to timely and appropriate treatments across Europe and irrespective of their nationality is to be welcomed. The implications of this directive in terms of patients seeking to travel across the Republic of Ireland Ireland/Northern Ireland border for healthcare will form an important backdrop to North/South cooperation on health services into the future.

2.6 National Rare Disease Plans United Kingdom and the Republic of Ireland under development

The United Kingdom and the Republic of Ireland are both engaged in developing a strategic approach to the issue of rare diseases, in compliance with an EU Council Recommendation. The United Kingdom Rare Disease Plan is expected to be made available for consultation on 29 February 2012. The Department of Health has convened a Steering Group on National Rare Disease Strategy to oversee the development of a plan for the Republic of Ireland by 2013. IPH are integrally involved in the development of the Republic of Ireland's plan and seeking to optimise opportunities for North/South cooperation and collaboration in service planning.

3 Benefits of cross-border cooperation for health

3.1 Potential benefits of cross-border cooperation in health

The potential benefits of North/South cooperation on health include:

- mutual learning for policy-makers and service providers facing common health and health service challenges
- comparison of outcomes from different approaches and health service models/models of care
- joint action with the capacity to increase the possibility of effecting positive change
- more economic and efficient use of finite resources
- development of services that are patient-centred rather than jurisdiction-centred with streamlined processes for patients accessing services across the border
- development of health policies that do not create perverse incentives relating to the border (for example in relation to harmonised approaches to a minimum unit price for alcohol)
- particular benefits for inhabitants of the border counties which are disadvantaged by virtue of higher levels of poverty and unemployment and the impact of the Troubles.

3.2 Two jurisdictions facing the same challenges

The Republic of Ireland and Northern Ireland face similar challenges in improving population health. Our shared challenge combined with a broadly similar demographic and our relatively small population and geographic area, means that North-South cooperation on health makes good sense. In times of economic constraint, working together in a way that maximises learning about effectiveness and makes best use of available resources has never been more important. In both jurisdictions, evidence points to common population health challenges including:

- Rising levels of obesity
- Persistent smoking rates and a heavy burden of respiratory disease
- Significant alcohol-related harm
- Low levels of physical activity
- Persistent health inequalities in both health behaviours and health outcomes among adults and children
- Rising levels of chronic diseases and population health challenges associated with ageing populations
- Health threats posed by falling standards of living e.g. child poverty, food and fuel poverty
- High levels of mental ill-health.

3.3 What types of cooperation exist in public health/health promotion?

North-South cooperation occurs at many levels. This ranges from informal ad hoc communications between public health/health promotion practitioners or policy-makers, to more formal structured activities. North-South cooperation in public health has successfully spanned policy and research/information as well as the development, implementation and monitoring of health promotion programmes. Developments in North South cooperation in health promotion at all levels have not however occurred in the context of an agreed medium-term plan or overall strategic context.

Public health policy - There is a spectrum of collaboration on policy. Very few all-island policies have been developed. Linkages exist between parallel policy/strategies and programmes where separate but similar policies have been developed, but such linkages are not universal. These linkages are realised by many means including having a policy representative from the other jurisdiction on a steering committee, hosting all-island conferences on common policy priorities (see recent all-island conference on alcohol <http://www.publichealth.ie/alcoholconference>) and involving expertise from the other jurisdiction in key meetings and decision-making.

Health promotion programmes - A number of joint media campaigns aimed at the public have been operated. These have included media products that have been jointly developed and disseminated through similar media North and South (for example through RTE and UTV simultaneously). A number of health promotion projects are operating in the border area, many under the auspices of the CAWT organisation.

Research and information - Policy and programmes aimed at improving population health are striving to become ever more evidence-based in both jurisdictions. There has been notable development in all-island research and information networks. A number of all-island surveys have provided the basis to identify commonalities and compare policy approaches (e.g. All-Ireland Oral Health Survey, Survey of Drug Use in Ireland and Northern Ireland). However, several surveys have been developed separately in both jurisdictions creating significant barriers to the sharing of information and the development of shared aims and targets. Differences in survey design and coding has limited meaningful comparison of information. Differences in the collection of information on breastfeeding, nutrition and mental health limit the extent to which data can be presented on an all-island basis and the extent to which meaningful comparisons can be made.

3.3 What supports cross-border cooperation?

Cross-border and all-island cooperation is supported by:

- high level support at Ministerial and Departmental levels
- ongoing support for the Belfast Agreement and North/South cooperation in successive programmes for government
- executive functions supported by both jurisdictions (NSMC)

- clear protocols within government departments which integrate the consideration of North/South cooperation at an early stage in the evolution of policies and programmes, as well as their evaluation
- Regulatory Impact Assessments in government policy-making which include consideration of North/South impacts
- Clear statement of North/South actions within government policies in health and other domains
- All-island organisations with sustainable funding rather than short-term one-off projects
- Organisations which support the development of all-island research on health issues through their grant programmes
- All-island networks/ professional societies and groups
- Information and data resources which can be shared and compared between jurisdictions to inform policy
- Challenges of scale - such as those faced by people with rare disorders seeking treatment in small population countries such as the Republic of Ireland and Northern Ireland
- Documentation and evaluation of the benefits and challenges of cross-border cooperation across policies and programmes to make the case for further cooperation
- Facility for integration of cross-border exchanges in health service staff training and career development.

4 Recommendations for the future development in North/South cooperation in health care

In the context of the structures described above and with particular regard to the recently published recommendations of the **Department of Health and Department of Health, Social Services and Public Safety Feasibility Study** (Appendix 2), the following areas for future action are proposed:

Short-term

- Building on high level endorsement from Departments of Health in both jurisdictions, opportunities for North/South cooperation should be a continued priority and encompass issues relating to the border counties but also wider all-island cooperation. A small number of strategic priorities for cross-border cooperation in the areas of public health and in the area of health service planning could be agreed in the short term to be achieved within the next 5 years. These priorities would be allied to clear reporting systems monitoring and evaluating progress and Departmental priorities. Health service planning issues relating to the European Directive on Cross-Border Healthcare and the designation of centres of excellence for referrals in respect of certain disorders such as cancers, rare diseases etc. to form a focus of this work.
- In light of the recent publication of the *New Strategic Direction on Alcohol and Drugs in Northern Ireland* and the *Substance Misuse Strategy in Ireland*, maximise opportunities for the development of harmonised interventions (at policy and programme level) to tackle alcohol-related harm on the island over the lifetime of these strategies. Synergies between the actions of the strategies can be maximised and agreement sought on the implementation of common policy levers such as minimum unit pricing and regulation of marketing and sales.
- In light of the publication of the *10 Year Tobacco Control Strategy in Northern Ireland* this week and the forthcoming publication of the report of the Tobacco Policy Review Group in the Republic of Ireland, maximise opportunities for the development of harmonised interventions (at policy and programme level) to tackle tobacco-related harm on the island over the lifetime of these strategies. Particular opportunities exist in terms of mutual learning and harmonised approaches to tackling health inequalities associated with tobacco-related harm and reducing the harm associated with exposure of children to tobacco smoke pollution (TSP).
- Put in place structures and agreements to maximise opportunities for North/South cooperation on the implementation of the new public health strategies in both jurisdictions which are expected to be published in 2012.

- Foster opportunities for all-island planning and cross-border cooperation for people with rare disorders on the island in the context of current policy developments on rare disease in both jurisdictions.

Medium-term

- Support cross-border and all-island cooperation on the prevention of obesity in light of the scale of this epidemic on the island and the substantial cost to health services. Support joint research programmes and evaluation of interventions and policies in respect of healthy eating and physical activity that are linked to Departmental targets and priorities. This will build on the existing North/South cooperation in this area through the activities of undertaken by the North/South body Safefood and the HRB Centre for Health and Diet Research etc.
- Support the further development of the All-Island Suicide Action Plan.
- Develop tangible supports and incentives for research and development bodies in each jurisdiction to collaborate through specific grants, bursaries and career development pathways. This can be achieved through supporting the development of all-island research and development groups and grant giving bodies.

Health Intelligence resources

The Health Well – an online resource supporting evidence-based policy making and an information hub for information on a range of public health priorities on the island of Ireland. The Health Well features hubs dedicated to information sharing and supporting North-South collaborative working on chronic diseases, obesity, fuel poverty and health inequalities.

Community profiles – indicators compiled for every Administrative County in Republic of Ireland and every Local Government District in Northern Ireland which allows policy-makers to make geographical comparisons on a range of health-related indicators. These indicators support regional and local planning processes for improving health and tackling health inequalities.

Making Chronic Conditions Count – all-island population prevalence estimates and projections on a number of chronic diseases including hypertension, cardiovascular disease, stroke, chronic airflow obstruction. These estimates support planning and service commissioning in both jurisdictions to meet the challenge of the chronic disease epidemic on the island.

Policy outputs

Policy submissions – IPH influences public policies on the island in health and other sectors in keeping with the Health in All Policies approach and advises on opportunities for beneficial North-South cooperation in the design and delivery of public policy.

Health Impact Assessment – IPH supports the use of HIA through online resources and delivers an all-island advisory and training service to government departments and agencies with a role to play in creating public health.

Cross-sectoral and interdepartmental working groups – IPH is represented on a number of working groups including the Men's Health Forum in Ireland and an all-island obesity study group.

Research partnerships and collaborations

Health Research Board Centre for Health and Diet Research

Centre for Excellence for Public Health in Northern Ireland

All-island public health research network

Injury Observatory of Britain and Ireland

Represented on the boards of all-island organisations such as the Centre for Ageing Research and Development in Ireland and the All Ireland Institute of Hospice and Palliative Care.

Leadership and capacity building

Leadership programme

Health Impact Assessment training programme

Health analyst training

Communications

IPH newsletter circulated to 4000 contacts on the island

Appendix 2

Recommendations from the Department of Health and Children and Department of Health, Social Services and Public Safety North/South Feasibility Study

Recommendation 1: The two Departments should promote joint collaborative work in order to promote social inclusion and health inequalities on a North-South basis.

Recommendation 2: The two Departments and the relevant Agencies should jointly develop strategic programmes and joint approaches to addressing substance misuse, particularly alcohol misuse, on a North-South basis.

Recommendation 3: The two Departments and the relevant Agencies should promote joint programmes and joint approaches to tackle obesity.

Recommendation 4: The two Departments and the relevant Agencies should develop joint programmes to promote positive mental health and suicide prevention.

Recommendation 5: The All-Island Action Plan on Suicide Prevention should be broadened to include mental health promotion.

Recommendation 6: The two Departments and the relevant Agencies should develop collaborative approaches to tackling chronic disease and lifestyle issues.

Recommendation 7: The two Departments and the relevant Agencies should develop collaborative programmes to promote positive sexual health across the island.

Recommendation 8: The two Departments and the relevant Agencies should build on existing arrangements in the development of contingency plans for communicable disease control, in particular for pandemic influenza preparedness.

Recommendation 9: The two Departments and the relevant Agencies should collaborate in the sharing of best practice and develop joint approaches in responding to the needs of a changing migrant population.

Recommendation 10: The two Departments and the relevant Agencies should explore approaches to improve access to services, including high quality primary and community care services, particularly for populations in remote rural or border areas.

Recommendations 11: The two Departments and the relevant Agencies should consider the scope for closer collaboration in the planning of services to enhance choice in care pathways and to provide better access to hospital based services for populations living in remote areas including those in border areas.

Recommendation 12: The two Departments and the relevant Agencies should consider the provision of highly specialist tertiary services on a North-South basis. The potential for networking arrangements and for clinicians to work across sites, in both jurisdictions, should be explored in order to ensure high quality and sustainable services.

Recommendation 13: The two Departments and the relevant Agencies should continue their work to develop a collaborative model of care for patients with paediatric and congenital cardiac conditions.

Recommendation 14: The two Departments and the relevant Agencies should work collaboratively to plan and develop radiotherapy capacity in Altnagelvin Hospital in order to improve access to radiotherapy for populations in the North West of the island of Ireland.

Recommendation 15: The two Departments and the relevant Agencies should explore the potential to develop, on a joint basis, a service for those organ transplants which are less common and which may require the critical mass of a combined population to be sustainable.

Recommendation 16: The two Departments and the relevant Agencies should develop a framework for working collaboratively in the area of genetics.

Recommendation 17: The two Departments and the relevant Agencies should develop opportunities for joint working in the area of learning disability, physical disability and sensory impairment.

Recommendation 18: Following the outcome of the current reviews of brain injury services, the two Departments and the relevant Agencies should take forward specific work areas identified as appropriate for joint collaboration on a North-South basis.

Recommendation 19: The two Departments and the relevant Agencies should develop the potential for the joint provision of highly specialist mental health services on a North-South basis including those for children and adolescents.

Recommendation 20: The two Departments and the relevant Agencies should develop further opportunities for joint collaboration to address the specific, specialist needs of individuals who are deaf and who experience mental ill health.

Recommendation 21: The two Departments and the relevant Agencies should collaborate to ensure best practice in the development of Eating Disorder Services and should consider the potential for the development of a single Highly Intensive Eating Disorder service.

Recommendation 22: The two Departments and other relevant Agencies/Departments should jointly evaluate the effectiveness of the current alert systems for children at risk.

Recommendation 23: The two Departments and the relevant Agencies/Departments should continue to take forward measures to improve child protection.

Recommendation 24: The two Departments and the relevant Agencies should develop further actions in order to progress and formalise cross-border foster care arrangements to deliver services which better meet the needs for children in border areas.

Recommendation 25: There should be a formal exchange of information on existing standards; types of homes, developments in the training of staff and in therapeutic support, to inform the North-South Child Protection Sub Group on "Information Sharing" established under the NSMC.

Recommendation 26: The two Departments and the relevant Agencies should build on existing work and continue to support information, infrastructure, and collaborative planning for emergency events which challenge normal service patterns.

Recommendation 27: There should be on going joint practical testing of emergency/contingency plans using the multi-agency model already established, on a North-South basis.

Recommendation 28: Both ambulance services should continue to provide support to each other in terms of appropriate out of area transfers and in emergency situations. Both ambulance services should further develop joint training programmes as appropriate particularly in the management of major incidents and pursue learning opportunities arising from such training.

Recommendation 29: The two Departments and the relevant Agencies should work together to share information, learning and best practice to achieve a common approach to the development of quality standards in agreed priority areas.

Recommendation 30: The two Departments and the relevant Agencies should identify and address issues affecting the ability of health and social care staff to work in the other jurisdiction and establish a resource point for service providers to access protocols and procedures that facilitate or support staff working across jurisdictions.

Recommendation 31: The two Departments should encourage health and social care agencies and health and social care practitioners from each jurisdiction to engage in joint training and development programmes as appropriate.

Recommendation 32: The two Departments and the relevant Agencies should play a lead role in facilitating cooperation amongst the respective research communities in both jurisdictions. The potential for improving communications, collaboration and joint working in specific research areas should be developed.

Recommendation 33: The two Departments and the relevant Agencies should adopt a joint approach when introducing new specialised equipment and/or technologies particularly those that require a significant population base to support and sustain them.

Recommendation 34: The two Departments and the relevant Agencies should put in place arrangements to allow for the systematic sharing of learning in telehealth and telecare initiatives across the two jurisdictions. In addition, joint collaborative projects should be established where it can be demonstrated that the application of telehealth and telecare approaches could lead to patient benefits and service improvements in both jurisdictions.

Recommendation 35: The two Departments and the relevant Agencies should consider the potential for joint procurement, where appropriate, with a view to achieving added value and reduced costs.

Recommendation 36: Each Department should invite representation from the other jurisdiction, when policies and strategies are being developed which are likely to be of interest to both jurisdictions. There should be regular engagement at leadership level to ensure that such opportunities are identified and that there is shared knowledge of important developments and learning in both jurisdictions.

Recommendation 37: The two Departments and the relevant Agencies should engage with the Voluntary/Community sector to ensure that the resources and unique contribution of this sector are focused on agreed strategic priority areas.

END