

AIHPC responds to consultation on PEACE PLUS Programme – European Territorial Co-operation 2021-2027

Background

As well as attending stakeholder engagement events in February 2020 organised by the Special EU Programmes Body (SEUPB), All Ireland Institute of Hospice and Palliative Care (AIHPC) responded to the SEUPB's Stakeholder Engagement Survey on the future PEACE PLUS programme.

PEACE PLUS is the new cross-border programme that will contribute to a more prosperous and stable society in Northern Ireland and the border region of the Republic of Ireland. It will combine PEACE and INTERREG type activities into a single programme for the period 2021 to 2027.

In the current 2014-2020 period, SEUPB manages two cross-border cooperation programmes: the PEACE IV programme (total budget: €270 million) in Northern Ireland and the Border Counties (including Cavan, Donegal, Leitrim, Louth, Monaghan and Sligo); and the INTERREG VA programme (total budget: €283 million) which includes the same area plus the west of Scotland; and which has a Health and Social Care Theme. It is anticipated that the new programme will have the approximate value of the current two programmes combined.

Although not yet finalised (and therefore subject to change), the draft regulations define five Policy Objectives from which programmes should choose themes for investment in the eligible area. More detail on the objectives can be viewed in the SEUPB Stakeholder Engagement Information Document [here](#)

Policy Objective 4 – A more social Europe, Implementing the European Pillar of Social Rights identifies four specific objectives:

- (i) Enhancing the effectiveness of labour markets and access to quality employment through developing social innovation and infrastructure.
- (ii) Improving access to inclusive and quality services in education, training and lifelong learning through developing infrastructure.
- (iii) Increasing the socio-economic integration of marginalised communities, migrants and disadvantaged groups, through integrated measures including housing and social services.
- (iv) Ensuring equal access to health care through developing infrastructure, including primary care as 'ensuring equal access to health care through developing infrastructure, including primary care.

In its response to the Stakeholder Engagement Survey, AIHPC particularly wanted to raise the increasing need for palliative care which will be experienced and how this EU investment opportunity could address this need, particularly at primary care and community level.

AIHPC would welcome any consideration of projects under the PEACE PLUS Programme which would deliver on an improved palliative care experience. As a broker of relationships across the palliative care sector across the island of Ireland, AIHPC would welcome opportunities to support our partners and our other stakeholders to influence and shape PEACE PLUS. Colleagues in many of these stakeholder organisations have been involved in previous SEUPB funded health-related projects and PEACE PLUS could provide an opportunity to support people with palliative and end of life care needs.

Survey Response (full survey template available [here](#))

Q.B.1i

The survey provided a list of indicative actions for achieving Peace and Reconciliation and survey responders were asked to rate the relevance of each type of action. In its response, AllHPC identified 'Actions to improve community and social cohesion' and 'Increasing access to quality health care in the region' as extremely relevant.

Please explain why you have given the rating above [Word limit 500 words]

As an all-island organisation with an interest in health and wellbeing, All Ireland Institute of Hospice and Palliative Care (AllHPC) is particularly interested in the opportunities through which the PEACE PLUS programme could support increasing access to quality health care in the region. Allied to this, AllHPC envisages how community and social cohesion could be improved – cohesion and integration contributing to improved health care in palliative care, but also how the process of people working together to improve palliative and end of life care could support cohesion.

AllHPC is a collaborative of hospices, health and social care organisations, universities and charities on the island of Ireland working to improve the experience of palliative care. With 11 partners in Northern Ireland (including the Public Health Agency and the five Health and Social Care Trusts) and 14 partners in the Republic of Ireland, AllHPC is working with the health and social care systems across the two jurisdictions on the island to deliver and develop palliative care.

Evidence suggests that between 75 and 80% of people who die have conditions that would benefit from some palliative care services, with the potential to support their quality of life for weeks, months and years.

The need for palliative care is increasing across the island of Ireland. The number of deaths in the Republic of Ireland (which is a good indicator of likely palliative care needs) is projected to rise to 54,000 by 2050, representing a rise of 74% since 2016. Demands for palliative care services are expected to double by 2050. The number of people dying in Northern Ireland over a 25-year period from 2016 to 2041 is projected to increase by 32 per cent (from 15,300 to 20,300) - NISRA Statistical Bulletin (October 2017).

Developments in how health conditions can be treated and managed means that as people get older they are more likely to develop and live with one or more long term conditions, as acknowledged in Northern Ireland's Health and Wellbeing 2026: Delivering Together (2016) report.

It is in this context of increasing palliative care need that AllHPC is partnering with the health and social care systems. Many people living with long term health conditions will have palliative care needs, which, if not addressed, will have a negative impact on their quality of life.

Palliative care involves those close to the person with a life-limiting illness. For those who are in caring roles there is also a need for support for them, also taking account of social and economic circumstances, including impact on finances.

AllHPC and the palliative care sector want the benefits of palliative care to be experienced beyond the population living with cancers – such as the older population living with multiple illnesses/conditions, people in nursing and care homes, people in remote areas, people with disabilities, people in prison and homeless people.

Q.B.1iii

What are the main challenges and opportunities for greater Peace and Reconciliation (previously addressed under the PEACE Programme)? [Word limit 1000 words]

The current Interreg mPower Project is an innovative development under the Health and Social Care theme, with its focus on supporting people to live well in their own homes and communities.

PEACE PLUS offers an opportunity to develop on this to consider the needs of the same population, and a wider range of people, to live with as good a quality of life to the very end of their lives by supporting an initiative around palliative and end of life care.

A range of responses are being generated to address the increasing palliative care needs of the population, as highlighted in a public health approach to palliative care. AllHPC is supporting the development of a public health approach to palliative care, in line with Government policy direction in both jurisdictions on the island of Ireland.

Since 2018, AllHPC has been supporting the Northern Ireland Department of Health's policy development of a Public Health Approach to Palliative Care, with input from the Palliative Care in Partnership programme.

In the New Decade, New Approach Deal (January 2020) agreed by the political parties for the restoration of the Executive of the Northern Ireland Assembly, palliative and end of life care is highlighted as one of the priorities of the Restored Executive. In relation to transforming the health service, New Decade, New Approach specifically refers to providing increased investment to fully implement service improvements for palliative and end of life care including enhancing the contribution of hospices; and to increase support for palliative perinatal care.

In the Republic, AllHPC has been working on an ongoing basis with the Department of Health and the Health Service Executive. In 2018, on behalf of the HSE, AllHPC managed a Public Awareness Working Group which developed recommendations from the HSE's Palliative Care Development Framework (2017-2019) which incorporated a commitment to moving forward with a public health approach to palliative care.

AllHPC, with its partner the Irish Hospice Foundation, hosted a Round Table on a Public Health Approach to Palliative and End of Life Care on the island in December 2019 at Ballymascanlon House Hotel, Dundalk. This was attended by colleagues from the Departments of Health in both jurisdictions, key personnel from palliative care delivery agencies and organisations including the HSE, Health and Social Care Trusts and a range of community and voluntary sector interests.

Keynote speakers from London, Scotland and Belgium gave insights into the outworking of a public health approach to palliative care in practical examples, both in communities in London and across Scotland, and in research in Belgium. Attendees reflected an appetite to keep moving forward with the development of a public health approach to palliative care and to build on the assets that are already in communities and other initiatives.

A public health and community-based approach to palliative care can empower communities and build on community assets to ensure that palliative care provision meets their needs. It is important to build upon and link people into existing networks of support, where these exist, as these are more likely to continue and be sustained into the future.

Given competing priorities for Government resources, funding will be directed towards service delivery. An investment under PEACE PLUS would provide a resource to deliver alongside formal

health services, particularly in the primary and community care setting. It would provide opportunities for widening community involvement and have the potential to widen community access in an area of need which is growing as people are living longer. While Government policy supports this direction, public funds will be limited in relation to outworking in practice and PEACE PLUS could bring added value in this space.

PEACE PLUS could provide an exciting opportunity and an impetus for improving palliative and end of life care. This would build on the work already started under the previous and current EU programmes, including for example mPower, and build on other cross-border working and relationship-building that has taken place by colleagues across health care including in Health and Social Care Trusts/Public Health Agency, the HSE and the community and voluntary sector.

This area of work could also provide synergy with interest in working on an all-island basis in relation to health care provision, where these opportunities provide for enhanced care for the population. The work of AIHPC is already of interest to the ongoing work of the North South Ministerial Council Secretariat and potentially to the North South Ministerial Council's Health Sectoral Group.

A briefing paper produced by AIHPC to contribute to a better understanding of a public health approach to palliative care can be viewed at this [link](#)

Q.B.1iv

Please list any ideas for initiatives or projects that could address the challenges/opportunities identified in Q.B.1iii [Word limit 1000 words]

AllHPC is already working with its partners both in Northern Ireland and the Republic of Ireland to explore strategic opportunities for broadening public engagement and community involvement, as part of driving forward a Public Health Approach to Palliative Care.

A programme of work could be developed to involve primary care (including GPs and District / Public Health nursing) partners across health and social care system and communities. This would focus on broadening palliative care from a service-based approach to a public health approach, building on community assets, through coproduction, and empowering communities.

This would help society (both the wider public and health and social care professionals) to prepare to meet current and future palliative and end of life care needs for an ageing society, across all serious and progressive illnesses and across all of society.

The public health approach to palliative care is multi-faceted. The project would involve a community development approach, building on community assets.

Partners to the project could include Health and Social Care Trusts, Public Health Agency, Health Service Executive, Local Authorities (NI/RoI), Healthy Living Centres, hospice and palliative care providers (including public, community and voluntary sector). A project also has the potential for supporting the establishment of links with Social Prescribing initiatives, with wider networks in local communities, for example, Public Participation Networks, and Age Friendly networks.

AllHPC has already positive working links with colleagues in the Scottish Partnership for Palliative Care which has established a Compassionate Communities Scotland Network, and Hospice UK, and further development with colleagues there would bring added value to a project in the border region.

A key priority for AllHPC is to partner with people with palliative care needs (service users), their carers and communities to ensure that palliative care provision meets their needs now and into the future. The project would build on work already begun with our partners across the statutory and voluntary sectors, bringing a service user, carer and citizen voice to important developments.

AllHPC has also supported palliative care skills development at primary and community care level through Project ECHO (Extension for Community Healthcare Outcomes) which uses teleconferencing technology to support and train healthcare professionals remotely.

Palliative care must increasingly be considered an essential integrated service for people in the community facing serious and life-limiting illnesses. The World Health Organisation recommends providing all primary health care workers with basic training in palliative care and symptom relief as a minimum standard. AllHPC has supported the development and implementation of four palliative care ECHO programmes focussing on community and primary care settings, including nursing homes and for allied health professionals working in communities. These ECHO projects supported the development of a community of practice and increased knowledge and confidence among health and social care professionals. The ECHO projects had positive impacts on establishing a network of practice between hospice care settings and primary care, between disciplines and across geographical areas, nurturing relationships to ensure sustainable practice change. As ECHO

addresses issues such as disparities in access to care and slow diffusion of best practices, using existing resources, it offers potential to improve quality of care even in times of financial austerity.

SEUPB investment could support further roll-out of such initiatives, upskilling more primary care professionals to address the increasing palliative care need in community settings.