

# CAWT: Making a Difference to Health Inequalities in Ireland



Bernie McCrory  
Co-operation and Working Together  
Health Promoting Hospitals Conference  
Manchester, 14-16 April 2010





HEBRIDES

111km

132km

116km

FRANCE

0 50 100 km

# The CAWT Partnership

- ✦ Co-operation and Working Together
  - Over 50 cross border projects implemented with EU funding to date
- ✦ EU INTERREG IVA funding
  - 12 large scale projects to be completed by 2013
  - *‘Putting Patients, Clients and Families First’*



# *'Putting Patients, Clients and Families First'* Cross Border Projects



- ◆ **Acute Hospital Services**
- ◆ **Clinics for Sexually Transmitted Infections**
- ◆ **Development of Eating Disorder Services**
- ◆ **Multi Level Alcohol Harm Reduction**
- ◆ ***'Turning the Curve'* – Autism Support Project**
- ◆ **Improving Outcomes for Children and Families**
- ◆ **Support for Older People**
- ◆ **Preventing and Managing Obesity**
- ◆ **Support for People with a Disability**
- ◆ **Tackling Social Exclusion and Health Inequalities**
- ◆ **Tackling Diabetes in High Risk Clients**
- ◆ **Workforce Mobility**

# Health Inequalities – Acute Services

- ◆ This project encompasses 3 strands: -
- ◆ Ear, Nose and Throat (ENT)
- ◆ Urology
- ◆ Vascular
- ◆ The project is worth in excess of €8 million



# Health Inequalities - Acute

## ◆ ENT Project

- Prior to this project there were 3,500 patients waiting up to 4 years for an appointment in the HSE North East area
- Now an Outpatient and Day Surgery service in Monaghan Hospital
- A new and innovative day surgery techniques are currently under development including the use of KTP Laser
- The number of beneficiaries seen to date in this project is approximately 2,500
- This model will be rolled out across all of the border area

# Health Inequalities - Acute

## ✦ Vascular Project

- The Vascular project catchment area includes Donegal in ROI and Counties Londonderry, Tyrone and Fermanagh in Northern Ireland
- The project model provides an emergency Vascular service for the patients of Donegal who would normally have to avail of this service from Dublin, with a travelling time in excess of 2 hours
- Routine Vascular service includes e.g. AV Fistulas and varicose vein surgery locally to the patient
- The EU target of beneficiaries for this project is 1200 patients

# Health Inequalities – Acute

## ✦ Urology Project

- The Urology service will be enhanced in County Donegal
- This service is currently serviced by one Consultant Urologist and the new service will have a second Consultant and also a Clinical Nurse Specialist
- This collaboration between Donegal and Derry will develop sequentially and be well established prior to the new proposed Radiotherapy Centre in Altnagelvin
- The number of patients who will benefit under this measure will be 1500

# Health Inequalities – GUM Services

- ✦ To initiate or enhance Genito Urinary Medicine Services where they are either non-existent or inadequate along the border region in Ireland. At present patients from these areas travel to Belfast, Derry/Londonderry or Dublin to avail of services if at all. Clients will be able to access and avail of specialist GUM Services in their own area or on a cross-border basis if they so choose

# Health Inequalities – GUM Services

- ✦ It is proposed to work in conjunction with four service providers in the border region
- ✦ New GUM Clinics / Services will be provided in Omagh, Monaghan, Letterkenny, Dundalk and Drogheda
- ✦ GUM Services in Derry / Londonderry and in Newry will be enhanced

# Health Inequalities – GUM Services

- ✦ More accessible GUM Services will result in
  - Rapid access to specialist diagnosis
  - Preventative treatment of clients with sexually transmitted diseases (STIs) or at risk of them
  - Counselling
  - Contact tracing
  - An expected reduction in transmission of STIs
  - Reduced infertility rates as a result of STIs
  - Urgent advice to people who are pregnant who have STIs
  - 5,000 new beneficiaries in total

# Health Inequalities - Social Inclusion

- ✦ Evidence proves groups most disadvantaged by inequalities are those experiencing exclusion and are uninvolved in planning and decision making. (Those living in poverty, Travellers, lone parents etc)
- ✦ In addition in Ireland, literature tells us that poverty and exclusion are more acute along the border, worsening in the North furthest from centres of decision making

# Health Inequalities - Social Inclusion

- ✦ Establish a cross border social inclusion network of key decision makers with the power to impact on a range of health determinants e.g. education, health and social care, housing and environment
- ✦ Implement a model of engagement ensure excluded groups engage with planners and decision makers from network members and also with politicians in both NI and RoI

# Health Inequalities - Social Inclusion

- ✦ Run a Traveller lay health worker programme and establish cross border network
- ✦ Run training programmes for young Traveller men to improve their employability
- ✦ Develop and train a pool of facilitators to deliver tailored programmes to targeted groups of women: -
  - Women who have lived with domestic violence
  - Women living with cancer diagnosis, mental illness, disability
  - Older women
  - Women living in isolation
- ✦ Programmes will include house health workshops, postnatal depression support, breastfeeding support, confidence and esteem building

# Health Inequalities - Social Inclusion

- ✦ In excess of 200 individual programmes to Vulnerable women will be delivered to at least 1,000 in three or four selected sites.
- ✦ 40 Travellers will directly participate in Training programmes which will have an in-direct impact on the health and well-being of their families and communities.

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