

Policy Briefing

This document aims to inform ageing research and add to existing discussion on policy and research developments.

Health Structures in Ireland, North and South

This document outlines the structures, key responsibilities and agencies under the remit of the **Department of Health Social Services and Public Safety** (DHSS&PS) in Northern Ireland and the **Department of Health and Children** (DoHC) in the Republic of Ireland.

Introduction

On the island of Ireland there are significant differences in the two health systems with regards to policy, structures, coverage and funding. Each system has its own separate structures and legislation and is shaped by different policy drivers

Northern Ireland

Introduction

Within Northern Ireland, as with the rest of the United Kingdom, there is universal access to free health care predominantly funded through taxation. In Northern Ireland, 47% of current public expenditure is allocated to the DHSS&PS.¹

There are some user charges levied on prescription drugs, ophthalmic and dental services with exemptions for certain groups such as pensioners and young people. Health policy is devolved to the Northern Ireland Assembly. However one discernible difference between Northern Ireland and the rest of the United Kingdom is that health and social services are integrated in Northern Ireland.

In addition to structural differences, there are a number of areas where there is divergence in entitlement to some National Health Service (NHS). Prescription charges, for example, differ across the UK. In Northern Ireland, from January 2009 prescriptions have been reduced to £3.00 per

¹ NI Executive, Budget NI 2008 – 2011
<http://www.pfgbudgetni.gov.uk/finalbudgetdocument.pdf>

item and will be free from April 2010; in Scotland prescription charges are to be abolished by 2011; in Wales they are free; and in England prescriptions are means tested with exemptions.²

There are also different entitlements across the NHS in relation to free personal care. Older people receiving care at home in Northern Ireland are entitled to receive free personal care funded by the Health and Social Care Trust irrespective of their financial status.³ However older people in residential or nursing homes in Northern Ireland pay for personal care. Personal care in nursing and domiciliary settings is free in Scotland.

Department of Health, Social Services and Personal Safety (DHSS&PS)

The DHSS&PS is responsible for strategic policy and legislation in three main business areas; health and social care, public health and public safety. Its mission is to improve the health and social well-being of the people of Northern Ireland. The department is assisted by a number of agencies and regulatory and advisory bodies such as the Northern Ireland Blood Transfusion Service Agency; the Northern Ireland Social Care Council; the Food Standards Agency. In terms of regulation and inspection, the Regulation and Quality Improvement Agency is the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland.

The Minister for DHSS&PS is Michael McGimpsey, MLA and the Permanent Secretary is Dr Andrew McCormick (www.dhsspsni.gov.uk/).

Policy Drivers

The main policy drivers are '*Investing for Health*,' (2002) '*A Healthier Future*,' (2004) '*Ageing in an Inclusive Society*,' (2005) '*Lifetime Opportunities: Governments Anti-Poverty and Social Inclusion Strategy for Northern Ireland*,' (2006), '*Caring for Carers*,' (2006) and '*The Bamford Review of Mental Health and Learning Disability*,' (2007).⁴

Re-organisation of Structures

The structure of health and social services in Northern Ireland has undergone substantial examination and structural re-organisation as a result of the Review of Public Administration in Northern Ireland. Final decisions regarding the structure were announced by the Health Minister, Michael McGimpsey on 1st April 2009 and include the establishment of:

- **A Health and Social Care Board**

This will replace the existing four Boards. It will focus on commissioning, resource management and performance management and improvement. It will identify and meet the needs of the local population through its five Local Commissioning Groups that will cover the same geographical area as the Health and Social Care Trusts (<http://www.hscboard.hscni.net/>).

- **The Public Health Agency**

This new Agency will focus on improving and protecting health and well-being. It will work in partnership with stakeholders such as the new Health and Social Care bodies, local government, other statutory bodies, and the voluntary and community sectors (www.publichealth.hscni.net/).

² Gray, A., Horgan, G., (2009) *Figuring it Out: Looking Behind the Social Statistics in Northern Ireland*. Belfast. ARK

³ Trusts are the main providers of health and social care in Northern Ireland. In April 2007 the five new Health and Social Care Trusts were created to replace the 18 previous trusts. The new Health and Social Care Trusts are: Belfast, Northern, South Eastern, Southern and Western. Trusts covers both hospital and community based services including services provided to people in their own homes.

⁴ See CARDI Resources Section at <http://www.cardi.ie>

- **The Patient Client Council**

The new Patient Client Council (PCC) will replace the previous four Health and Social Services Councils and will be supported by five local offices linked to the five Health and Social Care Trusts and the Local Commissioning Groups. The overarching objective of the PCC will be to provide an independent voice for patients, clients and carers and communities on health and social care issues

(www.patientclientcouncil.hscni.net/).

- **The Business Services Organisation**

The Business Services Organisation (BSO) will take responsibility for the provision of a range of business support and specialist professional services to the whole of the health and social system. It will be established in three phases to consolidate and transform services previously undertaken by other bodies

(<http://www.hscbusiness.hscni.net/>).

Republic of Ireland

Introduction

The system within the Republic of Ireland is a mix of public and private health care provision. Health represents 27% of total current public expenditure.⁵

Entitlement to publically funded health services is determined by income. People belong either to Category 1 or Category 2 eligibility. People in Category 1 are eligible for the General Medical Services Scheme and receive 'Medical Cards'. This means that all health services apart from long-term care can be assessed free at the point of use. Health services such as GP services, public hospital, dental and optical services, a range of community and personal social services and maternity and infant services. Prescribed drugs and medicines were free but the Budget 2010 introduced a 50 cent charge for medical card holders subject to a monthly ceiling of €10 per family, from April 2010.

In relation to long term care, the Nursing Homes Deal Scheme, also known as the Fair Deal Scheme came into operation on 27 October 2009.⁶ The 'Fair Deal' is a new scheme of means tested financial support for people needing long-term nursing home care. To be eligible for this scheme a person must undergo a care needs assessment and a financial assessment to work what their contribution will be.

⁵ Department of Finance, *2010 Estimates and Receipts and Expenditure*, 9 Dec 2009, Dublin DSO.
<http://www.budget.gov.ie/Budgets/2010/Documents/Estimates%20Book%202010.pdf>

⁶ http://www.dohc.ie/issues/fair_deal/

Since 2001 those over 70 were automatically entitled to a medical card without the need for a means test. This was withdrawn in January 2009 and gross income limits of €700 per week for a single person and €1,400 per week for a married couple now apply. Those with incomes below this threshold are entitled to the medical card.

Category 2 card holders have access to publically financed secondary care health services but may have to pay in-patient and out-patient hospital charges and pay for primary care unless they hold a GP visit card which is means tested (for a full explanation on charges and exemptions - www.citizensinformation.ie/).⁷ Category 2 card holders also have to pay privately for dental and ophthalmic services.

There are general health services that are available to people on the basis of their need or health status rather than on their medical card status. For example those with certain illness may qualify for free prescribed drugs and medicines. Child Health Services are available to all children and health promotion is aimed at the entire population.

The Voluntary Health Insurance Board (VHI) is the largest provider of voluntary private health insurance. It is a statutory body whose board is appointed by the Minister for Health and Children⁸.

Department of Health and Children (DoHC)

The DoHC is responsible for the strategic development of the health system including policy and legislation, and evaluates the performance of the health and social services to enhance people's health and well-being. There are a number of divisions within the department covering areas of acute and primary care, research and evaluation, workforce issues, the Office for Disability and Mental Health, Office of the Minister for Children & Youth Affairs as well as the Office for Older People.

The department is assisted by a number of executive units and regulatory advisory bodies such as the Dental Health Foundation, An Bord Altranais, the Health Research Board and the Pharmaceutical Society of Ireland.

The Minister for Health and Children is, Mary Harney, TD. There are a number of other Ministers within the department such as Ms Áine Brady, TD, Minister of State with responsibility for Older People and Health Promotion and Mr John Moloney TD, Minister for Equality, Disability and Mental Health. Mr Michael Scanlan is the Secretary General of the Department.

Policy Drivers

The main policy drivers of the department are '*Quality and Fairness in Health: A health System for You*', (2001), '*The National Disability Strategy*,' (2004), '*A Vision for Change*' (2006), '*The National Action Plan on Social Inclusion*', (2007-2016) and the '*National Positive Ageing Strategy*' (2009).⁹

⁷ To qualify for a GP Visit Card, the rules are largely the same as those for medical cards, except the income guidelines are 50% higher. http://www.citizensinformation.ie/categories/health/entitlement-to-health-services/gp_visit_cards

⁸ <http://www.vhi.ie/index.jsp>

⁹ See CARDI Resources Section at <http://www.cardi.ie>

Re-organisation of Structures

The Health Service Reform Programme¹⁰ in June 2003 outlined a range of structural reforms to reorganise the health system to achieve the goals in *'Quality and Fairness: A Health System for You.'*

The new structures and bodies as a result of this Reform Programme established a restructured department of Health and Children and the establishment of:

• The Health Service Executive

The Health Service Executive (HSE) was established on 1 January 2005 and is responsible for managing and delivering health and personal services. It is organised into three service delivery units; Population Health; Primary, Community and Continuing Care; and National Hospitals Office. It delivers services through four administrative areas: HSE West; HSE South; HSE Dublin North East and HSE Dublin Mid Leinster.

• The Health Information & Quality Authority

The Health Information and Quality Authority (HIQA) was established on 15 May 2007. HIQA is an independent authority and has a broad range of functions such as setting standards, monitoring healthcare quality, health information and health technology assessment in health and social care services throughout Ireland. These functions cover health and social services delivered by public, voluntary or private bodies.

Part of the Health Service Reform Programme was the rationalisation of health service agencies. A major programme of agency rationalisation within the health sector was

announced by the Minister for Health and Children on 15th October, 2008. The primary aim of this programme is to streamline service delivery, professional registration and policy making in a number of areas in the health sector. Agencies such as the National Council of Ageing and Older People and the Women's Health Council have been incorporated into the department. Other agencies such as the Drug Treatment Centre and the Crisis Pregnancy Agency will be incorporated into the HSE early in 2010¹¹.

North South Co-operation

The current context for North/South co-operation on the island of Ireland is grounded in a series of international and intergovernmental agreements. The Agreement 1998 embodied a formal commitment to work towards specific objectives in relation to cross border cooperation in a number of areas, including health.¹²

Common health policies and approaches are agreed within the framework of the North/South Ministerial Council (NSMC) but implemented separately in each jurisdiction. Five specific areas for co-operation in health were identified:

- accident and emergency planning,
- major emergency planning,
- procurement of high quality equipment,
- cancer research and
- health promotion.

As a result of the St Andrews Agreement¹³, the NSMC agreed to take forward a Review of the North South Implementation Bodies and Areas for Co-operation. This is ongoing and proposals are due to be presented to the NSMC early in 2010.

¹⁰ See flowing link for more information <http://www.healthreform.ie/>

¹¹ See following link for more information <http://www.dohc.ie/Agencies/>

¹² See flowing link for more information <http://www.northsouthministerialcouncil.org/index/areas-of-co-operation/health.htm>

¹³ Northern Ireland (St Andrews Agreement) Act 2006, Chapter 53

For further information contact:

CARDI
Forestview
Purdy's Lane
Belfast BT8 7ZX
t: + 44 (0) 28 9069 0066
f: + 44 (0) 28 9064 6604

CARDI
Level 5
Bishops Square
Redmond's Hill, Dublin 2
t: + 353 (0) 1478 6300
f: + 353 (0) 1478 6319

www.cardi.ie
info@cardi.ie

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