

Opinion of the Committee of the Regions on 'The role of local and regional authorities in the implementation of the health strategy 2008-2013'

(2011/C 42/08)

THE COMMITTEE OF THE REGIONS:

- stresses the need to change the way in which the strategy is implemented in order to take full account of the interests and experience of local and regional authorities and calls for health indicators and objectives to be included in the Europe 2020 strategy;
- notes the many possibilities for improving the way in which the strategy operates, especially as regards European funds, mechanisms and structures for implementing the strategy, regional health indicators and objectives as well as adapting healthcare systems to meet new challenges;
- draws attention to the fact that budget cuts by individual Member States as a result of the crisis should not mean fewer resources for health policy and healthcare, and that more attention should be paid to maintaining their viability by helping them to adapt to future challenges and the potential synergies of public-private partnerships;
- notes that health promotion and preventive measures are an effective means of ensuring public health and limiting ever growing healthcare expenditure and is convinced that good health should be promoted at all stages of life;
- requests that the Committee of the Regions be systematically invited to sit in on the work of the Working Party on Public Health at Senior Level and calls for the Committee of the Regions to be involved in the work of certain subject-based working groups set up at EU level;
- supports initiatives geared towards introducing new technologies, for example an electronic health card, containing a basic package of information about the patient - provided that sensitive personal data remains protected - or other solutions, which make information about individual patients more easily accessible throughout the EU;
- welcomes the initiative by DG SANCO to set up common projects with the Committee of the Regions with a view to involving local and regional authorities in the implementation of the strategy;

Rapporteur: Mr Adam Banaszak (PL/EA), Member of the Kujawsko-Pomorskie Regional Assembly

I. POLICY RECOMMENDATIONS

THE COMMITTEE OF THE REGIONS,

1. considers that local and regional authorities are directly affected by the 2008-2013 health strategy since, in the majority of Member States, it is they who are responsible for services that affect healthcare in their area and the conditions for regional development;

2. emphasises that regions and local health players are responsible for the planning, management, operation and development of the health sector. They also carry out preventive medicine and health promotion programmes. Moreover, they also frequently bear financial responsibility for this area too; they are close to grassroots concerns and thus have a profound understanding and knowledge of the health field;

3. notes the broad scope of the strategy and endorses its objectives;

4. stresses the significance of setting up mechanisms to apply the adopted principles in accordance with the subsidiarity principle;

5. is of the opinion that strategies and measures must be conceived and formulated with an eye to gender-mainstreaming as well as other aspects of non-discrimination;

6. points out that under no circumstances can they be called into question as a result of the economic crisis;

7. deplores the fact that local and regional authorities are not involved in the strategy's implementation to any appreciable extent;

8. notes the lack of response to requests included in the opinions on the White Paper 'Together for health: a strategic approach for the EU 2008-2013' and 'Solidarity in health: reducing health inequalities in the EU' as well as many proposals from other Committee opinions;

9. once again recalls the requests included in the abovementioned opinions, especially those concerning efforts to reduce health inequalities in and between EU countries;

10. stresses the need to change the way in which the strategy is implemented in order to take full account of the interests and experience of local and regional authorities, while guaranteeing the success of both the current strategy and the one to be adopted in the coming years;

11. notes that health promotion and preventive measures are the most effective way of reducing ever increasing health care costs - they should be promoted at all stages of life, together with healthy living habits. Vigorous efforts must be pursued to implement the World Health Organization's Framework Convention on Tobacco Control;

12. considers that action in the area of health promotion in the broad sense should occupy a permanent place within the EU's approach to health in all areas of policy;

13. supports initiatives geared towards introducing new technologies, for example an electronic health card, containing a basic package of information about the patient - provided that sensitive personal data remains protected - or other solutions, which make information about individual patients more easily accessible throughout the EU;

14. notes the many possibilities for improving the way in which the strategy operates, especially as regards European funds, mechanisms and structures for implementing the strategy, regional health indicators and objectives as well as adapting healthcare systems to meet new challenges;

Assessing the way in which the strategy operates against the background of the economic crisis

15. agrees with the idea expressed in the strategy that health is the greatest wealth, that a healthy population is a key condition for productivity and prosperity and that for this reason spending on health should be viewed as an investment and not just as a cost;

16. stresses that health is above all a basic determinant of people's quality of life and must not be seen only in economic terms;

17. draws attention to the fact that budget cuts by individual Member States as a result of the crisis should not mean fewer resources for health policy and healthcare, and that more attention should be paid to maintaining their viability by helping them to adapt to future challenges and the potential synergies of public-private partnerships;

18. notes that the current economic crisis cannot be a reason for Member States to reduce measures promoting healthy lifestyles and health promotion programmes;

19. believes that the economic crisis affecting all the Member States must not lead the authorities to neglect vital priorities out of a desire to restrain expenditure (in areas such as health). On the contrary, the Member States must do their utmost to ensure that the health of their populations continues to improve;

Making use of European funds to finance health projects

20. stresses the key role played by EU support, through the action programme on health, for improving health protection for Europeans, promoting health and developing and propagating information and knowledge on health issues; it notes the need to review the selection and eligibility criteria for the European funds, in order, among other things, to influence social determinants, and to involve the regions directly in this process to ensure that as much account as possible is taken of their experience in this area;

21. considers that it is vital to continue allocating European resources to cohesion funds and to monitor their effectiveness, including through the use of joint social health indicators. The continued application of cohesion policy at European level will allow its impacts on public health to be assessed;

22. notes the need to allow the regions to be directly involved in the programming of European funds, which would allow regional priorities to be included in programming and thus increase significantly the take-up of the available packages;

23. suggests

— simplifying the procedures for obtaining funds and reducing the deadline for pre-financing to 45 days;

— making calls for tender more transparent by translating them into all the languages and publishing them on a special website;

— simplifying procedures and setting up easily accessible common information sources to make it easier to use several different funds in parallel;

— increasing the package available for cross-border cooperation projects;

24. calls for long-term support for projects whose aim is to adapt existing healthcare systems in response to new challenges such as growing patient mobility, population ageing and the increase in chronic illnesses and in disability and dependence;

25. notes the necessity of developing indicators for measuring the impact of the projects financed by European funds, not only on public health but also on the economic development of the regions concerned;

Promoting health and prevention

26. notes that health promotion and preventive measures are an effective means of ensuring public health and limiting ever growing healthcare expenditure;

27. is convinced that good health should be promoted at all stages of life, with a view to putting in place the conditions for economic autonomy, so that people can achieve physical, mental and social wellbeing at every age;

28. supports health promotion and preventive measures on many levels, in all areas of social and economic life;

29. feels that it is necessary to promote initiatives to increase physical activity and exercise both of children and adults;

30. calls on local authorities to support, promote and publicise organisations which bring together people of various ages, whose activities are focussed on cooperation among different generations, exchange of knowledge and experiences;

31. stresses the importance of supporting the education of children and young people in the following areas:

— healthy nutrition (planting vegetable gardens by nursery schools and schools, learning to prepare meals with an eye to quality);

— physical activity (trekking and cycling, sports days, inter-school competitions, competitions within the framework of cross-border cooperation, school sports clubs, school tourism associations);

— environmental and health education (learning about nature in the field, environmental protection programme, green schools, promoting cycling, rollerskating and swimming among children);

32. supports 'healthy nutrition' initiatives for children. In institutions that provide food for children (schools, nursery schools, institutions looking after children from disadvantaged, problem families) it is essential to place emphasis on using unmodified foods, cultivated in an environmentally-friendly manner and processed in such a way that no valuable ingredients are lost;

33. believes that it is important to step up efforts to promote good health among adults. This should include both physical health, by promoting sports clubs, exercise classes for the over-50s, as well as activities designed to reduce alienation from society, facilitating the establishment of contacts, developing habits of actively spending time in a group, regardless of the level of physical fitness. The ageing population and social changes are giving rise to a situation whereby adults are frequently becoming alienated from the group to which they had previously belonged (loss of work, divorce, death of a spouse). Loneliness and a lack of opportunities to actively spend time in a group can have negative consequences and may perhaps lead to depression, a phenomenon known as 'escaping into illness';

34. believes that it might be a good idea for adults aged 40, 50 and 60+ to have a health review, with an emphasis on health education: maintaining the right body mass at each age, ensuring that the cardiovascular system and eyesight are in good condition, having a diet that is qualitatively and quantitatively appropriate for one's age, getting rid of bad habits, based upon existing scientific evidence. In particular, consideration should be given here to the other specific health risks for women relating to the cardiovascular system and heart attacks;

35. stresses that given the fact that, in most instances, preventive health policies and policies promoting a healthy way of life are still the most effective measures, it is local and regional authorities which must play a key role in policies, since they are closest to the public and specific grassroots concerns. The close contact between local and regional authorities and stakeholders on the ground (officials, workers, health institutions, trade unions, employee representatives, health insurance companies, schools carrying out health education campaigns) means that they have to be taken into account when these measures are implemented;

36. notes that it is vital for LRAs to be closely involved in the planning and development of preventive activities over the coming years and for them to be given the necessary resources to implement them;

37. feels that they should also be provided with resources to build networks that will allow them to exchange experiences in this area and to deal with other problems occurring in EU regions;

Levelling out differences in the standard of healthcare to promote European territorial cohesion against the background of the Europe 2020 strategy

38. feels that in rural areas, areas affected by industrial transition, and regions which suffer from severe and permanent natural or demographic handicaps such as the northernmost regions with very low population density and island, cross-border, mountain and poor regions, there must be efforts to ensure in particular that people have comparable access to healthcare and factors promoting good health at every age;

39. recommends that greater use be made of available indicators with a view to improving the health of everyone, particularly those with below average quality life expectancy and levelling out inequalities in regions;

40. stresses the importance of ensuring the systematic collection of the data needed to identify, analyse and monitor health indicators for the people of Europe, as a basis for conclusions, proposals and recommendations in the fields of healthcare, health promotion and countering possible health threats, establishing a minimum dataset to be shared and exchanged at the European, national, regional and local levels, which would make it possible to draw up this number of indicators;

41. is convinced that it would be a good idea to draw up and to seek to even out the differences between the indicators for employment of medical and auxiliary staff, especially in those countries which have yet to work on the basis of such indicators. It is desirable that regional authorities be involved in these measures;

42. recommends monitoring the employment and migration rates of healthcare staff so as to ensure optimal levels of healthcare across all of the EU's regions and that data is available to allow consideration to be given to compensating those areas that invest in training without obtaining a return on that investment;

43. supports measures to draw up standards of good practice and to exchange 'good practices' in similar regions;

44. calls for analysis to be carried out to take account of the economic impact of projects at regional level and to establish the return on investments in health projects. The goal here is to conduct an *ex-post* assessment of political strategies that have been implemented. It should be made clear what tools can be used to perform this analysis, not only *ex-post* but *ex-ante* or with a view to prevention, such as the Health Impact Assessment (HIA), for example;

45. calls for health indicators and objectives to be included in the Europe 2020 strategy with a view to achieving intelligent and balanced development that can help combat social exclusion;

46. urges the Commission to draw up appropriate health indicators and calls for regional conditions to be fully taken into account;

47. calls on the Commission to further support projects concerning regional indicators, such as I2SARE, and to ensure that, once indicators have been established and their usefulness demonstrated, structures for collecting and analysing data continue the work linked with these projects. In addition, all of this work should be publicised as much as possible in order to enable regions to exchange experiences and best practices;

The 'Health in All Policies' principle at all levels of governance

48. believes that in order for the 'Health in all policies' principle to be applied there must be better coordination among individual Commission DGs and DG SANCO should be equipped with the tools to monitor whether all DGs adhere to this principle;

49. stresses that all the players in the decision-making process must make respect for this principle a *sine qua non* for all their activities so that this aspiration becomes a reality;

50. stresses that the 'Health in all policies' principle is universal and that in order for it to become a reality at local and regional level as well, all sub-state actors also need to make a strong commitment to it;

Healthcare systems in the face of new challenges

51. recommends that the European Commission furnish a study evaluating the use of new ICT solutions to help healthcare services adapt to the future, particularly in view of the challenge presented by population ageing and chronic illnesses; stresses that health-care services are necessary from the users' point of view. Specialised advisory structures and local public disease prevention facilities should be geared to local circumstances, and in particular tied in with care for the elderly. Here, local authority competences for providing health care for older people should be consolidated;

52. supports initiatives to introduce new technologies, for example health cards, providing access to a patient's electronic medical records or a basic package of information about the patient or other solutions which would facilitate the use of healthcare services in life-saving situations, for the weak, the elderly, the mentally ill, those with low levels of education, including those having problems with communication due to a language barrier, as well as the receipt of full medical care in a country other than the one in which they are insured or the right to healthcare under a national health system. The electronic system, which must be secure, would serve to exchange information among healthcare staff and facilitate immediate access to the patient's clinical history, information about chronic illnesses, recommended further treatment, which is invaluable for today's world of increasing patient mobility and the right to access cross-border care;

53. stresses the need to support local and regional authorities, to enable them to maintain healthcare systems and respond effectively to the problems being experienced by regions with low population density or highly dispersed communities and tourist destinations with a fluctuating population;

54. underlines the need to work closely with the international organisations, in particular the World Health Organization (WHO) on this issue;

55. stresses the need for all stakeholders in Member State healthcare systems to be involved in drawing up their development and operation plans (opinions of associations, regions,

bodies formulating the health policy of EU countries, bodies training medical staff);

56. requests that the Committee of the Regions participate in the *ad hoc* working groups to promote the exchange of good practice;

57. stresses that the Committee of the Regions supports the consensus reached recently at the Council regarding the Proposal for a Directive on the application of patients' rights in cross-border healthcare, on the provisions relating to the country of origin and charging of treatment costs;

58. proposes that the European Parliament considers abandoning, in particular, its calls for the introduction of a voucher system, i.e. the obligation of the hospital to charge the foreign healthcare insurer directly for treatment costs, and for a reduction of the Council's prior approval criteria for planned hospital treatment in another EU Member State;

The need for local and regional authorities to play an effective role in the strategy's implementation mechanisms

59. requests that the Committee of the Regions be systematically invited to sit in on the work of the Working Party on Public Health at Senior Level;

60. requests that, when the Working Party on Public Health addresses issues within the remit of the regions or local authorities in Member States, a representative thereof be invited to take part in discussions;

61. calls for the Committee of the Regions to be involved in the work of certain subject-based working groups set up at EU level;

62. welcomes the initiative by DG SANCO to set up common projects with the Committee of the Regions with a view to involving local and regional authorities in the implementation of the strategy;

63. points out that the Committee of the Regions' technical platform for cooperation on health should enable local and regional authorities to take the European health strategy on board more effectively and to facilitate its implementation through the exchange of good practices, in particular, and that it constitutes a step in the right direction.

Brussels, 2 December 2010.

*The President
of the Committee of the Regions*
Mercedes BRESSO