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Safeguarding the provision of public services in rural border areas: A case study of the Greater Region

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Kirsten Mangels, Julia Wohland

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SAFEGUARDING THE PROVISION OF PUBLIC SERVICES IN RURAL BORDER AREAS – A CASE STUDY OF THE GREATER REGION

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Abstract

In the context of demographic change and the associated shrinking and aging of the population, the safeguarding of public services in rural areas faces great challenges. Rural border areas find themselves in a unique situation due to their location, and must overcome additional challenges if they want to cooperate with their neighbours in the provision of public services.

This paper examines cross-border cooperation in public service provision in rural areas of the Greater Region. The area examined here comprises the German territorial authorities on the German-French border within the Greater Region. An analysis of the responsibilities for and understanding of public services in Germany and France, a concise inventory of education and healthcare services, a written survey of German territorial authorities in the German-French border area, and case studies of projects (e.g. INTERREG A projects) are used to demonstrate the successes, problems and opportunities of cross-border approaches.

Keywords

Demographic change – safeguarding public service provision – rural border areas – cross-border approaches and projects – cross-border cooperation – Greater Region

1 Introduction

1.1 Introduction to the topic

In the context of demographic change and the associated shrinking and aging of the population, the safeguarding of public services in rural areas faces great challenges. This results in a change in demand for infrastructure and services, as well as infrastructure sustainability problems. In order to ensure the sustainable development of cities and municipalities, creating, safeguarding and maintaining infrastructures and services and thus ensuring the provision of public services are of crucial importance.

Rural border areas represent a special situation in connection with safeguarding public services. Due to their location, they have to overcome additional challenges if they want to cooperate with their neighbours in providing public services. Differences in public administrative systems, organisations and approaches make the provision of public services across borders more difficult. Existing language barriers also have an impact on cooperation and on voluntary engagement on the part of citizens, which is becoming increasingly important for safeguarding the availability of public services in rural areas. At the same time, however, there are also opportunities and potential for cross-border cooperation. For example, the intake areas for facilities providing public services can be expanded to achieve sustainability levels, or accessibility can be improved. It also does away with the need to duplicate structures on both sides of the border, which is also beneficial from a financial point of view.

Overall, there is a political interest in supporting and expanding this cooperation in the Greater Region (see the paper by Andrea Hartz and Beate Caesar in this volume) – as a grouping of four countries and several regions – in order to exploit common potentials (Greater Region 2017).

1.2 Objectives

The aim of the research is to study how the provision of public services is safeguarded in rural border areas of the Greater Region. The area examined here comprises the German territorial authorities on the German-French border within the Greater Region. Different understandings of public service provision in Germany and France and the responsibilities associated with this will be highlighted and the education and healthcare services areas will be examined with regard to their status quo and future development. The existing and planned strategies and projects for safeguarding public service provision in the area that lies in German territory as well as cross-border cooperation in this regard will also be covered. The successes and obstacles, opportunities and challenges for cross-border approaches will be addressed.

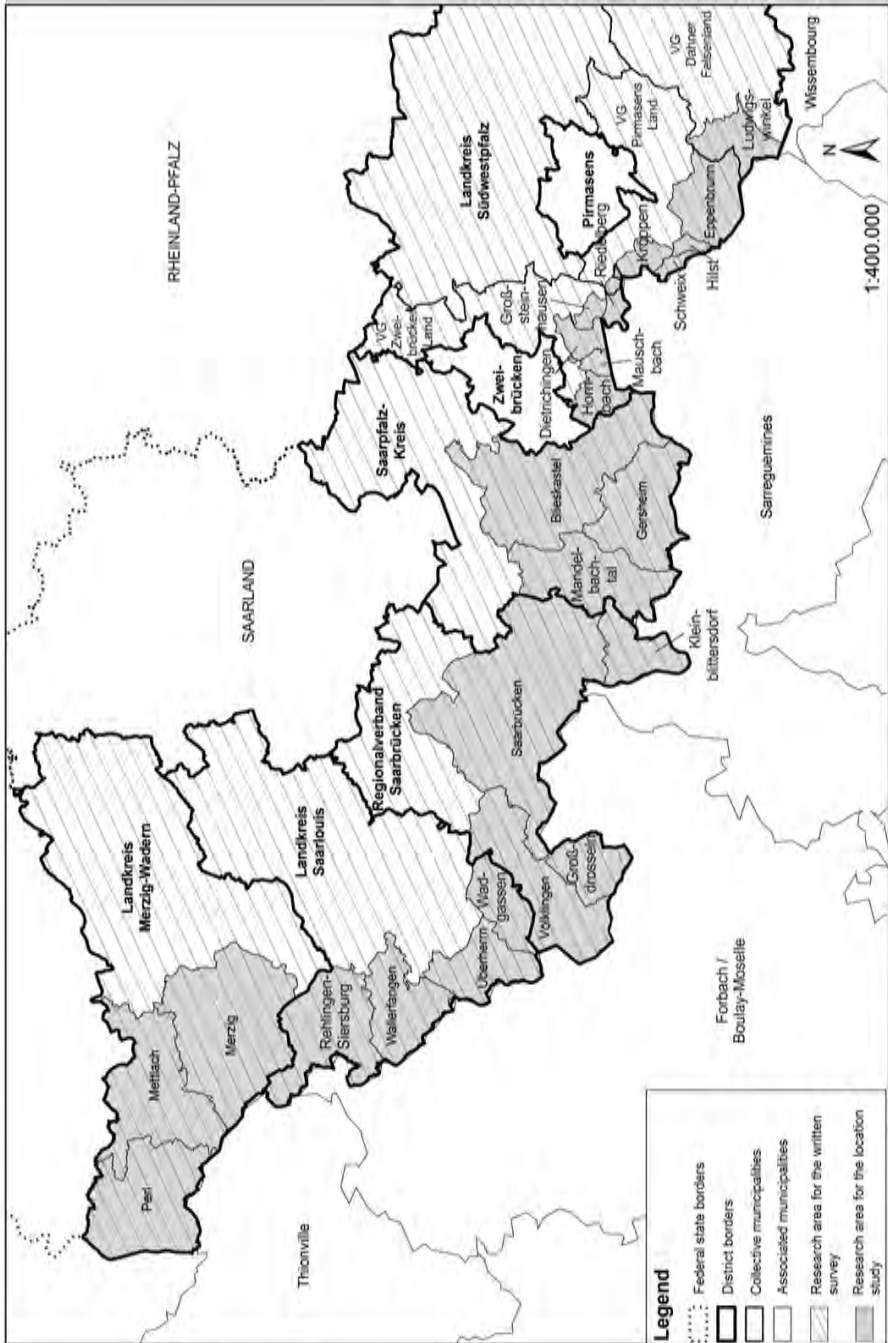


Fig. 1: Research area: German territorial authorities on the German-French border in the Greater Region / Source: The authors

1.3 Approach and methodology

By way of introduction, the paper will offer a focused assessment of the current literature on the notion of safeguarding public service provision and the associated responsibilities, and will outline the current challenges at national level in Germany and France. These rather general challenges are elaborated through an analysis of the situation in relation to public service provision in education and healthcare by the German territorial authorities in the German-French border region of the Greater Region and the resulting challenges. The situation in France and potential interdependencies will not be examined in greater detail. This assessment is based on research into the literature as well as online and documentary sources.

In order to assess the problem and to present the existing and planned strategies and projects to safeguard public service provision, a written survey of the German territorial authorities in the German-French border area of the Greater Region was carried out. In addition, the study evaluates selected cross-border projects already carried out to safeguard public service provision in education and health care, as well as INTERREG A projects supported in the Greater Region during the last Structural Funds programme period of 2007–2013.

Building on this, the challenges but also the opportunities for cross-border cooperation projects to safeguard public service provision in border regions will be discussed, including funding opportunities under the Operational Programme for the Greater Region (2014–2020).

2 The provision of public services in the German-French border area of the Greater Region

At the European level, public services – also referred to as ‘services of general interest’ – as a concept and term are not so much defined as vaguely described. ‘The term “Services of General Interest” (SGI) is a politico-normative term in the EU and EC context which is generally understood to cover the arrangements, tasks and functions assumed to be of essential importance to citizen welfare, quality of life and participation as well as providing the basic infrastructure requirements for businesses to function successfully’ (ESPON 2013: 11).

This can be attributed to the fact that different countries have different understandings and therefore definitions of the term; moreover, the understanding of public services is dynamic: it changes constantly as technological, social and political conditions change.

However, there is also a consensus at European level that safeguarding the facilities that provide public services in accordance with certain quality standards (in terms of access, availability and affordability) is a public task to ensure the economic, social and territorial development of the sub-regions in line with the objectives of the Europe 2020 Strategy. At the same time, this task is not an attempt to steer the diversity in the interpretations of standards in the member states towards convergence or alignment (European Commission 2016).

2.1 Safeguarding public service provision in Germany: interpretations and responsibilities

In Germany, the issue of public service provision is closely linked to the mandate of establishing equivalent living conditions in accordance with Article 72(2) of the Basic Law [*Grundgesetz*]. In this context, the following attempt to define public service provision reflects the definition that is widely used in the current professional discourse: ‘In the context of public service provision, the state and local authorities assume responsibility for comprehensively guaranteeing and/or providing certain goods and services classified as vital by the political officeholders across the entire area at generally bearable (= socially acceptable) costs and at reasonable distances. Technical services such as the supply of energy, water, telecommunications, public local and long-distance transport, postal services, waste removal and sewage systems form part of public service provision as much as the provision of basic social services such as cultural activities, healthcare services, childcare, schooling, care for the elderly, the emergency services, civil protection and fire protection’¹ (BMVBS [Federal Ministry of Transport, Construction and Urban Development] 2011: 6).

The provision of public services is also an essential element of the spatial equivalence of living conditions as established in the Federal Spatial Planning Act (*Raumordnungsgesetz, ROG*), specified in section 2(2) no. 3 as ‘Principles of Spatial Planning’: ‘The provision of public services and infrastructures, in particular the accessibility of facilities and provision of basic services for all population groups, must be adequately secured to ensure the equality of opportunities in the sub-regions; this also applies in sparsely populated regions. The social infrastructure is to be concentrated primarily in central places; the accessibility and sustainability criteria of the central-place theory must be flexibly adapted to regional requirements.’²

Spatial planning accordingly addresses the safeguarding of public services within the framework of central-place theories. A graduated system of central places aims to ensure the provision of private services and public services to the population and the economy which are reasonably accessible.

The term ‘reasonable’ has not been transformed into standards at the federal level. It can be generally noted that standards largely apply nationwide in areas where public services are mainly provided by private operators, e.g. postal services, while those that mostly fall within the remit of public service providers, such as schools or public transport services, are largely governed by standards elaborated at the federal state level (*BMVBS 2010*). Given the different situations in the federal states with regard to the density of settlements, impact of demographic change, the state of the infrastructures and, last but not least, the general financial situation, there are significant differences in the setting of standards.

Finally, as regards the responsibility for public service provision, the principle of subsidiarity plays a key role. This principle is legally embedded in Article 28(2) of the Basic Law, which establishes the foundations of local self-government. Most public services are provided at the municipal level by local authorities or districts. In the majority of rural municipalities, the social and technical infrastructure provided by

the local authority is mainly aimed at the local population. Any changes to this that may be required due to declining or increasing demand are usually dealt with as a local issue. When the critical thresholds for sustaining the services are not met and facilities face the risk of closing, a local problem can easily turn into an inter-municipal distribution problem. Inter-municipal or regional strategies and cooperation projects can help to find solutions for such problems.

Similar to the Basic Law, the constitutions of the federal states, such as the Saarland Constitution, contain an article guaranteeing local self-government. For example, Article 117(2) of the Saarland Constitution states: ‘In order to promote the well-being of their inhabitants, the local authorities perform all public tasks for the local community, unless they are assigned by law to other bodies in the public interest.’³ Public services are not explicitly listed here. The Saarland Local Self-Government Act (*Kommunaleselbstverwaltungsgesetz, KSVG*) also states in section 5 that the municipalities are responsible for promoting the health and social, cultural and economic well-being of their inhabitants, as well as sports activities. The Act also states that they should work together with neighbouring territorial authorities in other European regions across borders. However, it does not specify the exact facilities and services that are required for the health and social, cultural and economic well-being of inhabitants. Section 108 of the Saarland Local Self-Government Act grants municipalities the opportunity to operate commercially and defines non-commercial enterprises, which provide an insight into elements of public services: ‘For the purposes of this section, non-commercial enterprises are, firstly, facilities of education, healthcare, social welfare, culture, sport, recreation and leisure activities, waste disposal, sewage and facilities of a similar nature; secondly, they are facilities which serve as auxiliary enterprises exclusively to cover the local authorities’ own needs’⁴ (section 108(2) of the Saarland Local Self-Government Act).

In Germany, the responsibilities for safeguarding the provision of public services differ slightly due to the federal structure. In education and healthcare, the responsibilities are as follows, taking Saarland as an example:

in relation to early child care and education (day care centres and nurseries), the tasks of the federal state government include further developing the nature of such services, financial support for day care as well as the training of educational staff. The requirements planning for this is undertaken by the districts, urban districts and local authorities that have established a youth department in coordination with the federal state government and is updated every three years (section 7(1) of the Ordinance on the Implementation of the Saarland Childcare and Education Act (*Verordnung zur Ausführung des Saarländischen Kinderbetreuungs- und -bildungsgesetzes, SKBBG*) in conjunction with section 8 of the same act and section 1 of the Saarland Act on the Implementation of the Children and Youth Assistance Act (*Gesetz zur Ausführung des Kinder- und Jugendhilfegesetzes, AG KJHG, Saarland*). The facilities may be operated by districts, local territorial authorities or independent agencies.

The situation is somewhat more nuanced in regard to education. Here, too, the federal state government is responsible for the curricula, quality assurance and the

organisational structure of schools in Saarland as well as for the education and further training of teachers, whereby teacher education and training is planned and organised through the Federal State Institute of Education and Media (*Landesinstitut für Pädagogik und Medien, LPM*), which is operated under the auspices of the ministry.

Pursuant to section 37 of the Saarland School Regulation Act (*Schulordnungsgesetz, SchoG*), the federal state government and the school authorities cooperate in the establishment, modification, dissolution and maintenance of state schools. In the context of school development planning, the municipal school authorities at the level of the collective municipalities coordinate the planning basis for the development of a balanced educational service and draw up school development plans for their area. The school authorities responsible for primary schools, other general education secondary schools at the basic and higher level (I and II), vocational schools and special needs schools are usually the collective municipalities. For the purposes of school development planning, municipalities and collective municipalities can form school associations or enter into agreements under public law. Pursuant to section 40 of the Saarland School Regulation Act, the school inspectorate decides on the establishment, modification and dissolution of a state school in agreement with the school authority in the context of school development planning.

The personnel costs for teachers and teaching assistants at state schools which are operated by the federal state, a municipality, a collective municipality or a school association are borne by the federal state.

In the healthcare sector, the districts generally assume the responsibility for safeguarding inpatient medical care, and are often themselves the operators of hospitals and emergency services. Outpatient medical care is planned and secured by the relevant public healthcare insurance associations. The districts are involved in the planning.

In summary, it can be concluded that there is a high level of awareness about the problem of the future safeguarding of public service provision, in particular in rurally structured regions in Germany. This can be seen in the various actions and publications of the responsible federal ministry¹, while numerous municipalities and districts have developed strategies and action plans for dealing with demographic change and safeguarding public service provision, and have in some cases appointed demographic change officers. At the same time, the discussion about and interpretation of the standards which are used as benchmarks for safeguarding public service provision and which differ greatly from one federal state to the next is largely dependent on political decisions. In addition, the responsibilities for safeguarding public service provision are spread across different administrative levels and to some extent allocated to third parties, as exemplified by the areas of education and healthcare.

1 The publication by the Federal Ministry of Transport, Construction and Urban Development (ed.) (2011): *Regionalstrategie Daseinsvorsorge – Denkanstöße für die Praxis* (Regional strategy for the provision of public services – Practical considerations), Berlin, as well as the Model Project for Spatial Planning titled *Aktionsprogramm regionale Daseinsvorsorge* (Action Programme for Regional Public Services) with its numerous publications (cf. <http://www.regionale-daseinsvorsorge.de/veroeffentlichungen/>) are just two of many examples.

2.2 Safeguarding public service provision in France: interpretations and responsibilities

There is no comparable equivalent to the German notion of public service provision in France. The literature offers only roughly comparable terms, such as *service d'intérêt général* or *service public* (BMVBS 2013: 21 et seq.). The latter term has been used since the end of the 18th century, but its meaning has changed over the centuries. The term *services publics*, which is also enshrined in the preamble to the French Constitution, is based on the definition of the Bordeaux school, in particular that of Léon Duguit from 1923. Aubin describes it as tasks carried out under the control of the state, which is governed by the obligation to serve the common good as defined at least in part by the application of public law, and which cannot be discharged without the participation of the state (2013: 51). This notion emphasises the importance of the French state apparatus in the provision of *services publics*. In addition, similar to the German context, the public interest in providing a service is an indispensable element (Uplegger 2005).

In a narrower sense, five core areas of public service provision can be identified in France: communication and transport, the energy supply, economic activity, environmental protection and sanitation. The latter two include the water supply, sewage disposal, waste collection and burial (Püttner 2000: 51 et seq.). This shows that social and particularly cultural aspects of public services play a comparatively minor role in France, since the 'economic element' (Püttner 2000: 51 et seq.) is predominant.

The design of the services provided as part of the *services publics* is based on three principles (French-German Forum 2003):

- > Principle of continuity (*continuité*): the French State warrants the functioning of the *services publics*.
- > Principle of variability (*mutabilité*): adaptability of the service to changing circumstances; there is no entitlement to the provision of the services.
- > Principle of equality (*égalité*): equality of all users in their access to services.

Although France is less affected by ageing processes in the context of demographic change than Germany, the centralised French state is pursuing a strategy of territorial cohesion (*cohésion territoriale*) to ensure a balanced development of the country's territorial structure. The focus is on reactivating regional economic activities, stimulating business, encouraging people to move into certain areas, and improving the quality of life and the quality of the environment, especially in rural areas.

At the national level, the activities and strategies are formulated, coordinated and directed by the Interministerial Delegation for Spatial Planning and Regional Attractiveness (*Délégation interministérielle à l'Aménagement du Territoire et à l'Attractivité Régionale* (DATAR)). These are concretised and implemented by the Regional Directorate for the Environment and Housing (*Direction régionale de l'environnement de l'aménagement et du logement*, DREAL) in the 32 French regions. The regional areas

of competence include the financing of activities relating to public service provision in rural regions, the provision of suitable infrastructure or the organisation of the regional (public) transport system (BMVBS 2013: 53 et seq.). The 101 *départements* have their own competences with regard to shaping public service provision. This administrative level organises the provision of medical and social services for the population, waste management, the distribution of benefits or school transport in non-urban areas. The merger of *régions* in the course of the French territorial reform, which has been in force since 2016, reduced the number of *régions* and thus increased their territory (see the paper by Andrea Hartz/Beate Caesar in this volume). This will also have an impact on the provision of public services. The *Conseil Municipal* (local council) regulates local mobility services, land use and the heating and water supply at the municipal level.

The education sector offers an example of how the provision of public services is organised based on the subsidiarity principle in France: while the regions are responsible for the *lycées* (senior secondary school), the *collèges* (lower secondary schools) are managed by the *départements*. *Ecoles* (primary schools) fall within the remit of the local authorities.

Further examples of bodies entrusted with the task of safeguarding the provision of public services are the *communauté commune* (a type of inter-municipal cooperation) and the *pays* (informal association of several municipalities). The former carries out joint spatial planning projects running for limited periods, while the *pays* often serve as project areas, although the associations follow functional rather than administrative boundaries. As a rule, several *communautés communes* join forces to ensure the funding of regional projects.

In France, too, the provision of public services, particularly in sparsely populated areas, is reaching its technical and financial limits. As a result, new forms of organisation are being created by both the state and the private sector. In addition to public-private partnership initiatives, the resource centres for territorial development (*Centres de Ressources du Développement Territorial, ETD*) are a newly established interregional form of cooperation and exchange platform designed to meet the current challenges in rural areas. As an interface between local and supra-regional (political) actors, their core task is to develop specific recommendations for implementing adapted development projects (APIE 2012). In addition, the likewise newly established rural centres for excellence (*Pôles d'excellence rurales*) (a type of rural development company) aim to adapt the provision of public services in order to attract more people into certain areas. In particular, the aim is to create new jobs in peripheral areas, which are subsidised by the French state through subsidy programmes. In addition, there is an increase in private initiatives that create alternative possibilities for residents in order to respond to the depopulation resulting from structural weakness and the associated decline in services publics (BMVBS 2013: 30 et seq.).

2.2 A shrinking, ageing population – Challenges for safeguarding the provision of public services in the German-French border area of the Greater Region

Challenges in safeguarding the provision of public services generally result from demographic and economic structural change. Declining population figures threaten the economic viability of public services, and the ageing population creates new needs, for which facilities must be adapted. The bundling of public services in central places is a principle that strives to ensure both the capacity of the facilities and adequate accessibility by private and public transport. The following section provides an overview of demographic trends as well as of the higher-order and middle-order centres in the German-French border area of the Greater Region.

Between 2000 and 2013, the Greater Region of Saar-Lor-Lux-Rhineland-Palatinate-Wallonia recorded a population increase of 2.2% to a total of about 11.4 million (see Fig. 2). However, the situation varies widely from region to region. Wallonia, in particular, has seen a growth rate of 6.7% over this period, bringing the population to just under 3.5 million, and Luxembourg now has a population of 537,039, representing a growth of 23.3%. The population in the Lorraine region of France remains generally stable at around 2.35 million. In the immediate German-French border area, the *arrondissements* on the French side recorded a slight growth rate of 1.4%. The German part of the Greater Region is the most populous with almost 1 million inhabitants in Saarland and almost 4 million in Rhineland-Palatinate, and is particularly affected by declining population numbers. Only a few districts have seen an increase in their population. In the immediate German-French border area of the Greater Region, all German districts are affected by declining population figures (Geoportal of the Greater Region 2017). The Saarpfalz district recorded the largest decline of up to -8.6% (DESTATIS 2015).

All regions, except the German regions, show a positive natural population growth. Lorraine had the highest population of 39,447 between 2006 and 2012. Migration also plays a role in the Greater Region. From 2006 to 2013, Rhineland-Palatinate recorded a positive net migration (+37,652), despite an overall population loss. Saarland and Lorraine both lost population through migration (-1,491 and -24,539 respectively), between 2006 and 2012 (Statistical Offices of the Greater Region 2014: 10 et seq.).

The average population density in the Greater Region as of 1 January 2013 was 174.9 inhabitants per km², but this varies greatly from region to region. On the German-French border of the Greater Region, the situation is more differentiated. For example, a relatively low population density on the French side (80 to 150 inhabitants per km² in Sarreguemines, 150 to 300 inhabitants per km² in Forbach-Boulay-Moselle and Thionville) is juxtaposed with a higher population density on the German side, especially in Saarbrücken, which has at least 500 inhabitants per km², and in the districts of Saarlouis and Saarpfalz (300–500 inhabitants per km²) (IBA [Interregional Labour Market Observatory] 2014: 8).

Population forecasts show that France, too, will experience declining population figures in the future. However, the German and French border areas in the Greater Region are expected to differ in their future population trends (see Fig. 3): While French territorial authorities will lose only 2.5% of their population by 2030, the population losses on the German side are significantly higher, at even -9.7% in the Southwest Palatinate district.

Far more significant than the general population trends are the shifts in the age structure. The increase in life expectancy and the decline in births are leading to a severe change in the population structure in the Greater Region towards an ageing society (see Fig. 4).

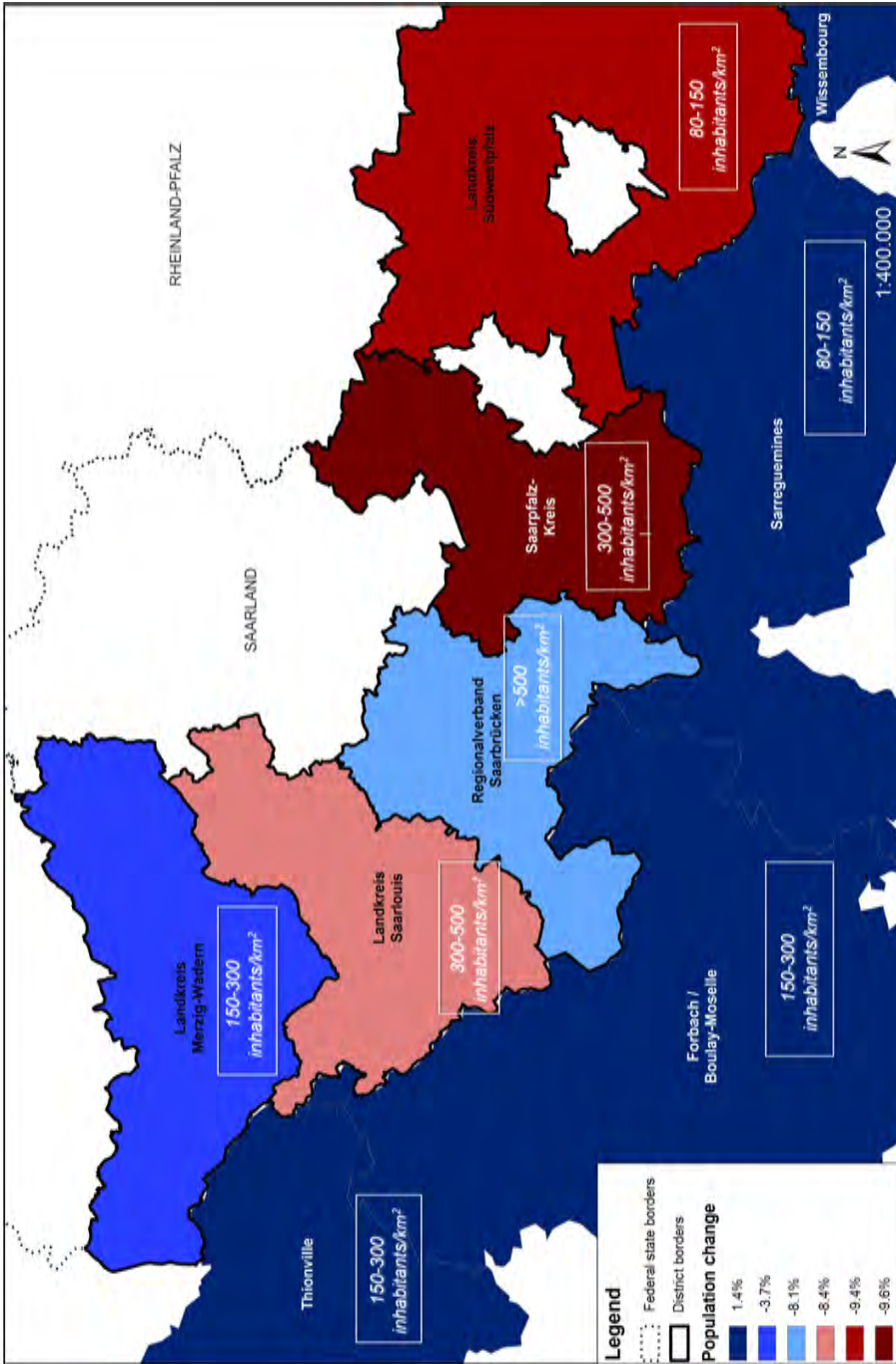


Fig. 2: Population trends and population density in the German-French border regions of the Greater Region 2000–2013 / Source: The authors, based on DESTATIS 2015 and Eurostat 2017

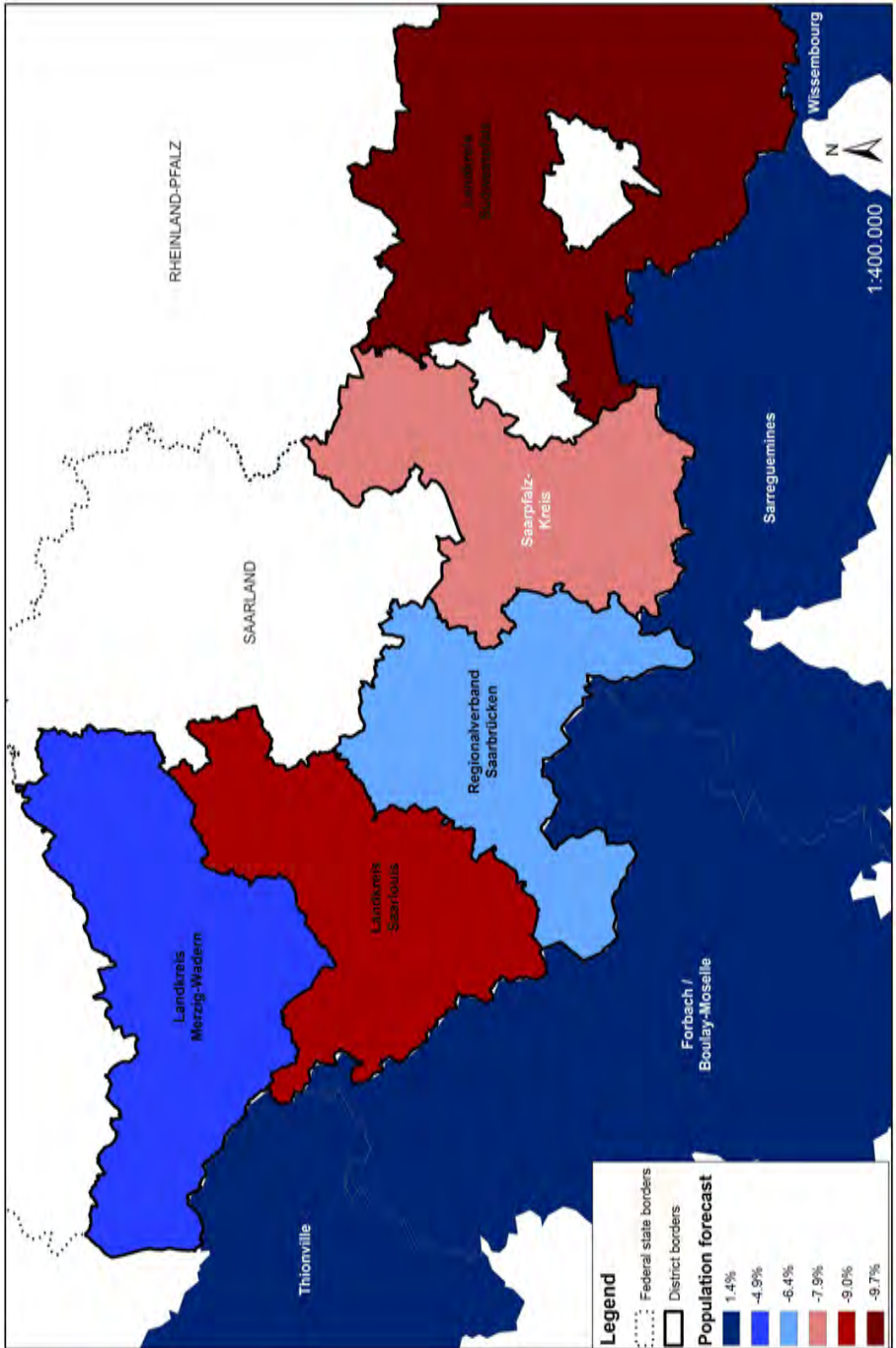


Fig. 3: Projected population development 2012–2030 of the German districts and French régions in the German-French border area of the Greater Region /Source: The authors, based on the Bertelsmann Foundation 2017 and Eurostat 2015

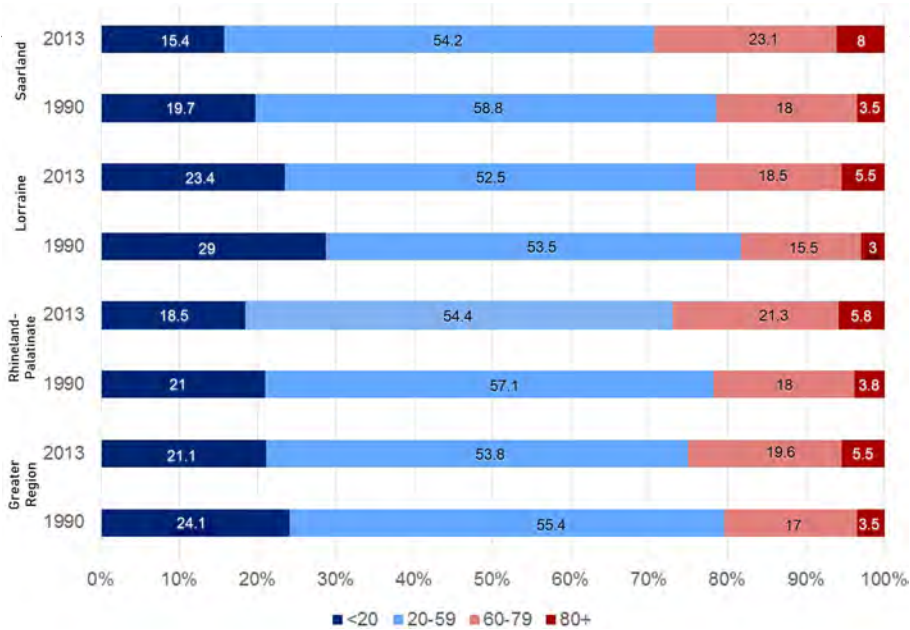


Fig. 4: Population by age group in 1990 and 2013 / Source: The authors, based on IBA 2014

In future, a further increase in the number of 60 to 79-year-olds and over 80s in the Greater Region is expected (25% of people will be aged 60-79 and 7% will be over 80 in 2030), while the decline in the number of under 20s is expected to continue (20% in 2030) (IBA 2014: 26).

As illustrated in Figure 5, a consideration of the central places in the research area shows that Germany has a more tightly-knit network of middle-order centres along the border and a higher-order centre with the federal state capital of Saarbrücken close to the border. However, it should be noted that the population density in the French border area is lower than in the German border area, and that France as a whole has fewer central places. The Saarland's Federal State Development Plan of 2006 states in the Settlement section that the facilities in middle-order centres should include schools leading up to the university entrance qualification, medical specialists and a hospital (Saarland Ministry of the Environment 2007). The Rhineland-Palatinate Federal State Development Programme (LEP IV) of 2008 identifies middle-order centres and middle-order areas. It stipulates that middle-order centres provide a comprehensive middle-order centre function for their middle-order areas (ISM RLP [Ministry of the Interior and Sport in Rhineland-Palatinate] 2008: 86) and that they strengthen and secure this function, especially in rural areas (ISM RLP 2008: 86). According to the Rhineland-Palatinate Federal State Development Programme (LEP IV), primary care hospitals are part of the necessary facilities in middle-order centres, and are desirable in middle-order areas. A specialist medical centre is desirable in middle-order centres. Higher secondary schools/integrated comprehensive schools offering a university entrance qualification must

be provided for in middle-order areas; in middle-order centres, they are an obligatory provision which must be aimed for. Vocational schools are necessary facilities in both the middle-order areas and the middle-order centres (*ISM RLP* 2008: 89).

In summary, the situation on the German-French border in the Greater Region is as follows.

- > In principle, two different categories can be distinguished: regions which are expected to experience a decline in their population and are increasingly affected by a declining working-age population (Saarland and Rhineland-Palatinate), and regions which experience population growth with a simultaneous decline in the working-age population (Lorraine).
- > While the population development on the French side remained relatively stable between 2000 and 2013, with a slight growth of 1.4%, the population on the German side shrank by up to -9.6% during this period, despite migration gains on the Rhineland-Palatinate side. By 2030, a population decline of -2.5% is forecast in the French border areas, and of up to -9.7% in the German border regions.
- > The decline in population density will cause problems with regard to the sustainability of facilities providing public services, especially in areas with already low population densities (the districts of Merzig-Wadern and Southwest Palatinate and the French *arrondissements*, in particular Saareguemines).
- > The ageing population will necessitate adjustments to the facilities providing public services on both the French and German sides.
- > The network of higher-order and middle-order centres as priority areas for the provision of services for the population and as locations of facilities providing public services in the immediate vicinity of the border is much denser on the German side than on the French side.
- > These developments present challenges for various public services, e.g. mobility, education, primary healthcare and care for the elderly, local services and the retail trade.
- > Demographic trends and forecasts pose particular risks to the provision of educational facilities in the border area due to declining numbers of pupils; maintaining all types of school at reasonable distances will present a particular challenge.
- > Demographic trends and forecasts will also have an impact on the planning of medical services and on the medical services available to inhabitants.

2.4 The situation regarding the provision of public services in education and healthcare by the German territorial authorities in the German-French border area and the resulting challenges

To analyse the situation on the German side in the border area, selected facilities providing public education and healthcare services are described below in terms of their numbers and locations, and the existing and future gaps in the provision of these services will be addressed. The facilities examined were:

- > Kindergartens and day care centres
- > Primary schools and level I (basic level) and level II (higher level) secondary schools
- > General practitioners
- > Primary care hospitals

These facilities were chosen on the basis that they should be available close to home and throughout the area in order to preserve the areas as attractive places to live and work. For facilities such as tertiary education facilities and hospitals with maximum care, on the other hand, people are willing to travel longer distances.

Pursuant to section 24 of Book VIII of the Social Law Code / Children and Youth Assistance Act [*SGB VIII – Kinder- und Jugendhilfegesetz*], children in Germany aged one to three years are entitled to early childhood support in a day care facility or nursery (section 24(2) of Book VIII of the Social Law Code / Children and Youth Assistance Act), and children aged three to six years have a statutory right to a half-day place in a kindergarten until they enrol in school (section 24(3) of Book VIII of the Social Law Code / Children and Youth Assistance Act). Based on this legal requirement, the municipalities are obliged to maintain the appropriate facilities. In addition, early childhood education facilities are an important factor when families, couples with children or single parents are choosing where to live. The rate of children under 3 being cared for in day facilities is steadily increasing (German Authoring Group for National Education Reports 2014: 55 et seq.). Scientific studies have shown that a visit to day care and kindergarten has a positive effect on a child's language development.

Figure 6 shows that the overall level of provision of childcare facilities by the German territorial authorities in the border area is still quite good, although some smaller towns do not have a facility.

However, the population trend, which is consistently forecast to severely decline in some areas, raises fears that safeguarding the provision of services close to home will present a future challenge for the municipalities.

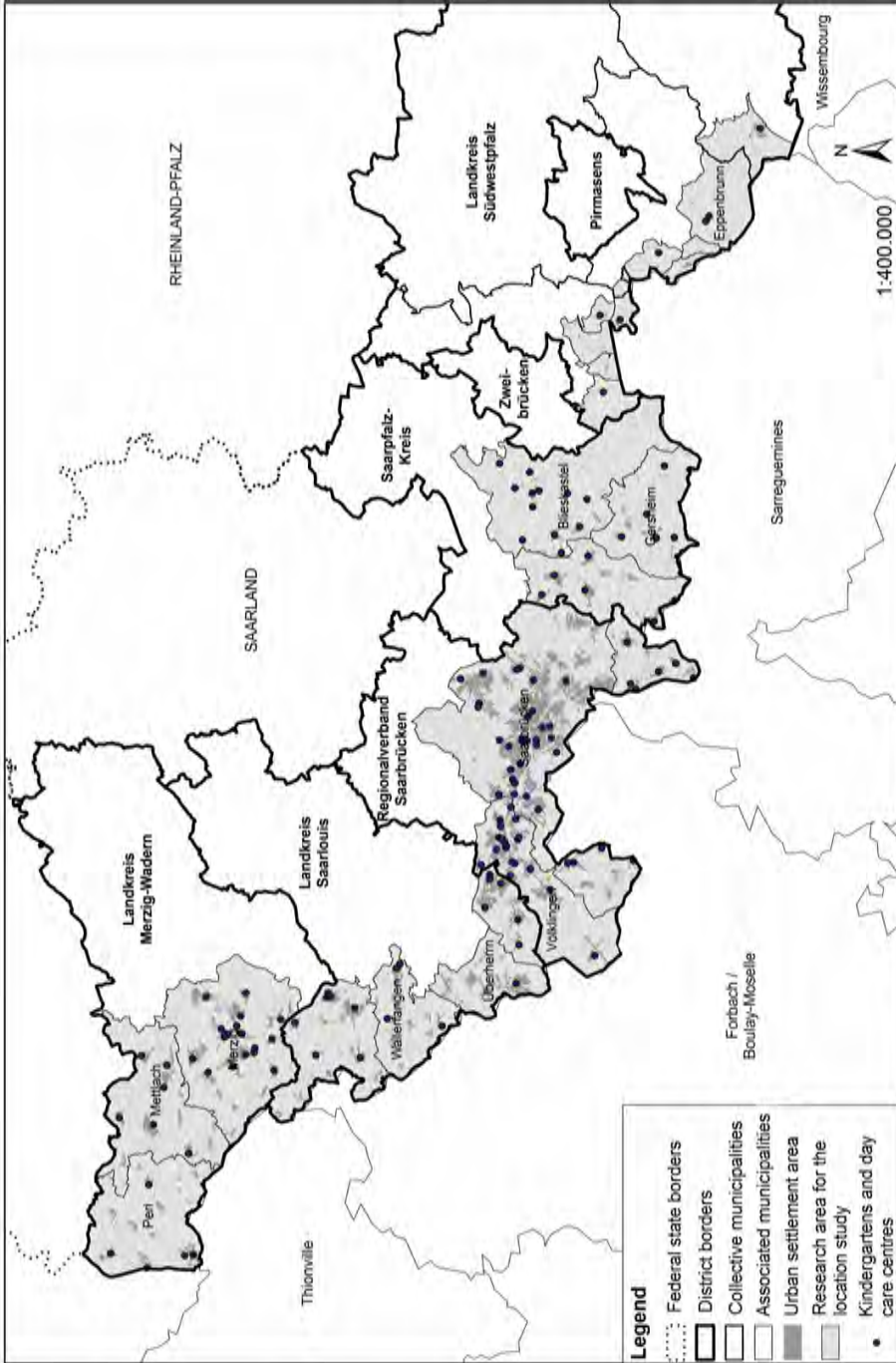


Fig. 6: Locations of kindergartens and day care centres for children within the areas of the German territorial authorities in the German-French border area of the Greater Region /Source: The authors, based on the websites of the German territorial authorities

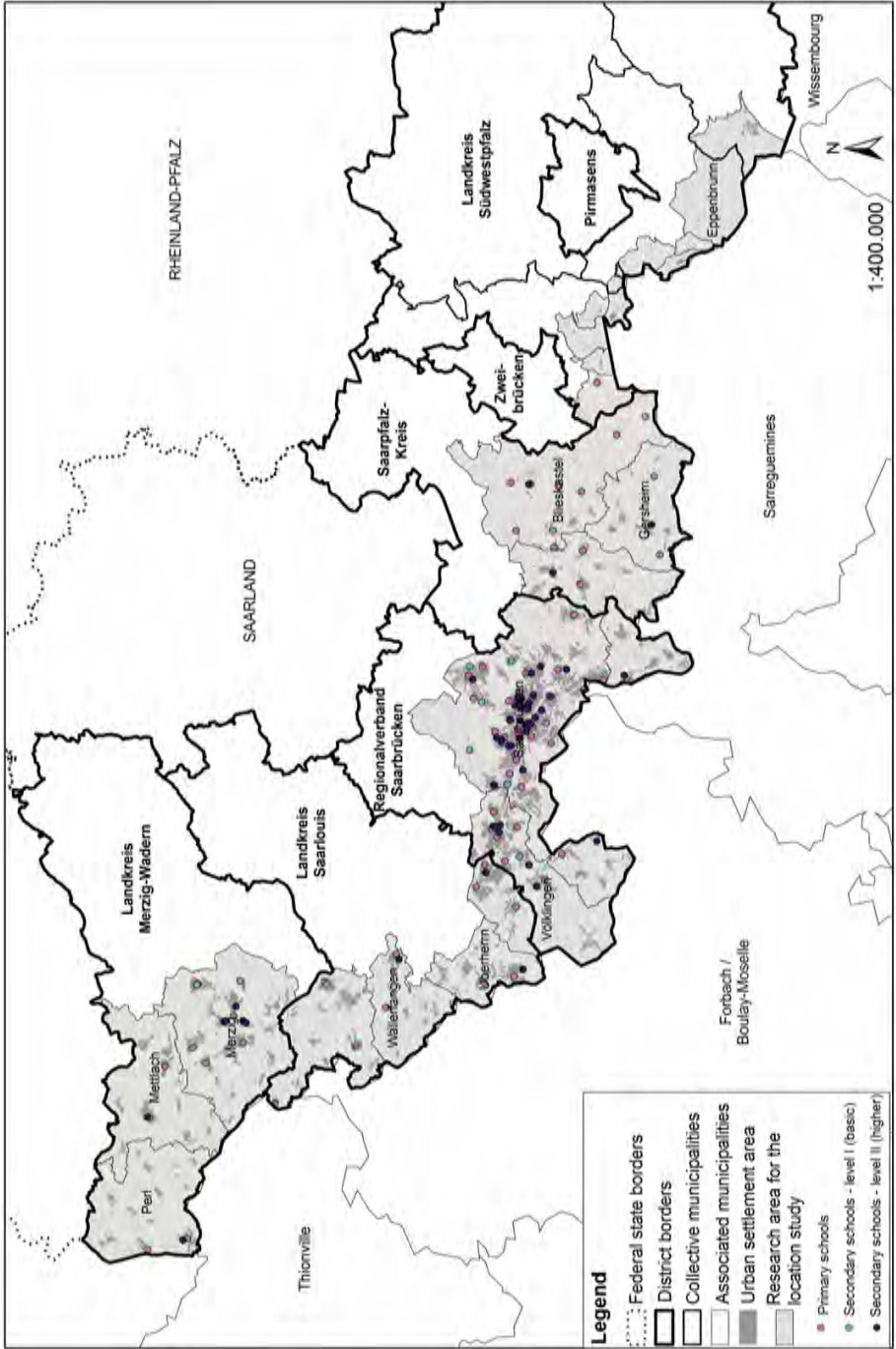


Fig. 7: Locations of the primary schools and level I (basic) and level II (higher secondary) schools in the areas of the German territorial authorities in the German-French border area of the Greater Region / Source: The authors, based on the websites of the German territorial authorities

The situation is somewhat more controversial in regard to safeguarding the provision of primary as well as basic and higher-level secondary schools close to home. Figure 7 clearly shows that, in the areas of some territorial authorities along the border, pupils already have to travel considerable distances to attend primary school and increasingly also secondary school. In particular, there is evidence of this in the immediate border regions in Perl, Mettlach, Merzig, Wallerfangen, Völklingen, Großrusseln, Kleinblittersdorf, Mangelsbachtal as well as in all municipalities of the district of Southwest Palatinate. Against the background of the declining population and in particular the declining numbers of children and teenagers of school age, it is to be expected that in future new forms for providing these services, both in terms of the schools and facilities themselves and their accessibility, will be tested and implemented in inter-municipal cooperation.

The availability of medical services (by general practitioners or specialists in internal medicine) as well as the accessibility of primary care hospitals is another essential consideration in the choice of a residential location. Figure 8 shows that the availability of GP surgeries and hospitals in the border area is quite disparate. Again, with the exception of the Saarbrücken City Association, doctors' surgeries and hospitals are sometimes spread very thinly, especially in the eastern part of the research area. According to the Association of Statutory Health Insurance Physicians Rhineland-Palatinate (*Kassenärztliche Vereinigung Rheinland-Pfalz, KV RLP*), ensuring universal and local outpatient care by general practitioners is a key objective of policymakers and the contracting parties in the healthcare sector as well as the explicit expectation of the population (*KV RLP 2015: 42*). To assess the current situation and the future challenges for safeguarding GP services, important factors are the accessibility of the practices as well as the impact of demographic developments on the population and the age structure of the practising doctors.

There are no set targets for the accessibility of the practices. Although the current Rhineland-Palatinate Federal State Development Programme stipulates that middle-order centres, whose facilities include primary care hospitals, should be accessible within 30 to 45 minutes, no time or distance target is set with regard to the accessibility of GP practices (a lower-order centre facility) (*ISM RLP 2008: 89*). The Association of Statutory Health Insurance Physicians assesses the accessibility of GP practices only as a relative value. For example, the driving distance is an average of 1.5 km in Rhineland-Palatinate and 1.8 km in the district of Southwest Palatinate, i.e. in the border area, although around 29% of the district's inhabitants have to drive between 2.5 and 10 km to the nearest GP practice (*KV RLP 2015: 42*). The population forecast for the German territorial authorities in the border area shows a consistently declining population and an increasing percentage of over 65s. However, given that 93.4% to 96.6% of this age group require GP services every quarter, compared to 54.1% of 18- to 44-year-olds, a linearly decreasing demand for GP services consistent with the declining population cannot be expected (*KV RLP 2015: 46*).

In the district of Southwest Palatinate, the age structure of GPs is characterised by a high percentage of practising physicians over the age of 59, with the average retirement age currently being 62. This means in percentage terms that the district of Southwest Palatinate must increase the number of GPs by 53% by 2020 (*KV RLP 2015: 40*).

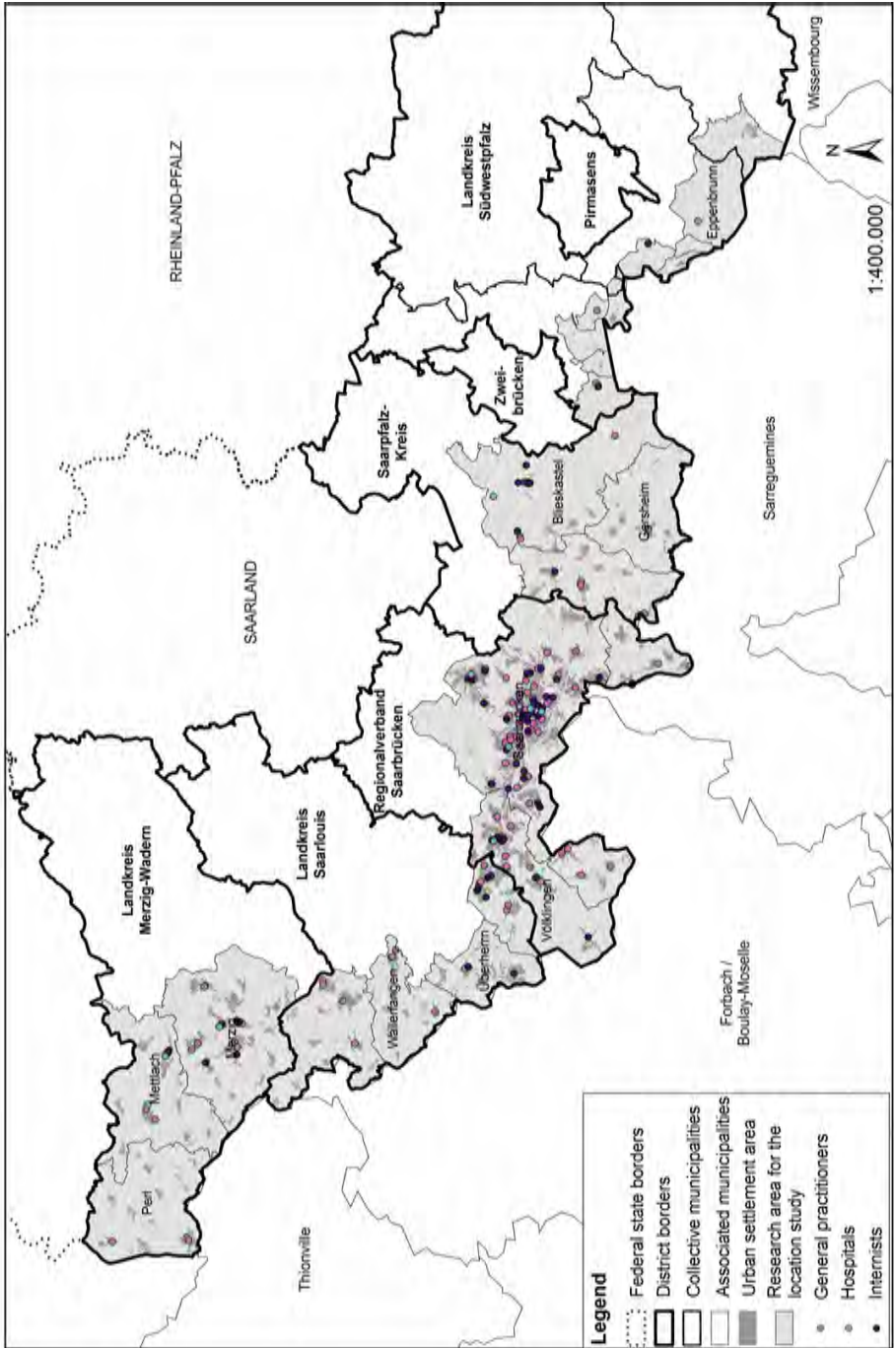


Fig. 8: Locations of general practitioners, hospitals and internists in the areas of the German territorial authorities in the German-French border area of the Greater Region /Source: The authors, based on the websites of the German territorial authorities

In this context, it would be very interesting to continue this research to obtain more detail. In addition to accessibility models, taking demographic trends into account to illustrate the shifts and a simulation of the settlement areas and population figures in the intake areas of these facilities would be instructive to analyse the situation in the areas of the French territorial authorities along the border.

3 Existing strategies and (cross-border) projects to safeguard the provision of public services in the German-French border area of the Greater Region

A written survey was carried out in July–August 2015 to assess the existing and future situation in relation to safeguarding public service provision in the areas of German territorial authorities and to scope out existing and planned strategies, concepts and projects by the German territorial authorities on the German-French border of the Greater Region. The territorial authorities identified in Figure 1 along the German-French border of the Greater Region were surveyed. A total of 32 German territorial authorities at different levels of government (districts, collective municipalities and associated municipalities) were surveyed along the border. The response rate was 43.75%. Of all the entities surveyed, three out of four districts, one regional association, two out of three collective municipalities and seven out of 24 associated municipalities/cities completed and returned the questionnaire, and one questionnaire was returned without the respondent specifying the nature of their territorial authority. The highest return rate was thus achieved at the level of the districts and the regional association. The survey is not representative.

The responses to the written survey were assessed to determine whether they reflect the impressions gained in section 2.4.

Furthermore, the projects funded by the INTERREG VI A programme of the Greater Region (2007–2013) will be evaluated to analyse whether there have already been cooperation projects with German and French participation in education and health-care services and their specific thematic focal points.

3.1 Assessment of the German territorial authorities surveyed here on safeguarding the provision of public services

More than three-quarters of territorial authorities already have problems in safeguarding public service provision, mainly in relation to mobility; these problems were mentioned by all levels. The districts that took part in the survey also face problems with the provision of local services and the retail trade, as well as basic health care and care for the elderly. The collective municipalities which participated share this assessment, especially in the areas of primary health care and care for the elderly. Other problematic areas include the housing sector in connection with empty dwellings and ageing building fabric, the challenge of balancing infrastructure in rural areas, swimming pool infrastructure and broadband coverage. The

territorial authorities surveyed do not yet see any difficulties in relation to education. Three territorial authorities do not currently face problems in the provision of public services.

The current problems are expected to increase in the future. Future problems in providing public services are mostly anticipated in regard to mobility (just under 86% of the territorial authorities surveyed), whereby the problems for people with reduced mobility in particular and a lack of access to public transport are emphasised. Associated municipalities in particular see a significant increase in the problem. Half of the territorial authorities surveyed predict problems with providing basic healthcare and care for the elderly in the future. The associated municipalities also see the greatest intensification of problems in this regard. Lesser problems (43%) in future are anticipated in connection with the provision of local services and the retail trade. Three territorial authorities (two mentions by districts, one mention by an associated municipality) believe that education will become a problem in future. Broadband expansion and a declining range of cultural activities are among the points mentioned under the ‘miscellaneous’ category. Only one territorial authority expects no problems in the future in securing the provision of public services.

Figure 9 shows the distribution of responses between the territorial authorities. It is clear that for most territorial authorities the current and future problems will remain on the agenda, and they expect that other issues will be added in the future.

This assessment of the municipalities is only partly in line with the analysis in section 2.4. Firstly, due to the projected population trends and the current locations of schools, it was pointed out that ensuring the availability of primary schools and schools offering basic secondary education will be a challenge for a number of municipalities in the future. On the other hand, the optimistic assessment of future challenges in terms of securing outpatient medical care in the municipalities and collective municipalities of the district of Southwest Palatinate is also astonishing.

In principle, it can be stated that there is a strong awareness of the problem among German territorial authorities and that action is needed in the area of mobility and increasingly in education and healthcare. This assessment is in line with the results of the statistical analysis of the locations of the facilities.

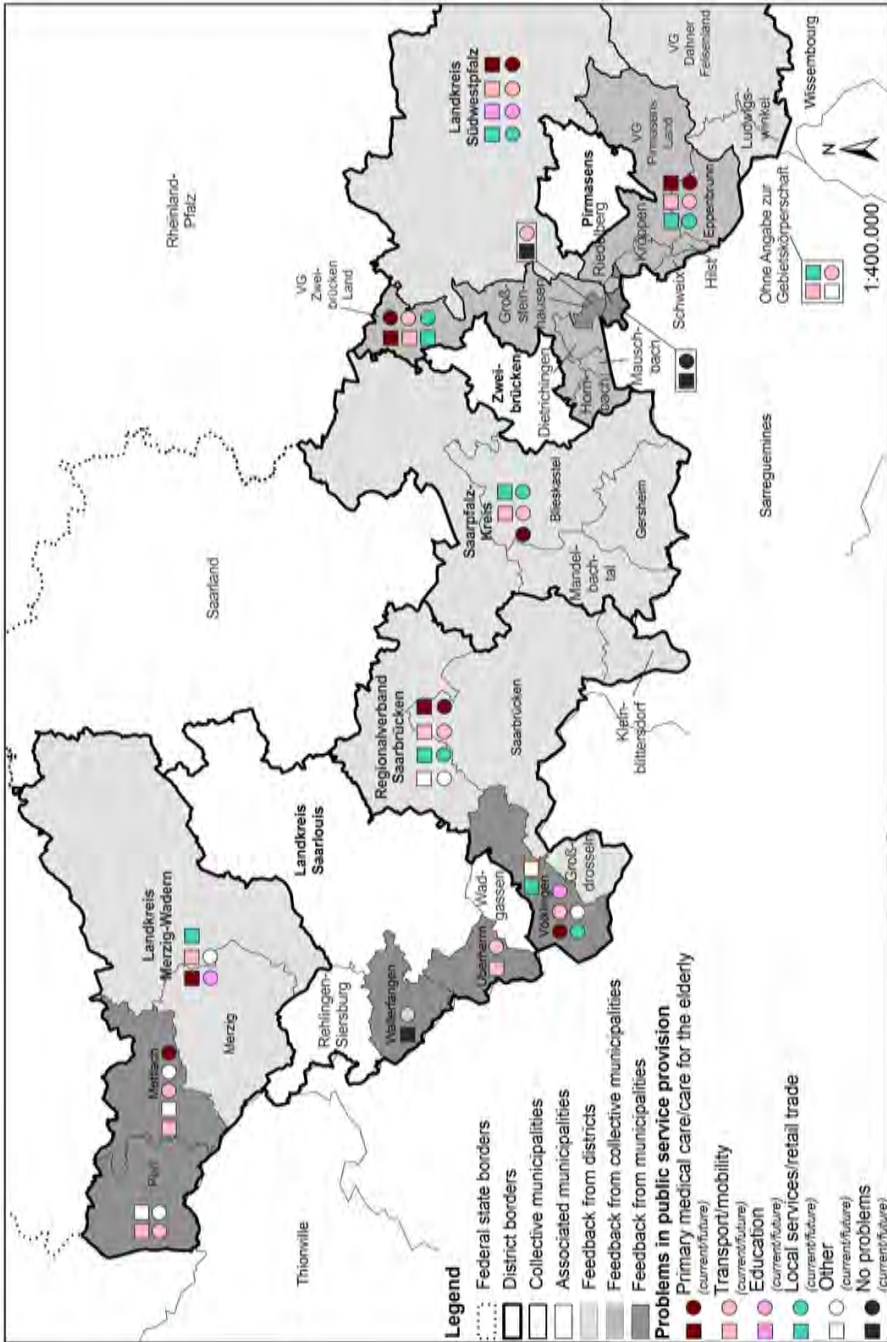


Fig. 9: Existing and probable future problems in public services within the remits of territorial authorities (multiple answers possible) /Source: The authors; written survey of the German territorial authorities at the German-French border within the Greater Region

3.2 Existing and future strategies and projects of the German territorial authorities in the German-French border area of the Greater Region

More than three-quarters of territorial authorities have already elaborated strategies to safeguard the provision of public services. Districts and associated municipalities, in particular, report that they have developed strategies, mainly in the form of integrated or sectoral development strategies, e.g. municipal development strategies or sectoral strategies for the retail trade, climate protection, transport planning and urban design. Strategies were also developed as part of LEADER, which contribute to safeguarding the provision of public services. In one case, a political resolution was also drawn up within the framework of the Regional Public Service Provision Action Programme as a Model Project of Spatial Planning (District of Merzig-Wadern 2014). Except for this resolution, these documents do not relate exclusively to the problem of demographic change and the safeguarding of public service provision. Three out of fourteen territorial authorities have not elaborated any concepts or strategies. Hardly any strategies are planned for the future.

More than half of the territorial authorities already have projects to safeguard public service provision, and they are planned in a further three territorial authorities. Districts and associated municipalities, in particular, provided information about projects. Two territorial authorities do not have any projects in this regard. The projects are diverse and relate to all types of public services. For example, there are projects for the retail trade and the supply of local goods and services (five mentions, e.g. for the marketing of regional products, initiatives to set up a village shop), on medical care in rural areas (three mentions), various housing projects (e.g. assisted living projects) and the management of vacant lots and empty dwellings, securing education (by merging primary schools and community schools to safeguard the remaining facilities), as well as to expand broadband or alternative mobility services, such as market buses, driving services and on-call shared taxis.

In contrast to the plethora of projects within the territorial authorities, cross-border projects to safeguard public service provision are mentioned by only four territorial authorities. These include the following examples:

- > a cross-border water supply and a cross-border flood partnership for the Moselle;
- > public transport links to France, the establishment and maintenance of cross-border bus routes as well as carpool parking and park-and-ride spaces;
- > an agreement between clinics on emergency medical care;

- > the Action Programme of the SaarMoselle Eurodistrict with various themed cross-border projects and studies, e.g. in transport, education and healthcare (such as a study on cross-border healthcare training and the cooperation agreement between Völklingen clinics in certain areas and the Hôtel du Parc in Saareguemines; various agreements between Lorraine and Saarland on cooperating on cardiology and emergency medical care). This also includes future goals and challenges as well as planned projects for these areas. (EGTC SaarMoselle 2016)

A cross-border project is being planned in the remit of one territorial authority.

Figure 10 shows the spatial distribution of strategies and projects.

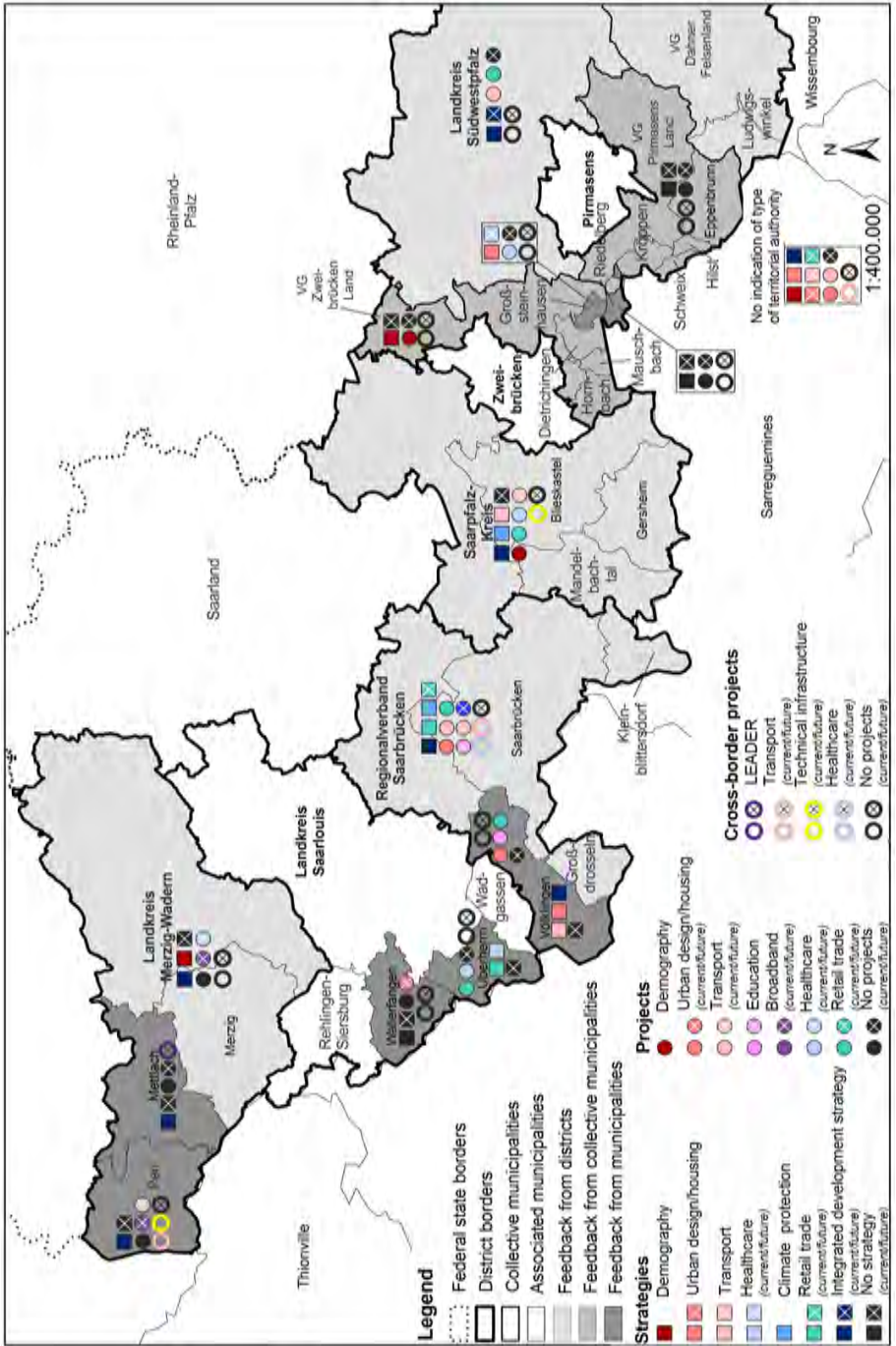


Fig. 10: Existing and planned strategies and projects as well as cross-border projects to safeguard the provision of public services by type of public service (multiple answers possible) /Source: The authors; written survey of the German territorial authorities at the German-French border within the Greater Region

Fundamentally, it can be noted that strategies and projects for the (future) safeguarding of public service provision are being elaborated by most of the territorial authorities surveyed. Despite the anticipated exacerbation of the problems, comparatively few further strategies and projects are being planned for the future.

Strategies and projects in relation to healthcare services are already in place and are also planned for the future; there is also a cross-border project for this. As the problems in regard to education are considered to be minor, there is no strategy in place or in planning, and there are only a few (planned) projects in this context; no existing or planned projects on a cross-border level are reported.

Further research would be useful here; for example, a more detailed survey of the German territorial authorities regarding the implementation of strategies and projects as well as the basis on which they make their assessments of future problem areas, etc. could lead to interesting insights. It would also be instructive to carry out a survey of the French territorial authorities along the border.

3.3 Cross-border projects in education and healthcare in the Greater Region in the previous INTERREG IV A programme period and their assessment

Based on the Operational Programme (OP for the Greater Region (INTERREG A), the 2007–2013 programme period offered opportunities to submit projects for funding relating to cross-border cooperation in the fields of education/training and healthcare as part of European Territorial Cooperation (ETC) (cf. the paper by Andrea Hartz/Beate Caesar in this volume). The programme included a special focus on ‘People’, in which measures for collaboration in the fields of education, training and healthcare were funded.

Funding priorities in the INTERREG IV A Operational Programme in the Greater Region	Number of accepted projects	Total cost in € million	ERDF – Funding in € million
Focus 3: People	87	68.36	33.36
Measure 3.1: Collaboration in the fields of education/continuing education	12	20.64	10.06
Measure 3.3 Funding collaborations in the field of healthcare	8	13.7	6.68

Table 1: Accepted projects in the Greater Region Operational Programme IV A with a focus on ‘People’ 2007–2013 (as of 23 June 2015) / Source: INTERREG IV A Greater Region (2017)

The twelve collaboration projects in the field of education/training involved German and French partners in a total of five projects. A look at the projects provides an indication of the fields in which the German and French sides have cooperated thus far:

- > Trilingua: Funding of language skills in the Moselle region and in Saarland and setting up a network for communication and interaction between native-speaking educators from the *écoles élémentaires* (primary schools) and the voluntary all-day schools
- > EDUNET – Education Network Schools & the Economy
- > INTERDOC – Funding agency for cross-border research and postgraduate students in the natural sciences
- > FCU – Network for tertiary education in the Greater Region
- > Interreg-Judo-Randor (martial arts)

The study shows that cooperation took place in the area of education/training with a focus on bilingualism, preventing a shortage of skilled workers and preventing the brain drain from the Greater Region, as well as raising the profile of the Greater Region as a scientific location in the border area in the 2007–2013 programme period. Improving bilingualism can be seen as a basis for further cooperation in the fields of secondary schools, universities, education and training institutions as well as in other areas, e.g. in healthcare. However, no project has been funded which has dealt directly with the future safeguarding of public service provision in education, or which has taken stock of the situation and future developments within the remit of the local territorial authorities along the border, or which has shed light on the potential for cooperation with regard to better accessibility or meeting sustainability thresholds for facilities, etc. This may be partly due to the fact that no such project has been proposed.

Of the eight projects that have been funded as part of the measure to ‘Promote collaboration in the field of healthcare’, four can be identified as having been carried out with German and French participation:

- > PPSM – Public healthcare pilot project: studies and campaigns aimed at prevention and strengthening mental health services
- > NESCAV – Nutrition, environment and cardiovascular health
- > MAG-Net 2 – The aim of the project is to minimise the risk for the target group of recreational users of drugs in the Greater Region and to raise awareness among healthcare professionals
- > SANTRANSFOR – Milestones for developing access to healthcare in the Greater Region through training campaigns

In summary, in the last programme period in the border area researched here, cooperation took place in the area of healthcare, particularly in the training of medical professionals and the development of joint programmes and strategies for prevention. The SANTRANSFOR project, which aimed to improve access to high-quality

healthcare for people living in the border regions of Wallonia-Lorraine-Luxembourg, the Saar-Moselle region and the border region of Bitburg-Prüm—the German-speaking Community of Belgium, was rather more specific and practical. It also laid the groundwork for the establishment of a zone with cross-border access to healthcare services (*Zone Organisée d'Accès aux Soins Transfrontaliers, ZOAST*) for the SaarMoselle Eurodistrict, and a resolution was adopted to this end (EGTC 2011). One result was a specific agreement between two hospitals, albeit in the German-Belgian border area, to serve the population in rural areas. Here too, however, it must be noted that no project has been funded and/or submitted that has addressed the safeguarding of the provision of primary medical services.

The analysis of the project partners in these INTERREG A projects makes it clear that the majority of the public administration stakeholders involved were Saarland and Rhineland-Palatinate ministries; districts participated as partners in only two cases, and the city of Saarbrücken was a partner in one project. No other municipal partners were involved. The local territorial authorities did not make use of the opportunities for cross-border cooperation supported by the INTERREG A programme in the areas of healthcare and education in the 2007–2013 period to develop innovative solutions to safeguard the provision of services in future.

In contrast to the largely overlapping results of the statistical analysis of the locations of the facilities and the results of the survey, the projects supported under the INTERREG IV A programme in the Greater Region were more likely to address issues which do not relate directly to the immediate safeguarding of public service provision. With the exception of the SANTRANSFOR project, which directly aimed at improving the provision of healthcare services for the population in the border region, the other projects aimed at prevention. In the field of education, the focus was on projects that addressed continuing education issues or focused on specific problems (school drop-outs). This assessment is confirmed by the statements of the participants in the survey regarding the extremely sparse cross-border cooperation projects.

It is understandable that the projects are geared towards vocational and continued training issues in education in the light of the fact that the majority of ministries, i.e. the federal state level, were partners in INTERREG projects, combined with their responsibilities in the education sector (see section 2.1). Districts and territorial authorities, which are responsible for the 'physical' safeguarding of public service provision as the bodies and responsible parties for school development planning, have hardly been involved as partners in INTERREG projects at all.

This may be due to the fact that INTERREG projects are time-limited and the partnerships are constantly being regrouped, while partnerships for safeguarding public service provision rather require medium- to long-term solutions in stable partnerships and thus provider structures. It is also conceivable that national formats, e.g. national inter-municipal cooperation or Model Projects for Spatial Planning, are currently still the preferred platforms for interaction and innovation, as they can rely on the same or similar legal bases, standards, instruments, etc. Another reason for the low rate of participation in cross-border cooperation projects may also be the staffing of municipalities, collective municipalities and districts.

4 Obstacles and opportunities for cross-border projects to safeguard the provision of public services in rural border areas

4.1 Obstacles to cross-border cooperation to safeguard the provision of public services

In most cases, language barriers and different laws and responsibilities present a particular challenge for cross-border cooperation in Europe. These factors were also identified by the German territorial authorities taking part in the survey on the German-French border of the Greater Region as an obstacle to cooperation in the fields of education and health: the German and French education systems and the healthcare systems are organised differently and the responsibilities of public administrations differ.

In outpatient healthcare, as well as in most inpatient situations, communication between patients and doctors or healthcare professionals absolutely must be able to function without restrictions; cross-border care in this area often fails because of the low level of bilingualism among both patients and specialists. In addition, in the field of medical care and care for the elderly, the territorial authorities surveyed consider the legal structures, especially when it comes to covering costs by health insurance funds, to be an obstacle to cross-border cooperation. The shortage of skilled workers in nursing and the shortage of doctors were also raised. Even the cross-border networking and coordination of rescue workers and operations is seen as problematic.

The recognition of professional qualifications was mentioned as another obstacle in relation to education as a public service, in addition to linguistic barriers and the different (legal) regimes.

In principle, entering into cooperation projects – and to an even greater extent in cross-border cooperation – requires renouncing familiar routines and approaches in favour of adopting new thought patterns, work steps, etc., and cooperating with new participants in order to fulfil tasks or resolve problems. The willingness to do so only grows when the pressure resulting from the problems increases. As long as the situation is still considered to be tenable or resolvable, e.g. through cooperation with neighbouring municipalities that are integrated into the same system, cross-border cooperation will certainly not be pursued purely for reasons of streamlining work processes.

The quality of education and healthcare services are seen as important location factors both for the resident population and as soft location factors for the economy. For political reasons and in the context of competition between locations, maintaining local facilities for as long as possible is the favoured solution.

Cross-border cooperation requires a high level of personal commitment between the cooperation partners, as well as perseverance in many cases and stable relationships between the responsible contact persons. Safeguarding public service provision is not about short-term solutions, but about sustainable concepts for maintaining quality of life – this sometimes seems to reduce the willingness to come up with experimental solutions.

In addition to the various challenges of cross-border projects to safeguard public services, there are also opportunities.

In general, the survey shows that there are considerable differences in attitudes towards cross-border projects. Thus, two territorial authorities were critical about the lack of project partners and the failure of a project, while other territorial authorities provided positive feedback about successful cooperation. If these problems are resolved, the chances of rectifying local deficits are good. Other opportunities include communication, addressing problems in joint projects, the funding that can be obtained from the ERDF, and a focus on the long-term, sustainable provision of services.

4.2 Opportunities for cross-border cooperation to safeguard the provision of public services

Above all, there are opportunities to exceed the critical sustainability thresholds for the (economic) operation of facilities by increasing the intake area beyond the border. In this regard the bilingual orientation of educational facilities and easy recognition of educational qualifications in two countries can even be viewed as a special quality feature, opportunity or locational advantage.

In the field of medical care and care for the elderly, the main aim is to optimise and expand the range of services by better coordinating available capacities and facilities. It is also possible to shorten the distances between inhabitants and the facilities. Other opportunities include:

- > Organising emergency care in a cooperative manner and having accident victims in the vicinity of the border cared for by the ambulance service that can reach the site of the accident quickest and transport injured persons to the facility which the patient needs the most. The equipment of the regional hospitals could then be organised to a certain extent by a 'division of labour'. An initial agreement within the Greater Region is already in place: Krumm points out that rescue helicopters can now cross the borders if necessary and transport patients with severe burns from throughout the Greater Region to a specialist clinic for burn injuries in Ludwigshafen (Rhineland-Palatinate) (Krumm 2010).
- > Using large medical devices across borders.
- > Supporting the focus and scope of the establishment of a zone with cross-border access to healthcare services, as planned by the Saar-Moselle Eurodistrict (EGTC 2011), and systematically evaluating the experience in terms of opportunities, acceptance, scope of services, etc.
- > Developing common strategies to counter the shortage of skilled workers in the health sector in the border region.

Several cooperation projects are already in place in the health sector in the Greater Region (Krumm 2017), which relate in most cases to the cross-border use of ambulances, helicopters and emergency doctors, vocational training in the healthcare sector, scientific cooperation, agreements on the bilateral use of large technical devices, but also studies analysing the situation and drawing comparisons in the border areas. These cooperation projects and the experience gained in them may inspire and benefit stakeholders who have not yet participated in such projects.

In the area of education, there are already approaches to cooperation that can be considered exemplary for the region, such as the cross-border German-Luxembourg Schengen Lyceum in Perl, which combines elements of both school systems. Established on a common foundation, it offers the possibility of acquiring the *allgemeine Hochschulreife* (German general university entrance qualification) in a higher secondary education branch or the *Diplôme de fin d'études secondaires techniques, administratif et commercial* in a technical/vocational branch (German-Luxembourgian Schengen-Lyzeum Perl 2009).

In principle, there is certainly increased potential for cooperation in basic secondary education level I and, above all, the higher secondary level II, which can then also have a positive effect on overcoming linguistic problems in other areas. Cross-border cooperation to safeguard the provision of childcare services for early childhood education close to home is certainly more difficult to organise across borders, to the extent that 'close to home' is understood as within walking distance in accordance with the maxim 'short legs, short distances'. A meaningful combination of cross-border childcare solutions within the existing cross-border labour market (company childcare services) is more effective in this regard.

The evaluation of projects already implemented in other, similarly structured border areas also provides an opportunity to learn from good and bad examples, to benefit from exchanging experiences and the integration into cross-border projects with their own specific problems or issues.

Actively contributing and following the activities of the Association of European Border Regions (AEBR), which has set itself the task of initiating and supporting enhanced cooperation across Europe and exchanging experiences and information, can also provide a new impetus to address the current challenges. Among other things, a 'Cross-border Health' task force was set up within the framework of the working group (AEBR 2017).

Similarly, setting up a cross-border Model Project for Spatial Planning can encourage territorial authorities to play an active role in cross-border cooperation and to develop cross-border strategies and projects. This can also produce good examples of cross-border cooperation in connection with the provision of public services.

Opportunities can also arise from the use of the available funding possibilities, as shown in the example of INTERREG V A below.

4.3 Funding opportunities for cross-border projects in education and healthcare services as part of the Operational Programme of the Greater Region (INTERREG V A) 2014–2020

The Operational Programme for the INTERREG V A – Greater Region Cooperation Area sets out the funding priorities, intervention priorities, the specific objectives for funding and the envisaged measures for the 2014–2020 programme period. A total of €139.8 million in European funding (ERDF) is available for this programme period for cross-border cooperation projects in the Greater Region (INTERREG Greater Region European Union 2015: 96; see also the paper by Andrea Hartz/Beate Caesar in this volume).

Guidance on the promotion of cross-border cooperation projects to safeguard the provision of public education and healthcare services includes Priority 3: ‘Improving living conditions’, and to a lesser extent, Priority 1: ‘Promoting the development of an integrated labour market by funding education, training and mobility’ in the form of investment priorities, objectives and measures. For Priority 3, the intervention priority of ‘Investing in a healthcare and social infrastructure contributing to national, regional and local development [...]’ has been selected (INTERREG Greater Region European Union 2015: 65). The specific objectives of Priority 3 are an ‘improved, coordinated range of healthcare and prevention services’ and an ‘improved cross-border range of socially inclusive services and facilities’. The reasons for these objectives are firstly the unequal access of the population to healthcare facilities and services for treatment and prevention measures, especially in a comparison between urban areas and rural areas, as well as the low level of cross-border cooperation in the health sector, and secondly, new daily requirements for individual services arising from the cross-border realities of life, e.g. childcare in the context of cross-border employment.

The following measures are to be supported within the framework of the priority:

- > Strengthening cooperation between healthcare actors to optimise the use of infrastructure, improve treatments and enable balanced, cross-border planning for the provision of services
- > Improving the coordination of care and assistance facilities through a joint observatory to identify needs and the provision of care facilities for persons in need of care and assistance
- > Support for shared use and access to social facilities and services, in particular the coordinated cross-border provision of childcare, but also legal and administrative studies on social security and social support, as well as pilot projects on cross-border prevention
- > Shared use and access to services, especially in the cultural and leisure sector (INTERREG Greater Region European Union 2015: 64 et seq.).

Beneficiaries of the subsidies and therefore applicants may be public administrations and facilities of public interest, hospitals, health insurance funds, companies, in particular public ones, as well as associations of healthcare professionals or social associations.

Although the target area is the entire cooperation area, there is a focus on areas facing particular demographic or economic challenges. Projects are submitted by cross-border partnerships after calls for projects in a tender process and if selected are co-financed by ERDF funds for up to 60% of the project costs that are eligible for funding.

Priority 1 lists examples of education and healthcare measures eligible for funding such as the funding of multilingualism for all age categories and the cross-border networking of schools.

The measures listed here that are eligible for funding from EU ERDF funds are not exhaustive, but are rather intended to serve as examples. There are other approaches to the safeguarding of public service provision in other areas such as mobility.

However, this brief excursus shows that the INTERREG V A cooperation programme offers the Greater Region a wide range of opportunities to initiate cross-border projects with the aim of safeguarding public service provision in education and, above all, health care, to connect and link stakeholders across borders and to provide financial support for the implementation of these projects.

5 Outlook and summary

In the German-French border area of the Greater Region, safeguarding the provision of public services is made more difficult by the border situation, as the interpretations of and responsibilities for public services differ in Germany and France, and there are also language barriers. The impact of the French territorial reform on the provision of public services and cross-border cooperation cannot yet be assessed in full. The current situation in regard to the provision of education and primary healthcare services in the German border area is still quite good, although gaps are already apparent in individual areas. These are expected to worsen due to a shrinking population, which is caused by the declining percentage of children and adolescents and by the ageing of the population.

The German stakeholders in the research area are aware of this problem. There are numerous strategies and projects to safeguard and improve the provision of public services. However, there are currently very few cross-border projects in relation to public services, partly due to the problems identified in this paper. Even in the previous funding period of the INTERREG programme, few projects addressed this challenge. The aim is to promote more cross-border projects, as these can create numerous opportunities for safeguarding public service provision. The following research areas could make a decisive contribution to this, following the studies set out in this paper:

- > Expansion of spatial observation: the availability of comparable data on both sides of the border is of considerable importance for safeguarding the provision of public services. Thus, (duplicated) structures, interdependencies and deficits can be identified and compared on both sides of the border, and relevant conclusions for cross-border cooperation in providing public services can be drawn. The relevant data (e.g. on population trends and forecasting, the population density, the age structure, settlement structures (land for housing, empty dwellings), migration, commuter networks, infrastructures and accessibility) should be collected, processed and made available at various spatial levels. This task could be carried out by existing institutions such as ESPON, EUROSTAT or the statistical offices of the Greater Region (see the paper by Patrice Harster/Kristine Klev in this volume).
- > Impact of the territorial reform in France: the implementation and impact of the territorial reform should also be monitored and examined in order to draw conclusions for safeguarding the provision of public services.
- > Deeper location research: this should be continued in greater detail. In addition, accessibility models could be formulated and the situation in the French territorial authorities along the border could be examined. Thus, the situation in relation to safeguarding the provision of public services could be subjected to a better assessment, and duplicated structures, potential interdependencies and deficits can be identified.
- > Expanded survey of stakeholders: a more detailed survey of the German territorial authorities on the implementation of strategies and projects as well as on the basis for their assessments of future problem areas, etc. could lead to interesting insights. It would also be instructive to carry out a survey of the French territorial authorities along the border. In this respect, other formal problems of cross-border cooperation could also be identified, particularly in safeguarding the provision of public services, and solutions could be developed.
- > Cross-border Model Project for Spatial Planning: A cross-border Model Project for Spatial Planning would be useful in order to further examine the development of cross-border strategies and projects to safeguard the provision of public services and to develop strategies for solutions that could also be taken up by other border areas.

Issues could also be taken up and addressed within the framework of the 'Region & City' priority area at the TU Kaiserslautern, which will deal with current issues of spatial structural development as well as Border Studies (TU Kaiserslautern 2017). The topic could also be included to a greater degree in the research undertaken by the Academy for Territorial Development (ARL).

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