

# Partners and Institutional Members

Department of Health and  
Children (Ireland)

Department of Health, Social  
Services and Public Safety  
(Northern Ireland)

National Cancer Institute  
(United States)

## DEPARTMENT OF HEALTH AND CHILDREN Ireland



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OF HEALTH AND  
CHILDREN  
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Ireland's DoHC was established under the Ministers and Secretaries (Amendment) Act of 1946. Previously, the Department of Local Government and Public Health was responsible for public health services, which continued to be administered by local authorities until 1970. The 1970 Health Act increased the Department's direct involvement in the execution of health policy by establishing eight health boards and abolishing the Hospitals Commission. In the years following passage of the Act, health policy in Ireland maintained a definitive emphasis on consistent development of the curative and regulatory aspects of health services and the acute hospital sector, in accordance with the policy commitments of the 1966 white paper, *The Health Services and Their Further Development*.

Reappraisal of health services commenced in 1986 with the discussion document, *Health: The Wider Dimensions*, and culminated in the 1994 publication of the health strategy, *Shaping a Healthier Future*. This strategy signaled a significant change in direction, with its emphasis on the achievement and measurement of both health and social gains and its commitment to the organization and management of the system as an integrated whole.

*Quality and Fairness: A new health strategy for the next seven to ten years* was launched in 2001. Based on people-centered principles of equity, quality, and accountability, the strategy's key elements include the following:

- The largest expansion in hospital bed capacity in the health service's history.
- The establishment of a National Treatment Purchase Fund to purchase treatment for public patients waiting for more than three months from initial referral.
- The addition of more day/respite care facilities and residential capacity for people with disabilities.
- The development of an action plan on age and statutory complaints procedures.
- The opening of a new National Hospitals Office.
- The appointment of an independent Health Information and Quality Authority.

Under legislation passed in December 2004, the HSE was established and charged with statutory responsibility for delivering the entire range of health and personal social services previously delivered by the regional health boards and authority. This reorganization has helped to ensure that policies are implemented consistently and that patients across the entire country have improved access to quality health service.

The Health Information and Quality Authority has been established on a statutory basis to drive the health information, quality, and safety agenda from a national perspective. Finally, the DoHC experienced an extensive reorganization in 2005 after reexamining its new role within the reformed health system. These major reform initiatives are designed to modernize Ireland's health service and provide a level of quality care that is consistent with national economic and social development.

## DEPARTMENT OF HEALTH, SOCIAL SERVICES AND PUBLIC SAFETY

Northern Ireland



Established by the Departments Order 1999, the DHSSPS is charged with three main responsibilities:

- Health and Personal Social Services (HPSS): Policy and legislation for hospitals, family practitioner services, and community health and personal social services.
- Public Health: Policy, legislation, and administrative action to promote and protect the health and well-being of the population.
- Public Safety: Policy and legislation for fire and rescue services.

Several professional groups serve as advisors to DHSSPS administration; the Medical and Nursing Groups are represented in the Consortium's membership. Currently, the Minister for DHSSPS for Northern Ireland is Mr. Michael McGimpsey, who was appointed in May 2007.

The Department's mission is to improve the health and social well-being of all people in Northern Ireland by ensuring appropriate health and social care services in clinical settings, such as hospitals and general practitioner surgeries, and in the community through nursing, social work, and other professional services.

The DHSSPS also supports health promotion and education programs in an effort to encourage the community to adopt activities, behaviors, and attitudes that will lead to improved health and well-being.

The Executive's *Programme for Government* (PFG) document details its plans and priorities for 2008-2011 and sets the strategic context for DHSSPS current planning arrangements. To support the Executive's priorities, a framework of twenty-three Public Service Agreements (PSAs) has been developed, which delineates key actions to be implemented in support of the priorities and the outcomes, as well as achievement targets for the next three years. The Department currently leads or co-leads four PSAs and plays a supporting role in six other PSAs.

In addition to the PFG, the Department produces the *Priorities for Action* (PFA) document on an annual basis; the PFA describes the Health Minister's "priority areas" for the delivery of services through the HSC system. These priorities are currently delivered in addition to the objectives and targets established in the PFG and are structured around the following ten priority areas:

- Improving health and well-being.
- Ensuring safer, better quality services.
- Improving acute services.
- Ensuring fully integrated care and support in the community.
- Improving children's services.
- Improving mental health services.
- Improving services for people with a disability.
- Ensuring effective financial control and improved efficiency.
- Improving productivity.
- Modernizing the infrastructure.

The Northern Ireland Executive is currently in the process of finalizing the Review of Public Administration (RPA). The RPA's objective is to reduce bureaucracy and concentrate resources on the front line of care. To date, significant RPA changes have resulted in a significant reduction in the number of service-providing Trusts, from

nineteen to six. Decisions will be made on how such services will be commissioned and managed in the long term. Currently, four HPSS boards are responsible for securing effective health and social services for their local populations, improving health and social well-being and reducing inequalities. Strategies for achieving these goals are explained in the document *Health and Well-Being Investment Plans*. The Regulation and Quality Improvement Authority will continue to be responsible for setting, monitoring, and reporting standards across health and personal social services.

### Review of Public Administration

The recommendations arising from the RPA are being implemented in two major phases for health services. The first phase, which took place on 1 April 2007, involved the establishment of five new integrated HSC Trusts. The second phase remains ongoing, with the establishment of a Regional Board and Regional Public Health Agency currently planned to commence operation in April 2009. These reforms will lead to better health and social care outcomes for the people of Northern Ireland.

## NATIONAL CANCER INSTITUTE

United States



The NCI is a component of the NIH, one of eight agencies that compose the Public Health Service (PHS) in the DHHS. The NCI, established under the National Cancer Institute Act of 1937, is the Federal Government's principal agency for cancer research and training. The National Cancer Act of 1971 broadened the scope and responsibilities of the NCI and created the National Cancer Program. Over the years, legislative amendments have maintained

the NCI authorities and responsibilities and added new information dissemination mandates, as well as a requirement to assess the incorporation of state-of-the-art cancer treatments into clinical practice.

The NCI coordinates the National Cancer Program, which conducts and supports research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer, rehabilitation from cancer, and the continuing care of cancer patients and the families of cancer patients. Specifically, the Institute:

- Supports and coordinates research projects conducted by universities, hospitals, research foundations, and businesses throughout the U.S. and abroad through research grants and cooperative agreements.
- Conducts research in its own laboratories and clinics.
- Supports education and training in fundamental sciences and clinical disciplines for participation in basic and clinical research programs and treatment programs relating to cancer through career awards, training grants, and fellowships.
- Supports research projects in cancer control.
- Supports a national network of cancer centers.
- Collaborates with voluntary organizations and other national and foreign institutions engaged in cancer research and training activities.
- Encourages and coordinates cancer research by industrial concerns where such concerns evidence a particular capability for programmatic research.
- Collects and disseminates information on cancer.
- Supports construction of laboratories, clinics, and related facilities necessary

for cancer research through the award of construction grants.

In 2008, Mr. Michael Leavitt was the U.S. Secretary of Health and Human Services. Dr. Elias Zerhouni served as Director of the NIH until October 31, 2008, when Dr. Raynard Kingston was appointed as Acting Director. Dr. John Niederhuber was the Director of the NCI throughout 2008.