

Negotiating the Complexity of Health in Cross-Border Territorial Cooperation

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Thriving Places Post-Pandemic: The Relationship between Spatial Planning, Health and Well-being

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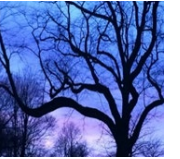


Overview

- The matter of border regions and the importance of health as an indicator for Cohesion and Competitiveness;
- Population health in border regions- Ireland/Northern Ireland;
- EU Cross-Border Health and Healthcare;
- AEBR DG SANTE Study: 'Cross Border Patient Mobility in Selected EU Regions'- observations for territorial co-operation;
- The role of data: health and healthcare data as spatial data;
- Potential for better use of data in cross-border territorial co-operation for health;
- Challenges, opportunities, best practice;
- Moving from the periphery to the centre- final reflections.

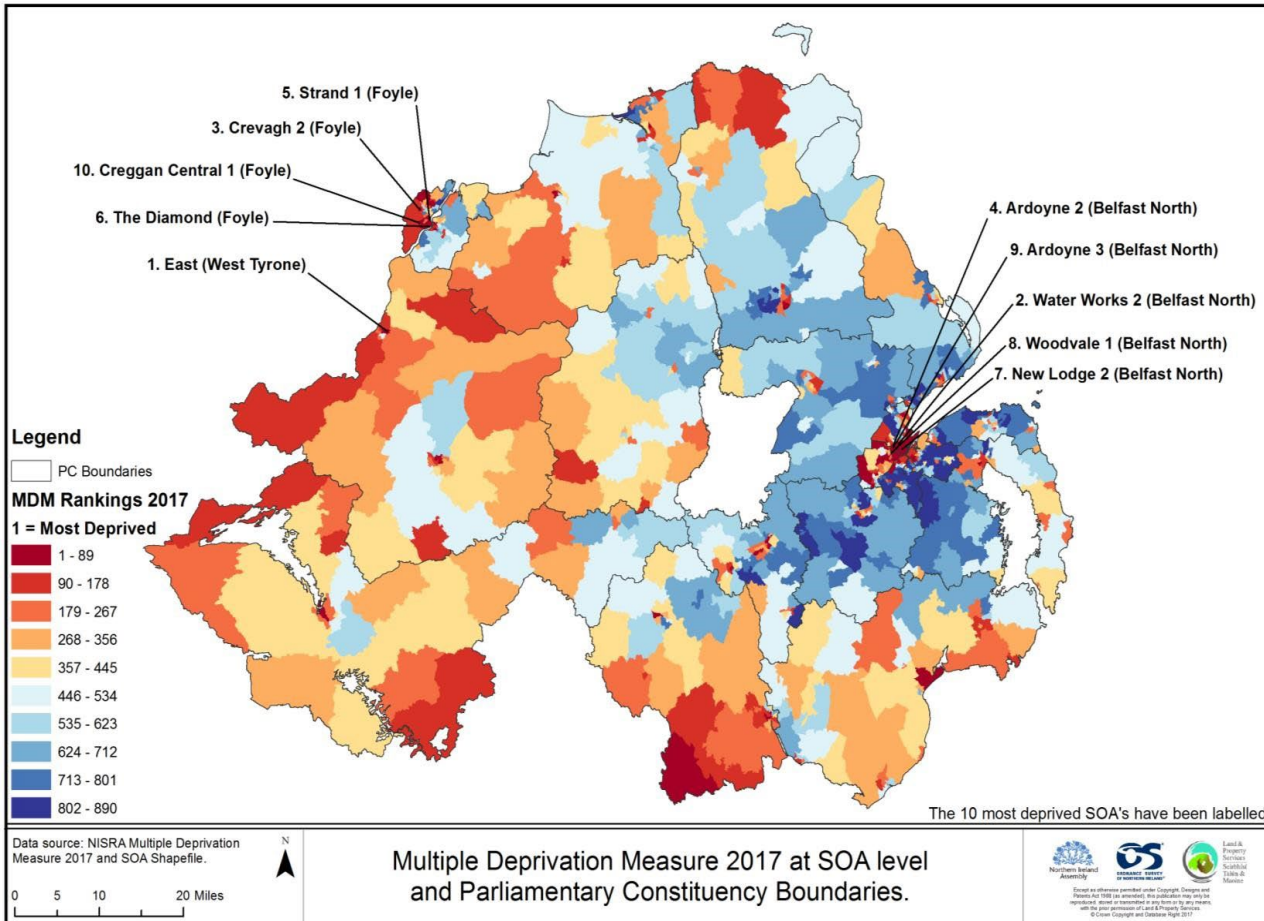


Border Regions and Health: What We Know

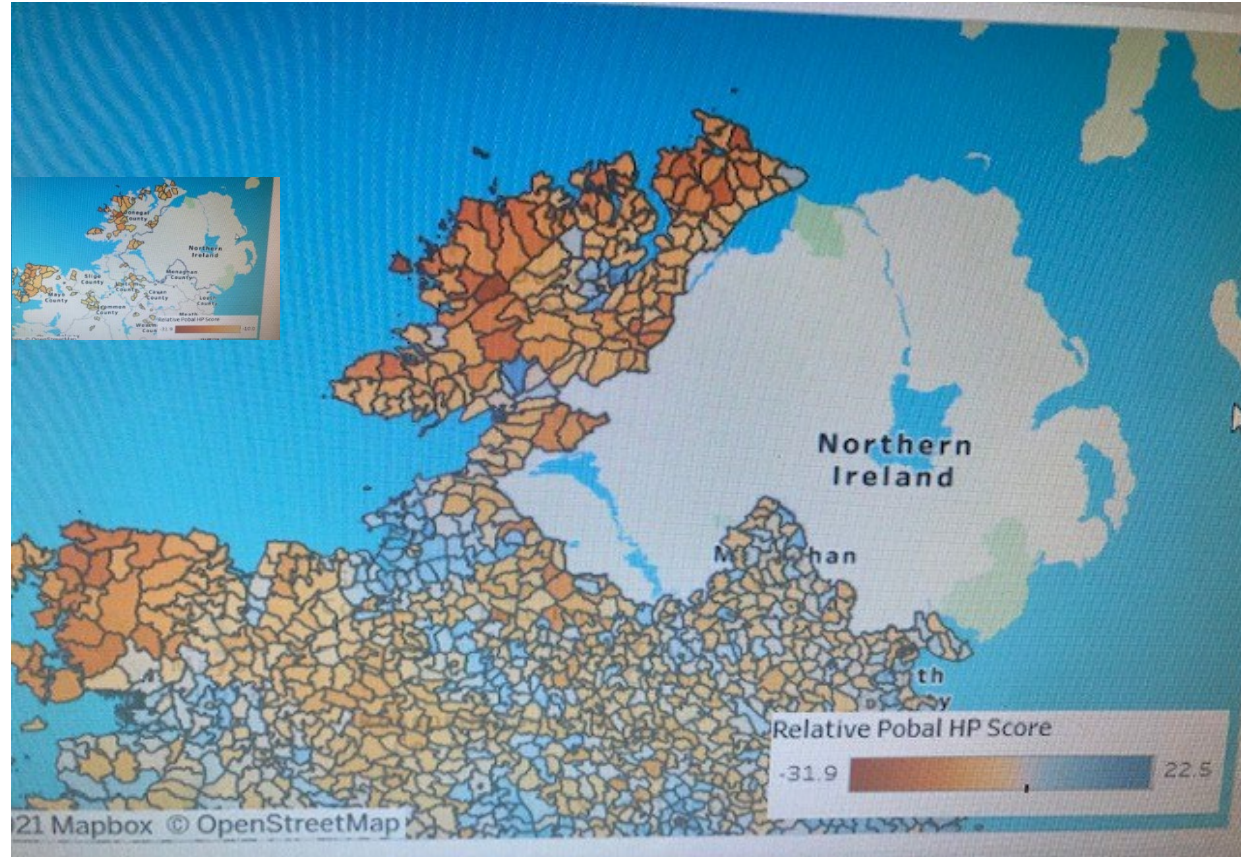


- Border regions at an interface between 2 or more public administrative systems, health ecosystems;
- A unique economy of health;
- Challenged economies, barriers to accessing services;
- Health inequalities; multiple deprivations- evidence overlaps; lifelong health outcomes essential for border regions to thrive; post conflict factors;
- COVID-19 Pandemic – shocking reminder of agency of socio-economic determinants of health (outcomes for those with poorer health status/multiple comorbidities – socio-economic dimension to this)
- Learning, legacy, resilience, remembrance
- Need to specifically understand factors in mental and physical health in border regions (NESC/Shared Island).

The border region



Source: NISRA – Multiple Deprivation in NI



Source Dr Bernadette O'Keefe – HSE

AEBR DG SANTE Study: Cross Border Mobility in Selected EU Regions (2022)

Commissioned for purposes of feeding into 2022 EC Evaluation of Cross-Border Healthcare Directive (future approaches to data collection)



AEBR - AGEG - ARFE



What we sought to find out

- **Context for Cross Border Patient Mobility in each case study area- including publications and configuration of main organisations working on this issue in the region**
- **Identify sources of complementary data on patient mobility (where possible) and engage with data owners; tell the story that the data and the gaps reveal**
- **Qualitative information on technical mobility and reimbursement issues**
- **Understand the factors which influence patients' choice/decision to travel**
- **Understand the role of health insurers and the role of agreements between health insurers**
- **Understand future possibilities regarding patient mobility and who is interested in better data**
- **Identify opportunities for future approaches to data collection on patient mobility which are meaningful in the context of the case study regions and which can offer learning and demonstration possibilities for general benefit across the EU**



Overall Observations- Qualitative:

- Health and patient mobility are barometers of how well border regions function overall;
- Civic leadership in border regions (Euregios etc) is an important asset ('Place-based leadership'); crucial role during Covid-19 pandemic. WHO Europe: Social Determinants of Health – role of local authorities.
- Patient mobility higher in regions where there are established collaborative working arrangements between subnational and regional actors- where capacity for overall health co-operation is advanced;
- Opportunities to address proximity principle through next-generation health collaboration in border regions
- Border regions as living labs for EU integration – patient mobility and post-Covid healthcare co-operation benefitting whole health systems (esp. planned care waiting lists); complementarity, population-based medicine, economies of scale in commissioning and procurement for health services.
- Data collected for different reasons. Data on health and patient mobility in border regions is an important source of evidence for planning
- Data collaboratives recommended to be established - co-design approaches to better data- what else can the data inform?
- Link to Smart Regions agenda, Recovery and Resilience, EU Digital Innovation Hubs. Better data leads to better services and access for citizens.
- Active subsidiarity is an important dimension of future success- role of multi-level stakeholders- moving from collaboration from 'experimental' to 'sustainable' and 'embedded'.

Better data/more informed territorial co-operation:



Better approaches to data collection within a cross border spatial/place-based framework can facilitate:

- Better levels of service using cross-border patient catchment model of feasibility – good for quality of care (retain clinical specialties in region) and for optimally effective use of resources;
- Regional spatial assets developed and strengthened on a complementarity model (preventative measures; high-cost capital)
- Better planning and delivery of interventions in social/economic/physical spheres that influence better health outcomes;
- Enabling border regions to contribute to the wider polity in a way that is asset-building rather than seen as drain on resources.

Challenges/Opportunities: Evidence for Territorial Co-operation for Health



- Getting the right decision makers at the table; appropriate levels of involvement; multilevel governance;
- Member states understanding the opportunities for overall health and socio-economic ecosystem of working together in and with their border regions; an opportunity rather than a threat;
- Demystifying data culture, building positive perceptions/data cultures, and understanding data's value- understanding what it is you want to know, and what is there (gaps tell a story too); then address the gaps TOGETHER;
- Varying interpretations of GDPR – but anonymised statistical data is essential;

Models of Good Practice:

EUPrevent: Meuse Rhein Region – initiative of the Euroregion aimed at improving social outcomes- recognises health as a key factor;

HealthAcross- Gmund, Austria (AT/SK/CZ) – developing shared services together for a cross border catchment;


Grand-Est (France) Region: spatial/regional approach to healthcare and health planning- within wider regional development framework (crisis point in Pandemic- political agreement late 2021);

Ireland/Northern Ireland: NW Cancer Centre; Cardiopulmonary PCI; Paediatric Cardiology Network;

WHO Healthy Cities – Derry as a border city- North West City Region;

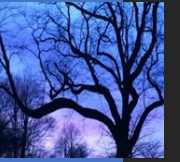
PHA (NI)/ DOH (IE) – both members of the North West Strategic Growth Partnership – collaborative governance for territorial co-operation- subnational/regional.

Co-operation and Working Together – preventative and early intervention; CB data collection (e.g. Register of Self-Harm)- strongly advocating a population-based model of health service planning and delivery.



Overcoming complexities in health/territorial co-operation:

- Strong territorial local government actors;
- Relationship building between regions and central government administrations; (EC Communication July 2021- Border Regions as laboratories for European integration and cohesion)
- Understanding where the data is, who has it, and what we all agree we need to know if we are going to work together; developing data capture/sharing/aggregation approaches (even if imperfect) TOGETHER – some is better than none;





Why is territorial co-operation for health and healthcare important?

- Next pandemic;
- Embed the learning while we have time;
- Population health resilience can be achieved through deepening institutional co-operation and supporting this into an active mode through development of evidence-informed work (data);
- Thus we achieve co-ordination of mechanisms to minimise disruption and abruptness experienced by border regions and their healthcare systems during COVID-19 (HC workforce, blanket border closures, urgent patient transfers)

Why territorial co-operation for health and healthcare is not a minority sport:



- 40% of EU Population lives in a border region;
- You can cross Europe and avoid going through capital cities but you can't do it without going through border regions;
- Emerging challenges for health, emergency care, migration and displacement as result of war- focus thrown on border regions along the Western Ukrainian border; patient mobility;
- Role of border regions and their actors crucial-

Sources:



- WHO Europe Observatory: Review of social determinants and the health divide in the WHO European Region: final report (2013)
- Northern Ireland Department of Health: Health Inequalities Annual Report (2021)
- AEBR DG SANTE Study: Cross-Border Patient Mobility in Selected EU Regions (2022)
- National Economic and Social Research Council (NESR): Shared Island, Shared Opportunity – NESR Comprehensive Report (2022)
- EUROPEAN COMMISSION Brussels, 14.7.2021 COM(2021) 393 final REPORT FROM THE COMMISSION TO THE EUROPEAN PARLIAMENT, THE COUNCIL, THE EUROPEAN ECONOMIC AND SOCIAL COMMITTEE AND THE COMMITTEE OF THE REGIONS EU Border Regions: Living labs of European integration.

Thank you for your attention

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