

# A Population Health Observatory for Ireland and Northern Ireland Stakeholders' Meeting

## Notes from Roundtable Discussions

### Flipchart Notes- Group 1

#### 1. WHAT DO YOU UNDERSTAND A 'POPULATION HEALTH OBSERVATORY' TO BE?

- Want European emphasis – rather than UK
- 'One Stop Shop' for signposting
- All island focus is important, insightful
- Ensuring standardised, accessible, integrated data from a variety of sources, comprehensively interpreted and disseminated
- Comparability to other systems
- Multi-disciplinary, multi-sectoral (note environmental data is not mentioned to date)
- To improve data (notably regarding assessment of inequalities). Also data definitions to ensure quality and comparability.

#### NOT

- Duplicated work (Clarify relationship with HIQA, HSE Health intelligence function)
- About policy analysis and development but supportive of
- About taking over but is about dissemination

#### 2. INFORMATION AND FUNCTIONS

Layers/levels of access (Public/Professionals)  
Health behaviours  
Provide links to other sites  
Qualitative – signpost to  
capacity for development

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Training role specific to sort out intellectual property issues

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#### Question 3 **\*\*NB\*\***

Advocate good quality data – new data where necessary

Advocate access to broad intersectoral health –  
(Garda/Housing/Environment/Literacy)  
Recommend early phase activity

**NOT**

➤ Not a library of reports

**3. LOCAL/REGIONAL/NATIONAL INFORMATION NEEDS**

See question 2.

**3.2**

Aligning data – get our own house in order.

**4. PARTNERS AND RELATIONSHIPS**

Don't forget:

1. Public
2. Non-public

Relationship with health information portal

Partnership agreement along line of D'Hont Principles

Importance of inter-departmental standardisation of data

**5. MANAGEMENT AND GOVERNANCE**

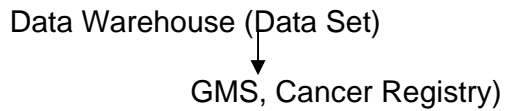
5.1 Both governments agreement

- Practical work plan
- Crucial to include non-health data

**Funding**

Core – State funding – North/South split

## Flipchart Notes- Group 2



Collecting of standardized indicators

Assist

- Health profiling
- Opportunities for comparative data
- Data standards
- Cardiovascular – 3 committees agree 3 data sets
- This is sensible

Create win win situations – increase lobbying capacity if composite pictures are made that agree data sets

Common methodologies

To address inequalities in health will provide information – captures broader determinants key public health indicators – education status, housing, unemployment

Euro Cat – Congenital abnormalities

Confidentiality

- Create legitimacy
- Confidentiality

2.2

1. Should it include numerical and qualitative data? Yes

2.

- Training
- Capacity building
- Awareness raising activities re. actual data there
- Bigger picture
- Inventory
- Sign posting/ hold data

3. How do you know how much data be gathered?

Information needs assessment for public health

- Depth of enquiry – what do you want?/what do you need?
- Primary research – action research will not be hold all Public Health information
- Data/????? Increase publishing - ?????? collaboration

- Increase snap shots
- Interact with other sources of information
- Money
- Libraries information base
- Good categorisation of data
- Added value – one stop shop for information
- Clear scope – objectives
- Portal – National data.
  - Provide links to other sites
  - International data
  - Other sources doing some information gathering – how much data?

### 3. How do you support other information agencies?

They need to be held

How observatory sees its role and function

- Inclusiveness - consultation
- Quid Pro Quo
- Calendar of Public Health Events
- Create mechanism to motivate other information sources to contribute to work of the observatory
- Comparison
- Tracker system for some health concerns – balancing act that if areas of need highlighted, how do agencies cope with pressive needs/analysis needs – trade off
- Organisation with need to know what getting out of it

### Marketing Role

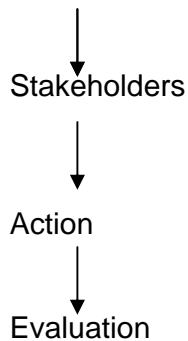
Manchester – help researchers look at census data – run training – take up from bodies observatory is trying to influence

- Learning exchange
- Location between North and South
- Highlight opportunities for cross learning and integrated ways of working. (Alcohol and Mental Health – co-relate data)
- Better use of money there based on information data from observatory
- Influence policy
- North and South – Strategic funding application
- Background information – skills test
- Can help EU applications
- Clear need to understand added value

## Changing Policy

- System puts mirror up that is going on
- Interface – push information out – put policymaker/practitioner

Intelligence – context specific



Steps – Advocacy – Ore cog of wheel in progress

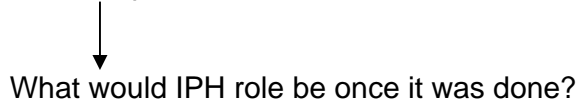
5. Who would be observatory partners?

- HIQUA
- Universities – How should observatory organise its relationship

Health Information Strategy

Institute charged with responsibility to start the progress

Start the process



**Network** - Virtual

- Who are the partners?
- Collate information
  - Central point of focus
  - Co-ordinating centre

Benefit  
Clarity – needed re relationship HIQUA

**Integration**

Query its location with Health Services ???

Partnership – addressing inequalities. Model must take account of other sectors with health.

## How to support

Local/Regional

Captive best practice – Diabetes

Focus on positives

Best practice on action

Best practice on process

Relationships

Results – cite examples of good

Clarify relationships

## Tensions

Needs – own needs – Dovetailing

Frameworks working with Northern Ireland/Britain

- North/South
- One fits

Regulatory function – Collect data for other purposes – sensitive data (child protection)

## Northern Perspective

- Catch all inclusive – give access
- Legal factor(s)
- Advantage – resources, passing information on

A

1. Mechanism to create added value to island of Ireland e.g. Fluoride.

Pilots → Research → Inform and diagram policy

Gather Data/Analyse Data

2. Where would an observatory fit in these frameworks?

Magpies – Access to information/work others have done. Observatories would have access to international literature. Standards of information available, coming in and sweeping down.

3. Sign posting –


4. Autonomy – Neutral space – people would feel less constrained about what they would write.
5. Take policies out of agendas.
6. Assist the avoidance of duplication.
7. Maybe issues, but theme led work seems logical
8. Models out there – virtual observatory. E.g. Diabetes expertise located in management system within how observatory would work – information would enhance collaboration opportunities.
9. Core information source – each individual observatory/partners – flow in information – core information across spectrum.

B.

10. Lots of partners in process – query as to how this would be coordinated. Process to convince partners that such energy would get good enough outcomes.

### Status

12. Need for it to be formally recognised – its mandate is important.
13. Fits into national health information strategy
14. Strengthening capacity
15. North/South dimension
16. Information tools e.g. Work done on contraception/health

  
Easily avoidable/user friendly

C.


17. Neutral space to help to mobilise resources to areas of health work that is vulnerable – helps to identify need. (Data analysis) to influence policy.

18. What will be the Department of Health and Children's role in this? – support/funding – view – should come from central coil and be centrally funded.

19. from North and South.

20. HIQUA – Role – Operation/Governance falls within role of HIQUA. HIQUA – commissions work.

21. Intelligence – Process would assist translating

- 
- Synthesis information in ways that enhances advocacy
  - Information/provide supports for Public Health interests
  - Advocacy role would be important
  - Information does not stay in vacuum – holds data, keeps momentum beyond initial reports.

\* Notion of Principles – Equity, Neutral space, Autonomy and Advocacy – viewed as core values.

Sharing – build and strengthening capacity – will there be a tension between neutral space between Public Health and emerging issues regarding inequalities in health?

Neutral Advocacy role – Lifestyle behaviours – act in a change agent in way that 'blame' is removed as complete set of data.

Complete set of data – gives bigger picture

Differentials, gaps

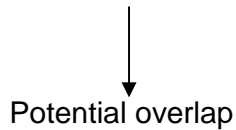
## Flipchart Notes- Group 3

### 2. WHAT DO YOU UNDERSTAND A 'POPULATION HEALTH OBSERVATORY' TO BE?

Contextual issues for consideration:-

Health services reform programme

NB Role of HIQA + NHIS



- 
- Independent
  - Wide-ranging/encompassing many/all data sources
  - Credible
  - Public profile
  - Use of international standards to ensure comparability
  - Avoid duplication
  - Add value (by merging different data – secondary analysis of data)

### 2. INFORMATION AND FUNCTIONS

Information it should not collect – management information/audit function

It should collect:

Based on evidence it should

- Influence (not formulate) policy
- Health and well being
- Health services –
  - qualified e.g. Access v inequality
  - caution on how far
  - stop short of audit
- Lifestyle behaviours and broader determinants of health with particular attention to ethnic minority groups

- Evaluation? – Population health - yes
- Service provision level - ?

## **2.2 Qualitative data? – yes**

### **2.3**

- Add value/intelligence to current data collection
- Two-way communication
- Advocate international comparability and best practice

## **3. LOCAL/REGIONAL/NATIONAL INFORMATION NEEDS**

### **3.1**

- Empowering local communities to have access to and enable them to use key information
- Communication
- Promote use of best practice
- Provide training – data analysis and interpretation

### **3.2 – Challenges**

- Different structures
- Different priorities
- Funding
- Both undergoing reforms

### **Benefits**

- Learn from these differences – what works
- Politics proofing

## **4. Partners and relationships**

4.1 Partners v stakeholders + users pg ?

4.2 Organising partnerships

## **5. Management and Governance**

### **5.1.1 Management**

- Funding agencies
- Key partners
- Clear remit/Defined role

### **5.1.2 Work Plan**

- Agreement of key stakeholders

### **5.1.3 Location?**

- Accessible
- Virtual observatory?

## **5.2 Governance Arrangements**

- Statutory basis preferably
- Independent

## **5.3 Funding**

- 2 Depts of Health
- Anglo-Irish funding
- European funding
- Income from research
- Multi-annual funding

## **Key Messages**

- Independent
- Not governed by any one political administration
- Value added to health intelligence but not duplication
- Identify gaps on an all-Ireland basis
- Evaluation of effectiveness and process
- Dissemination to wider audiences
- Two-way partnership and communication – includes information providers and users

## **Flipchart Notes- Group 4**

### **1. What do you understand a 'Population Health Observatory' to be?**

- Making data available that enables action
- A resource for health knowledge – providing links
- An all-Ireland view
- Recommendations for improved comparability of data
- Taking the international dimension into consideration

### **2. Information and functions**

- Identify gaps
- Identifying better ways of using existing data
- Aggregate data and indicators available to, and on, the Observatory from a wide range of sources
- Links to data providers
- Advocating for better data
- Identify health inequalities

#### **2.2**

- There should be an index of existing qualitative data
- Quality control

#### **2.3**

- Improving the accessibility of existing data sets
- Provide a network of support for data collecting agencies
- Bringing information together across existing 'silos' and on a North/South basis
- Capacity building and support for information systems

### **3. Local/Regional/National information needs**

Benefits given

Challenges:

- Data sharing 'silos'
- Timely, comprehensive availability of data
- Comparability of data North and South
- Receiving data from the non-health sector
- Motivation of stakeholders
- Staying relevant
- Delivering on expectations

### **4. Partners and Relationships**

- Framework for public participation
- Agreements with information providers

- EU/International engagement

## **5. Management and Governance**

- A board of stakeholders
- Participative approach

### **Feedback Point**

Have a board of stakeholders and be managed on a participative approach

## Flipchart Notes- Group 5

### 1. What do you understand a 'Population Health Observatory' to be?

- Serves a tracking function – bringing information together – making information more accessible
- Function of identifying gaps
- Proactive in using data, particularly re. inequality/influence policy
- Increase conveyance of data
- Increase access to information/data to policy maker but also to other groups – disseminate as widely as possible
- Role in influencing structural barriers to collecting data – post codes – advocacy

### 2. Information and Functions

- Broader data set than has traditionally been used in health – focus on broad determinants social ????? of health
- Disaggregatal data – particularly inequality data – 9 gronds????? – role of observatory – advocacy
- Data should reflect issues beyond access – participation and outcome
- Draw more social indicators/data together with more quantable data. Bring information sets together – draw more sources together
- Role in quality – training and development – standards
- Minimum standards – judgement on quality
- Interface of data – How do you interface quantative and qualitative data?
- Principles and ethics in collection and use of data
- Capacity to take a position based on analysis of data
- Increase partnership across sectors – joining up analysis

### 3. Local/Regional/National information needs

- Available relevant local information
- Facilitate pooling of research and interlinking data sets to facilitate analysis of trends
- Screening data collection at local level
- Focus on broad social determinants of health

### Data Protection

- ESRI <5=Blank – Rules
- Ethnical issues
- Protection against stereotyping etc.
- Confidentiality
- Use of sensitive data
- Importance of partnership approach/Informal consent
- Infused consent for use of data from data collectors

- Legal basis – using data for proposes for which it was collected
- Data commission – and development of policy guidelines
- Issue of ????? and sharing data from other sources
- EU Health Monitory Survey - Pillar – ethnics – useful discussion

#### 4. Partners and Relationships

##### 3. Partners

###### Data collectors/providers

Main data collectors

- CSO
- Health Sector
- EU Colleagues
- Community
- Policy makers

##### 2. Data users

- Community
- Health sector

##### 1. Strategic need

- Rationale
- Influence on data collection agencies
- Policy makers
- HIQUA

- Both North and South
- Partnership for Observatory with ????? partnership

##### Studies

- Need not replicate partnership structure

- Independence
- Be a credible source

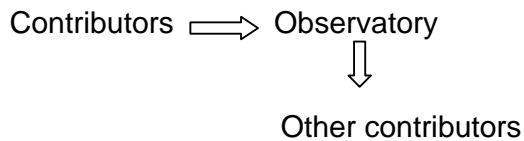
#### How is agenda determined?

Translating health information  $\Rightarrow$  health intelligence

Training? Development?

## 5. Management and Governance

Influence of contributors  $\Rightarrow$  need to be involved in governance  
I.e. dislike way information is used?



### Formal management structure

- Funders?
- Partners?
- Who makes decisions i.e. Accountability
- Influence of new structures in South
- Wider forum of users beyond formal management
- Ethnical boundary – agreement between contributors and observatory users and observatory
- Independent structure
- Those experiencing health inequalities need to be represented

### Importance of how representation at management board is made

- Terms of reference to be clear and inclusive
- Challenge – All island i.e. 2 structures
- Role in quality of health information North and South

### One message

- Cross sectoral
- Integrating information to improve health
- Ownership/Governance
- Health inequalities

## Flipchart Notes- Group 6

### 1. What do you understand a 'Population Health Observatory' to be?

- Bringing together existing information and making this available at one source
- Harmonising information, both North and South
- Identifying gaps in information
- Signposting (key element)
- Population Health Observatory is a Public Health Observatory

### 2. Information and Functions

- Health behaviours
- PHIS information
- Cancer Registry and other registry data
- Census data – age, sex, demographics, socio-economic data, vital statistics
- ESRI
- NDSC data
- Environmental data – air pollution, water quality
- Crime statistics
- Accident data – work related, health and safety, road traffic etc.
- Links to evidence based sites
- Deprivation data – Noble/Robson/SAHRU
- Maps
- Primary care data
- Pharmacy data – prescribing information
- Hospital discharge data
- Outpatient data – including A+E
- Social benefit data
- Qualitative reports available for reference \*signposting\*

### 2.3

- All-Ireland context – provide harmonisation of data and information collection etc.
- Allow information to be mapped for easy use
- Facilitate information to be available in 'small' local areas
- Coding information (drive the agenda)
- Training and support role

How does Health Intelligence function differ from HIQA?

- important to be complementary not duplicating

### 3. Local/Regional/National information needs

Reference comments made at 2.3

Comparative data from other regions not currently available/readily accessible

### **Challenges/Benefits**

- More information/better quality
- More efficient use of existing information (no duplication)
- All-Ireland comparisons
- Better dissemination of information
- Better information for planning and targeting resources
- Improved access
- Awareness/Training/Guidance on use of information

### Challenges

- Getting up-to-date information
- Comparing North and South information (compiled in different ways)
- Use of information
- Appropriate access to information – is it possible to have different levels of access? Do we need this? – depends on information available
- Ownership of data
- Identifying resources to maintain observatory
- Existing data collection departments do not feel threatened. Stakeholders need to be included at early stages.
- Highlight the added value of observatory
- Cannot be all things to everybody!

## **4. Partners and Relationships**

### Partners

- Funders
- Data providers
- Data users – Health professionals/Politicians/Community organisations/Local authorities/General public/Media/Academic community

### Relationships

- Depends on observatory structure – virtual/physical structure – There is a need for both
- Relationship must be open/inclusive
- Independent from DHSSPS/DoHC – Autonomous/Community ownership/Freedom to be needs responsive/Free from political influences
- Needs to be accountable to Funders/Service users/Partners and Stakeholders

### Partnership Models

- Managed network e.g. IPH Public Leadership Course. Managing a common interest with people/organisations with different backgrounds
- Possibly set up: Funds Forum  
Providers' Forum  
User Forum

### **5. Management and Governance**

- Housed initially with IPH, with a view to becoming independent in time
- Put out to tender when aims/objectives have been identified
- Set up steering group to manage (Fora represented)
- Director and support staff
- Skilled technical staff to maintain tools

### Governance

- Legal framework – data protection
- Individual rights Vs common good
- Code of Practice
- Agreement with data providers

### **Key Point**

Clearly define added value – everyone will 'sign-up' and have ownership and a lot of the challenges will be overcome.

## Flipchart Notes- Group 7

### 1. What do you understand a 'Population Health Observatory' to be?

- Create meaningful health intelligence
- Linked to real life
- Providing access to data – timeliness crucial
- Advocacy for filling in gaps in data types/sources
- Development of data standards (timeliness, comparability, validity etc.)
- Create linkages between health data and other data (eg. Environmental responsive data)
- Hold data tools for analysis activities
- Provide access to social services and community care areas
- Informing of impact of different health policies
- Adopt the 'broad determinants of health' approach
- Influence health policy
- Dissemination of collated data in an 'accessible' form – not too academic!
- Make outputs 'user friendly'
- Critique of current data inventory
- Predictive function – future trends
- Signposting forward other work done elsewhere
- 'Higher level' analysis – which isn't already done at Health Board level
- Avoid duplication of what is done elsewhere/already
- Could influence service planning
- Responsibility for Irish-specific information and data – Journals/Abstracts/Thesis/Scientific meetings
- Create layers of information with designated access rights
- Resource (expertise/equipment) directory e.g. GIS – opportunities for joint recognition for access to resources on a North/South basis
- Be able to stand back, look at bigger picture and maybe the links
- Opportunity to clarify the data sources/validation etc.
- Qualitative data - debate: hold raw data or hold as reports (hold as reports where data are comprehensive)
- Need to put quantitative data in compressor too!

### 2. Information and Functions

- Immunisation data
- Determinants of health
- Policy evaluation
- Facilitate co-operation between North and South, and between other interested partners (extension of networking)

### 3. Local/Regional/National information needs

- Need to be layered

- Need for common standards North and South
- North/South evaluation of different interventions/policies
- Local data: observatory could do processing before release and interpretation
- Need to provide local access to information (but avoid undue concern arising from 'small numbers')
- Information should be geared towards the needs of different groups
- Focus on inequality – over and above basic analysis of inequality
- Be useful to local advocates
- Provide tools
- Observatory could identify the data/information needs of local groups
- Build on existing data/avoid duplication
- Structures rather than systems
- Need to advocate more attention on the population 'causes' of ill-health and away from focus on curative medicine
- Advocacy of on-going review of standards
- Observatory should help provide information on issues, but its role should stop short of policy recommendations, but it should be directed towards policy making

### **Funding?**

2 Departments of Health

### **4. Partners and Relationships**

- EPA
- Department of Education
- NWC

### **Models of Partnership**

1. Advisory group membership (agenda setting)
  2. Collaborative workers
    - on a particular project
    - as a data provider
    - as analyst
    - education/training
  3. Networking
    - Everyone is a potential partner
    - Authoritative data sources must be partners, but many other national and international
1. Data providers
  2. Users
  3. People to be influenced

Department of Environment/ISDI

Need to have certain types of data put into the public domain e.g. DED boundaries; geo-directory (government decision – observatory advocates)

## **5. Management and Governance**

Need to get agreement over provision of data (Memorandum of understanding – timeliness, quality, ownership – trade off for involvement)

Two models:

1. Passive receipt of data
2. Proactive
  - Favour of single observatory for whole island – not regional offices
  - Acknowledgement of contributors
  - Clarity re. ownership, quality, upgrades, security
  - Advisory group representing diversity of interests
  - Management is contingent on context
  - Degree of autonomy: as high as possible
  - Need to evaluate effectiveness – monitor regularly
  - Possibly a limited term to begin with – e.g. 3-5 years

### **Big Issue**

Need to build on information and analysis current and add value (avoid duplication)

## Flipchart Notes- Group 8

### 1. What do you understand a 'Population Health Observatory' to be?

- Collect data (already existing)
- User friendly
- Access to general public
- Risk of confidentiality e.g. Travellers
- Repos of all information
- Who is audience?
- Driving policy change?
- Process data into meaningful information
- Ivory tower? Bureaucracy - Have they improved anybody's health?
- Give someone responsibility for acting on data
- Facilitation of policy
- Broader view of information feeling
  - Joe Duffy view
  - Real health issues
- No all-Ireland process (except cancer)
- Share best practice
- Observatory – bad word/them and us/change it/no good for wide audience
- Value to community – must be user friendly
- Local information data – data for your area
- Analysis – why is Armagh different from Cork?
- Information about distribution e.g. Environment pricing – physco – social (not just morbidity, mortality)
- What do communities see their needs as? (not a helicopter, but meals on wheels)
- Information gaps – power to fill them
- Health inequalities

### Summary answers Q 1.

- Name not observatory – action word
- Must have results and outcomes
- Information on broad determinants of health, community perspective – health inequalities
- Adds value analyses
  - Pre-existing data
  - Identify information needs
  - Make user friendly
  - Feed back on data quality
  - Qualative and quantative
  - Feedback/Improvement
- Infrastructure existing
  - data
  - Legislation to ensure data collection and transfers and confidentiality of individuals

## 2. Information and Functions

- Broad determinants of health – so must be qualitative and quantitative. E.g. Community studies information; Cancer registry information
- Should be critical – identifying gaps/identifying duplication. Pull together several reports to make a case
- Training groups to gather data – lack confidence to present – can get shot down
- Library function – add value by analysis
- Save reports that don't get published - But can't overload with too much data - Must take responsibility for data (reliability) – not just hear say
- Must be a standard of credibility
- Training for all – not just professionals
- All-island agreed standard framework
- Appropriate regulatory env.
- Agree with stakeholders
- New insight into health of people on island
- All-island approach offers value for money
- Responsibility for analysing and responsibility for acting on links to Europe

## 3. Local/Regional/National information needs

### 3.2 All-Island Basis

- Transparent and clear what mandate is
- Agreed with key stakeholders
- Not a threat
- Avoid work already done – complement it
- Differences may not be real – may be data differences – but may be real
- Different data sets e.g. Post codes in the north
- Local data to support case for spending money pragmatism
- Socio-econ groups in North and South

Observatory will go through a process of development – can re-invent itself – NETWORKING

## 4. Partners and relationships

1. People who have/will provide (accurate) information
  2. People who will use information  
(some in both groups)
- Will start small?
  - Governments to provide funding? (70/30 divide) (possible outbacks)
  - Other areas of funding, especially for specific projects

- Research and development office in North to provide funding – must demonstrate added value - People get something for their money – EU money
- Must be respectful – relationship – management – project
- Feedback to stakeholders
- Show effective change
- Advocacy role

## **5. Management and Governance**

- Development over time – not a big management structure
- Independent of IPH?
- How does it differ from IPH?
- Independent of government?
- Needs protection of government?
- Statutory remit?
- Government body, but independent – goodwill of government but not doing its bidding
- Issues to be solved at local level before observatory can help?
- Represent stakeholders, North and South
- Regular stakeholder review
- 2 way communication network

## Flipchart Notes- Group 9

### 1. What do you understand a 'Population Health Observatory' to be?

- Essentially a resource adding value at different levels
- Key role in partnerships/facilitating networking
- Involves general access, not just health policy makers/health professionals
- Challenge to make accessible to users, especially those experiencing health inequalities. Need for focus on diversity (socio-economic status and equality grounds)
- Role as 'honest broker' re. performance management and monitoring service delivery – not judgemental, but providing robust, objective data
- Pragmatic, opportunistic focus – sometimes 'best data' available
- Need for qualitative as well as quantitative. Capture 'soft data'/models of practice/what works/avoiding duplication
- Need for tracking/underpinning data to assess progress on indicators
- Accessible information!
- Need disaggregated data
- Need comparative data – EU and broader international
- Role in identifying and facilitating data gaps
- Use of GIS – mapping health inequalities
- Training/interpreting data and HIA

## **Flipchart Notes- Group 10**

### **1. What do you understand a 'Population Health Observatory' to be?**

- Is observatory a commonly held term? Well understood in European context
- Not useful to get hung up on a name – is essentially a resource
- Value added at a number of different levels – involving general access, not just DoHC vehicle
- How to maximise potential to influence policy

### **2. Information and Functions**

- Need to explore broader determinants of health
- Need users to have access to community groups
- Potential use re. advisory
- Need for focus on ethicality, diversing
- Useful to consider 'terms of engagement' for users, particularly disadvantaged groups.
- Role in performance management and judgements re. service delivery?
- Role as 'honest broker'
- Robust, independent data, but don't make judgements
- May have pragmatic opportunistic focus – test data available
- Need for focus on qualitative, as well as, quantitative
- Lack tracking/underpinning data to access progress on indicators
- Distinction between long term policy formulation and short term policy demands. Need for proxy indicators
- How to make information accessible/engage effectively with people who experience inequality
- Key role has been to support public health professionals
- Qualitative work key
- Tools for sharing best practice/identifying what works and what doesn't/avoiding duplication
- Need to disaggregate data – possibly use grounds named in 'Equal Status Act'
- Comparative data needed at EU level, but more broadly at international level
- Also role in identifying data gaps e.g. Re. comparative social spending
- Use of GIS – mapping health inequalities
- Information on grants/funding resources
- Role in training/interpreting data – support to provide bridge between observatories community groups
- Role in HIA – assess health impact of particular policies

### **3. Local/Regional/National information needs**

- 2 way relationship – information flow in both directions

- Need to prioritise/develop flagships (linked to key policy context). Can't be everything to everyone
- Needs formats to allow manipulation of data (without corrupting core data)
- Care against assumption that only people can handle data is 'us'
- Role in analysis (added value). Lot of data collected but unused
- Priorities – Health Reform Process/Primary Care Strategy
- Often people on ground see problem first – need for data to underpin practical policy making at local level
- Need to engage with providers at local/regional level to identify key data needs
- Key issues geo-coding and unique identification
- Challenge – matching North and South systems in context of major differences in policy and provision
- Potential to assist local groups to collect their own data?
- Need to define key audience/s. Who is observatory primarily for?

#### 4. Partners and relationships

- Communities
  - Public service bodies – e.g. CSO
  - Health agencies
  - Hospitals
  - G.P.s/Primary care providers
  - Policy makers
  - Research/Academia
  - HRB
  - Institutions training
- 2 way relationship
  - Roles of observatory might inform level of partnership
  - Prioritise partners based on interest/willingness to work together and priorities identified
  - What is key/minimum data set – need to build and grow in incremental way
  - Demonstration initiatives to demonstrate benefit – pragmatic – product/wins
  - New authorities being established developing new data systems – opportunity how to influence/integrate
  - Priority might be underpinning date for NAPs targets – would be useful demonstration model. North/South link re. proposed new NAPs in Northern Ireland
  - Role re. local health profiles – build capacity within health services
  - Re. partnerships – clear terms of engagement/expectations
  - Different levels of partnership – key partners/pragmatic, short term partnerships for practical pieces of work/bi-laterals/through local primary care trusts etc.

## 5. Management and Governance

- Avoid trying to involve everyone in management
- Can get best out of people in engaging with issues most relevant to them – ‘Task Force’ focus important
- Governance needs to reflect those identified as key stakeholders and strategic priorities
- Independent status important
- Hold annual event to provide feedback on work and affirm mandate
- Core management structure and working groups based on key priorities (drawing in appropriate expertise)

### Early wins

- data underpinning
- NAPS targets

### Prioritise

- Incremental progress

### Key Point for Feedback

Observatory cannot do everything. Need to prioritise and focus and to build incrementally. Important to achieve ‘early wins’. Suggestion that a priority focus be on data required to underpin NAPs health targets. North/South relevance here as consultation underway currently in Northern Ireland on new National Anti-Poverty Strategy.