

DEPARTMENT OF HEALTH AND CHILDREN and
DEPARTMENT OF HEALTH, SOCIAL SERVICES, &
PUBLIC SAFETY
NORTH-SOUTH FEASIBILITY STUDY

19th February 2009

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EXECUTIVE SUMMARY

This Study was jointly commissioned by the Department of Health and Children in Ireland and the Department of Health, Social Services and Public Safety in Northern Ireland. The main purpose of the Study is to develop a strategic framework for taking forward on a North-South basis future collaborative work in health and social care and in planning and delivering health and social care services, as may be appropriate. The Study sets out examples of current North-South cooperation and identifies a number of potential areas within which further collaborative work may benefit people living in each jurisdiction. A participative approach was adopted in conducting this work and the outcome represents the collective views of key professionals and managers in both healthcare systems.

While North-South collaboration on health related issues is not new, what this Study provides is a structured approach to its ongoing development, with clearly identified areas for further cooperation and explicit roles and responsibilities for Departments and Agencies in both jurisdictions.

The Study sets out the key drivers for existing and future cooperation. It establishes the rationale for cooperation and indicates where benefits may be achieved from joint approaches to emerging health and social care needs.

It recognises the opportunity for health and social care communities North and South to work together to secure improved health and well-being and improved access to health and social care services on the island of Ireland.

The Study also recognises that while there are opportunities to enhance cooperation, each Government remains responsible for the planning, development and delivery of health and social care services in its respective jurisdiction.

Through working together to address major health issues, significant additional benefits to the population of each jurisdiction can be achieved, which could not be achieved by each system working in isolation. This applies in particular to facing

today's challenges, such as emerging and communicable diseases and preparing for future challenges including providing modern high quality health services and securing better access to specialist services.

A framework outlining the parameters, principles and priorities for taking forward future North-South cooperation is outlined. This represents the beginning of a new way of working, an approach that hopefully will deliver real benefits for both populations.

A number of recommendations have been made; some are of a strategic nature and propose that both Departments should work closely in developing strategies and policies. This extends to the sharing of information, best practice, the development and application of common quality standards and collaboration in the area of research and joint planning for the potential introduction of new technologies.

The Study recommends increased collaboration in addressing public health issues, recognising that both jurisdictions face similar challenges in terms of health inequalities. Recommendations are also made on substance misuse, obesity, communicable and non-communicable diseases, mental health promotion and suicide prevention, lifestyle issues, sexual health and teenage pregnancy.

From an operational perspective, several recommendations have been made including increased cooperation in the delivery of acute, primary and community care services; initiatives in the areas of health improvement and improving access to health and social care services; and recommendations in the areas of Disability, Mental Health, Children's services, Emergency Planning, Emergency Ambulance services, Quality and Safety; also dealt with are Workforce issues, research and development, new technology, Joint Procurement and, in overall terms, strategy and policy development. Among the suggested initiatives are support for the examination of the potential to develop joint paediatric and congenital cardiac services, additional radiotherapy provision in the North West, transplantation services, brain injury services, children's services such as child protection and

fostering. It is also recommended that both jurisdictions continue to build on existing collaboration across the wide spectrum of health and social care services.

For ease of reference the set of specific recommendations in each area is set out on the following pages. However, in order to understand the context and rationale which underscores each recommendation it is important to read Chapter 5 in full.

Recommendations

The report makes 37 recommendations in total. These are set out in detail in Chapter 5.

While the Terms of Reference for this Study suggested an action plan setting out a programme of activities to be taken forward over the next 2-3 years, it is considered that all of the recommendations are significant. As some offer the opportunity for a more immediate impact on patient and client care these should be taken forward as a priority. These are listed below.

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 promote 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 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 22: The two Departments and other relevant Agencies/Departments should 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 of 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 North South Ministerial Council (NSMC).

The remaining recommendations should also be taken forward at the earliest possible opportunity to ensure that both Departments and relevant Agencies can maximise opportunities for increased collaboration and the benefits that brings to people in both jurisdictions.

CHAPTER 1 – INTRODUCTION

North-South Cooperation in Health and Social Care

1.1 Responsibility for health and social care services in Northern Ireland rests with the Minister and Department of Health, Social Services & Public Safety (DHSSPS) and in Ireland with the Minister and Department of Health & Children (DOHC).

1.2 Cross-border working between Northern Ireland and Ireland's health and social care services has been on-going for many years. The cornerstone of today's collaborative North-South working was laid under Strand Two of the Good Friday/Belfast Agreement, signed on 10 April 1998. This provided for the establishment of a North South Ministerial Council (NSMC) to bring together those with executive responsibilities in Northern Ireland and the Irish Government. Health Ministers formally engage on cross-border issues under the auspices of the NSMC. Its purpose is to develop consultation, cooperation and action within the island of Ireland, including implementation on a North-South and cross-border basis, on matters of mutual interest and within the competence of each administration.

1.3 Arising from the Agreement, 12 subject areas were identified for cooperation and implementation for mutual benefit, under the aegis of the Council. In six areas, new North-South Implementation Bodies, operating at cross-border or North-South level were established. In six other areas cooperation is being taken forward by means of existing bodies in each jurisdiction. The DHSSPS, jointly with the DOHC, is responsible for two of the areas mentioned above, the Food Safety Promotion Board (one of the six implementation bodies) and the identified areas of cooperation in Health. These identified areas are; Accident and Emergency Services, Planning for Major Emergencies, High Technology, Cancer Research and Health Promotion.

1.4 North-South cooperation in health and social care services has often been primarily concerned with the border counties. However, in recent years there have been collaborative developments on major public health issues particularly health promotion, pandemic flu and other emergency planning areas, and health and social care services that are of relevance to the whole population of the island. There also continues to be a high degree of North-South cooperation in the border area where work is being undertaken to progress initiatives of mutual benefit.

1.5 Recognising the similarities in demographics and in the many shared health challenges faced by each jurisdiction, both Departments agreed to undertake a study to examine the potential for future North-South cooperation in the delivery and development of health and social care. This Study builds on the on-going collaboration developed since the Good Friday/Belfast Agreement in 1998 and other formal arrangements.

1.6 Cooperating on the use of resources, experiences and best practice on a North-South basis to address issues which provide major challenges to both systems makes sense. In attempting to address issues on a cooperative basis, the existing legislative context within which the respective health and social care sectors operate must be borne in mind. Both sectors function within separate legal jurisdictions, with separate exchequer funding for pre-defined geographical and population catchments and with different criteria governing access to publicly funded health services. In Northern Ireland health care is free at the point of delivery for patients with relatively small numbers buying private health insurance. The position is different in Ireland where the numbers purchasing private health insurance have continued to grow, despite a general broadening over recent years in entitlement to public care and an entitlement to free public hospital care. More than half of the population now has private health insurance. Both jurisdictions have similar structures for the operation and delivery of health and social care services, which is an enabler for collaboration.

1.7 A key driver for cooperation in the future is likely to be the opportunity to achieve mutual benefits from any initiative proposed. This can be measured in different ways, but important dimensions will include the impact on and benefit for

patients and clients, improved access to a high quality of care; impact in terms of shared knowledge and economies of scale; also impact on practitioners through learning and professional development. There is scope for collaboration on arrangements for service provision, particularly in the area of highly specialised services.

1.8 Public expectations of services and particularly of health services, continue to increase. Changes in demographics in both jurisdictions and the greater mobility of populations across Europe means health systems need to be in a position to provide for the needs of a more diverse population than was the case in the past. This, coupled with an estimated total population on the island of Ireland of 6.5m by 2015, provides a number of challenges and opportunities for both systems. Providing and sustaining high quality health and social care services and raising standards will be a key driver for joint collaboration.

1.9 There has been a consistent commitment at both Ministerial and Department level in both jurisdictions to work jointly on issues where there are mutual benefits to be gained. There is, therefore, a commitment to build on current work and cooperation on both the planning and delivery of health and social care services and on improving the health and well-being of both populations. This commitment is intended to ensure delivery of higher quality services; to ensure more accessible and sustainable services as well as to achieve more efficient utilisation of services. It should also seek to improve population health and reduce inequalities in health across the island, as well as provide better value for money in terms of public funding and more balanced regional development, particularly in terms of addressing border effects. It will be important to recognise other enablers which will help to meet these objectives, for example joint training initiatives.

Scope of the Study

1.10 It is against this background that this Study was commissioned with specific Terms of Reference (Appendix 1). The Study therefore concentrates on the potential to, on an all-island basis:-

- promote health and well-being and address health inequalities;
- enhance choice in care pathways and improve access to specialist secondary and tertiary acute services as well as local hospital and community and primary care services;
- increase the benefits for emergency care/ambulance provision arising from more cross-border cooperation;
- improve services in the area of mental health, learning disability, sensory and physical disability and children's services; and
- develop common service standards to promote the quality and safety of health and social care on a North-South basis.

1.11 The outcome of this Study was facilitated by a participative process across both jurisdictions. This process in itself has led to improved understanding of the systems in place in each jurisdiction and has already improved joint working relationships. The methodology and process is set out in Appendix 2.

CHAPTER 2 – KEY DRIVERS FOR COOPERATION

2.1 People on both sides of the border have experienced significant improvements in health and well-being in the last 50 years. Dramatic decreases in many childhood infections and falling death rates have lengthened life and improved child health. But many challenges remain. Death rates from chronic diseases such as heart disease, respiratory disease and some cancers are higher than in most Western European countries and recent surveys show that the health of young people is threatened by high levels of smoking, unhealthy nutrition and dangerous levels of alcohol consumption.

2.2 The state of health of the population of the island of Ireland lags behind other countries in Western Europe and there are inequitable differences in rates of premature death and disease among different social groups. Good health continues to be shaped by housing, income and employment as well as the physical and social infrastructure of communities and the quality of public services. It is also highly dependent on socio-economic factors and remarkably sensitive to the wider social environment. It is of vital importance therefore to ensure that social and economic public policies contribute to the reduction in health inequalities generally.

2.3 The common challenges of relatively high mortality rates and the underlying health inequalities and gender effects offer the opportunity for greater North-South cooperation in public health. Tackling health inequalities is a major common challenge on the island of Ireland and has been identified as an important priority in both jurisdictions. For example data for the island as a whole suggests that more than 300,000 children are overweight or obese. This number is projected to rise at a significant rate in coming years. Also, one in ten adults suffer from mental health problems and there is concern about the rise in suicide particularly among young men. Our ageing population means a frailer population with greater need for primary and community based services.

2.4 The major challenges facing the health and social care services are common to all advanced health and social care systems. These include:-

- quality and safety;
- health inequalities;
- increased expectations for better healthcare;
- increased demand driven by demographics;
- increased public expectations through improved access to information and connectivity through the use of the internet;
- the changing nature of disease and advances in treatments;
- cost containment and challenges to achieve efficiency; and
- impact of EU directives and frameworks.

2.5 Life expectancy is now longer greater than ever before and while this is a positive development, the expected increase in age-related chronic diseases poses a challenge to the ability of health and social care services to respond to the ever growing needs.

2.6 The internet has the potential to transform people's relationship with information. It is easier to access information on health and social care services than ever before. Many people want to do their own research, reflect on what clinicians say and discuss issues from an informed position and as a result interest in new services/therapies is likely to continue to increase.

2.7 Chronic diseases are recognised as a major health challenge in both jurisdictions. The main causes of chronic disease are lifestyle choices such as smoking, drinking alcohol excessively, poor diet and insufficient exercise. The Department of Health and Children in its document *"Tackling chronic disease – A policy framework for the management of chronic diseases"* sets out emerging lessons from the development of chronic disease programmes in other countries. *"The Twenty Year Vision for Health and Well Being in Northern Ireland – A Healthier Future"* (sometimes known simply as "A Healthier Future") sets out the DHSSPS vision for the management of chronic diseases in a community setting, in

partnership with service users and with support from hospital services. With both jurisdictions faced with tackling similar challenges including changing lifestyle behaviours, there is an opportunity to develop standards of care, prevention and treatment programmes and share best practice across the whole of the island.

2.8 Higher expectations and advances in technology mean increasing pressures on services. Developments over the last number of years in imaging and pathology have brought huge changes in the understanding of the nature and impact of existing disease. The understanding of the wider determinants of physical and mental health and their impact and interactions is improving all the time. Improved technology is enabling patients who would have required significant hospitalisation, to live fulfilling lives in the community, supported by their family doctor and multi-professional community teams.

2.9 Whether in acute or community sectors, easy and convenient access to services is an essential part of a modern and effective health and social care system. Health and social care professionals expect the best use to be made of their talents and the opportunity to ensure their skills are maintained; indeed this is essential to ensure high quality services are provided. The aim in both jurisdictions is to provide locally accessible, high quality primary, community and hospital services. However, there is a need to recognise a combination of factors relating to changes in how medical/surgical services are provided in hospital. These changes pose major challenges to the sustainability and delivery of some hospital services outside the main population centres. These factors include the EU Working Time Directive 2003/88/EC (capping the permitted number of hours worked), increasing sub-specialisation and the growing requirement for practitioners/consultants to achieve an appropriate level of clinical experience to maintain relevant skills and expertise.

2.10 Social services within both jurisdictions continue to work closely to ensure, as far as possible, that vulnerable families and children are safeguarded. However, there is a growing need to ensure systems are consistent on both sides of the border to secure the protection of children and vulnerable adults, including

the continuing care of patients suffering from mental ill health, as they move between jurisdictions.

2.11 *“A Healthier Future”* identified the increasing demand for health and social services associated with age and social trends. Family and community structures are changing and more people now live alone, largely as a consequence of an ageing population. The number of elderly people living alone or accessing residential or nursing home care is creating greater reliance on social care services and the social care workforce. In addition, the increase in chronic disease creates a growing need to provide support to both patients and their carers in the community.

Changing population and demographics

2.12 The significant migration into both jurisdictions over the last few years has posed challenges for public services. This change in population and demographics requires health and social care systems to respond to a greater range of needs than previously. There is a need for health systems to ensure that people develop an understanding of services and entitlements. Those Agencies planning and providing services must also ensure that people know how to access services and that language and cultural differences are appropriately addressed.

European Context

2.13 A series of EU directives and frameworks on, for example, mobility of professionals, data protection, sharing of confidential information and eHealth also facilitate cooperation in health and social care across borders. The Commission of the European Communities has adopted a Proposal for a Directive on the application of patients' rights in cross-border healthcare. In summary, the proposed Directive would provide for the freedom of recipients of medical treatment to go to another Member State in order to access those services and for European-wide cooperation on a number of health areas in support of cross-border healthcare viz. ehealth, European Reference Networks, Health Technology

Assessment Network, recognition of prescriptions and data collection. While the Directive may not come into effect until 2010 work is on-going to clarify how it may apply in practice. Arrangements for North-South collaboration should therefore take account of developments in cross-border health and social care within the European Union.

Maximising opportunities

2.14 It should be recognised that the presence of different social and economic policies and health structures, in each jurisdiction has posed some barriers to cooperation. Differing health information systems complicate comparisons in health and social care. Notwithstanding this, over the years there have been many attempts to overcome the challenges and complexities of cross-border and North-South working to provide services and programmes which bring benefits to people in both jurisdictions.

2.15 In tackling these challenges, both governments have established strategies and policies to deal with the health and social care needs of their respective populations and this will of course continue. However, both jurisdictions are committed to exploring and developing opportunities for cooperation which safeguard or improve public health, provide greater access to services for patients, make economic sense, are sustainable and involve mutual benefit.

2.16 Opportunities based on economies of scale which may arise from collaborative approaches to service planning and delivery between both jurisdictions are an important consideration.

2.17 In the provision of health and social services, quality and safety is a priority for both jurisdictions. The focus on quality and safety in healthcare has several drivers including the outcomes of international research, the dissemination of best practice within and between systems, and the increasing demand from the public for improvements in quality standards. In view of the high priority attached to quality and safety and as part of the reform and modernisation of healthcare

systems, new mechanisms for developing and implementing evidence-based best practice across all programmes of care have been introduced.

2.18 In Ireland, the Health Information and Quality Authority (HIQA) and in Northern Ireland the Regulatory Quality and Improvement Authority (RQIA), both of which have been established in recent years, have specific statutory responsibilities in regard to quality and standards. There is considerable scope for a cohesive approach to the establishment of common quality standards through cooperation between both Departments and Agencies. There is also the potential to consider a collaborative approach to the introduction of new technologies and therapies.

2.19 To summarise therefore, in the context of common challenges on the island of Ireland, there is a significant opportunity to work together to tackle the issues of mutual concern and bring benefits to both jurisdictions. These challenges include the requirement to improve quality and safety, the reduction in health inequalities, the demands of an ageing population, increases in chronic disease and the drive to provide more efficient services and to take account of developments at an EU level.

CHAPTER 3 – EXISTING NORTH-SOUTH COLLABORATION

3.1 This chapter sets out current arrangements for joint working in health and social care and identifies some learning points drawn from experience to date. There is a range of collaborative activities in the health and social care sector which take place under various mechanisms. The following are some examples of joint working which illustrate the formal and informal mechanisms operating in this sector:

Formal Mechanisms for Joint Working

The North South Ministerial Council

3.2 The NSMC arrangements, agreed under Strand Two of the Good Friday/Belfast Agreement (1998), provide for cooperation at Ministerial level in a number of specific areas of health and social care activity. These comprise accident and emergency services, planning for major emergencies, high technology, cancer research and health promotion. It was subsequently agreed to include Child Protection as an area for cooperation under the auspices of the NSMC.

The Food Safety Promotion Board

3.3 The Food Safety Promotion Board (Safefood) is an implementation body established under the terms of the Good Friday/Belfast Agreement on 2 December 1999. The Board's governing legislation is the British-Irish Agreement Act 1999 and the North-South Co-operation (Implementation Bodies) Northern Ireland Order 1999. The body has the following functions under the legislation:

- promotion of food safety;
- research into food safety;

- communication of food alerts;
- surveillance of foodborne disease;
- promotion of scientific cooperation and laboratory linkages; and
- development of cost-effective facilities for specialised laboratory testing.

3.4 In addition to the specific functions set out above, the organisation has a general remit to act as a source of independent scientific advice.

3.5 Safefood has undertaken promotional campaigns and educational initiatives to improve public understanding of food safety in both jurisdictions, and to address concerns felt by consumers. In addition, Safefood has promoted healthy eating through the media, attendance at public events and direct marketing campaigns. Safefood is promoting an all-island obesity forum on a partnership basis to co-ordinate activities in this area.

3.6 Safefood contributes to the science of food safety in Ireland North and South. It has undertaken a study of enteric laboratory services on the island of Ireland, commissioned research and developed the Laboratory Information Management System.

The Institute of Public Health

3.7 The Institute of Public Health (IPH) was established in 1999 to promote cooperation for public health on the island of Ireland. It is jointly funded by the Department of Health, Social Services and Public Safety and the Department of Health and Children and its remit includes:-

- providing public health information and surveillance;
- strengthening public health capacity; and
- advising on policy.

3.8 The aim of the IPH is to improve health by working to combat health inequalities and influence public policies in favour of health.

3.9 Since the IPH was established it has produced a number of reports on inequalities which have been instrumental in contributing to policies for a healthier society. It has led the development of Health Impact Assessment and through its leadership programme has created a network of public health leaders on the island. More recently, through the Population Health Observatory, reports on chronic disease and accidents have contributed to policies in these areas. The Institute also houses the Centre for Ageing Research and Development in Ireland and is a partner in the Northern Ireland Centre of Excellence for Public Health Research.

The Centre for Cross Border Studies

3.10 The Centre for Cross Border Studies, founded in September 1999, researches and develops cooperation across the Irish border in education, training, health, business, public administration, communications, agriculture and the environment and a range of other practical areas. The Centre is a policy research and development institute whose purpose is to:-

- Identify gaps in cross-border information, research and mutual learning in Ireland;
- Commission and publish research on issues related to opportunities for, and obstacles to, cross-border cooperation in all fields of society and the economy;
- Manage cross-border programmes and organisations which have a strong education and research dimension.

3.11 The Centre for Cross Border Studies has taken a particular interest in health and social care services and has undertaken and published several research projects on the sector. These studies chart cooperation in the sector and in some instances, challenge the lack of collaborative approaches.

3.12 The Centre has established an important and easily accessed repository of information on best practice in cross-border collaboration including at the

international level. In terms of developing knowledge and capacity in the area of cross-border working, the Centre has established a successful training programme on North-South cooperation which has already been undertaken by many senior and middle ranked public servants from both jurisdictions.

North-South Health Service Partnership

3.13 In 2001, the North-South Health Service Partnership (NSHSP) was established. The NSHSP seeks to develop and encourage active relationships in managing change with particular focus on constructive working arrangements between management, staff and trade unions. The NSHSP has membership from the DHSSPS, DOHC, Management, Staff, Trade Unions, Service users and communities. The NSHSP strategic goals are to contribute to: -

- reducing health inequalities;
- promoting better health outcomes;
- collaborative partnership working between employers, unions and service users; and
- the development and dissemination of models of good practice.

The Special EU Programmes Body

3.14 The Special EU Programmes Body (SEUPB) is an implementation body established under the terms of the Good Friday/Belfast Agreement on 2 December 1999. The Board's governing legislation is the British-Irish Agreement Act 1999 and the North-South Co-operation (Implementation Bodies) Northern Ireland Order 1999.

3.15 The SEUPB's mission is to effectively manage and implement funding programmes on behalf of the two governments and the European Union. The Programmes are aimed at delivering social and economic improvements to the people in both jurisdictions through cross-border, transnational and inter-regional cooperation. The SEUPB has managed EU structural funds programmes such as the PEACE II and INTERREG IIIA and other community initiatives which have supported a range of development and regeneration activities.

3.16 The SEUPB is the Managing Authority and provides Joint Technical Secretariat functions for the PEACE III and INTERREG IVA Territorial Cooperation Programmes (2007-2013). It also has a signposting and supporting role for projects wanting to engage with the INTERREG IVB Transnational and INTERREG IVC Inter-regional Programmes.

Cooperation and Working Together

3.17 The Cooperation and Working Together (CAWT) partnership was established in 1992, with the aim of improving the health and social well-being of the one million (now 1.25 million) residents located in the border region. Its establishment arose from a mutual recognition that, in addition to possessing a common demographic profile, this region in both jurisdictions shared specific challenges, including high levels of isolation and rurality. Within health and social care, it was considered that these would be best tackled through identifying and exploiting opportunities to work together in order to improve the health and social well-being of the border populations.

3.18 The organisations which provide health and social care in the border region, including the Southern Health & Social Care Trust, the Western Health & Social Care Trust and the Health Service Executive, operationalise cross-border activity under the CAWT partnership agreement.

3.19 In particular CAWT was well placed to access EU Funding that became available through specific programmes such as INTERREG, which promotes cooperation across borders and between Member States. In the last 12 years CAWT has implemented over 70 cross-border services and initiatives. CAWT's experience in managing and implementing cross-border health and social care services has also been utilised to facilitate cross-border initiatives commissioned by both Departments. CAWT is the Delivery Agent for a range of health and social care projects under the INTERREG IV Programme (2007-2013).

Informal mechanisms for joint working

Specific Contractual Agreements between Authorities

3.20 In both jurisdictions it is necessary from time to time to look outside each system when a patient requires treatment that is either not available or has significant demands that result in long waiting times for access. In such circumstances health and social care agencies have used a system of extra contractual referrals to ensure a patient receives the urgent treatment required.

3.21 In addition agreements can be made with providers outside either jurisdiction to deliver an ongoing longer term service. For example, the provision of radiotherapy services at Belfast City Hospital to patients from Donegal has been established by way of a service level agreement. This service provides a model of best practice which can be replicated or referenced for the development of other services. Other examples of this type of collaborative working include, for example, Altnagelvin Area Hospital providing a neo-natal service for a proportion of the population of Donegal and Daisy Hill Hospital providing maternity and renal dialysis services for some patients residing in the Cooley Peninsula area of County Louth.

Voluntary Sector Alliances and Non Governmental Organisations (NGO's)

3.22 The high level of inter-dependency between the community/voluntary sector and the health and social care sectors in both jurisdictions has led to increasing activity on both a cross-border and a North-South basis.

3.23 The community and voluntary sector makes a significant contribution to the delivery of health and social care. A community development approach can deliver better health and social care outcomes and such an approach is being promoted in both jurisdictions. However, there is considerable potential for greater collaboration between the voluntary and statutory sectors to ensure that developments in this field in the future are strategically focused on agreed priority areas.

Experience of existing collaboration

3.24 The experience gained in initiating, managing, delivering and in some instances mainstreaming North-South collaborative initiatives and projects in the health and social care sectors since the early 1990's provides a valuable insight into both the potential for, and the constraints associated with this work. Some examples of the actions taken and the outcomes to remove or minimise obstacles to cross-border cooperation are set out below:

3.25 In the GP out of hours pilot project some actions and outcomes included:

- amendment by the DHSSPS of the Medical Services Performers List regulations to enable GPs from the South to treat Health & Social Care (HSC) patients;
- agreement by the General Medical Council (GMC) that there was no requirement for GPs from the South to register with the GMC in order to treat HSC patients; and
- agreement of independent medical indemnity organisations to allow their members to treat patients from the opposite jurisdiction.

3.26 Consequently, patients from South Armagh are accessing GP out of hours services in Castleblayney and patients from Inishowen are accessing GP out of hours services at the Altnagelvin Area Hospital site. Project evaluation to date indicates that the pilot project has been successful and appreciated by patients.

3.27 In relation to emergency situations, agreement was secured with various Professional and Regulatory bodies that their registrants/members can provide services in the opposite jurisdiction in the event of a major incident. The agreement also acknowledges that in emergency situations, professionals from the opposite jurisdiction can cross the border to treat patients without prior registration with local regulatory bodies.

3.28 The General Medical Council, Irish Medical Council and independent medical indemnity organisations confirmed that it was possible for GP Registrars

to participate in the GP Registrar Exchange Programme for practical training in the opposite jurisdiction.

3.29 Many obstacles to cross-border working in social work and social care have also been overcome and some of the outcomes of this work include the development of a resource pack for social workers and mutual recognition of social work qualifications.

3.30 Other examples where clinicians have successfully provided services in the opposite jurisdiction on an elective basis include ENT surgery and oral maxillofacial surgery. Similarly, practical arrangements are in place in relation to cross-jurisdictional emergency ambulance services. This practical approach facilitated patients receiving their services more locally and more responsively than previously was the case.

3.31 Experience of cross-border working to date indicates that:

- **Projects should identify specific quantifiable outcomes from the outset.** An assessment of existing North-South initiatives indicates that the work undertaken so far creates a valuable foundation on which to build. There is much qualitative evidence of progress. This includes improved communication and understanding of respective health systems and a new capacity to achieve solutions to particular service needs. A limitation however has been the difficulty in providing generally applicable, quantifiable measures of success which would be robust in research terms, partly because the numbers involved in pilot initiatives are small and schemes were not designed to provide this.
- **Patient's views should be obtained to inform care pathways and service developments.** Patients/clients have demonstrated that they are prepared to travel out of jurisdiction for diagnosis and treatment, particularly if such a service can be provided closer to home rather than having to travel

to a regional centre. The public has demonstrated a willingness to travel provided the logistical arrangements are in place. Examples include various waiting list initiatives such as the pilot cross-border ENT service and the direct commissioning of tertiary services, North and South. The experience gained through these and other examples has meant that patient care pathways have been developed which may be used as a template for patients and clients to access other services on a cross-border basis.

- **Workforce issues should receive a particular focus to ensure practitioners can move more easily between jurisdictions.** Many obstacles to workforce issues can be effectively dealt with provided there is a tangible context within which these can be tackled. . Both Departments and service providers have experience of actively addressing some of the workforce issues that may arise. For example – in order to facilitate staff to move between jurisdictions in the event of a Major Incident, representatives of both Departments met with the State Claims Agency in Ireland to develop an indemnity reciprocal agreement which allows health and social care employees to work in both jurisdictions within a range of contexts described within the agreement. The agreement indicates clearly where liability lies.
- **Information systems should be considered from the outset of a project.** The lack of compatible information systems has posed a challenge and there are benefits to be gained from developing systems to facilitate better exchange of patient and client data in order to support clinical and other decisions. A 2008 report on the Health Profile of the border region with a particular focus on health inequalities highlighted the difficulties encountered in acquiring quality assured information and the lack of comparability of indicators between Ireland and Northern Ireland and information not available in both jurisdictions. This report has made a number of recommendations to address the issues which would enable further work to tackle health inequalities on an all-island basis. The E-med Renal Information Project is a good example of how patient data can inform the type of care and treatment that patients receive. The hospitals involved,

both North and South, now share demographic and patient data on renal disease and haemodialysis services. Clearly such an approach can both inform and help to disseminate best practice.

3.32 Collaborative initiatives have been spread across a wide range of service areas and most of these have received very positive evaluations. These evaluations have also made recommendations for the future development/mainstreaming of the specific service/project being evaluated. In addition the process of working together and familiarity with each other's systems has helped both jurisdictions to pave the way for future North-South working. Clinical and other staff have shown that they are prepared to work out of jurisdiction as part of a Network. For example, the Oral Maxillo Facial Service in the North-West is provided by consultant surgeons based at Altnagelvin Hospital, Derry but working within a network which enables them to provide services to a wider catchment area including Donegal, Sligo and Leitrim. Collaboration of this type can also help ensure the sustainability of specialist services in more rural areas. This demonstrates that a flexible approach to delivering services on a cross-border basis can ensure that even scarce specialist skills can be provided. This approach may mean that it is likely to be easier to attract and retain high quality clinical and support staff outside the major centres. This allows personnel across the health and social care services to understand better the individual differences within and between each of the respective services. There were differences in internal processes and protocols such as information processing across a number of projects. These barriers were overcome, for example, by the Project Board for the provision of Radiotherapy Services at Belfast City Hospital for patients from Donegal, when they secured an arrangement for the transfer of information between jurisdictions.

3.33 The development of inter-agency partnership working is beginning to emerge through specific project initiatives. This allows not only statutory but community and voluntary agencies to work together collaboratively using health as the catalyst. In a practical sense the involvement of a wider range of stakeholders has maximised the overall impact on addressing health inequalities at a grass

roots level. For example, in a recent cross-border project on traveller health, significant numbers of this community were involved in planning, designing and participating in a large scale health improvement project. This highlighted that adopting a common approach to health improvement on a cross-border basis, as opposed to duplication of effort, is a more effective use of scarce human, financial and physical resources.

3.34 It is apparent that despite some of the impediments and challenges associated with cross-border working, there are often ways of overcoming these to good effect through good systems of collaboration and a focused approach. Patients benefit, particularly from arrangements which afford them greater accessibility to services and treatments. Professionals involved in these projects are working more confidently across jurisdictions and many of the practical issues have been identified and resolved. In conclusion, significant progress has been made and there is a greater understanding of the challenges to be faced in the future.

3.35 In summary, experience of collaborative work to date has been very positive and has demonstrated that:

- better communication channels have been established and close working relationships have been developed between service delivery agencies;
- professionals are able to work across jurisdictions;
- patients are willing and able to access care in the other jurisdiction where structures are in place to allow them to do so;
- in cases where critical mass is an issue, both jurisdictions have worked well together to provide a solution.

CHAPTER 4 - FRAMEWORK FOR FUTURE NORTH-SOUTH COLLABORATION

4.1 The previous chapter outlines the extent of existing North-South collaborative working in health and social care matters. In this section the parameters within which North-South cooperation could realistically be pursued and the principles which should apply to any anticipated co-operative initiatives are set out. Recommendations which represent key areas that should be taken forward through a collaborative approach, are also identified.

Parameters

4.2 It is emphasised at the outset that while collaborative work on a North-South basis is to be encouraged, it does not and must not conflict with the clear responsibility of each jurisdiction to secure health services for its respective population. Furthermore for each jurisdiction steps to participate in further collaborative work need to be in the context of existing legislative and regulatory frameworks.

4.3 Within this parameter, there will be some health matters on which there is a mutual advantage if jurisdictions establish co-operative arrangements to deal with issues on a case by case basis.

4.4 Areas of mutual advantage are evident in the following:-

- anticipating trends and emerging illnesses in a collective manner;
- on public health issues, and particularly on communicable diseases where agents are no respecters of geographic boundaries;
- on specialised services, where the population or activity required to sustain the service cannot be met by either jurisdiction alone; and
- in areas adjacent to the border, where accessibility to services may be challenging because of geographical remoteness and where efforts to

improve access within one jurisdiction, without taking due account of service provision in the other jurisdiction may result in duplication of services.

Principles

4.5 The following is a set of principles, within which further North-South collaborative work could be pursued. Applying these principles will help ensure a consistency of approach in taking forward future initiatives. North-South cooperation specifically will seek to:-

- improve or sustain the safety and quality of health and social services;
- improve people's access to health and social services;
- contribute to the establishment of new services on a North-South basis, where appropriate;
- help prevent or moderate the impact of communicable diseases;
- contribute to improvements in population health;
- contribute to reductions in health inequalities across Ireland; and
- respond more effectively to introduce new technologies and manage new diseases;

4.6 The parameters and principles set out above provide a framework for the specific areas of work recommended as priorities for ongoing or future North-South collaboration.

4.7 In addition to the parameters and principles, clear criteria were also identified; the expectation is that any priority initiative should meet all of the criteria before endorsement.

4.8 The proposed criteria for future North-South initiatives are as follows:

- both jurisdictions agree to the initiative;
- measures of success are identified and achievable;
- the initiative is a response to a clearly identified need;

- the initiative is sustainable; and
- an evaluation of stated objectives and anticipated outcomes will be undertaken, weighted in favour of a high impact over the short to medium term.

Recommendations

4.9 The specific recommendations on areas identified as suitable for North-South cooperation are set out in some detail in Chapter 5. They are not intended to be exhaustive and it is expected that, over time, additional areas for collaboration are likely to emerge.

4.10 This Study also identifies a number of the recommendations which are likely to have an impact on patient/client care in the immediate future and which could be taken forward over the next 2-3 years.

Implementation Mechanism

4.11 The mechanisms for future North-South collaboration are set out in Chapter 5 and these will require review and adaptation as changes emerge in the organisational environment North and South.

CHAPTER 5 - FUTURE NORTH-SOUTH COLLABORATION CONCLUSIONS AND RECOMMENDATIONS

5.1 The previous chapters set out some of the collaborative work undertaken on a North-South basis, the benefits realised by healthcare providers and by patients from such joint collaboration and a set of principles, parameters and priorities for future working. This chapter now details some of the major healthcare challenges which both jurisdictions face and where efforts to meet and respond to major strategic challenges could be enhanced through joint working and sharing of best practice. Experience from current joint working has highlighted a number of issues at a strategic level which have helped to create a more enabling environment to both inform and support collaborative work between both jurisdictions.

5.2 So far, the collaborative work undertaken on a North-South basis has been mainly project based. These include mental health, learning disability, acute, primary, continuing and community care services as well as public health and health promotion. This creates a valuable platform for future collaboration, at operational level, between the services.

5.3 This Study identifies some areas where, by working together it may be possible to deliver better care to the population of both jurisdictions. There may be the potential to achieve economies of scale which may lead to improvements in health and social care services if a collaborative approach is taken. The particular areas identified, which of themselves are not exhaustive, are accompanied by specific recommendations and include the following:-

- health improvement;
- improving access to health and social care services;
- primary and community care services;
- hospital services;
- disability;
- mental health;

- children’s services;
- emergency planning;
- emergency ambulance;
- quality/safety;
- workforce issues;
- research and development;
- new technology;
- joint procurement; and
- strategy/policy development

Health Improvement

5.4 Both jurisdictions share similar challenges and opportunities in promoting and improving health, tackling social exclusion and inequalities in health. For example, many people live in rural areas with poor infrastructure and lack of accessible health care facilities. There are opportunities for social challenges to be addressed collectively and indeed in recent years, both Ireland and Northern Ireland have developed strategies to tackle poverty and promote social inclusion. There is a significant interaction between poverty, inclusion and health status. Health status affects the likelihood of poverty and social exclusion, but, just as importantly, poverty and social exclusion affect health status.

5.5 Action to ensure that health features in all public policy development will be an important component of future strategies to reduce mortality/morbidity, improve health status and to tackle health inequalities and social inclusion.

Inequalities

5.6 In Ireland, the *National Action Plan for Social Inclusion 2007-2016* makes a clear commitment to strengthen inter-agency coordination at national and local level to provide better opportunities for disadvantaged people. Similarly, in Northern Ireland, the *Lifetime Opportunities Strategy* promotes partnership working at local level in order to implement policy statements into practice. This includes

tackling deprivation and eliminating poverty from rural areas through utilising resources such as those contained in community development approaches.

5.7 The significant challenges facing both jurisdictions in tackling social inclusion and addressing health inequalities have been identified in Chapter 2. These issues were also considered by Ministers at the NSMC Health Sectoral meeting in May 2008. It has been agreed that officials from both jurisdictions should develop a planned programme of mutually beneficial joint activities to promote public health and to tackle health inequalities. The IPH has produced significant research in the area of health inequalities and the importance of social and economic factors. Their new Centre for Public Health Policy and its strong relationship with universities in Ireland offer opportunities to extend this work. A good example of how such work can impact at local level is *Levelling Up*, an action plan that focuses on a social inclusion agenda as a legitimate mechanism for impacting on health status and health inequalities. The action plan was developed by the Cross Border Women's Health Network and led by Derry Well Woman – a community based organisation promoting women's health and well-being. This Network is a cross-border partnership of forty-three statutory, voluntary and community sector organisations based in the North West. Building on these approaches would deliver real change and improvement.

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

Substance Misuse

5.8 North and South there are problems associated with the misuse of alcohol, tobacco and drugs. This misuse impacts negatively on health and well-being and can, in the cases of alcohol and drugs, have a significant impact on other social issues, such as public safety, crime and community cohesion. There is scope for joint working and the transfer of experience and learning from one jurisdiction to the other to effect changes in behaviour and lifestyles, which negatively impact on

health. There is also potential to achieve economies of scale in the development of public health intelligence and analysis of effective public health programmes for example, effective public information campaigns.

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.

Obesity

5.9 Obesity is a key public health issue with an increasing impact across the developed world. Northern Ireland is developing a Strategic Framework to address Obesity across the “Life Course”, and is keen to ensure that the Framework draws upon good practice from the whole island. This will be facilitated by learning from the Department of Health & Children’s Obesity Strategy and the proposed all-island Obesity Forum involving the Food Safety Promotion Board (Safefood) and a range of other partners from both jurisdictions. The IPH’s Obesity Observatory is well placed to support this work through its synthesis of all island data and linkages to UK and EU sources of information.

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

Mental Health Promotion and Suicide Prevention

5.10 The shared problem of high levels of suicide on the Island of Ireland is being tackled in both jurisdictions and an All-Island Action Plan has been agreed for future collaboration in this area. The National Office of Suicide Prevention in the South and the NI Health Promotion Agency are working closely on both the development and evaluation of shared training programmes. This should help to avoid duplication of effort and to achieve better use of resources to enable the salient learning and training to be conveyed to relevant health professionals, local communities, churches etc. The issue of suicide prevention is a high priority for the NSMC. There is no doubt that in working collaboratively on a North-South

basis the potential to reduce suicides could be significant, and to this end a rolling All-Island action plan to tackle suicide and self-harm has been agreed. Actions already progressed include the piloting of a Deliberate Self-Harm Registry, reciprocal representation on both jurisdictions' implementation bodies, and the development of joint suicide prevention/mental health promoting public information campaigns which aim to reduce stigma and encourage people to talk about their problems. Officials are also currently considering the development of key performance indicators for relevant actions in the plan. The joint working on suicide prevention could be broadened to include mental health promotion.

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.

Chronic diseases and lifestyle issues

5.11 In order to support public health action in a range of areas, deliberate and systematic action is needed to bring together the relevant range of policy-makers, practitioners, and researchers to build and share evidence, information, skills and resources necessary to tackle the key public health issues identified in Chapter 2. The IPH has supported all island networks through the Population Health Observatory. The Observatory should also support both Departments in describing the future burden of chronic disease. The existing networks on tobacco, men's health, health impact assessment and health information analysis should continue to mobilise evidence for health improvement actions and support both Departments in their policies in these areas.

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

Promoting Sexual Health

5.12 Sexual health continues to be a priority area for improving health in both jurisdictions given the rising rates of sexually transmitted infections (STIs), the health and socio-economic consequences of teenage pregnancy and the implications for cross-border utilisation of sexual health services.

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

Communicable disease control and contingency planning

5.13 Communicable diseases are a significant problem in a globally interdependent world. They are capable of travelling across borders with ease, which means that action to tackle a communicable disease in one jurisdiction can have a considerable impact on the other jurisdiction. There is therefore considerable value in joint action to tackle some of the most significant communicable diseases, most particularly in the area of pandemic influenza planning, where it is vital that the contingency measures being put in place North and South are compatible.

5.14 Both jurisdictions should continue to participate in the existing North-South working group for communicable disease and pandemic influenza. Officials should continue to share information and plans and collaborate on antiviral and vaccination policies, cross-border transport and movement of essential supplies. A future North-South exercise to test pandemic flu plans would be advantageous.

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.

Changing Population Needs

5.15 Recognising the particular health care needs of those who come to work/live on the island, there is an opportunity to collaborate in many areas such as translation services and the provision of literature in a number of languages. Other potential areas for collaboration include planning for and responding to emerging diseases not previously prevalent on the island of Ireland.

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.

Improving Access to Health and Social Care Services

5.16 A number of challenges exist in relation to accessing health and social care services at a European, national, regional and local level. At a European level, the proposed European Directive on Cross Border Health Care will improve people's ability to access care in countries across the European Union. Nationally, there are particular challenges in both jurisdictions in accessing highly specialist services which, while only needed for a small number of patients are highly complex and resource intensive. Increasingly the higher standards being set mean professionals must see and treat adequate numbers of patients to maintain their skill base. There is considerable scope for closer collaboration in the planning of services to enhance choice in care pathways providing better access to health and social care services.

Primary and Community Care Services

5.17 The development of primary, community and social care services provides opportunities for collaborative working. Both jurisdictions should consider working together to ensure accessible, responsive services, particularly in border areas where as a consequence of rurality, access could be compromised. The interface

between primary, secondary and community care is of major significance. The prevention and early detection of disease, exploring new models of multi-disciplinary working, providing as many services as possible in primary care and enhancing and extending primary care in the local communities will be essential in the future. Where people require care, GPs are normally the first point of contact. However, access can sometimes be limited, particularly in rural or remote areas. Access in border areas could potentially be improved if primary care professionals developed a collaborative approach to improving access to services.

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.

Hospital services

5.18 Both jurisdictions face similar challenges ensuring the accessibility of high quality hospital services while simultaneously sustaining services that provide the specialist expertise to meet patients' needs. The increasing specialisation within medicine means that doctors no longer deal with as wide a range of conditions. Rather the trend is to specialise in specific areas and such expertise leads to improved outcomes. Consequently, not every acute hospital will be able to provide the full spectrum of medical and/or surgical services. This may well influence the geographical accessibility of specialised hospital services. While each jurisdiction will continue to have responsibility for providing hospital services for its population, there is the potential to work collaboratively on a North-South basis to improve access to hospital services, particularly for people living in rural, remote or border areas

Recommendation 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.

5.19 Both jurisdictions face significant challenges in terms of sustaining high quality, highly specialist tertiary services normally only provided in centres servicing large populations. The availability of appropriately qualified and skilled staff for such specialist areas is key and for populations of either jurisdiction, the small number of hospital consultants providing care in these areas inevitably means that services are inherently vulnerable.

5.20 In a number of service areas, increased sub-specialisation is evident and in newly developing services it is inevitable that the expertise will reside among a small clinical team. For such highly specialised services the population based in either jurisdiction may not be sufficient to sustain a team of appropriately trained skilled clinicians and the longer term sustainability of a high quality service may only be possible if considered on an all-island basis. Where patients have to leave both jurisdictions for treatment, the impact on individuals and their families is very significant in terms of patient well-being and accessibility for the family in sometimes very traumatic circumstances. Combining resources for the provision of such services on a North-South basis makes sense.

5.21 The development of new highly specialist acute and certain other services and the changing pattern of increased specialisation in existing acute services provides a unique opportunity for both jurisdictions to work together. In principle, both jurisdictions should consider developing these services in a collaborative manner, particularly where low patient throughput makes it difficult to sustain highly specialised services and for health professionals to maintain their skills.

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.

Paediatric and Congenital Cardiac Service (PCCS)

5.22 Ongoing work to establish a partnership approach between Belfast and Dublin for the provision of paediatric and congenital cardiac surgical services provides an example of the potential to secure high quality sustainable services for specialty areas. Because of high complexity but relatively low activity, aspects of this service may be vulnerable. The service providers, North and South, are working together to ensure that in the longer term, patients can be treated by a cardiac team on the island of Ireland. This collaboration could provide a model for sustainable and accessible services for all patients.

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.

Radiotherapy

5.23 In Northern Ireland available linear accelerator capacity for radiotherapy will, under current projections, be fully utilised by 2015. Given the projected increase in cancer incidence beyond 2015, it is necessary to commence planning now for additional accelerator capacity. To improve the accessibility of radiotherapy services, additional capacity in the North West would offer significant advantages. An initial assessment of projected cancer incidence and demographics in Northern Ireland suggests that a combination of radiotherapy services in Belfast and Altnagelvin would best meet the needs of the population of Northern Ireland beyond 2015. Both Ministers have agreed to co-operate in relation to the provision of radiotherapy services in the North West. The provision of additional capacity in the North West, offering services to the population in both jurisdictions would improve accessibility for both populations, would reduce journey/travel time in many instances and would provide the potential for more cost effective delivery of quality services.

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.

Transplantation

5.24 Some transplantation services, for example autologous bone marrow and renal transplantation are well developed in both jurisdictions and will continue in each jurisdiction. However, in respect of other transplant services e.g. pancreas and some allogeneic bone marrow transplants, there is the potential to further develop a sustainable service on an all-island basis. This is conditional on the population base being sufficient to support the critical mass of procedures needed to sustain high quality services and retain the skills and expertise of specialist staff. This could result in a single highly specialised service for certain organ transplants on 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.

Genetics

5.25 Genetics will play an increasing role in modern medicine and it is considered that the ability of both services to respond to this agenda will be enhanced by closer working. Increasing knowledge of genes and their role in disease has seen a corresponding increase in the demand for genetic services particularly in the area of cancer genetics where a detailed family history and appropriate genetic testing can help identify individuals at greater risk of particular cancers. The greater availability of diagnostic tests has led to their increased use and some tests are referred out of either jurisdiction for analysis. There is the possibility that North-South cooperation in this field could improve access to

services and could help facilitate a wider range of genetic tests being available on an all island context.

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

Disability Services

Learning Disability/Physical Disability/Sensory Impairment

5.26 In the past four decades there have been major changes in policy and delivery related to service provision for persons with a learning disability, the most notable being a shift from institutional to community-based services.

5.27 These changes have been happening right across both jurisdictions and while progress has been made, further work is required across a number of areas. Opportunities exist to take forward North-South work in a number of areas related to learning disability. These could include the development of work opportunities; accessing alternatives to traditional day care centre attendance; accessing respite opportunities; Disability Awareness Training and the individualisation agenda.

5.28 The drive is to provide high quality services to people with a physical disability or sensory impairment that are person centred, offer choice, promote inclusion and citizenship. Both jurisdictions have collaboratively worked on these areas over the last number of years.

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.

Brain injury

5.29 Rehabilitation of people who sustain a brain injury is a complex and highly specialist service. There is the potential to share capacity and enhance services through a shared approach as well as increased accessibility through North-South collaboration for all patients. This would mean enhanced care and treatment for the patient and closer proximity to family support in some instances and should be examined by the respective services where the potential for regionally based solutions may exist. It is recognised that both jurisdictions are currently undertaking reviews of brain injury services.

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

Mental Health

5.30 It is recognised that there are some good examples of close cooperation currently in the area of mental health but improvements could be made particularly in the area of children or young adults with highly complex problems who are sent to centres in Britain from both jurisdictions for treatment.

Child and Adolescent Mental Health services

5.31 Child and Adolescent Mental Health services (CAMHS) need to be enhanced to effectively meet the needs of young people. The further development of services on a collaborative basis has the potential to improve accessibility for patients and to improve family support. There is also scope to assess the viability of new services on a North-South basis to replace the current practice of referrals to Britain for forensic levels of care for some adolescents.

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.

Mental Health for the sensory impaired and Deafness

5.32 Currently the Northern Ireland Forum for Mental Health and Deafness, in conjunction with representation from Ireland, has sought to adopt an All-Island approach to meeting the needs of individuals who are deaf and experience mental ill health. In particular, the needs of individuals requiring inpatient provision needs to be further investigated by both Departments.

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.

Eating Disorder Services

5.33 There is significant need for the further development of Eating Disorder Services in both jurisdictions. Service solutions may be provided in local, regional or in very highly intensive settings. There is considerable scope for North-South collaboration to ensure that services are developed in line with best practice and to avoid duplication. Where highly intensive (level 4) services are required, it is currently necessary on occasion to refer patients with serious eating disorders to centres in Great Britain, potentially leading to family stress because treatment takes place at such a distance from home. A North-South approach may provide the critical mass required to develop new services at level 4 but because of different legislative frameworks such an approach can only, at this juncture, be considered for patients for whom hospital admission is voluntary. There is also potential to look at joint training initiatives for staff working within these services.

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.

Children's Services

Child Protection

5.34 It is acknowledged that professionals working in the area of Children's Services have built up informal relationships with colleagues in the neighbouring jurisdiction. Many professionals consider that these should be formalised, and that benefits could be gained from greater awareness of each jurisdiction's systems and procedures. It has been indicated that the different procedures in each jurisdiction can act as a barrier on occasions, particularly in the area of alert systems when for example a child on the "at risk" register moves from one jurisdiction to another.

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

5.35 The area of Child Protection is now a formal area of cooperation under the NSMC agenda and a Working Group has been established to take forward the issues raised. Both Departments have agreed to co-chair a North-South group of senior officials to improve cooperation on child protection. The Group will oversee the establishment of five sub-groups to progress specific safeguarding issues – information sharing; vetting and barring; research; internet safety; and an all-island awareness campaign on child protection in conjunction with relevant non-governmental organisations. In addition the development of a protocol for the movement of children and families across borders including arrangements for the possible placements of *Looked After Children* into residential children's homes and foster homes in the other jurisdiction will be considered.

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

Cross-border foster care placements

5.36 The provision of suitable alternative care, which effectively meets the needs of children who cannot live at home, is often a significant challenge for the agencies involved. In some cases, cross-border placements would enable children to maintain important familial, social and educational links through placement with relatives, friends or foster carers in the neighbouring jurisdiction, avoiding the need for placement in an area geographically remote from the child's home. Greater cooperation among border agencies may also increase the scope for the development of more specialist services, such as specialised foster care, residential child care and other placements for children with particularly challenging needs, which may otherwise be constrained by limited budgets and population bases.

5.37 While many impediments exist for cross-border foster care placements, it is considered that greater use of cross-border placements for children in care may provide substantial benefits for young people, their families, and relevant agencies.

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 of children in border areas.

Residential child care

5.38 A range of residential children's accommodation is available in both jurisdictions. In addition to looking at the legal framework for cross-border placement of children there would be benefits in a formal exchange of information on standards, types of homes, developments in the training of staff and in therapeutic support available to children and to staff.

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.

Emergency Planning

5.39 Since 2003 significant work has been undertaken in the border region with the involvement of both Health Departments in the area of Emergency Planning. These range from the development of a Directory of Services which classifies Regional Specialist Hospitals throughout the island by their capacity to respond to a Major Emergency/Incident to the development of a Capacity Tracking Information System, which provides information to ambulance personnel in Northern Ireland on the availability of intensive/specialist beds. Within the framework of the NSMC, Emergency Planning is one of the five areas, which is subject to regular reporting.

5.40 It is recognised that the area of emergency or contingency planning is one where significant economies of scale can be achieved. It is possible for example, to share specialist or regional facilities, equipment and clinical and support staff. Two recent cross-border tests of multi-agency emergency planning (involving the ambulance and other blue light services, hospital and military personnel from both jurisdictions) have enabled a good model of practice to emerge.

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.

Emergency Ambulance Service

5.41 Ambulance services in both jurisdictions face very similar challenges namely ensuring a sufficiently responsive service particularly for emergency calls. In emergency situations both Ambulance Services already assist each other; this is particularly pertinent in the border region. Other aspects are also well developed between the Ambulance Services such as training for emergencies and the sharing of equipment such as the Mobile Decontamination Unit. This sharing of equipment means there is no need to duplicate investment in both jurisdictions. There have been significant joint training exercises organised for both services, including MIMMS (Major Incident Medical Management Systems) and training together in joint exercises to support major incident planning. There is further potential for joint training and conjoint working between these Services.

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.

Quality /Safety

5.42 The increased emphasis upon quality and safety has had a major influence upon the provision of health and social care with growing public expectation in relation to service quality. In Northern Ireland a “Duty of Quality” was introduced for the Health and Social Services Boards and Trusts, (from April 2003), to monitor and improve the quality of services. These arrangements were made in parallel with the establishment of the Regulatory Quality and Improvement Authority (RQIA) which commenced its operations in 2005. In Ireland, the Health Act 2007 was a major element of the health reform programme and the overall framework for quality and safety. It was the legislative basis for the establishment of the Health Information and Quality Authority (HIQA). Patient Safety and Risk Management issues are therefore core concerns in both jurisdictions and raise the potential to promote safer systems of work through joint planning and action.

5.43 Regulation of services is based upon recognised minimum care standards to ensure that service users know what quality of services they can expect to receive, and service providers and commissioners have a benchmark against which to measure their quality. Professional standards continue to improve and are informed by national and international best practice. The expectation is that increasingly services will be procured consistent with explicit measurable quality standards.

5.44 There is considerable scope for the sharing of information and a joint co-operative approach between Departments, with the involvement of the HIQA and the RQIA, in the development of commonly agreed minimum quality standards across the island. Such an approach, in a North-South context, could help to build confidence that service provision irrespective of service setting or jurisdiction is underpinned by best practice and consistently high standards.

5.45 HIQA and RQIA have already forged links with each other and there is now a unique opportunity for both Departments, service providers and both Bodies to explore the potential for future cooperation in the development of common quality

standards on the island of Ireland. The development of service frameworks for key areas of health and social care which set out explicit standards, which are evidence-based and capable of being measured, is a significant element in this process.

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.

Workforce Issues

5.46 It is recognised that both populations would benefit from flexible working arrangements which would enable staff to work in another jurisdiction, for example, practitioners with scarce clinical skills might reasonably offer a service to both populations. However, there are some obstacles to workforce mobility, which can be effectively dealt with provided there is a clear focus on tackling such issues. These aspects include indemnity for staff working out of jurisdiction and mutual recognition of qualifications between professional bodies in both jurisdictions as well as registration and pension issues associated with working in both jurisdictions.

5.47 While great progress has been made, further work needs to be undertaken to extend the facilitation of cross-border working for health and social care staff. Furthermore access to an effective resource, which sets out procedures and protocols, to facilitate work across jurisdictions, would be advantageous.

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.

5.48 Training and development initiatives equip managers and clinicians with the necessary knowledge, skills and attributes to undertake their work. Joint training can present opportunities for exposure to best practice, standards and guidelines, by bringing people together; it can help support the movement of staff from one jurisdiction to another. Where there may not be the necessary critical mass for certain training programmes in either jurisdiction, this can be overcome if both combine resources and work together.

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

Research and Development

5.49 High quality health research and its translation into service improvements is recognised as core to achieving excellence in health systems. Research improves the health of the population, helps attract the highest quality health professionals, supports greater efficiency and contributes to economic development. Creating the best research infrastructure requires effective links between researchers in academia, health services, industry, policy-makers and practitioners.

5.50 As well as improving health outcomes, cooperation in research can attract investment and product development. There has been significant investment North and South to develop our research infrastructure which in turn positively encourages investment. One example is the forthcoming investment of over €45 million in dedicated physical facilities and associated research expertise to support clinical research centres in Belfast, Dublin, Cork and Galway.

5.51 There is already considerable North-South collaboration in health related research. The Health Research Board (HRB) and the Health and Social Care Research and Development Office run numerous collaboratives and common

research areas are on the EU agenda. As well as the scientific and knowledge output gains there is also an opportunity to increase the number of activities supported. Populations, data sets, policies, health and social care systems as well as clinical research, provide a basis for the comparative research between jurisdictions required by EU and other international funders.

5.52 The respective research and development bodies in each jurisdiction should be supported to ensure continuing collaboration in pursuit of strategic aims that are compatible with those of other relevant organisations, e.g. SFI, InvestNI, Enterprise Ireland and Higher Education institutions.

5.53 Collaboration and networking should continue to seek to maximise the quality and quantity of research undertaken, attract critical levels of research funding from international sources, enhance international recognition and deliver health improvements.

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.

New Technology

5.54 Rapid advancements in medical technology have significantly changed the way services are delivered within both systems. It is vital that both systems can work together to maximise access to new highly specialised medical equipment to support the delivery of accessible, modern and high quality health and social care.

5.55 The area of high technology was identified under the Good Friday/Belfast Agreement (1998) as an indicative area for North-South cooperation and benefits could be accrued to both systems through advancing this work in a proactive way.

5.56 The broad area of Information Communications & Technologies (ICT) offers vast potential for collaboration. Telehealth technologies and associated working methods are already having a positive impact in both jurisdictions. The nature of health and social services is changing with a greater focus on less intensive, earlier interventions located in communities, and this is a trend which is likely to grow further given the trends in demography and morbidity. Telehealth technologies will develop in importance given these trends. There are a number of pilot initiatives being conducted in the telecare and telehealth fields which will inform the future mainstreaming of these new approaches. In the context of a common agenda, which is shared by other European Countries, it makes sense to share learning and experiences and consider where collaborative working would facilitate the earlier achievement of benefits for the populations of both jurisdictions.

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.

Joint Procurement

5.57 Both systems independently procure a very broad range of similar equipment, medicines, goods and services. Many of those procurements are sourced from the same global markets and both procurement systems face the same challenges of purchase and on-cost delivery and supply to an island

economic environment. Across the spectrum of procurement activities, from a minimum of information sharing to more formal joint procurement arrangements there is considerable potential for savings, given the economies of scale involved. A successful example of joint procurement is the contract for the collection and disposal, on an All Island basis, of clinical waste, arising from EU regulation in this area.

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.

Strategy/Policy Development

5.58 It is important to foster the exchange of knowledge and best practice between both health and social care systems. There is also a need for a broad perspective and understanding of the health and social care developments between both jurisdictions with new opportunities identified for joint action, where appropriate. This approach could also be applied to planning processes at a more local or regional level.

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.

Voluntary Sector Alliances and Non Governmental Organisations (NGO's)

5.59 The community and voluntary sector makes a significant contribution to the delivery of health and social care. A community development approach can deliver better health and social care outcomes and such an approach is being provided in both jurisdictions. However, there is considerable potential for greater collaboration between the voluntary and statutory sectors to ensure that developments in this field in the future are strategically focused on agreed priority areas.

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.

Conclusion

5.60 There has been significant collaboration between both jurisdictions in terms of working on project based initiatives aimed at addressing specific health and social care needs, mainly in the border region. This Study identifies many opportunities to work collaboratively in order to maximise the potential for service planning and delivery which would take cognisance of the economies of scale achievable when both systems work closely together. There is, for example, a requirement for new models of service delivery to be developed associated with a critical mass of population which will support the work of clinical staff with scarce specialist skills. This in turn may provide a more responsive and accessible service to patients.

5.61 It is recognised that there are substantial opportunities for the sharing of information, research and best practice between both systems. This is very important for example in the areas of quality and safety where there would be merit in both systems applying consistency to standards and practice.

5.62 Aside from the willingness on both Governments' part to cooperate on health matters, there is also proposed EU Legislation on patients' mobility which will enable greater access to all European Citizens to health care in any member state. Clearly this may require changes as to how systems are administered.

5.63 There are clearly both challenges and opportunities surrounding collaborative working between both jurisdictions. However, there is much experience already which may help to inform new working arrangements to support the development of an agreed programme of work for the future.

Mechanisms for Future North-South Collaboration

5.64 There is a need to establish mechanisms for future cooperative working and to make suitable arrangement for the ongoing monitoring of priority initiatives if the potential benefits to each jurisdiction are to be maximised.

5.65 In terms of current North-South collaboration in health and social care it is recognised that engagement takes place at a number of different levels:

- At a political level, both Ministers for Health meet regularly in the NSMC format.
- Existing frameworks for collaboration between both Departments can be availed of to oversee North-South cooperation, at a macro/strategic level.
- The existing health and social care delivery Agencies in both jurisdictions have effective partnership arrangements as demonstrated through CAWT and specific agreements between individual service providers.

5.66 Any or all of these may assist the delivery of the priorities identified in this report. Following the establishment of new administrative structures for health and social care in Northern Ireland revision of these arrangements may be necessary to oversee the progress of agreed priority initiatives and Identify and agree, subject to formal approval, new North-South issues to pursue.

5.67 In the interim, priority areas of work can be brought forward within existing collaborative arrangements, with both Departments playing a significant leading role and with appropriate involvement by their Agencies.

5.68 Work programmes with agreed reporting arrangements, key targets and timelines will be an integral component of the implementation process. Overarching, consistent project management methodologies will be developed to ensure there is clarity on what has to be achieved, who is responsible and the current rate of progress.

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APPENDICES

1. Terms of Reference
2. Methodology and Process

APPENDIX 1 – Terms of Reference

Joint Feasibility Study on North-South Co-operation in Health and Social Care

- (i) To develop a strategic framework for taking forward future collaborative work in promoting health and in the planning and delivery of services on a cross-border basis.
- (ii) To examine the scope for promoting health and wellbeing and addressing health inequalities on a North-South Basis.
- (iii) To assess the potential for enhancing choice in care pathways, and improving access to specialist secondary and tertiary acute services on an all island basis and identify specific services which would benefit from such an approach.
- (iv) To assess the potential for enhancing choice in care pathways and improving access to local hospital and community and primary care services if delivered on a cross-border basis and identify specific services which would benefit from such an approach.
- (v) To identify the potential benefits for emergency care/ambulance provision arising from more cross-border co-operation.
- (vi) To explore how closer collaboration on a cross-border basis could help improve mental health, learning disability, sensory and physical disability services.
- (vii) To explore how closer collaboration on cross-border basis could improve access to services for children, including specialist regional services.

- (viii) To consider the scope for developing common service standards to promote quality and safety of health and social care on a North-South basis.
- (ix) To identify any constraints to the realisation of the benefits above and bring forward proposals as to how these might be addressed.
- (x) To develop an action plan setting out a programme of activities to address this agenda over the next 2-3 years.
- (xi) To examine appropriate implementation structures to drive forward whatever programme is agreed.

Appendix 2 – Methodology and Process

Project Board Membership

Mr Tom Mooney, DOHC Joint Chair (retired in May 2008)

Mr Andrew Hamilton, DHSSPS, Joint Chair (until February 2008)

Dr Miriam McCarthy, DHSSPS, Member (Joint Chair from February 2008)

Mr Paul Barron, DOHC, Member (Joint Chair from May 2008)

Mr Tommie Martin, HSE (to August 2008)

Mr Sean McKeever, Commissioner Representative HSC

Mr Brendan Ingoldsby, DOHC

Dr John Devlin, DOHC

Dr Liz Mitchell, DHSSPS

Mr David Galloway, DHSSPS

Mr Andrew Elliot, DHSSPS

Mr Fergal Lynch, DOHC

Mr Jim Breslin, DOHC

Mr Tom Daly, HSE (from August 2008)

Project Group Membership

Mr Tom Daly, HSE

Mrs Margaret Rose McNaughton, DHSSPS

Mr Shay McGovern, DOHC

Mrs Bernie McCrory, CAWT

Meetings of the Project Board took place regularly from June 2007 until February 2009

Project Group met as required throughout the period June 2007 – February 2009

Methodology

The Study involved the collection and analysis of information from a variety of sources including:-

1. Internal sources of information including data gathered from managerial information systems
2. Desk research – identifying and reviewing relevant external factors likely to impact upon the Study
3. Qualitative data gathering through personal meetings with key informants using, in general, a number of questions designed to elicit the experiences of the respective organisations.
4. Consultation using focus groups drawn from each health system, including individual meetings with representatives from the three pillars of the HSE and four structured workshops in Northern Ireland with representatives from all programmes of care across the system. Attendees were offered the opportunity to contribute their thoughts and ideas on both the key issues raised, the methodology, their view of current cooperation arrangements and their perspective on future areas for collaboration.

In Northern Ireland 4 Workshops (Acute Hospital services; Mental Health and Learning Disability; Children and Vulnerable people and Public Health) took place with the Health and Social Care Sector and similar engagement took place within the 3 pillars of the Health Service Executive – Population Health; National Hospitals Office and Primary, Community and Continuing Care. A number of written submissions were received from interested parties including the Expert Advisory Groups in the HSE.

The consultation process in both jurisdictions raised a wide variety but a very similar list of areas where health care professionals would like to see further or continuing collaboration and co-operation.