

## **TABLE OF CONTENTS**

### **EXECUTIVE SUMMARY**

#### **CHAPTER 1 – INTRODUCTION**

- 1 INTRODUCTION
- 1.1 CAWT REGION
- 1.2 CAWT ORGANISATIONAL PROFILE
- 1.3 MAJOR SERVICE DEVELOPMENT ACHIEVEMENTS 1996 -- 2000
  - 1.3.1 CAWT RESOURCE UNIT
  - 1.3.2 ACUTE SERVICES
  - 1.3.3 AMBULANCE SERVICES
  - 1.3.4 PRIMARY CARE
  - 1.3.5 MENTAL HEALTH
  - 1.3.6 FAMILY AND CHILD CARE
  - 1.3.7 FLEXI WORKER FAMILY SUPPORT PROJECT
  - 1.3.8 HEALTH PROMOTION
  - 1.3.9 PUBLIC HEALTH
  - 1.3.10 COMMUNICATIONS
  - 1.3.11 CORPORATE SERVICES
  - 1.3.12 BUSINESS PLAN
- 1.4 EVALUATION OF CAWT -- FROM CONCEPT TO REALISATION
  - 1.4.1 THE FINAL REPORT
  - 1.4.2 RECOMMENDATIONS

#### **CHAPTER 2 -- THE WIDER CONTEXT**

- 2.1 THE POLITICAL CONTEXT
- 2.2 COMMON CHAPTER
- 2.3 EUROPEAN STRUCTURAL FUNDS 2000 -- 2004
- 2.4 STRATEGIC POLICY
- 2.5 RELEVANT PLAYERS
- 2.6 EUROPEAN AGENDA
- 2.7 OPPORTUNITIES AND CHALLENGES FOR CAWT

#### **CHAPTER 3 -- THE PLANNING PROCESS**

- 3.1 MAKING CONNECTIONS
- 3.2 OUTPUTS FROM THE MAKING CONNECTIONS SEMINAR
  - 3.2.1 KEY CRITERIA FOR THE SELECTION OF PROJECTS
  - 3.2.2 KEY THEMES
- 3.3 CAWT WORKSHOP: IDENTIFYING KEY PROJECTS JULY 2000
- 3.4 DISCUSSION PAPER LEADING UP THE DEVELOPMENT OF THE SECOND STRATEGIC PLAN
- 3.5 THE STRATEGIC PLAN
- 3.6 OPERATIONALISING THE STRATEGIC PLAN

## **CHAPTER 4 -- CAWT RESOURCE UNIT**

- 4.1 CAWT RESOURCE UNIT
  - 4.1.1 PHASE I (1992 -- 1995)
  - 4.1.2 PHASE I (1995 -- 1999)
  - 4.1.3 PHASE II (1999 -- 2002)
  - 4.1.4 PHASE IV (2002 -- 2006)
- 4.2 CONCLUSION

## **CHAPTER 5 -- SUMMARY WORK PROGRAMME 2001 – 2006**

- 5.1 HEALTH PROMOTION
  - 5.1.1 STEERING TO SAFETY
  - 5.1.2 SMOKING CESSATION INTERVENTIONS IN PREGNANCY
- 5.2 OLDER PEOPLE
  - 5.2.1 ACTIVE RETIREMENT GROUPS FOR OLDER PEOPLE
  - 5.2.2 ADDITIONAL PROJECT TO BE DEVELOPED
- 5.3 SOCIAL AND COMMUNITY CARE
  - 5.3.1 Bilateral Community Care Feasibility Studies
  - 5.3.2 Risk Assessment And Interventions For Non--Convicted Sex Offenders
  - 5.3.3 Education and Training for those who work with Adult Survivors off Sexual Abuse
  - 5.3.4 Home Support Worker Training
- 5.4 PRIMARY CARE
  - 5.4.1 Care of Type 11 Diabetes; Role of Community Pharmacist
  - 5.4.2 Cross Border Out of Hours Service
  - 5.4.3 Cardiovascular Nursing
  - 5.4.4 Epidemiological Study of Oral Health
- 5.5 LEARNING DISABILITY
  - 5.5.1 Protection off Vulnerable Adults
  - 5.5.2 Vocational Assessment and Training
- 5.6 ACUTE SERVICES
  - 5.6.1 Major Incident Planning and Response
  - 5.6.2 Mobile Catheterisation Services
  - 5.6.3 Joint In--service Education Programme for Qualified Nurses
  - 5.6.4 Medical Technical Officer Training

## 5.7 PUBLIC HEALTH

5.7.1 Cross Border Policies on Health Protection

5.7.2 Health Impact Assessment

## 5.8 FAMILY AND CHILD CARE

5.8.1 A New Chance: Fostering Initiative

5.8.2 Needs Assessment and Planning Frameworks for Services for Children and Young People

5.8.3 Inside Out

## 5.9 MENTAL HEALTH

5.9.1 Needs Assessment of Carers

5.9.2 Awareness Training In Cognitive Therapy

5.9.3 Investigation of Suicide and Attempted Suicide

5.9.4 Positive Mental Health and Young People

## 5.10 SUPPORT SERVICES

5.10.1 Cross-Border Mobility Support

5.10.2 CAWT ICT Strategy Implementation

## 5.11 MANAGEMENT DEVELOPMENT

5.11.1 Partnership Training and Education

5.11.2 Training the Trainers

5.11.3 Women In Management

5.11.4 Action Learning

5.11.5 Public Health Leadership Nursing Programme

5.11.6 Personal Development Planning Initiative

5.11.7 Education, Training and Development,

## **CHAPTER 6 – FINANCE**

6.1 FINANCIAL PLAN

6.2 FINANCIAL MANAGEMENT

6.3 FINANCIAL TABLES

## **CHAPTER 7 -- QUALITY ASSURANCE AND EVALUATION**

7.1 ESTABLISHING THE PROJECT ORGANISATIONAL STRUCTURE

7.2 PROJECT INITIATION

7.3 COMMUNICATIONS PLAN

7.4 CONFIGURATION AND PROJECT FILES MANAGEMENT

7.5 PROJECT PLAN AND QUALITY ASSURANCE

## **CHAPTER 8 -- HUMAN RESOURCES**

8.1 RECRUITMENT

- 8.2 MANAGEMENT DEVELOPMENT TRAINING
- 8.3 CONSTRAINTS TO CROSS BORDER MOBILITY

## **CHAPTER 9 -- INFORMATION, COMMUNICATIONS AND ICT**

- 9.1 INFORMATION
- 9.2 COMMUNICATIONS
- 9.3 INFORMATION COMMUNICATIONS TECHNOLOGY (ICT)
- 9.4 TRAINING

## **APPENDICES**

APPENDIX 1 -- DISCUSSION PAPER LEADING UP THE DEVELOPMENT OF THE SECOND STRATEGIC PLAN

APPENDIX 2 -- CAWT SERVICE DEVELOPMENT PROPOSAL APPLICATION FORM

APPENDIX 3 -- CAWT SERVICE DEVELOPMENT PROPOSALS RATIFIED BY THE CAWT MANAGEMENT BOARD -- SEPTEMBER 2002

APPENDIX 4 -- ORGANISATION CHART

APPENDIX 5 -- FINANCIAL INFORMATION FOR PROJECTS DETAILED IN

CHAPTER 5

APPENDIX 6 -- CONSTRAINTS TO CROSS BORDER PARTNERSHIP WORKING

## **PARTNERSHIP IN ACTION EXECUTIVE SUMMARY**

### **1. INTRODUCTION**

By July 2002, the CAWT Organisation had been in existence for ten years. In December 2002, the Chief Executives and Chairmen of the participant Health Boards and Trusts re-signed the Ballyconnell Agreement and reaffirmed their commitment to the concept of cooperating and working together for the good of the resident population of the Border Area.

An independent evaluation of CAWT, which was carried out by the Centre for Cross Border Studies and was published in 2001, reported that CAWT had made good progress towards achieving all of its key objectives. It highlighted the need for a clear strategic direction for CAWT, the development of a population needs assessment and improving staffing levels in the CAWT Resource Unit.

This objective analysis of CAWT's structures, processes and outcomes had a major influence on the shape of the CAWT Strategic Plan 2001- 2004.

The plan identifies the key themes and specific service areas within each programme of care where CAWT has identified that cooperative working and research would be of benefit. It includes a number of action points in relation to the development of effective management arrangements to support CAWT business including the optimum involvement of the provider system.

Also in 2002, the CAWT Public Health Subgroup undertook to develop and produce a population health profile of the border region. This is one of the most important pieces of work produced by CAWT and the information contained in this profile will be used to inform further in-depth health and social care needs assessment work as well as providing the direction for future service development and project work.

CAWT also seeks to establish wider European links, both to test the value of CAWT as a model of cross border public body cooperation within other areas of Europe and to learn from models developed in similar European border areas. This process began in 2001 with a very successful conference with the theme "Connecting with Europe". It is planned to continue this process of making links with Europe by utilising and extending the many contacts and networks that the Conference enabled.

## **2. THE WAY FORWARD**

Since the signing of the Good Friday Agreement, cross border health and social care cooperation and working together have become politically practicable. It is included in the Common Chapter in both the N.I.

Structural Funds Plan (2000- 2006) and the National Plan for the Republic of Ireland (2000-2006), and in a number of recent strategy documents produced in both jurisdictions.

Both Ministers for Health and the Departments of Health in Northern Ireland and the Republic of Ireland have given official endorsement of the CAWT process. More recently the work of CAWT has been acknowledged and commended by the North/South Ministerial Council and CAWT is formally represented on three of the North/South Groups working on the designated cross border health issues. It is also proposed that CAWT will take a project management role in respect of the implementation of the recommendations of these North/South Groups.

CAWT has been nominated by both Departments of Health as the vehicle by which the Interreg 111A Health & Well Being / Priority 3 Measure 2 will be implemented. Eighteen to twenty projects/service developments will be implemented across the programmes of care. This will include significant health promotion programmes in the areas of road safety and smoking cessation; primary care projects in the areas of diabetes management in the community, cardiovascular nursing, cross border out of hours pilots and an oral health study; family and child care projects around fostering services and needs assessment and planning; major incident planning and response and emergency planning for other cross border public health issues, as well as health impact assessment studies. Work will also be undertaken in the elderly, mental health and learning disability programmes of care. Full details are included in Chapter 5.

CAWT has already been successful in attracting funding under Peace 11 Measure 5.2 for a number of pieces of work relating to community services and mental health services. These are detailed in Chapter 5  
CAWT places significant emphasis on developing the skills and competencies of staff so that they will be able to respond to the challenges that will arise as the CAWT Strategic plan is implemented. A ambitious training programme has been developed by the CAWT Management and Learning Development Managers which includes in service training for nurses, home support workers, medical technical officers and all professionals working with adult survivors of sexual abuse, as well as a comprehensive development programme for managers in all disciplines. Again full details are included in Chapter 5.

### **3. CONCLUSION**

This Business Plan has been produced in order to give life to CAWT's Strategic Plan, by setting out in detail the specific pieces of work and projects that will be undertaken. It identifies sources of funding and it will be apparent that there is significant reliance on the provision of EU Funding from both the Interreg 111A and Peace 11 Programmes.

Chapter 4 reviews the work of the CAWT Central Resource Unit and introduces the concept of satellite offices, Executive Officers for NWHB/WHSSB and NEHB/SHSSB as well as the need for dedicated staffing in ICT and Communications.

Chapter 5 provides full details of the thirty-six projects/service developments that have been approved by the Management Board and which CAWT will seek to implement subject to the necessary funding being acquired. A significant amount of work has already been done in relation to sourcing funds, which is subject the final ratification by funders. More work is needed and this will require significant input from CAWT Officers over the next two to three years.

Chapter 6 gives a summary of the Financial Plan which totals approximately £11m/€17m and discusses Financial Management issues, whilst Chapter 7 details CAWT's project management arrangements including quality assurance and evaluation mechanisms. The identification of opportunities for mainstreaming the work undertaken by the projects is also highlighted.

Chapter 8 looks at the Human Resources implications of implementing the CAWT Strategy, including the need to find ways of removing the barriers to cross border cooperation, and Chapter 9 identifies the necessary developments in Information, Communications and ICT that are required for the success of the work of CAWT.

The development and production of this Business Plan is just the beginning of a process which, over the next four to five years, will see the successful implementation of many cross border developments which will contribute to the achievement of CAWT's underlying objective of improving the health and social well being of its resident population.

# **PARTNERSHIP IN ACTION**

## **CHAPTER 1**

### **INTRODUCTION**

#### **1. INTRODUCTION**

The Co-operation and Working Together (CAWT) initiative was officially started in 1992 when the North Eastern Health Board (NEHB) and North Western Health Board (NWHB) from the Republic of Ireland and the Western Health and Social Services Board (WHSSB) and Southern Health and Social Services Board (SHSSB) from Northern Ireland signed the Ballyconnell Agreement committing them to co-operation to improve the health and social well being of their resident populations. It is reviewed and revised as necessary at each CAWT Annual General Meeting. The review in October 1998 took account of the seven newly formed Northern Ireland Trusts in the border region; Altnagelvin Hospitals HSS Trust, Armagh and Dungannon HSS Trust, Craigavon Area Hospital Group HSS Trust, Craigavon and Banbridge Community HSS Trust, Foyle HSS Community Trust, Newry and Mourne HSS Community Trust, Sperrin Lakeland HSC Trust. Subsequently, the review in September 2002 took account of relevant changes to the CAWT organisation.

Spontaneous cross-border work did exist during the 1980s. However the Chief Executive Officers' (CEOs) of the border boards were aware that relationships needed to be formalised in order to exploit all opportunities for joint working and to harness the potential of the opportunities presented by the European Union. Official endorsement for the CAWT process has subsequently been given at a national level by both Ministers for Health and Departments of Health in Northern Ireland and the Republic of Ireland.

#### **1.1 CAWT REGION**

The four CAWT Boards embrace the whole of the land boundary between the Republic of Ireland and Northern Ireland, serve a population of over one million people and account for 25% of the total land area of the island of Ireland.

Figure 1 shows the Board boundaries of the CAWT region.

More specifically, the CAWT region comprises:

- \* The Western Health and Social Services Board, covering the district Council areas of Limavady, Strabane, Omagh and Fermanagh;
- \* The Southern Health and Social Services Board, covering the District



- Council areas of Newry and Mourne, Armagh, Dungannon, Banbridge and Craigavon;
- \* The North Western Health Board, encompassing counties Donegal, Sligo and Leitrim;
  - \* The North Eastern Health Board, covering counties Cavan, Louth, Meath and Monaghan.

The border between Northern Ireland and the Republic of Ireland was established eighty years ago, creating a frontier of 450km. Like many internal EU borders, the Irish border region exhibits most of the problems and disadvantages associated with peripherality from political and economic decision-making (unequal and poorly integrated development, and mismatches in organisational responsibility and competencies). When combined with the associated problems of rurality (poverty, deprivation, weak infrastructure, an ageing population) and intensified by the consequences of 30 years of violence, the Irish border region shows most of the characteristics of economic and social deprivation. It is virtually certain that the existence of the border has aggravated many of the general problems associated with the region or has at least prevented the optimal solution to these problems being pursued. It is considered that significant unrealised potential has been linked to the pattern of 'back to back' development in both jurisdictions.

The primary objectives of CAWT are:

- \* To improve the health and social well being of their resident population;
- \* To identify opportunities for cooperation in the planning and provision of services;
- \* To assist border areas in overcoming the special development problems arising from their relative isolation in national economies and within the European Union as a whole;
- \* To involve other public sector bodies in joint initiatives where this would help fulfil common primary objectives;
- \* To exploit opportunities for joint working or sharing where these would be of mutual advantage.

## **1.2 CAWT ORGANISATIONAL PROFILE**

### ***Projects, Training Events, Conferences, Information Exchanges***

The CAWT Management Board comprises the four Board Chief Executives, the four Board Chairpersons, and a representative Trust Chief Executive and Chairperson. The two key linkage mechanisms are the Secretariat - nominated people from the four Boards and also the Central Resource Unit, who support and co-ordinate the work of CAWT.

CAWT primarily functions through eleven sub-groups:

- \* **public health**
- \* **health promotion**
- \* **primary care**
- \* **acute services**
- \* **family and child care**
- \* **mental health**
- \* **learning disability**
- \* **human resources**
- \* **communications**
- \* **information technology**
- \* **finance**

## **MANAGEMENT BOARD AND DIRECTOR GENERAL FINANCE**

### **MANAGER SECRETARIAT**

### **FINANCE FORUM PRINCIPAL EXECUTIVE OFFICER**

HEALTH PROMOTION  
PRIMARY CARE  
ACUTE SERVICES  
FAMILY & CHILD CARE  
MENTAL HEALTH  
LEARNING DISABILITY  
HUMAN RESOURCES  
INFORMATION TECHNOLOGY  
PUBLIC HEALTH  
COMMUNICATIONS

It is intended that two more sub-groups will be established, physical/sensory disability and older people. Service developments and projects undertaken by the sub-groups can often be on a bilateral basis while others may involve three or four Boards. To date, funding for the work of the sub-groups has come from internal resources and from EU Peace and Reconciliation Funds.

## **1.3 MAJOR SERVICE DEVELOPMENT ACHIEVEMENTS 1996-2000**

### **1.3.1 CAWT Resource Unit**

CAWT succeeded in 1996 in securing funding under Measure 3.3a and 3.3b, Co-operation between Public Bodies from the EU Special Support Programme for Peace and Reconciliation. Phase I funding, together with Boards' own resources allowed CAWT to formalise its organisational

structure, appoint a full time co-ordinator, procure financial monitoring support and establish the CAWT Resource Unit.

Phase I SSPRR funding enabled CAWT to:

- \* Continue to develop its expertise as a cross border public body in the health and social care area, in order to combat discrimination and disadvantage.
- \* Co-ordinate and monitor a total of nineteen SSPRR funded cross border health and social services projects and develop from them common cross border policies for mainstreaming.
- \* Identify and develop cross border feasibility studies on priority areas across programmes of care.
- \* Identify operational linkages to fully engage the seven Trusts within the CAWT region.
- \* Establish links with other cross-border bodies including the North South Ministerial Council, the All Ireland Institute of Public Health, the Centre for Cross Border Studies and the Special European Union Programmes Body.
- \* Develop and support projects aimed at increasing health and social gain for specific marginalised groups including children, young people at risk, persons with mental illness and with learning disabilities.
- \* Complete an independent evaluation of the CAWT process.

### **1.3.2 Acute Services**

All of the Acute Trusts in Northern Ireland areas which border the Irish Republic, have had active projects working with either the NWHB and/or the NEHB to improve the levels, quality and accessibility of services for their respective populations. Specific examples of this include the development of dermatology services in Monaghan, Dundalk, Newry and Armagh and the provision of nephrology services to patients in the NEHB from Daisy Hill Hospital. These particular developments highlighted the willingness of patients to avail of services at their nearest point of delivery irrespective of the border.

Important outputs from the feasibility studies in the acute sector have been the identification of current constraints to cross border partnership working as well as highlighting further opportunities for collaboration. Important examples include the agreement between Altnagelvin Hospital and NWHB to explore the possibility of sharing services in the areas of cardiac catheterisation, neo-natal care, oral and maxillo facial surgery services and breast screening services. In addition, the outcome of the Triangle Feasibility Study identified emergency planning and nurse training as areas to be taken forward.

### **1.3.3 Ambulance Services**

Joint training has been provided for ambulance personnel at both control and operational level. This included the development of joint protocols and a coordinated approach to the response to major incidents. The project engaged the border communities in safety and information programmes. This work was of significance in informing the recently established North-South Ministerial Council's Pre Hospital Emergency Care Working Group.

### **1.3.4 Primary Care**

The outcome from work in the primary care sectors was to improve primary care services for people resident in border areas by enhancing the quality of care provided, through improved levels of communication and team-working and upgrading the standard of facilities available to deliver services. The identification of health and social care needs of cross-border isolated communities together with an examination of ways in which Boards can work together to improve care, for example, in the provision of out-of-hours services, were major achievements from the project.

### **1.3.5 Mental Health**

The development of a centre of excellence for cognitive therapy treatment and training for mental health professionals from both sides of the border was facilitated. This project also established the framework for cross border cooperation in the treatment of patients and the support of professionals providing cognitive therapy treatment.

A comprehensive outreach support and training programme for people with mental health problems was established in the Melvin area. The Melvin Mental Health Partnership Programme supported and trained people from both sides of the border, helping them to gain new skills or regain old ones, so that they could play as full a part as possible in the life and economy of their communities.

### **1.3.6 Family and Child Care**

Three projects were undertaken within Family and Child Care, all of which were targeted at children and young people with specific difficulties and needs. The projects spanned all four Board areas and actively involved parents, teachers and communities often coming together in cross-border groups to examine their common needs and identify ways of working together to meet these needs. Publications have included teaching resources and information books for teachers, parents and carers.

### **1.3.7 Flexi Worker Family Support Project**

The Flexi Worker Family Support Project which was implemented by the Learning Disability Group and was completed in 1998 highlighted once again the challenge for cross-border working in the context of markedly different infrastructures and legislative frameworks. The sub-group also continued to take an interest in the area of the protection of vulnerable adults from abuse and wish to progress this further.

### **1.3.8 Health Promotion**

A particularly co-ordinated approach was taken to cooperation and working together in the area of Health Promotion, with specific goals having been set and detailed in the Sub-group's Service Plan. Work was completed in the areas of Childhood Accident Prevention, Mental Health Promotion, Drugs Awareness and Smoking Cessation and a range of methodologies applied.

### **1.3.9 Public Health**

The main piece of work undertaken by the Public Health Sub-group was the development of a population health profile of the border region. This involved drawing on the Boards' existing sources of data including Directors of Public Health Annual Reports, the Inequalities in Mortality Study produced by The Institute of Public Health in Ireland and information from statistical organisations in both jurisdictions. The Population Health Profile, one of the most important pieces of work produced by CAWT, will be used to inform further in-depth health and social care needs assessment work as well as future service developments.

### **1.3.10 Communications**

CAWT has recognised the need to improve internal and external communications. The Communications Sub-group developed a communications strategy which together with an action plan will structure and plan communications within CAWT and ultimately enhance awareness and understanding of the organisation and its role.

### **1.3.11 Corporate Services**

Human Resources, ICT and finance professionals have worked together to support the various cross-border projects and initiatives and have helped to develop and sustain important networks and relationships resulting in strategic and longer term co-operation across a wide range of areas. Details of all these activities can be found within the CAWT Annual Reports.

### **1.3.12 Business Plan**

Much of the work detailed in the previous paragraphs has focused on projects which have been funded from the European Union Special Support Programme for Peace and Reconciliation. However, it is important to stress that the sub groups have also explored other areas for flexible co-operation and joint planning which have in many instances been supported by the CAWT Boards themselves.

In the initial days when CAWT was established, a Social Deprivation Feasibility Study was completed and, as a result, the four Boards funded a Social Deprivation Needs and Development Project which was carried out by the Northern Ireland Centre for Policy Research and the Economic and Social Research Institute. This piece of work led to the establishment of the Family and Child Care and Learning Disability Sub-groups who in turn commissioned research into the changing legislative context within child care amongst other issues.

The Information Technology and Human Resources Groups held workshops to share experiences and develop joint work programmes and these resulted in shared documentation and good practice standards. The Information Technology Group developed an electronic mail pilot to enable the exchange of information between the CAWT Boards while the Human Resources Subgroup undertook a study of cross border recruitment and selection practices in each of the four Boards which also sought to examine the obstacles to the recruitment process and investigate ways in which co-operation between the Boards could address skill shortages.

A number of conferences were held including a major one organised by the Secretariat in Armagh 1994. The Learning Disability Group organised a successful conference on the subject of "The Ageing Service User" and Human Resources facilitated one on Managing Health and Safety in the Health Care Service. Health Promotion also arranged a number of very useful and significant cross border seminars and conferences on health issues such as drug awareness, smoking, mental health etc. These brought together key individuals not only from the health sector but from education and other voluntary and statutory agencies. The sub-group developed an Annual Year Planner which included the main prevention messages from both jurisdictions and worked on a specific piece of work which examined prescribed drugs compliance rates amongst older people.

There have also been important cross border working relationships developed between acute hospitals in a number of the hospitals in the North Western Health Board and Western Health and Social Services Board and North Eastern Health Board and Southern Health and Social Services Board.

A significant partnership has developed between Altnagelvin and Letterkenny Hospitals. A service agreement has been signed between the two hospitals that has allowed the implementation of cross border neo natal services to proceed. Discussions are ongoing regarding the possible provision of breast screening for Donegal women by the Northern Ireland Breast Screening Services.

A Memorandum of Understanding governing the growing relationship between the two hospitals was also drafted.

In addition to the provision of nephrology services to patients in the North Eastern Health Board by Daisy Hill Hospital, a strategic partnership emerged between Craigavon Area Hospital and Monaghan General Hospital. Patients from North Eastern Health Board who required angiograms travelled North to the mobile catheterisation laboratory at Craigavon Area Hospital while those who required elective surgery for hernias travelled from Southern Health and Social Services Board to Monaghan for treatment.

A significant piece of work which was funded by the Boards was the CAWT Population Health Profile. This report allowed CAWT to identify issues which are common throughout the region. Recommendations within the report included the need for new initiatives in order to tackle major causes of morbidity and to cope with the increased health and social care needs of the elderly population. The Health Profile is of use to Boards and Trusts on an individual basis as well as for the entire border population and has proved a useful publication for many people within the CAWT region.

CAWT has worked with the Departments of Health to examine the feasibility of CAWT project managing a number of the developments which have emanated from the three North South groups. This will prove to be a very significant agenda for CAWT in the future.

This section reflects some of the work developed by internal resources. It does not, however, take account of the experiences gained by learning and working together. People within the CAWT Boards have developed a tremendously valuable cross border and inter board dimension to their work and have made many friends and future contacts.

CAWT has extended its external contacts by making connections with a plethora of other cross border bodies and cross border organisations. It has continued to develop close links with the local authority cross border networks and the departments and organisations which support effective cross border co-operation. These have included the Special European Union Programmes Body, the North South Ministerial Council, the Institute of Public Health and the Centre for Cross Border Studies. Linkages have also

been established with other cross border bodies in other parts of Europe and CAWT was invited to become a member of the working party set up by HOPE, the Standing Committee of the Hospitals of the European Union.

#### **1.4 EVALUATION OF CAWT : FROM CONCEPT TO REALISATION**

In June 2001, the Centre for Cross-Border Studies was commissioned to undertake an independent evaluation of the CAWT organisation. The evaluation, which was prepared at a time when CAWT was actively considering its future role, aimed to serve three main functions:

- \* The need for accountability to the border population, stakeholder organisations and funders;
- \* The need to assess the extent to which the co-operation process has been fully embedded into mainstream health and social care structures of the four health boards;
- \* The need to identify ways in which the experiences of CAWT could be used to inform future cross-border working/projects.

##### **1.4.1 The Final Report**

The evaluation report, which was published in February 2001, began by setting out the context of cross-border cooperation in Ireland and introducing the main players. While the work of each CAWT sub-group was briefly reported the main focus was on examining the working structures of CAWT in relation to how the organisation was both led and supported by its member Boards and Trusts. The report recognised that CAWT offered a vehicle for health and social care professionals to continue to work together and that networks of contacts had now been established throughout the CAWT region.

Overall CAWT was found to have made progress in reaching all of its key objectives over the evaluation period from 1992-2000.

A number of issues were identified including the need for:

- \* Improved communication /dissemination of information about CAWT and its progress;
- \* Engagement of Trusts beyond those professionals actively involved in CAWT projects;
- \* Time-intensive hidden commitment of personnel from the four health Boards and how this could be eased through the use of new technology, e.g. video conferencing;
- \* The “added-value” of CAWT projects and the need to move from building relationships between professionals on both sides of the border to performance indicators in terms of looking for clear and



- \* tangible benefits for patient and their communities;
- \* Mainstreaming of projects in the embedding of cross-border work into individual Boards and Trusts Strategic and Service Delivery Plans;
- \* Alignment of cross-border working with the strategic policy of both jurisdictions.

#### 1.4.2 Recommendations

A series of recommendations were outlined to help CAWT develop in the future including the need for:

A revised CAWT Strategic Strategy which should include clear statements on:

- ***CAWT's objective of improving co-operation and the obstacles to be overcome in achieving that improvement.***
- ***Existing cross-border problems and how they can be ameliorated through closer cross-border working.***
- ***How CAWT's work fits into the broader peace and reconciliation agenda of the European Union and the two governments.***
- \* Evaluation and monitoring should be standardised across all CAWT sub-groups through the development of an evaluation template which should contain guidelines on the expected standard and format.
- \* Consideration should be given to assigning a quality assurance team to all projects to help maintain the focus on the cross border aspects of the work and to ensure that the development is aligned to the policies of both jurisdictions.
- \* In order to take full advantage of the opportunities afforded by North/South arrangements and to meet enhanced expectations, it was recommended that the staffing of the central executive be reviewed to provide both greater support for the existing Secretariat members and to facilitate the move towards developing an on-line communications culture.
- \* The report also noted the need to proactively support the more inclusive involvement of Trusts and ensure that the ICT, Human Resources and Public Health sub-groups are more involved.
- \* CAWT, the report highlighted, has the potential to become an exemplar of good practice, for example, in relation to the assessment of health care needs and opportunity costs and it was recommended that a range of studies be commissioned in conjunction with academic and policy institutes.

With regard to the development of services which would lead to sustainable, mutual benefits in improving health, it was felt that:

- \* Care needs to be taken that restrictions intended to protect existing services do not impede the possibility of future cooperation which could lead to benefits for the overall health of the population.
- \* There needs to be open discussion around acceptable development criteria and documentation of these criteria needs to take place. In relation to improving communications with individuals within and without the CAWT region there were two very specific recommendations.
- \* An on-line repository of CAWT documentation and other relevant documentation should be held at the CAWT Resource Unit.
- \* It was also recommended that the current practice of promoting the use of teleconferencing and videoconferencing should be encouraged to ease the time intensive commitment of personnel from the four Boards and Trusts.

The evaluation report noted that there is a major opportunity for CAWT to influence the developing all-Ireland agenda by:

- \* Having joint CAWT/Health Department meetings to discuss how cross border and all-Ireland agendas can symbiotically develop.
- \* Establishing a strong relationship with the North South Ministerial Council and other relevant bodies and undertaking work on their behalf either directly or in partnership with academic units.
- \* Highlighting any staffing, structural and accreditation difficulties encountered in pursuing the CAWT agenda.

Finally, there is a section in the report which deals with the European context. It examines European Law, looks at the free movement of people, patients and services throughout Europe, as well as ways of establishing the position of CAWT within the Euro regions. It recommends that:

- \* CAWT proactively develops links with its cross border neighbours within Europe in order to exchange information on practices and policies.

This report carried out by independent consultants has not only supported/verified the work of CAWT but has highlighted the need for continued investment. It sets a clear direction for CAWT's future. One of its recommendations was that there should be a greater emphasis on population needs assessment. As a result the four Public Health Departments in the CAWT region collaborated on the CAWT Population Health Profile and now for the first time comprehensive health and social care information is available on the CAWT area as a discrete region.

## **PARTNERSHIP IN ACTION**

### **CHAPTER 2**

#### **2. THE WIDER CONTEXT**

##### **2.1 THE POLITICAL CONTEXT**

The Good Friday Agreement represented a watershed in co-operation between North and South at the highest political and administrative levels. Following the identification of health in the Agreement as one of the areas for North South cooperation, the mandate that was entrusted to the Departments, South and North, was to seek opportunities for joint cooperation in five health areas. These are:

- \* **Accident and Emergency Planning**
- \* **Planning for Major Emergencies**
- \* **High Technology Equipment**
- \* **Cancer Research**
- \* **Health Promotion**

The establishment, under the Agreement, of the North/South Ministerial Council (NSMC) has provided a significantly greater focus, momentum and authority for developing mutual interests in the field of health through cooperative and joint action. Work in the cooperation areas is being taken forward on a structured basis by designated officials in the two Departments and in conjunction with local agencies including CAWT.

CAWT is formally represented on three of these North/South Groups

- (a) Pre-Hospital Emergency Care
- (b) Hospital and Community Related Emergency Planning
- (c) Regional Hospital Services

These groups are currently developing specific cross border projects and CAWT will play a major role in co-ordinating and supporting this work. In Priorities for Action 2002/2003 which were set by DHSSPS in the context of the Programme for Government, specific reference is made to CAWT's partnership role in taking these initiatives forward.

##### **2.2 COMMON CHAPTER**

Reference is also made to cross-border health and social care working in the Common Chapter which is contained within the Northern Ireland Structural Funds Plan (2000-2006) and the National Development Plan for the Republic of Ireland (2000-2006). Explicit reference is made to the need to

co-operate in the provision of required services on a partnership basis. The Chapter also identifies the opportunity for continued and increased cooperation, particularly in relation to ambulance cover and joint training.

### **2.3 EUROPEAN STRUCTURAL FUNDS 2000-2004**

The Special European Programmes Body set up under the Good Friday Agreement will advance the Interreg II and Peace I Programmes as well as monitoring the implementation of the Common Chapter.

The Interreg Programme was established to strengthen economic and social cohesion in the European Union by promoting cross border, transactional and interregional co-operation and balanced development of the European Union territory.

More specifically, the objectives of Priority Three - Civic and Community Networking, Measure I Health and Well Being, are to improve the health and social well being of people by encouraging a more integrated and rational approach to the planning and commissioning of health and social care services. This will strengthen opportunities for people to access quality services and minimise the barriers which people face when seeking to use these services in their local communities. The complement for this Measure also states that CAWT under the direction of its Management Board is uniquely placed to oversee the range of activities required to address more effectively the challenges to people's health and well being as presented by the peripheral nature of the region.

Within Peace I, Priority Five - Cross Border Cooperation - specific mention is made of cross-border cooperation within health and social care. Measure 5.1 Increasing Cross-Border Development Opportunities says that there should be joint planning and development of strategies, policies and actions for sectoral service developments in areas such as health and social services, while Measure 5.2 Improving Cross Border Public Sector Co-operation states that support will be given to sectoral service developments in areas such as health and social services, equality and education.

### **2.4 STRATEGIC POLICY**

Reference is made to cross-border working and to CAWT in a number of recent strategic documents produced in both jurisdictions.

In the Republic's Health Strategy, "Quality and Fairness : A Health System For You", it states that the scope for co-operation at a North/South and international level will be utilised to the full.

The strategy stresses the need to explore and pursue the potential for cross-

border cooperation in hospital services and states that ***“The Department is committed to exploring and developing opportunities for co-operation which:***

- \* ***Safeguard or improve public health;***
- \* ***Provide greater access to services for patients;***
- \* ***Make good economic sense;***
- \* ***Are sustainable;***
- \* ***Involve significant mutual benefit.”***

The Northern Ireland’s Investing for Health Strategy highlights the fact that the region has some of the worst health outcomes in Europe in terms of premature mortality and chronic pain and suffering. When comparisons are made between the Republic and the North of Ireland it states the three top causes of premature mortality – cardiovascular disease, cancer and accidents are the same. Suicide is also a particular issue for both jurisdictions.

In the recently published 'Review of Acute Hospitals in Northern Ireland', chaired by Dr Maurice Hayes, there is again specific mention of the work initiated by CAWT and a range of opportunities for future cross-border cooperation at a local level are highlighted. This includes the recommendation that encouragement and assistance should be given to the projects that are exploring existing potential levels of cooperation in the border area (Altnagelvin/Letterkenny, Sligo/Monaghan/Enniskillen and Craigavon/Newry/Dundalk). The scope for managed clinical networks to be established which would transcend the border is highlighted as well as the need for an immediate assessment of the ways in which emergency services close to the border can be enhanced.

The review also stresses the need for a cross-border element in all service reviews in either jurisdiction and suggests that health authorities/systems along the border should develop joint planning systems.

CAWT was also highlighted in the All Ireland Study 'Cross-Border Cooperation in Health Services', carried out by Dr Jim Jamison et al, who noted that ***“a great deal has also been achieved by CAWT in terms of improved relationships... Attitudes to CAWT are generally very positive and there is optimism about future potential”***.

## **2.5 RELEVANT PLAYERS**

CAWT has established links and is in many cases engaging proactively with a number of cross-border and All Ireland bodies. These include:

- (a) The Centre for Cross-Border Studies based in Armagh. This was

established in September 1999 to research and develop co-operation in a range of practical areas including education, public administration and communications.

- (b) The All Ireland Institute of Public Health which was established to support and strengthen the direction and content of public health policies.
- (c) The three local authority networks – The North West Regional Cross-border Group (NWRCBG), the East Border Region Committee (EBRC) and the Irish Central Border Area Network (ICBAN). These networks have developed cross-border integrated area plans for their region as well as developing an overall border corridor strategy for the new Interreg II Programme.

## **2.6 EUROPEAN AGENDA**

CAWT has also sought to establish wider European links to test both the value of CAWT as a model of cross-border public body cooperation for other areas within Europe and to learn from other models of good practice.

The need to establish these links was highlighted in the evaluation of CAWT referred to earlier. It stated that there are very positive benefits to looking at issues within a wider European Programme.

- \* It goes beyond the constraints of Ireland, North and South, to a common agenda.
- \* It expands the mutual learning from other European countries.
- \* It demands a search for solutions that have been adopted across borders elsewhere in Europe.

CAWT last year held a very successful conference with the theme 'Connecting with Europe' which was attended by both Ministers of Health. As a result it has made significant connections with the Meuse-Rhine area, and was invited to make a presentation to HOPE, the Standing Committee of the Hospitals of the European Union at a meeting they held in Kilkenny late last year. HOPE is made up of national hospital associations and representatives from the national health systems of the member states of the European Union. The feeling at the meeting was that CAWT had much to offer as well as to learn from other parts of Europe.

As a result CAWT has now been invited to become a member of a working party which is currently drawing up an inventory of cross-border cooperation involving hospitals across borders all over Europe. CAWT will also contribute to a major HOPE conference to be held in Luxembourg in June 2003.

## **2.7 OPPORTUNITIES AND CHALLENGES FOR CAWT**

The landscape as outlined in the previous paragraphs presents significant opportunities and challenges for CAWT.

The principles of co-operation and collaboration embodied within the Good Friday Agreement and which underpin the relationships which have developed between Northern Ireland and the Republic of Ireland over the last five years are not new to those who have been involved in CAWT since its inception in 1992.

The original Ballyconnell Agreement made in July 1992 (updated in October 1998 and December 2002) was founded on the strong commitment of Health and Social Care Agencies on both sides of the border to exploit opportunities for co-operation in the planning and provision of services which would improve the health and social well being of their resident populations.

The years since 1992 and especially the last five have seen CAWT grow in confidence to the point where it serves as a model of co-operation not only for health and social care, but potentially for other areas identified within the Good Friday Agreement. The effectiveness of CAWT as a vehicle for relevant and practical co-operation in the field of health and social care has been recognised by the Governments in both jurisdictions.

Both Ministers for Health endorsed the work of CAWT saying that likeminded individuals working together can make a significant contribution to improving services, enhancing access and developing partnerships. Their appointment of CAWT to be the delivery agent for Interreg IIA, Priority 3 Measure 2, Health and Well Being, on behalf of the two Implementing Bodies - the Department of Health, Social Services and Public Safety in the North and the Department of Health and Children in the South, has been seen as a tribute to the hard work and dedication of the sub-groups whose work is incorporated within this Business Plan.

In looking to the future CAWT has also recognised the need to take cognisance of the wider environment and, in particular, develop and foster relationships with other parts of Europe. There is considerable scope for an exchange of experiences and information on practices and policies in cross border working. Some of the constraints to cross border working may have already been dealt with in other parts of Europe and some may be eased through the passing of appropriate European legislation or indeed by CAWT at a practical level.

The opportunities presented for CAWT by the clear political and community backing as well as the significant funding from Interreg IIA and Peace I and the connections with other cross border regions within Europe are at the

same time challenges.

In order to meet the challenges we must ensure that:

- Co-operation is fully incorporated into institutional strategies;
- Co-operation will bring 'added value', have impact and lead to an improvement in the quality and range of services;
- Co-operation will demonstrate health and/or social gain;
- Co-operation will be able to deliver focused, achievable, specific outcomes which are clearly evaluated.

Given the efforts of all those involved in CAWT to date, there is no doubt about their ability to meet these challenges. However, they would be greatly assisted by all-island co-operation on issues such as joint planning which would ensure complementarity of provision North and South as well as the development of ICT systems in Northern Ireland and the Republic of Ireland that are compatible and can transfer information about people safely and securely.

## **PARTNERSHIP IN ACTION**

### **CHAPTER 3**

#### **3. THE PLANNING PROCESS**

As was stated earlier the independent evaluation report "From Concept to Realisation" carried out by the Centre for Cross Border Studies, has set a clear path for the future development of CAWT in the next few years. The experience of this objective analysis of CAWT's structures, processes and outcomes has been challenging. It has required the organisation to evaluate where it is, what it has achieved to date and what the objectives should be for the future. It has had a major influence in shaping CAWT's second Strategic Plan which was developed through a consultative process which included Sub-groups, Secretariat and Management Board members as well as Senior Managers, Planners and Health Service Professionals. The plan takes account of the establishment of the North/South Ministerial Council and the work of the North/South Implementation Bodies including the Special European Programmes Body as well as the wider European Agenda.

##### **3.1 MAKING CONNECTIONS - JUNE 2000**

The process of developing the Strategic Plan was both top down and bottom up. At a seminar in Carrickmacross in June 2000, Senior Managers from the



CAWT Boards and Trusts came together to shape the future direction and also consolidate the work that had been carried out since CAWT's first plan "Bridge to the Future".

The objectives of the seminar were to:

- (a) Devise a list for themes for projects which could be submitted for the next tranche of European funding.
- (b) Identify other areas for joint working to be funded from within internal resources.
- (c) Design the process by which proposals might be submitted and selected.
- (d) Build relationships and create further networks within CAWT.

### **3.2 OUTPUTS FROM THE MAKING CONNECTIONS SEMINAR**

The outputs from the seminar included:

- (i) The development of key criteria for the selection of projects.
- (ii) The identification of key themes.

#### **3.2.1 Key Criteria For The Selection Of Projects**

Sub-groups felt that future developments should:

- \* Contribute to cross border core services in line with partner Boards' and Trusts' Strategic and Service Plans, and CAWT's Services Priorities.
- \* Be based on common and identified cross-border needs.
- \* Demonstrate health and/or social gain.
- \* Reduce inequalities and disadvantage, facilitate access and equity for users and ensure social inclusion.
- \* Show true partnership.
- \* Have impact, bring added value and lead to an improvement in the quality and range of services.
- \* Be sustainable with a clear exit strategy and an option to mainstream.
- \* Be able to deliver time-scale, focused, achievable, specified outcomes which are clearly evaluated.
- \* Ensure consumer involvement and be people centred.
- \* Facilitate human resource development/have an education and training element.

### **3.2.2 Key Themes**

Groups were then asked to brainstorm key themes or areas which had potential for development. Examples of these included Fostering Services, Family Support Initiatives, Emergency Planning, Medical and Nurse Training, the Implementation of the Cardio Vascular Strategy, Out- of-hours Services, Carer Support initiatives and joint training across all programmes of care.

The seminar was seen as a spring board for further work. It was agreed that in addition to the Secretariat drawing together the main ideas from the workshop within a report, a future meeting of key personnel from Boards, Trusts and Sub-groups would be held in order to consolidate the work.

### **3.3 CAWT WORKSHOP : IDENTIFYING KEY PROJECTS - JULY 2000**

The follow up to workshop was held in Omagh on July 28th. The objectives of the session were:

- (a) To consolidate the work from Making Connections;**
- (b) To continue to build relationships with CAWT;**
- (c) To identify special proposals for accessing European funding;**
- (d) To examine areas for joint working from within existing resources.**

The main output from the workshop was a list of seventy themes/initiatives details of which can be found in the full report available from the CAWT Resource Unit.

The CAWT Secretariat then took the work from both these events back into their Boards for further detailed discussions and agreement. These discussions resulted in the third step in the planning process, the formulation of a discussion paper which became the bedrock for the Strategic Plan.

### **3.4 DISCUSSION PAPER LEADING UP THE DEVELOPMENT OF THE SECOND STRATEGIC PLAN**

The discussion paper is included as Appendix 1. It sought to pull together key themes emerging from the events in June and July as well as the discussions that Secretariat members had with key players within each of their Board areas.

For the North Eastern Health Board the issues were Primary Care, Acute Services and Emergency Planning. It was stressed that Primary Care should be seen in its broadest sense and should include community, district and psychiatric nursing.

For the Southern Health and Social Services Board the key issues were out-of-hours Service, Primary Care and Emergency Planning. The Western Health and Social Services and the North Western Health Board agreed but also included First Responder Schemes.

Within each theme it was possible to identify the areas that CAWT should focus on and these are detailed on pages 4-6 of the discussion paper.

These areas were then taken to each of the Chief Executives of the four Health and Social Care Boards for further discussion and distillation and the plan was then presented to the CAWT Sub-groups, Trust Chief Executives and Senior Managers within the CAWT region for their formal comments.

Their comments and the recommendations were incorporated into the final Strategic Plan which was endorsed by the CAWT Management Board at their meeting in May 2001.

### **3.5 THE STRATEGIC PLAN**

The Strategic Plan was developed to equip CAWT to face the key challenges and opportunities in cross-border cooperation in health and social care over the period 2001-2004. It also tries to consolidate the management arrangements and structures which had been put in place over the first ten years of CAWT's life.

It further develops and expands the joint Vision and Values which informed the original Ballyconnell Agreement of July 1992 and seeks to build on the strategic imperatives and goals addressed in the first CAWT Strategic Plan 'A Bridge To The Future'.

The Plan reviews the changes in the internal and external contexts which have taken place since the inception of CAWT, particularly the signing of the Belfast Agreement on 10 April 1998.

Having identified some of the major achievements over the life span of CAWT, it goes on to examine the opportunities for the development of further and more effective cooperation in health and social care within the CAWT region with its catchment population of one million. It continues to contribute to the peace and reconciliation agenda by supporting the creation of inclusive innovative bottom-up and cross border structures, which bring together people from both sides of the border and from different communities in an attempt to remove barriers to reconciliation.

The Plan includes a number of goals and related action points which describe the specific challenges to be addressed in areas such as the

development of effective management arrangements to support CAWT business, the optimum involvement of the provider system, joint research and development opportunities and the challenge of securing maximum involvement in the ownership of CAWT and its cross-border work.

The first steps to be taken in giving life to the Strategic Plan are outlined and a commitment is given to operationalising it.

### **3.6 OPERATIONALISING THE STRATEGIC PLAN**

Following the endorsement of the Strategic Plan by the CAWT Management Board in May 2001, a Service Development Proposal application form was devised by the CAWT Resource Unit (Appendix 2). This was sent to subgroups and they were asked to work up their proposals.

Over 50 proposals were received and considered in detail by individual CAWT Secretariat members using the agreed CAWT criteria. At two meetings on the 14th November and 5th December the Secretariat then collectively considered the aims and objectives, outputs/deliverables and value for money for each proposal.

A shortlist of proposals agreed by the Secretariat was brought to the five Chief Executives during December 2001/January 2002 and the following further areas for development were identified by the CEOs.

- \* **The need for protocols to be developed in relation to maternity services between Daisy Hill Hospital and North Eastern Health Board.**
- \* **Work on smoking prevention and cessation, drug and alcohol misuse and sexual health.**
- \* **Development of cross-border family and child care services, particularly in relation to the placement of children in care, high support units and family support services.**
- \* **Establishment of a CAWT Ambulance/Pre-hospital Emergency Care Group to develop cross-border protocols for pre-hospital care and ambulance deployment.**
- \* **Strengthening of the staffing of the CAWT Resource Unit and support for the Secretariat.**
- \* **Significant investment into management and development and other joint training programmes including training for home care workers and telemedicine linkages.**

These issues were shared with the Sub-groups and proposals were then worked up around the gaps. Each proposal was subjected to scrutiny by the Finance Manager in relation to costs. The final list (Appendix 3) was then taken to the CEOs for their comments at a meeting on August 29th and to the

CAWT Management Board in September 2002 for the final ratification.

The CAWT work plan for the period 2002-2006 incorporating these proposals is detailed in Chapter 4 (CAWT Resource Unit) and Chapter 5 (Summary Work Programme 2001 - 2006). The resource requirements and cost of each project/piece of work is identified and full details are provided in the appendices to Chapter 5. Chapter 6 details the overall financial plan and discusses financial management issues.

## **PARTNERSHIP IN ACTION**

### **CHAPTER 4**

#### **4. CAWT RESOURCE UNIT**

##### **4.1 CAWT RESOURCE UNIT**

The continuation of the work of CAWT over the period 2001-2006 will be taken forward and driven by the CAWT Resource Unit. A brief summary of the work of CAWT to date which has been supported by the CAWT Resource Unit was detailed in Chapter 1.

###### **4.1.1 Phase I (1992-1995)**

Following the commitment of the four Boards (NEHB, NWHB, SHSSB and WHSSB) to work cooperatively to improve the health and social well being of their resident populations a Steering Committee was established to develop an agenda for action. This Committee included the four CEOs from the respective Boards and a nominated part-time Secretariat member from each Board. The role of the Secretariat was to support CAWT activity. The initial period was concerned with building an architectural platform for the future. Four Sub-groups were established with representation from each of the four partner boards:

- \* **Information Technology (IT) Sub-group**
- \* **Human Resources (HR) Sub-group**
- \* **Health Promotion Sub-group, and**
- \* **Social Deprivation Sub-group**

The Secretariat kept in contact with each of the Sub-groups and reported on Progress to the Steering Committee.

The main focus was on establishing relations and trust between the different partners at senior level. However, applying for EU money also became a great focus of energy. This was at a time when Boards were operating within tight financial circumstances, so being able to apply for and attract

EU money was very welcome.

The third focus was to bring the corporate groups of IT and HR together, through project working, to develop common themes.

#### **4.1.2 Phase I (1995-1999)**

With the securing of EU funding in 1996 organisational structures and processes were put in place to support the work of CAWT. The Steering Committee was reformed as the Management Board to include the Chairmen of the respective Boards as well as representation from the newly formed Trusts in Northern Ireland (a CEO and Chairman). The original Secretariat was re-formed to include one representative from each Board (part-time).

The CAWT Resource Unit was established and set up an office base. This was staffed by an Executive Officer (full-time) a Finance/Project Support post (part-time) and an Administrator (full-time). By formalising its organisational structure and establishing the office base as detailed earlier CAWT was able to:

- \* **Continue to develop its expertise as a cross-border public body in the health and social services area, in order to combat discrimination and disadvantage.**
- \* **Establish a Finance Forum and detailed financial procedures.**
- \* **Support and monitor a total of 19 SSPPR funded cross-border health and social services projects and to develop from them, common cross-border policies.**
- \* **Identify and develop cross-border feasibility projects/studies on priority areas.**
- \* **Identify operational linkages to fully engage with the seven Trusts within the CAWT Health and Social Services region.**
- \* **Establish links with other cross-border bodies and with organisations whose work was relevant to CAWT.**
- \* **Develop and support projects aimed at increasing health and social gain for specific marginalised groups including children, young people at risk, families, persons with mental illness and with learning disabilities.**
- \* **Begin to address the areas of acute and primary care. These areas were felt to have the greatest potential for cross-border cooperation but also the greatest potential for political reaction.**

During this time the Resource Unit became a central information point through which advice and support could be obtained by both health and social care professionals, community and voluntary organisations and agencies involved in the promotion of cross border health and social care working.

#### **4.1.3 Phase II ((1999--2002))**

Phases I and I established the identity of CAWT but changes in the North South political structure brought about by the Good Friday Agreement offered CAWT a platform from which to contribute even more to the cross-border health agenda.

Again the CAWT Resource Unit played a key role ensuring that presentations and representations in respect of CAWT and its objectives were made to both Ministers of Health, as well as Permanent Secretaries and senior staff at both Departments of Health.

Links were also made through the CAWT Resource Unit with other cross-border bodies including the North South Ministerial Council, the All Ireland Institute of Public Health, The Centre for Cross Border Studies and the three local authority cross border networks. These links are detailed in Section he links were also extended to Europe (Section 2.6) and the CAWT Resource Unit organised the CAWT Connecting with Europe conference and became involved with HOPE in compiling an inventory of cross border cooperation involving hospitals across borders throughout Europe.

The CAWT Resource Unit was also responsible for co-ordinating the process of ensuring that CAWT was independently evaluated by an outside body and of overseeing the implementation of its recommendations.

It introduced a new concept of giving small grants to stimulate cross border pilot initiatives. Under the Creative Cross Border Scheme ten small cross border projects were funded.

The CAWT Resource Unit also co-ordinated the planning process for the development and operationalisation of the Strategic Plan. It became involved in detailed discussions with the Special European Union Programmes Body and the two Departments of Health in regard to accessing Interreg II and Peace I funds.

#### **4.1.4 Phase IV ((2002--2006))**

In order to support the continuing work of CAWT, the Resource Unit will play a central role in maintaining the balance between the partners and maintaining the momentum of the sub-groups. In addition as was earlier mentioned the new North/South political arrangements provide an exciting opportunity to build on the valuable foundations created by CAWT. The evaluation report 'From Concept to Realisation' stated that

***“in order to take full advantage of the opportunities and meet enhanced expectations, careful thought is required as to structures and processes.***

***The staffing of the Central Executive Resource Unit/Secretariat may need to be strengthened.”***

It suggests the appointment of two bilateral positions to support the existing Secretariat members. It highlights the need for ICT and Communication Officers within the Central Resource Unit to facilitate the move towards greater communications (both external and internal) and particularly to facilitate a culture of online communications.

CAWT proposes therefore to notify the appointment of two CAWT Executive Officers, one to represent and work for the NWHB/WHSSB and the other to represent the NEHB/SHSSB, together with appropriate clerical support. A Communications Co-ordinator will also be appointed.

ICT support and finance support will be secured and charged out as an on cost to all projects, including the CAWT Resource Unit.

The Secretariat have also proposed that during Phase IV two satellite offices will be established along the border, which will be the base for the newly appointed Executive Officers, to further enable the ongoing work of CAWT within the four Boards and Trusts. The creation of these offices with the above additional staff (Appendix 4) will allow the CAWT Resource Unit to:

- \* **Operationalise the Strategic Plan.**
- \* **Support and monitor and evaluate Peace I and Interreg II funded cross-border health and social care projects.**
- \* **Drive forward and support the implementation and mainstreaming of areas of cross border co-operation across the Boards and Trusts.**
- \* **Develop and mainstream common cross-border policies.**
- \* **Develop the communications agenda for the CAWT region through the implementation of the communications strategy.**
- \* **Develop an ICT strategy which would include the establishment of a sophisticated and dynamic web page, usage of video conferencing and information technology facilities.**
- \* **Identify and develop feasibility projects/studies on priority areas for cooperation.**
- \* **Continue to develop the CAWT Creative Cross Border Scheme.**
- \* **Identify further research and development opportunities on a cross-border basis.**
- \* **Enhance linkages with the North-South Ministerial Council in relation to project management of initiatives around emergency planning.**
- \* **Increase contacts with other cross-border bodies, particularly where this would lead to an improvement in health and social well being.**



- \* **Develop further linkages with other areas within Europe in order to test the value of CAWT as a model of cross border working.**
- \* **Ensure full implementation of the recommendations as contained within the From Concept to Realisation: An Evaluation of CAWT.**
- \* **Develop quality assurance and evaluation templates for cross border working.**

## **4.2 CONCLUSION**

In conclusion, a dedicated CAWT Resource Unit is essential for the development and maintenance of cross border working and brings added value by providing a focus to support work on the ground.

It is a point of contact for the North-South Ministerial Council, both Departments of Health, health and social care professionals and community and voluntary agencies.

It gathers and disseminates lessons learnt from cross-border work throughout the CAWT region and beyond and monitors the progress and financial performance of CAWT projects funded from Europe and other sources.

The CAWT Resource Unit provides according to the recent evaluation

***“an opportunity to observe the attitudes and behaviours of people from both sides of the border working together to achieve a common goal. With the changing attitude towards cross-border (and indeed cross board) working practices the Resource Unit has a wealth of experience to contribute to the agenda.”***

## **PARTNERSHIP IN ACTION CHAPTER 5**

### **5. SUMMARY WORK PROGRAMME 2001 – 2006**

#### **5.1 HEALTH PROMOTION**

5.1.1 Steering to Safety Interreg III

5.1.2 Smoking Cessation Interventions In Pregnancy Interreg III

#### **5.2 OLDER PEOPLE**

5.2.1 Active Retirement Groups for Older People Interreg III

5.2.2 Additional Project to be developed Interreg III

### **5.3 SOCIAL & COMMUNITY CARE**

- 5.3.1 Bilateral Community Care Feasibility Studies Peace II (5.2)
- 5.3.2 Risk Assessment and Interventions for Non-convicted Sex Offenders Interreg III
- 5.3.3 Education and Training for those who work Peace II (5.4) with Adult Survivors of Sexual Abuse
- 5.3.4 Home Support Worker Training Peace II (5.4)

### **5.4 PRIMARY CARE**

- 5.4.1 Care of Type 11 Diabetes; Role of Community Pharmacist Interreg III
- 5.4.2 Cross Border Out of Hours Service Interreg III
- 5.4.3 Cardiovascular Nursing Interreg III
- 5.4.4 Epidemiological Study of Oral Health Interreg III

### **5.5 LEARNING DISABILITY**

- 5.5.1 Protection of Vulnerable Adults Interreg III
- 5.5.2 Vocational Assessment and Training Peace II (5.4)

### **5.6 ACUTE SERVICES**

- 5.6.1 Major Incident Planning and Response Interreg III
- 5.6.2 Mobile Catheterisation Services Interreg III
- 5.6.3 Joint In-service Education Programme for Peace II (5.4) Qualified Nurses
- 5.6.4 Medical Technical Officer Training Peace II ((5.4))

### **5.7 PUBLIC HEALTH**

- 5.7.1 Cross Border Policies on Health Protection Interreg III
- 5.7.2 Health Impact Assessment Interreg III

### **5.8 FAMILY AND CHILD CARE**

- 5.8.1 A New Chance : Fostering Initiative Interreg 111
- 5.8.2 Needs Assessment and Planning Frameworks for Services for Children and Young People Interreg III
- 5.8.3 Inside Out Peace II (5.2)

### **5.9 MENTAL HEALTH**

- 5.9.1 Needs Assessment of Carers Peace II (5.2)
- 5.9.2 Awareness Training In Cognitive Therapy Peace II (5.2)

- 5.9.3 Investigation of Suicide and Attempted Suicide Peace II (5.2)
- 5.9.4 Positive Mental Health and Young People Peace II (5.2)

## **5.10 SUPPORT SERVICES**

- 5.10.1 Cross Border Mobility Study Query Source
- 5.10.2 CAWT ICT Strategy Implementation Interreg III
- 5.10.3 Connecting With Europe Peace II

## **5.11 MANAGEMENT DEVELOPMENT**

- 5.11.1 Partnership Training and Education Peace II (5.4)
- 5.11.2 Training the Trainers Peace II (5.4)
- 5.11.3 Women In Management Peace II (5.4)
- 5.11.4 Action Learning Peace II (5.4)
- 5.11.5 Public Health Leadership Nursing Programme Peace II (5.4)
- 5.11.6 Personal Development Planning Initiative Peace II (5.4)
- 5.11.7 Service Development and Organisational Education, Training and Development Peace II (5.4)

The detail of the work to be carried on by the CAWT Resource Unit has been presented in Chapter 4 and the following provides an outline of the aims, objectives, outputs, results impacts and resource implications of each of the pieces of work/projects to be undertaken as listed above.

The ongoing work of the eleven, now to be thirteen, sub-groups, together with the support provided by the Secretariat, CEOs and Management Board will continue to be funded from the Boards own resources.

In addition to the above, projects listed in Table 7, Chapter 6, are being given further consideration. Funding sources will then be sought to implement those which are approved by the Management Board.

## **5.1 HEALTH PROMOTION**

### **5.1.1 STEERING TO SAFETY**

#### **Background**

The recently published CAWT Health Profile identifies that the CAWT region has a 33% higher death rate from transport accidents than the rest of Ireland. Road traffic accidents make up the majority of transport accidents and in addition to high levels of mortality they cause non-fatal injuries. They have been identified as a major cause of preventable morbidity and mortality in regional strategies and priorities in both jurisdictions e.g. Investing for Health Strategy, Priorities for Action in N Ireland and the Health Promotion Strategy in ROI.

Injuries from road traffic accidents can lead to a life time of reduced educational, occupational and social opportunities and the need for a range of costly support services.

These impact significantly on the health and wellbeing not only of the injured individual, but also their families, carers and friends.

As this is a major preventable area of morbidity and mortality, the Health Promotion Subgroup plan to develop and facilitate a Project which will address the key factors that impact on this high rate of road traffic accidents in the CAWT region. They will achieve this by firstly seeking to identify those key factors (collating existing information, data, rules, laws etc) and then developing and implementing interventions to address these.

This will involve sectors and key staff working together in both jurisdictions and will reflect indigenous factors and mutual use of roads by drivers from both areas. The primary focus of the project will be to reduce the rate of death and injury from road traffic accidents in the CAWT area.

The main beneficiaries will be the road users within the CAWT area and beyond, in particular employees, families and friends.

### **Aims and objectives**

To reduce the number of Road Traffic Accidents and injuries resulting from same by: -

- \* Collating and analysing available data on RTA's.

This will provide a robust basis on which interventions can be developed and implemented to reduce the number of accidents on the roads. Any reduction in accidents will enhance individual and population health status and improve health and wellbeing in the region.

- \* Analysing existing levels and rules governing the use of roads.

This will again provide a baseline state from which identifiable issues, which may compound or contribute to road traffic accidents, can be identified and which if changed could significantly impact on the health and wellbeing of the local population and in addition those travellers using roads within the two jurisdictions.

- \* Developing an understanding of the correlation between various age groups, settings, localities and sectors and road traffic accidents.

This will directly inform the development of targeted interventions specific groups, settings and localities. These will be implemented using health promotion

principles including community engagement, evidence based, partnership working and evaluation techniques.

- \* Lobbying and advocating for necessary change.

This will create a greater understanding within and between both jurisdictions of the key factors contributing to and thus amenable to intervention which impact on road traffic accident rates and thus health and wellbeing status in the region.

## **Outputs**

- \* Documented analysis of available data on RTAs and existing laws governing the use of roads on both sides of the border.

Output for Year 1 of the project.

- \* Publication of an easy to read booklet in a variety of languages outlining the different rules and regulations for road users within and between the two jurisdictions.

Output for end of Year 1 and Year 2.

- \* A range of tailored interventions developed, implemented and evaluated to address the key findings of the above, targeted to specific groups, settings, locations and sectors.

Key focus of work in Years 2 and 3 of the project.

- \* Lobby and advocate for change.

This will be on-going throughout the project.

## **Results**

- \* A range of materials and resources to promote safer driving habits.
- \* A sustained and consistent structure within a wide range of settings, localities and sectors to promote safer road use.
- \* Greater sense of self-esteem and self-efficiency around driving.
- \* Policy changes within and outside workplaces.
- \* Capacity to persuade individuals and groups to make informed choices about their road behaviour.

## **Project Duration**

- \* 3 Years

## **Resources**

- \* 3 WTE Staff
- \* Travel & Subsistence
- \* Office Set up
- \* Rental Accommodation and venue hire
- \* H&L, Tel, Postage, Stationery
- \* Training Materials
- \* Audit/ Accountancy/I.C.T.
- \* Evaluation and Research
- \* Publicity and Marketing

## **Costs**

- \* £481000 / €741,000

### **5.1.2 SMOKING CESSATION INTERVENTIONS IN PREGNANCY WITH A FOCUS ON DISADVANTAGE AND YOUNG WOMEN**

Smoking has been identified as a primary reason for the gap in life expectancy between rich and poor. Departments of Health in both jurisdictions have set targets to reduce social inequalities in smoking prevalence. High rates of smoking are found amongst expectant mothers less than 20 years of age and amongst women with little educational qualifications. In addition, tobacco smoking during pregnancy has deleterious effects on the baby at birth and throughout the early development of the child. Smoking cessation services in the community can be used as a key strategy in tackling health inequalities and are more likely to reach the poorer smokers.

#### **Aims and objectives**

The project aims to assess the current infrastructure supporting smoking cessation in general and smoking cessation in pregnancy, in particular in each CAWT Health Board area. Each Health Board will then develop its infrastructure, programmes and initiatives in line with quality standards and best practice, to address the particular demands of a needs led smoking cessation service for pregnant woman, in their area.

It will seek to achieve this by:

1. Carrying out an audit in each Health Board of the current infrastructure in place which supports smoking cessation. This will be based on the Thorax Guidance and other regional or national guidelines e.g. Regional Training Framework for Smoking Cessation and assess:
  - Quality Standards for smoking cessation services
  - Types of services - Brief intervention
  - Specialist
  - Targeting pregnant women
  - Training Standards for staff providing services
  - Accessibility for clients
  - Monitoring and Evaluation processes
2. Following the audit, each Health Board will design and implement actions, interventions or processes to either:
  - Meet the quality and process standards outlined in Thorax for the provision of smoking cessation services for the general population.
  - Meet the quality and process standards for the provision of smoking cessation services targeting pregnant women and their families.
  - Develop, implement and evaluate pilot initiatives and programmes specifically targeting smoking cessation services for pregnant women.

## **Outputs**

- \* Comparative and contrasting data on smoking cessation services throughout the CAWT region.
- \* Identification of gaps in service provision - geographically, type and targeted - at regional and Board level.
- \* Specific initiatives developed at Board level, tailored to that Board's needs, which with other Board's contribute to an overall improvement in the quality, extent and number of smoking cessation services available to the population of the CAWT region.
- \* Specific initiatives targeting pregnant women and their families developed, implemented and evaluated.

## **Results**

- \* Audit of smoking cessation services carried out throughout the CAWT region.
- \* Identification of effective smoking cessation services for pregnant women.
- \* More trained health professionals.
- \* Available information to inform local, regional and national practice concerning models of smoking cessation interventions in pregnancy.

## **Impact**

- \* More effective smoking cessation interventions provided.
- \* Greater uptake by pregnant women of smoking cessation services.
- \* Increased numbers of smoke free families.

## **Project Duration**

- \* 2 Years

## **Resources**

- \* Commissioning of Audit year 0 and re-audit year 2
- \* Development of infrastructure to support service development including travel and subsistence
- \* Office Set up
- \* Training Programme/Materials
- \* Establishing evaluation and monitoring process
- \* Audit/ Accountancy/I.C.T.
- \* Publicity and Marketing

## **Cost**

- \* £268,000/€412,000 approximately

## **5.2 OLDER PEOPLE**

### **5.2.1 ACTIVE RETIREMENT GROUPS FOR OLDER PEOPLE**

Over the last 50 years in Ireland the number of persons aged 75 years and over has more than doubled. In addition, the effects of smaller families, more women working and a more mobile population has resulted in a greater number of older people living on their own. At the same time rates of



reported long steady sickness amongst adults rise with increasing age.

The recently published CAWT Health Profile shows that the number of older people in the border region is predicated to increase by 17% by 2011 when compared with 1999. This will have major implications for health and social care in the border area. There is a need therefore to assist older people in utilising and reviving their skills and ensure there is active participation by them in the planning and implementing process.

### **Aims and objectives**

This development aims to establish twelve active retirement groups with older people in the Derg Finn Area by appointing a community development worker who will:

- \* Support the formation and development of these groups.
- \* Enable the groups to have the confidence and skills to work together.
- \* Enable older people to lobby for the effective provision of comprehensive healthy living services for older people in the Derg Finn area.
- \* Develop and promote support strategies in the area.

### **Outputs**

- \* 10 active retirement groups established in Ballybofey, Castlefin, Glenfin, Killygordon, Raphoe, Lifford, Spamount, Castlederg, Kinletter and Strabane.

### **Results**

- \* Older people facilitated to revive and utilise their skills, to have a voice in the identification and planning of services relative to their needs.

### **Impact**

- \* Established partnerships between statutory and voluntary cross border agencies, leading to sharing of resources and increased capacity to deliver effective services for older people.

### **Project Duration**

- \* 1 Year

### **Resources**

- \* 1.5 WTE Staff
- \* Travel & Subsistence

- \* Laptop
- \* Venue hire
- \* H&L, Tel, Postage, Stationery
- \* Q.A. and evaluation
- \* Audit, Accountancy, I.C.T.
- \* Publicity and Marketing

## **Cost**

- \* £60,000/€92,000 - Detail Appendix 5.2.1/5.2.1(a)

## **5.2.2 ADDITIONAL PROJECT TO BE DEVELOPED**

## **5.3 SOCIAL AND COMMUNITY CARE**

### **5.3.1 BILATERAL FEASIBILITY STUDIES TO EXAMINE THE DEVELOPMENT OF CROSS BORDER COMMUNITY CARE SERVICES**

Community Care by its nature works within localities and across communities. Those living in the border area experience high levels of social deprivation and social exclusion in the region. This is detailed within the Operational Programmes of Peace I and Interreg II. They state that communities often have better geographical access to services on the other side of the Border but may not be able to avail of all those services.

Cross border cooperation could extend the provision of those community services which may require a more substantial population than exists in one community either side of the border. Furthermore, many of the border areas have a well-developed community infrastructure at local level. Support and development of this infrastructure could provide opportunities for inter regional and cross border solutions for the difficulties faced by communities in the eligible area.

These bilateral studies will seek to identify opportunities for joint developments for the provision of Community Services within the border region. The studies will look at services for those suffering trauma, mental health problems and those who have a disability particularly as a result of or living with someone who has experienced the effects of the conflict.

### **Aims and objectives**

- \* Create and sustain positive communication channels between the partnership members at both organisational and individual practitioner level.
- \* Review the existing range of services in the partner organisations to

- determine mutually beneficial areas of collaborative work, particularly for those who have suffered as a result of the conflict.
- \* Explore the potential for joint training and education programmes.
  - \* Share good practice between partners and with other areas of Europe who have suffered conflict.
  - \* Create the conditions for collaboration between agencies working in the community (i.e. other statutory, voluntary and private organisations and GP's.)
  - \* Propose ways of sourcing funds for developments identified within the project.
  - \* Explore technological solutions to support and sustain effective communications.

## **Outputs**

- \* Documented analysis of relevant community services on both sides of the border.
- \* Specific areas identified for joint working and sharing of resources.
- \* Joint training programmes identified and agreed.
- \* Established networks and communication channels between partnership members.

## **Results**

- \* Information available to inform planning process for all partners.
- \* Platform for joint working and development of services established.
- \* Provision of more accessible services for border populations facilitated.
- \* Good practice shared and critical mass for developing community services identified.
- \* Opportunities to promote reconciliation and mutual understanding provided.

## **Impact**

- \* Enhanced community service provision on a cross border basis.
- \* Decrease in the disadvantage of community populations by improving access to services.

## **Project Duration**

- \* 15 Months

## **Resources**

- \* 1.0 WTE Staff

- \* Travel & Subsistence
- \* Laptop
- \* Workshops
- \* H&L, Tel, Postage, Stationery
- \* Q.A. and evaluation
- \* Audit, Accountancy, I.C.T.
- \* Publicity and Marketing

## **Cost**

- \* £65,000/€99,000 - Detail Appendix 5.3.1/5.3.1(a)

### **5.3.2 RISK ASSESSMENT AND INTERVENTIONS FOR NON-CONVICTED SEX OFFENDERS LIVING IN THE COMMUNITY**

Sexually abusive behaviour is linked to the emotional and physical abuse of others and each of these elements must be tackled in order to reduce levels of victimisation.

The WHSSB and NWHB are the only two Health Boards on the island of Ireland to provide community based sex offenders assessment and treatment programmes as part of their child protection strategies. The co-ordination of such work is now regarded as an essential prerequisite to effective intervention in the prevention of sexual abuse.

#### **Aims and objectives**

The main aims of this proposal will be to evaluate current services on both sides of the border, develop a standardised risk assessment and treatment approach and pilot three additional assessment and treatment programmes in the North West region. It will include:

- \* Analysing demographic and clinical data compiled by COSC and PPSA services. Such local analysis will provide indicators of those treatment interventions which are most effective in reducing risk to children in the North West region.
- \* Refining assessment and community treatment approaches from other parts of the world to meet demands of North West Ireland.
- \* Harmonising such approaches between NWHB and WHSSB.
- \* Utilising local expertise, clinical knowledge and skills developed within COSC and PPSA treatment programmes since the early 1990's and adding identified resources.

## **Outputs**

- \* A scientific analysis of a substantial body of demographic and clinical data in respect of sexual abuse.
- \* Development of a standardised and coordinated risk assessment and treatment approach for perpetrators of sexual abuse throughout the North West of Ireland.
- \* Development of 3 additional treatment programmes in the border corridor.

## **Results**

- \* Identified effective treatment interventions in reducing risk to children.
- \* Harmonised assessment and community treatment approaches developed to meet local demands.
- \* Increased provision of appropriate services.
- \* Increased exchange of information and professional expertise.
- \* Increased monitoring of identified sex offenders and their movements on each side of the border.

## **Impact**

- \* Improved clinical effectiveness and more efficient use of resources.
- \* Improvement in protective abilities of non-offending partners, a key element in reducing offending.
- \* Enhancement of child protection services resulting in a reduction of child sexual abuse.

## **Project Duration –**

- \* 3 years

## **Resources**

- \* 2.5 WTE Staff
- \* Travel & Subsistence
- \* Laptop and database development
- \* Training Resources
- \* H&L, Tel, Postage, Stationery
- \* Q.A. and evaluation
- \* Audit, Accountancy, I.C.T.
- \* Research and University links
- \* Publicity and Marketing

## **Cost**

- \* £325,000/€500,000 - Detail Appendix 5.3.2/5.3.2(a)

### **5.3.3 EDUCATION AND TRAINING FOR THOSE WHO WORK WITH ADULT SURVIVORS OF SEXUAL ABUSE**

This activity complements the previous one. The previous proposal aims to identify and work with those who have committed abuse while this one aims to help those who have actually suffered abuse by providing staff with the opportunity to not only recognise but also understand the specific needs of those traumatised by childhood sexual abuse.

#### **Aim and objectives**

To ensure all stakeholders identified have a level of knowledge and skills consistent with their responsibility to deliver quality services by:

- \* Carrying out training needs assessment which will include the skills, knowledge and aptitudes required by the voluntary and statutory sectors who encounter adults who have been sexually abused.
- \* Developing training plans and priorities.
- \* Implementing priority training in a co-ordinated multi-disciplinary way to enable all stakeholders to recognise and deal with sexual abuse.
- \* Developing appropriate training courses with further education sector.
- \* Developing protocols for training and interagency referrals etc.
- \* Developing professional guidelines.
- \* Creating active user involvement.
- \* Training trainers to cascade training throughout participating organisations.
- \* Ensuring best practice is mirrored on both sides of the Border and reflects the needs of each locality.

#### **Outputs**

- \* Completed training needs assessment, training plan and training courses delivered.
- \* Development of cross border protocols and professional guidelines.
- \* User involvement secured and links established.
- \* Cadre of trainers established.
- \* Training materials developed.

## **Results**

- \* 5000 staff trained within voluntary and statutory agencies.
- \* Staff on the ground trained to identify and deal with those presenting with problems arising from childhood sexual abuse.
- \* Further training facilitated through availability of trainers.

## **Impact**

- \* More confident and able staff.
- \* Better identification of client need.
- \* More consistent approach and more helpful responses to client need.
- \* Reduction in duplication of services.

## **Project Duration**

- \* **2 years**

## **Resources**

- \* 2.00 WTE Staff
- \* Travel & Subsistence
- \* Laptop
- \* Training Resources
- \* H&L, Tel, Postage, Stationery
- \* Q.A. and evaluation
- \* Audit, Accountancy, I.C.T.
- \* Publicity and Marketing

## **Cost**

- \* £231,000/€355,000 - Detail Appendix 5.3.3/5.3.3(a)

### **5.3.4 HOME SUPPORT WORKER TRAINING**

The nature of the Home Support Services requires primarily lone workers to support service users in their own homes. The service users along the border area include older people, those who are terminally ill people who have mental health problems or who have a disability. In order to keep people in their homes rather than in residential care, it is assumed that greater and not fewer demands will be placed on the home help service in the future. It is therefore important to develop existing policies, procedures and systems and ensure that home support workers are trained and supported by the procedural framework.

## **Aims and Objectives**

This project aims to professionalise the current home help scheme into a more service orientated Home Support Worker initiative by:

- \* Creating and sustaining communication channels between the partnership members at both organisational and individual practitioner level in relation to home support services.
- \* Reviewing the existing range of training programmes for home support workers in the partner organisations.
- \* Developing a cross border home support training package.
- \* Implementing a training programme
- \* Piloting a NVQ qualification for home support workers.

## **Outputs**

- \* Documented analysis of training programmes for home support workers on both sides of the border.
- \* Development of a training programme and training materials.
- \* Implementation of a training for trainers programme for 16 facilitators from both sides of the border.
- \* Cadre of trainers established.
- \* Piloting of NVQ course.

## **Resources**

- \* 2000 training days delivered to 200 participants in 20 sites.
- \* Cultural understanding developed amongst clients through the contact principle.
- \* Stronger links with voluntary organisations.
- \* NVQ course established.

## **Impacts**

- \* Better identification of client need.
- \* More consistent approach and more helpful response to client need.
- \* More confident, more able staff.

## **Project Duration**

- \* **3 years**

## **Resources**

- \* Development of programme, materials and packs



- \* Venue and catering costs
- \* Facilitators costs
- \* NVQ Training Supervisory
- \* Audit/Accountancy/ICT
- \* Q.A and Evaluation

## **Cost**

- \* £325,000/€500,000 - Detail Appendix 5.3.4/5.3.4(a)

## **5.4 PRIMARY CARE**

### **5.4.1 CARE OF TYPE I DIABETES IN PRIMARY CARE; ROLE OF THE COMMUNITY PHARMACIST**

Compliance with health care is crucial for the control of Type I Diabetes. Increased co-operation amongst health care professionals who treat these patients should lead to higher quality of care and an increase in patient confidence in the health services. As the majority of patients in the CAWT region are some distance from a diabetes clinic it is possible that some patients are not seeking regular care.

This development proposes to train community pharmacists who are readily accessible, knowledgeable professionals in the recognition of Type I diabetes and in the organisation and delivery of a health promotion programme.

#### **Aims and objectives**

To improve the management and quality of Type I Diabetic patients, to increase public awareness and identify undiagnosed patients and these at risk by:

- \* Identifying and training a group of pharmacists in the CAWT region to assist patients with the management of Type 11 Diabetes.
- \* Developing and delivering a health promotion programme about Type I diabetes.
- \* Co-ordinating subsequent health promotion activity in pharmacies.

#### **Outputs**

- \* Training of 20 community pharmacists to assist patients with the management of Type 11 Diabetes.
- \* Training of approximately 150 pharmacists to deliver a Health Promotion Programme on Type 11 Diabetes.
- \* Pharmaceutical care records generated for patients.

- \* Training materials and programmes.

## **Results**

- \* Pharmacists and patients empowered to manage diabetes in the Primary Care setting.
- \* Health Promotion Programme delivered on a cross border basis.
- \* Improved communications between health care professionals in the primary care interface.

## **Impact**

- \* Improved disease control among diabetic patients.
- \* Reduction in need to access secondary care.
- \* Improved public awareness of Type 11 Diabetes leading to identification and treatment of those at risk.

## **Project Duration**

- \* 2 years

## **Resources**

- \* 0.75 WTE Staff
- \* Travel & Subsistence
- \* P.C. and software
- \* Training costs
- \* Pharmacists fees
- \* Needle Disposal costs
- \* H&L, Tel, Postage, Stationery
- \* Q.A. and evaluation
  
- \* Audit, Accountancy, I.C.T.
- \* Publicity and Marketing

## **Cost**

- \* £188,000/€289,000 - Detail Appendix 5.4.1/5.4.1(a)

## **5.4.2 PILOTING OF CROSS BORDER OUT-OF-HOURS SERVICE**

Both Departments of Health have emphasised that primary care needs to become the central focus of the health system. The development of a properly integrated primary care service can lead to better outcomes, improved health status and increased cost effectiveness. These views are

outlined in the DHSSPS's 'Building the Way forward in Primary Care' and the DOHC's 'Primary Care: A New Direction'.

This, one of four CAWT primary care projects seeks to reflect the views of both documents. They seek to put in place integrated, inter disciplinary, high quality, team based user-friendly services for the border population.

In June 2001 CAWT commissioned a study to be carried out by the University of Ulster and the National University of Ireland, Galway, which examined the issues necessary for consideration before cross border out-of hours arrangements could be put in place. The study found that:

- \* **Approximately 70,000 people across the length of the border are closer to out-of-hours services in the opposite jurisdiction.**
- \* **Over 70% of this population in the isolated regions of the border area can be classed as socially deprived.**
- \* **If the patient were free to travel across the border to see a GP, the travel distance, depending on location, could be considerably reduced.**

The proposal wishes to improve access to health services, specifically GP out-of-hours services, for inhabitants of the border region. Due to the geographical isolation of the population the provision of this service will also target social need.

### **Aims and objectives**

To implement a Cross Border Out-of-Hours operational plan to be tested on a pilot level. The pilot will centre on two identified population areas, each of approximately 13,000, in the border region. In one population area, patients will travel from North (SHSSB) to South (NEHB) to gain closer access to services. In the other area patients will travel from South (NWHB) to North (WHSSB). The pilot will:

- \* Implement and test the integration of OOH networking and information systems for the effective management of the service.
- \* Monitor and evaluate the system in operation with respect to total number of patients; percentage of patients accepting offer; triage arrangement; financial management; impact on workload; professional issues; follow up impact of the service on home visits, pharmacy and the admission of patients of secondary care.

### **Outputs**

- \* Two networked Out-of-Hours information systems across the two jurisdictions.

- \* Documented information in respect of numbers of patients accessing a cross border service.
- \* Documented information in respect of workload implications and the financial implications for practitioners related to changes in patient flows.
- \* Documented information in respect of other relevant issues including home visits, pharmacy, ambulance and admission to secondary care.

## **Results**

- \* Effective removal of the border as a barrier to the provision of G.P. Out-of-Hours services as patients access services closer to where they live.
- \* Cultural understanding developed among communities/ patients through the “contact “ principle.
- \* Improved patient choice.
- \* Stronger links between Boards.

## **Impact**

- \* Improved access for patients on the border.
- \* Reduced inequality and disadvantage.
- \* Social need targeted.

## **Project Duration –**

- \* 2 years

## **Resources**

- \* 1.00 WTE Staff
- \* Travel & Subsistence
- \* Hardware and Software development
- \* Indemnity and fees
- \* Locum Resources
- \* Ambulance Resource
- \* H&L, Tel, Postage, Stationery
- \* Q.A. and evaluation
- \* Audit, Accountancy, I.C.T.
- \* Publicity and Marketing

## **Cost**

- \* £440,000/€678,000 - Detail Appendix 5.4.2/5.4.2(a)

### **5.4.3 CARDIOVASCULAR NURSING INITIATIVE**

This proposal is designed to address the needs of patients suffering from cardiovascular disease. It fits within a number of strategic developments on both sides of the Border. In the Republic it fits within the ongoing Cardiovascular Strategy work arising from the document Building Healthier Hearts. In the North, the issue of cardiac disease has been raised through the recent Investing for Health document and while the National Service Framework for Coronary Heart Disease has not been implemented in Northern Ireland, the document has been influential in practice within the North.

The CAWT Population Health Profile has highlighted the fact that deaths from circulatory disease is the leading cause of death in Ireland and accounts for 45% of deaths in Ireland as a whole. Within the CAWT area this figure is 4% higher than that again.

#### **Aims and objectives**

To improve and standardise the quality and accessibility of service delivered to patients suffering from cardiovascular disease and in particular those having experienced cardiac events including myocardial infarction and surgery, while also addressing the needs of those left debilitated having developed heart failure.

- \* To examine current practice in relation to the 4 stage model of Cardiac Rehabilitation and group/individual work across the region.
- \* To determine and set standards of care in Cardiac Rehabilitation including that of training and education of staff.
- \* To describe the level of demand for Cardiac Rehabilitation services and issues surrounding accessibility of services provided.
- \* To formulate, through the synthesis of this work, a plan for best practice in this area.
- \* To evaluate the impact of the role of the Specialist Heart Failure Nurse on Primary Care in the NEHB and the effectiveness of the role in patient/client outcomes.
- \* To assess the level of need for specialist Heart Failure Nursing Services across the CAWT region.
- \* To establish and pilot 2 Specialist Heart Failure posts, one of which will be based in the NWHB (in the Primary/Community Care area) and one in the SHSSB area.
- \* To recommend pilots for the placement of Heart Failure nurses within Northern Ireland comparing and contrasting hospital and community based provision.

## **Outputs**

- \* Development of cross border professional networks in the area of cardiovascular care provision.
- \* A research paper examining current practice in relation to the 4-stage model of Cardiac Rehabilitation and group/ individual work across the border region.
- \* A paper outlining agreed standards of care in Cardiac Rehabilitation including that of training and education of staff.
- \* A paper outlining the level of demand for Cardiac Rehab services and issues around accessibility of services.
- \* A best practice plan.
- \* An evaluation of the impact of the role and the effectiveness of the Specialist Heart Failure Nurse on Primary Care in the NEHB.
- \* Two pilot Specialist Heart Failure Nursing posts, one in the NWHB and one in the SHSSB areas

## **Results**

- \* A better understanding of the level of need, current provision and quality of Cardiac Rehabilitation across the CAWT region.
- \* The application of standards and guidelines in relation to best practice for Cardiac Rehabilitation.
- \* A better understanding of the level of need for specialist heart failure nursing services.
- \* An understanding of the impact of and the effectiveness of the Specialist Heart Failure Nurse role.

## **Impact**

- \* Improved service planning.
- \* Improved Cardiac Rehabilitation Services for patients.
- \* A reduction in the risk factors of those who undergo cardiac rehab.
- \* A reduction in the number of people being admitted as a result of an acute episode of heart failure.

## **Project Duration**

- \* 3 years

## **Resources**

- \* 3.50 WTE Staff
- \* Travel & Subsistence
- \* Office set-up

- \* P.C. and software
- \* Training costs
- \* H&L, Tel, Postage, Stationery
- \* Q.A. and evaluation
- \* Audit, Accountancy, I.C.T.
- \* Publicity and Marketing

### **Cost**

- \* £344,000/€530,000 - Detail Appendix 5.4.3/5.4.3(a)

### **5.4.4 EPIDEMIOLOGICAL STUDY OF ORAL HEALTH**

The WHSSB and NWHB are in a unique position to study the oral health of their populations. The NWHB has had the benefits of fluoridated water for about 30 years. The WHSSB has never had water fluoridation nor has there been preparation of products made in the Rol to the North (Halo effect).

Service Delivery is also different in both populations. However, these populations have been shown to have very different oral health in 5-14 year old children. A small movement of people on both sides of the border gives a unique opportunity to consider these two populations and apply the findings to a wider audience. No other study to date has looked at oral health issues other than dental decay, and neither have they looked at the reasons that may be behind the differences in children.

### **Aims and Objectives**

To develop baseline information on oral health and general health of a fluoridated and non-fluoridated population with different service delivery mechanisms i.e. WHSSB and NWHB.

By carrying out:

- \* Epidemiological study of 16 year olds on both sides of the border looking at:  
  
Oral health, knowledge, behaviour, attitudes.
- \* Ecological study on general population to look at:  
  
Cancers, hip fractures, Downs Syndrome.

## **Outputs**

- \* Documented information on the oral health of both populations.
- \* Documented information on the effects of different service delivery methods on oral health.
- \* Documented information on health issues related to water fluoridation.

## **Results**

- \* Identification of evidence on the effects of fluoride.
- \* Comparable data on the oral health of two population.
- \* Improved networks and information sharing/communication with other departments e.g. public health, education and health promotion.
- \* Demonstration of the positive or otherwise effects of fluoride.

## **Impact**

- \* Enablement of better informed decision making in relation to use / non-use of fluoride.

## **Project duration**

- \* 1 year - Phase 1

## **Resources**

- \* 3.0 WTE staff
- \* Travel and Subsistence
- \* Rental Accommodation
- \* Survey Development and Data Analysis
- \* Q & A Evaluation
- \* Audit, Accounting, I.C.T.
- \* H&L, Tel/, Postage, Stationery

## **Cost**

- \* Phase 1 £150,000/€231,000 - Detail Appendix 5.4.4/5.4.4(a) - Phase 1
- \* Phase I £59,000/€91,000



## **5.5 LEARNING DISABILITY**

### **5.5.1 PROTECTION OF VULNERABLE ADULTS FROM ABUSE**

This Service Development Proposal has two very distinct elements. The first element is to develop common approaches to the areas of personal relationships, sexuality, self-protection for vulnerable adults. Such issues are of paramount importance to people with a learning disability whether within a residential setting or living independently.

The second element of this initiative is to examine the health status and support service requirements of carers of people with a learning disability in four interface sites along the border.

This approach, allowing for a clear cohesive focus on carers' needs, will ensure scope for cross-border learning and cohesion in planning. It will provide CAWT with appropriate research material to target specific support services for carers on a cross border needs-led basis in the future.

#### **Aims and Objectives**

The first element aims to develop approaches to the areas of personal relationships, sexuality and self-protection by:

- \* Developing guidelines for staff, carers and service users on personal relationships.
- \* Examining a set of vulnerable adults' protocols.
- \* Comparing the relevant legislation across both jurisdictions.
- \* Developing a self-protection strategy and training materials which can be used proactively in day care and fieldwork settings.

The second element will examine the health status and support requirements of carers by:

- \* Carrying out a demographic profile of carers in identified border areas between the Boards/Trusts.
- \* Examining the current level of service provision and support available to carers.
- \* Auditing the health status of carers.
- \* Examining carers' satisfaction with the quality of Learning Disability support services provided, using a variety of research methodologies.

## **Outputs**

- \* Development of a demographic profile of those who care for people with a learning disability.
- \* Review of service provision and support for those who care for those with a learning disability.
- \* Audit of the health states of those who care for those with a learning disability.
- \* Guidelines for staff, carers and service users on personal relationships.
- \* Development of high quality training material on self-protection for those who have a learning disability.

## **Results**

- \* Greater understanding of the legislative frameworks of both jurisdictions.
- \* Up to date piloted materials.
- \* Raised profile of the needs of those who care for those with a learning disability.
- \* Understanding of the services available to meet carers' needs.

## **Impact**

- \* Improved targeting of available resources.
- \* Improved capacity for co-ordinating services.
- \* More effective standards of practice in relation to personal relationships.
- \* Safer environment for those with a learning disability.

## **Project Duration**

- \* 2 years

## **Resources**

- \* 2 WTE Staff
- \* Travel and Subsistence
- \* Office accommodation
- \* Development of training materials
- \* H&L, Tel, Postage, Stationery
- \* QA and Evaluation
- \* Audit, Accountancy, ICT
- \* Publicity and material

## **Cost**

- \* £224,480/€345,699 (Detail Appendix 5.5.1/5.5.1(a))

## **5.5.2 VOCATIONAL ASSESSMENT//TRAINING RESOURCES FOR THOSE WITH A LEARNING DISABILITY**

This Service Development Proposal also has two very distinct elements. The first element is to promote social inclusion through meeting the employment needs of those people with a learning disability by providing accurate assessment of their skills and abilities and matching these with suitable employment opportunities.

The second element of this Service Development Proposal is to develop training resources for those with a learning disability in order to equip them with work and life skills in the areas of independent travel and catering.

### **Aims and Objectives**

The first element aims to ensure employment opportunities for those with a learning disability by:

- \* Establishing effective assessments for people with a learning disability whose needs cannot be easily identified through traditional employment led occupational assessments.
- \* Preparing clients to secure successful supported employment placements thus maximising their financial potential to improve their economic status.

The second element aims to equip those with a learning disability to travel independently to and from work and access opportunities in their local communities by:

- \* Completing a detailed analysis of any existing independent travel packages with a view to identifying differences with regard to transport infrastructure.
- \* Seeking technical advice from appropriate parties in relation to road signs, road structures and public telephones

It will also provide a vocational route for individuals aged 16+ within the catering field by:

- \* Analysing the Vocational Access Certificate in catering
- \* Preparing a detailed specification of developed requirements
- \* Formulating a first draft for approval by all parties including testing pilot with trainees.

## **Outputs**

- \* Development of accurate vocational assessments for those with a learning disability.
- \* Improved preparation of clients for employment opportunities.
- \* Review of current travel, training and vocational programmes in catering.
- \* Development of high quality training materials for independent travel and for equipping clients to undertake Certificate in Catering Skills.
- \* Piloting of new materials.

## **Results**

- \* Development of alternatives to traditional day care.
- \* Validated assessment procedures for clients on both sides of the border.
- \* Raised profile of employment needs of people with a learning disability.
- \* Up to date piloted materials.
- \* Increased linkages between voluntary and statutory organisations.

## **Impact**

- \* Greater employment opportunities.
- \* More effective standards of practice and equality for service users.
- \* Enhanced opportunities for training and employment activities for clients.
- \* Increased number of trainees undertaking Certificate in Catering.
- \* Safer and increased freedom for those with a learning disability.

## **Project Duration –**

- \* 2 years

## **Resources - 5.5.1**

- \* 3 WTE staff
- \* Travel and Subsistence
- \* Office Accommodation
- \* Development of Assessment Tools
- \* Travel Resources
- \* Catering Resources
- \* H&L, Tel, Postage, Stationery
- \* QA and Evaluation
- \* Audit, Accountancy, ICT
- \* Publicity and Marketing

## **Cost**

- \* £271,000/€418,000 - Detail Appendix 5.5.2/5.5.2(a)

## **5.6 ACUTE SERVICES**

### **5.6.1 MAJOR INCIDENT PLANNING AND RESPONSE**

This project aims to develop a strategic approach to support the implementation of a Cross-Border Emergency Plan in Sligo/Leitrim/Tyrone/Fermanagh and Cavan/Monaghan Areas. The work will act as a pilot and will be extended beyond the completion of the pilot to develop integrated emergency response arrangements for the entire Border Region.

#### **Aims and objectives**

- \* Establish a central co-ordinator
- \* Identify existing shortfalls within current planning process
- \* Bring about the improvement of emergency planning links with other agencies and organisations.
- \* Examine legal issues, registration issues etc of health care professionals potentially working in two jurisdictions.
- \* Examine issues around the appropriate destination of patients requiring hospital treatment

#### **Outputs**

- \* Integrated Emergency Plan for the Sligo/Leitrim/Tyrone/ Fermanagh and Cavan/Monaghan Areas
- \* Timetable for the comprehensive development of integrated plans across the CAWT Region
- \* Identified skills/knowledge gaps
- \* Training tools to address the skills/knowledge gaps
- \* Assessment of capital investment requirements

#### **Results**

- \* Improved liaison and coordination between agencies involved in emergency planning and response in the cross border area
- \* Coordination of ambulance services on a cross border basis where sensible to do so

#### **Impact**

- \* Improved response to cross border emergency situations with resultant health gain to victims

## **Project Duration**

- \* 2 years

## **Resources**

- \* 3.00 WTE Staff
- \* Travel & Subsistence
- \* Office setup
- \* Training costs
- \* H&L, Tel, Postage, Stationery
- \* Q.A. and evaluation
- \* Audit/ Accountancy/I.C.T.
- \* Publicity and Marketing

## **Cost**

- \* £242,000/€373,000 - Detail Appendix 5.6.1/5.6.1(a)

## **5.6.2 MOBILE CATHETERISATION SERVICES**

Research has shown that 45% of all deaths in the border region are due to cardiovascular disease. In its Service and Financial Framework 2001/02 – the Southern Health and Social Services Board (SHSSB), recommends that the secondary prevention of coronary heart disease be targeted. By 2011 the population over the age of 64 for the combined health board regions, the North Eastern Health Board (NEHB) and SHSSB will have increased by 18%. This in turn will intensify demands on local health services including locally based cardiology services.

Both Boards feel that there is a need for local cardiac networks and that issues such as waiting lists, clinical effectiveness and increased workload in relation to locally based cardiology service must be addressed. In addition both the Cardiovascular Strategy published by the Department of Health and Children and the Review of Cardiac Services in the North identify a deficit and poor access to provision of this kind.

The main aim of this project is to identify the most effective way to deliver cardiac catheterisation services to the residents of the border region.

### **Aims and objectives**

- \* To develop a pilot cross border mobile catheterisation at Craigavon Area Hospital for patients in both jurisdictions.
- \* To address the increase in demand in line with demographic changes.
- \* To reduce the need for patients either to travel to Belfast or Dublin to access services.
- \* To provide appropriate treatment for 10-12 patient per fortnight.
- \* To reduce the number of residents on waiting lists for cardiac catheterisation.
- \* To support the further development and retention of cardiology services for the benefit of residents.
- \* To deliver the service safely, with regard to nursing and medical protocol.

### **Outputs**

- \* The mobile catheterisation laboratory (cath lab) visiting the Craigavon Area Hospital site (CAH) once a fortnight.
- \* Patients from both SHSSB and NEHB being seen at the CAH site by the cardiologist.
- \* Provision of a cross border mobile cardiac catheterisation service for 120 patients

## **Results**

- \* Need of Cavan/Monaghan population met locally.
- \* Sharing of resources and expertise for the benefit of the older population.
- \* Educational benefits for the training and continued professional development of technical and nursing staff.
- \* Release of pressure on inpatient beds.
- \* Reduction in Board/Trusts waiting lists.
- \* Professional development – exchange of ideas.
- \* The retention of cardiology services at a local level for both populations.
- \* Strengthening of linkages within and between two of the Boards within the CAWT region

## **Impact**

- \* Improved accessibility for patients
- \* Improved clinical effectiveness

## **Project Duration**

- \* 6 Months

## **Resources**

- \* Cardiology Sessions
- \* Nursing Input
- \* H&L, Tel, Postage, Stationery
- \* Q.A. and evaluation
- \* Audit/ Accountancy/I.C.T.
- \* Mobile Cath Lab Rental
- \* Cardinal Consumables
- \* Radiological Contrast Agents
- \* Pharmacy

## **Cost**

- \* £95,000/€146,000 - Detail Appendix 5.6.2/5.6.2(a)



### **5. 6.3 JOINT IN-SERVICE EDUCATION PROGRAMME FOR QUALIFIED NURSES**

Following on from the Fermanagh and Omagh bombs when nurses from the South of Ireland came to assist it was agreed that senior nurses would meet to examine how best to promote the integration of nursing on both sides of the border.

Joint In-Service Education was selected as a key for development because firstly, it was appropriate from a CAWT perspective, but secondly, there was also recognition of the current professional development needs within nursing. The programme outlined below is appropriate for nurses across the full spectrum.

#### **Aims and Objectives**

The project aims to promote equality of opportunity by identifying and providing needs assessment and in-service education locally across the spectrum of nursing by:

- \* Establishing an in-service development programme focusing on the following areas – clinical issues, leadership and education.
- \* Establishing a Nursing Development Forum that will provide an opportunity for nurses on both sides of the border who have responsibility for co-ordinating in-service education to meet regularly.
- \* Taking opportunities arising from peace by developing further established links with key people on both sides of the border.

#### **Outputs**

- \* Establishment of a nursing development forum.
- \* Audit of current in-service training.
- \* Development of in-service programme for nurses.

#### **Results**

- \* Identification of training needs for nurses.
- \* More highly trained nurses.
- \* Exploitation of economies of scale.
- \* Sharing of good practice.
- \* Cultural understanding between professionals further enhanced.
- \* Increased inter-changeability of skills across border boundaries.
- \* Improved nursing standards and health care for patients.
- \* Raised awareness amongst targeted workers.

## **Project Duration**

- \* 3 years

## **Resources**

- \* 2.5 WTE Staff
- \* Travel and Subsistence
- \* Office Set-up
- \* Training materials
- \* Venue hire
- \* Evaluation and research
- \* Professional and consulting fees
- \* Audit, Accountancy, ICT
- \* Publicity and Marketing

## **Cost**

- \* £385,000/€593,000 - Detail Appendix 5.6.3/5.6.3(a)

## **5.6.4 MEDICAL TECHNICAL OFFICER TRAINING**

As already outlined in the opening paragraphs of the Cross Border Mobile Catheterisation Proposal forty five percent of all deaths in the border region are due to cardiovascular disease.

This was also highlighted within the CAWT Health Profile and as with the Catheterisation Proposal both Boards are keen to address the whole area of secondary care. There is a shortage of trained staff to provide ECG services in the Monaghan area.

### **Aims and Objectives**

This proposal aims to provide an interim service to develop training and expertise for those employed in cardiology services by:

- \* Addressing current skills deficits in medical training officer grades.
- \* Providing training on a cross border basis.

### **Outputs**

- \* More trained technical officers.
- \* Shared experience for Craigavon and Monaghan Hospitals.
- \* Agreed programme of training.
- \* Strengthened linkages within and between the two Boards in the CAWT region.

## **Results**

- \* Reduction in Boards' Waiting Lists.
- \* Sharing of experience and resources for the benefit of the border population.
- \* Retention of cardiology services at a local level for both populations.

## **Impact**

- \* Improved access to cardiac services for patients.
- \* Freeing up of physician time.

## **Project Duration**

- \* 2 years

## **Resources**

- \* 2.33 WTE staff
- \* Travel and subsistence
- \* Audit, Accountancy, ICT
- \* Administration
- \* Audit and Quality Assurance

## **Cost**

- \* £128,000/€197,000 - Detail Appendix 5.6.4/5.6.4(a)

## **5. 7 PUBLIC HEALTH**

### **5.7.1 CROSS BORDER POLICIES ON HEALTH PROTECTION**

This project will develop cross border plans and policies for a variety of infectious diseases and other related health protection issues. Microorganisms do not recognise borders, as a result outbreaks and other incidents can affect people both sides of the border. When such an incident occurs a co-ordinated response involving relevant professionals from both sides of the border is required. Health protection, particularly infection control, is not only an important part of the Boards' strategic plans but also a statutory responsibility.

Consultation has taken place with those with responsibility for infection control issues including public health medicine and environmental health in the four Boards. They feel it is very important to develop cross border policies and have proposed to undertake a piece of work to develop cross border plans and policies for a variety of infectious diseases and related

issues in order to ensure a co-ordinated response involving the relevant professionals. Once developed the principles will apply to other Health Boards throughout the North and South of Ireland. With the movement of food and the mobility of people a problem arising in Belfast for example could affect people who have subsequently travelled to anywhere on the island.

### **Aims and objectives**

- \* Establish a Steering Group to oversee the development of cross border plans
- \* Provide an overall cross border plan for infectious disease control
- \* Train professional staff
- \* Carry out two major cross border exercises or training events each year
- \* Develop cross border plans for specific conditions and situations

### **Outputs**

- \* Written cross border policies and protocols covering food poisoning, water contamination, meningitis, TB, chemical incidents and biochemical terrorism.
- \* Provision of information and good practice exchange.
- \* Involvement of staff from both sides of the border in mock exercises and training events.

### **Results**

- \* Harmonisation of plans, policies and protocols for a variety of infectious diseases
- \* Sharing of resources and expertise for the benefit of the border population
- \* Improved approach to the overall planning and commissioning of health services for the CAWT Region
- \* Provision of a critical mass to justify a number of training events, thus exploiting economies of scale
- \* Professionals better able to deal with outbreaks of infectious disease

### **Impact**

- \* Public better protected from the effects of outbreaks of infectious disease etc on each side of the border

### **Project Duration**

- \* 2 years

## **Resources**

- \* 1.5 WTE Staff
- \* Travel & Subsistence
- \* Office setup
- \* Training costs
- \* H&L, Tel, Postage, Stationery
- \* Q.A. and evaluation
- \* Audit/ Accountancy/I.C.T.
- \* Publicity and Marketing

## **Cost**

- \* £164,000/€252,000 - Detail Appendix 5.7.1/5.7.1(a)

## **5.7.2 HEALTH IMPACT ASSESSMENT**

Health Impact Assessment of health and non-health policies are increasingly seen as a key tool to facilitate cross-sectoral action as well as being extremely important as a means to promote health and reduce inequalities.

Currently health impact assessment methodologies are being developed to enable all Departments and their agencies to identify and evaluate the health implications of significant new policy developments as they emerge in order to maximise health gain and minimise health loss.

The four CAWT Directors of Public Health see this as an important area for CAWT to develop.

### **Aims and Objectives**

To develop the area of cross border health impact assessment by:

- \* Establishing links with the All Ireland Institute of Public Health.
- \* Reviewing existing policy assessment processes.
- \* Carrying out multisectoral capacity building/training in relation to Health Impact Assessment.
- \* Initiation of a central cross border “bank” of Health Impact Assessments.
- \* Development of guidelines for future CAWT projects to undergo Health Impact Assessment.

### **Outputs**

- \* Steering Group established with linkages to the All Ireland Institute of Public Health.

- \* Documented analysis of existing policy assessment processes.
- \* Development of an inter sectoral capacity building programme.
- \* Established network of cross border Health Impact Assessment practitioners.
- \* Good practice guidelines in the use of Health Impact Assessments for CAWT developed.

## **Results**

- \* Capacity training programme in Health Impact Assessments developed and established.
- \* Staff trained in carrying out Health Impact Assessments.
- \* Central cross border bank of Health Impact Assessments initiated.
- \* Protocols/guidelines drawn up.
- \* Good practice shared and links with the All Ireland Institute established.

## **Impact**

- \* Increased awareness of the health implications of new policies in order to maximise health gain and minimise health loss for the border population.

## **Project duration**

2 years

## **Resources**

- \* 1.5 WTE staff
- \* Travel and Subsistence Laptop
- \* Workshops/Training Resources
- \* H+L, Tel, Postage, Stationery
- \* Q.A + Evaluation
- \* Audit/Accountancy/ICT

## **Estimated Cost**

- \* £158,000/€244,000

## 5.8 FAMILY AND CHILD CARE

### 5.8.1 A NEW CHANCE: FOSTERING INITIATIVE

Care and support to children and families in need has two main strands – **in home support**, including day care home support, social work support etc; and **out-of-home care**, including residential and foster care. Developments in all areas are necessary and are underway in both jurisdictions. Both RoI and NI have begun to improve care planning and assessment systems to ensure that the right intervention is chosen. The introduction of the ‘Looking After Children’ system as part of the Children’s Order in NI, and government pilots of care planning and assessment systems in RoI have moved this forward. In both RoI and NI, the need to cater more effectively for children in out-of-home care has been recognised. Both governments have introduced regulation and finance to engender improvement in high support residential childcare. For example, in NI significant investment has been ploughed into training for staff. In RoI, national standards have been introduced, and there has been very significant investment into the creation of high support units. Further improvements in both areas are planned.

However, the main hindrance to improvement has been lack of real placement alternatives for children with high levels of emotional and behavioural difficulty. These children challenge residential services by their inability to interact constructively with their peer group, and high levels of disturbance can result. In standard foster care situations, placements of these children tend to disrupt owing to the demands they place on their carers.

They can experience multiple short placements and the damage so caused has been well researched. Foster carers also often withdraw from further service after such traumatic experiences.

Key changes have been recommended in a series of legislative and strategic documents and policy recommendations in both jurisdictions with regard to childcare, fostering and adoption services and child protection. These documents are guiding the efforts of the Family and Childcare Sub-group within CAWT who are working together to ensure that children in the border region have the opportunity to realise their full potential in terms of good health, well being and development. Their project aims to explore innovative approaches in foster care to meet the challenges presented by children with high levels of need.

#### **Aims and objectives**

- \* To research the issues and history surrounding specialist foster care in Ireland and

- in other countries in Europe and Scandinavia.
- \* To develop a consultation process which will draw together experience and opinion to feed into the work of the Group.
  - \* To develop a cross border specialist foster care service for the area.
  - \* To organise and hold training seminars for the benefit of stakeholders and others to outline the scheme.

## **Outputs**

- \* A well researched paper, identifying the history and issues surrounding specialist foster care in Ireland and within certain other European countries, and including a literature review
- \* A consultative process that will draw together experience and opinion to feed into the work of the Task Group, as well as beginning the process of creating a constructive environment within which the project will be developed
- \* Exploration of methods for developing innovative projects which may be used in other areas of need in social care.
- \* Development of tools, procedural guides, assessment tools and support mechanisms which will also be of benefit to the existing foster care services already offered by the CAWT partners.

## **Results**

- \* A carefully designed and costed proposal for the development of a cross-border scheme or twinned schemes, providing a pilot for the development of specialist foster care service for the area.
- \* Materials for seminars to be run by the CAWT partners, for the benefit of stakeholders and others to explain the scheme and the thinking on which it is based.
- \* Shared learning between the staff in the various Boards and Trusts.

## **Impact**

- \* Improved understanding of the benefits or otherwise of providing specific models of specialist fostering services in both jurisdictions
- \* Reduction in the inconsistency of children being placed in the other jurisdiction.

## **Project Duration**

- \* . 1 year

## **Resources**

- \* . 3.0 WTE Staff
- \* Travel & Subsistence
- \* Office setup



- \* Training costs
- \* H&L, Tel, Postage, Stationery
- \* Q.A. and evaluation
- \* Audit/ Accountancy/I.C.T.
- \* Publicity and Marketing

### **Cost**

- \* £135,000/€208,000 - Detail Appendix 5.8.1/5.8.1(a)

## **5.8.2 NEEDS ASSESSMENT AND PLANNING FRAMEWORKS FOR SERVICES FOR CHILDREN AND YOUNG PEOPLE.**

In Northern Ireland, planning for services for children and young people is taken forward through the multi-agency strategic planning process - Children's Services Planning. In the Republic of Ireland, the National Childcare Strategy sets a clear overall context for this work.

In all Boards there is a need to ensure that planning is based on clear indicators of need, which are measurable and can be used to evaluate the effectiveness of services delivered. In each of the four Boards, a lot of work is taking place on the assessment of need and the development and the use of performance indicators.

The idea for this project developed out of the CAWT Creative Projects Workshop 'Towards a Cross-Border Partnership for Needs Assessment, Developing Planning Frameworks and Information Exchange in Family and Childcare Services'. This workshop, which was held on 23rd August 2001 brought together planners and information experts from all four cross-border Boards.

This exchange of practice and information was very successful and innovative, and much learning was generated on the day. It became clear that continuing contact and exchange would be extremely fruitful, in order for best practice in the use of planning models and in particular the use of information sets and performance indicators to be shared. The ultimate aim of such exchange is to improve planning of services for children and young people in each Board and develop common services where it makes sense to do so.

The overall aim of this proposed project is to explore the potential for assessing need and planning services for children and young people at a cross-border level.

## **Aims and objectives**

- \* Create an ongoing multi-agency cross border exchange forum to share information on policy, practice and planning of services for children and young people.
- \* Document best practice in information sharing.
- \* Document and analyse current information systems on both sides of the border.
- \* Facilitate cross-border training initiatives on planning and use of information for children and young people's services
- \* Develop and pilot cross-border staff exchange programmes in the areas of planning, information and strategy development

## **Outputs**

- \* Established multi-agency cross border exchange forum
- \* Cross border networks of information and planning officers established including links to CAWT and Boards' websites
- \* Documented best practice on information sharing and current information systems including performance indicators
- \* Workshops and training events for staff
- \* Major conference on outcome
- \* Cross border children and young people's profile

## **Results**

- \* Joint working and needs assessment at a cross-border level facilitated using shared resources
- \* Joint working and planning services at a cross-border level facilitated using shared resources
- \* Capacity to develop common core datasets facilitated
- \* Better informed information and planning staff
- \* Duplication of effort avoided

## **Impact**

- \* Increased capacity for rational planning of cross border services, leading to more cost effective use of resources.

## **Project Duration**

- \* 3 years

## **Resources**

- \* 2.0 WTE Staff
- \* Travel & Subsistence
- \* Office setup
- \* Training costs
- \* Workshops
- \* H&L, Tel, Postage, Stationery
- \* Q.A. and evaluation
- \* Audit/ Accountancy/I.C.T.
- \* Publicity and Marketing

## **Cost**

- \* £216,000/€332,000 - Detail Appendix 5.8.2/5.8.2(a)

### **5.8.3 INSIDE OUT – PERSONAL DEVELOPMENT THROUGH ART**

Art therapy is a method of treatment which employs art to help clients cope more effectively with their lives and their difficulties. It gives clients the freedom to express feelings and release tension through engaging with art materials in exploring their lives. It is a therapy for children and young people who are emotionally disturbed and for whom other more conventional interventions have been unsuccessful. Psychologists, teachers and social workers recognise its contribution to empowering children to be in charge of their own healing and consequently reducing the need for other long term financial expenditure.

#### **Aims and Objectives**

Aimed at children and young people aged 2-18 years from disadvantaged border/cross border areas, art therapy as a form of intervention can assist with a child's psychological, emotional, educational, social and physical development. This project aims to establish art therapy for young people and their families in the border areas by:

- \* Offering weekly individual art therapy session to children/young people who are emotionally traumatised.
- \* Liaising with referral agencies when appropriate to offer therapy services.
- \* Offering group sessions to parents, clients and young people.
- \* Offering short experiential courses to parents and those working with young people which further enhance creative and emotional development.
- \* Working in partnership with other agencies.

## **Outputs**

- \* Development of training programmes for community workers/leaders in art therapy.
- \* Training sessions for children and young people who have been traumatised.
- \* Awareness sessions for parents and those working with young people.
- \* Partnerships established with other agencies.

## **Results**

- \* Children and young people facilitated to undergo art therapy.
- \* Increased awareness of the powerful impact art therapy can have.
- \* Empowered families and community workers.

## **Impacts**

- \* More emotionally developed children.
- \* More skilled adults who can relate to children who are traumatised.
- \* Potential created for breaking the cycle of physical and sexual abuse in families.

## **Project Duration**

- \* 2 years

## **Resources**

- \* 1 WTE staff
- \* Training and art materials
- \* Venue hire
- \* H&L, Tel, Postage, Stationary
- \* Publicity and Marketing
- \* Evaluation and Research Professional fees
- \* Audit, Accountancy, I.C.T.
- \* External Supervision

## **Cost**

- \* £61,000/€94,000 - Detail Appendix 5.8.3/5.8.3(a)

## **5.9 MENTAL HEALTH**

### **5.9.1 NEEDS ASSESSMENT OF CARERS**

In recent years there has been increasing recognition of the crucial role that informal family carers play in the provision of community care for people with severe mental illness. This illness may have arisen as a result of people having been exposed to the conflict either directly themselves, by being part of a community devastated by tragedy, such as Omagh/Enniskillen, or by suffering the death of a close friend/relative or indeed through personal injury.

The burden that caring for those with a mental illness can put on a family has been recognised by policy makers. It is acknowledged that carers have a valuable contribution to make in the care process and should be equipped with the knowledge, skills and confidence to deal effectively with their role.

#### **Aims and Objectives**

To identify and establish the needs of carers of persons suffering from mental health problems along the border and to encourage the development of working partnerships between users, carers and mental health professionals by

- \* Reviewing the needs of carers of those who suffer from mental health problems using questionnaires, focus groups etc.
- \* Reviewing the existing range of services in the partner organisations for those who care for those with a mental health problem and identify gaps.
- \* Identifying training and education requirements of carers.

#### **Outputs**

- \* Documented evidence of the needs of carers of those with a mental health problem on both sides of the border.
- \* Specific areas identified for joint working and sharing of resources.
- \* Joint training programmes identified and agreed.
- \* Established networks and communication channels between partnership members.

#### **Results**

- \* Information available to inform planning process.
- \* Platform for joint working and development of services for those who care for those with mental health problems.
- \* Identified critical mass for developing services for carers.
- \* Opportunities to promote reconciliation and understanding provided

## **Impact**

- \* . Enhanced service provision for carers on a cross border basis.
- \* . Better identification of client need.
- \* . Reduction in duplication of services.

## **Project Duration**

- \* 1 year

## **Resources**

- \* 3.0 WTE staff
- \* Travel and subsistence
- \* Laptop
- \* Workshops
- \* H&L, Tel, Postage, Stationary
- \* Q.A. and Evaluation
- \* Audit, Accountancy, I.C.T.
- \* . Publicity and Marketing

## **Cost**

- \* £65,000/€99,000 - Detail Appendix 5.9.1/5.9.1(a)

## **5.9.2 AWARENESS TRAINING IN COGNITIVE THERAPY**

A common need is emerging for the development of alternatives to physical methods of treatment for mental health problems. This demand for psychological therapies is coming from patients, general practitioners and mental health professionals. This deficit has become much more apparent as services have moved from an institutional to a community base. It is now accepted that psychological therapies must form an integral part of a modern mental health service.

Cognitive Therapy is a structured, time-limited approach with proven outcomes and emphasis on patient/therapist collaboration and is found to be worthwhile by mental health practitioners on both sides of the border.

### **Aims and Objectives**

Cognitive Therapy has been established as an effective short term treatment for a range of mental health disorders and this activity aims to offer awareness training to front line mental health staff by:

- \* . Liaising with partners and identifying staff for training.
- \* . Ensuring training delivered is relevant to staff needs.

- \* . Planning a system to deliver training.
- \* . Developing an ongoing evaluation process.

## **Outputs**

- \* Completed training needs assessment, training plan and training courses delivered.
- \* Cadre of trainers established.

## **Results**

- \* . One hundred and sixty people trained.
- \* Stronger links between mental health professionals in the Boards.
- \* Cognitive Therapy Programmes delivered on a cross border basis.

## **Impact**

- \* . More highly trained and skilled staff.
- \* Greater sharing of knowledge and building relationships.
- \* Shared understanding of the adverse influences of the conflict.
- \* Reduced inequality and disadvantage.
- \* . Improved access to cognitive therapy for patients in the border area.
- \* . Reduction in need to access secondary care.

## **Project duration**

- \* . **2 years.**

## **Resources**

- \* . 1.0 WTE Staff
- \* Travel and subsistence
- \* . Heat, Light, Tel, Postage, Stationery
- \* Audit/Accountancy/ICT
- \* Workshop Venues
- \* Nurse Replacement Costs
- \* Graduation
- \* . Q.A and Evaluation
- \* Laptop

## **Cost**

- \* £292,000/€449,000 - Detail Appendix 5.9.2/5.9.2(a)

### **5.9.3 INVESTIGATION OF SUICIDE AND ATTEMPTED SUICIDE**

Investigation of Suicide and Attempted Suicide in At Risk Patients with Psychiatric disorders.

Suicidal behaviour is one of the major challenges in Ireland both north and south. Suicidal behaviour has increased substantially over the last decade particularly among young people and suicide is now the main cause of death among young people aged 18-24. Particular concerns have been raised by the trends in suicide identified among young people in border areas while this affects both urban and rural communities the limited available evidence suggests that a different balance of push and pull factors may be influencing these trends. Community mental health programmes seeking to address this major mental health challenge must be grounded on a sound evidence base.

#### **Aims and Objectives**

This activity is part of a collaborative north-south initiative which is trying to identify all relevant risk factors including health and social factors which may be placing individuals at particular risk of serious self harm or suicide.

The longitudinal investigation aims to provide new information about predictors of risk and protective factors for suicidal acts including suicide. It will involve:

- \* The follow up evaluation of a group of high-risk subjects.
- \* Collation and analysis of data including the use of survival analysis.

#### **Outputs**

- \* Follow up of 800 high-risk subjects in two areas in Northern Ireland and in one border area.
- \* Analysis of data in order to identify important clinical insights into suicide attempts.
- \* Evidence of the impact of the civil conflict on those who attempt suicide.

#### **Results**

- \* Improved information regarding predictors of risk.
- \* Model developed for stratifying risk from suicidal behaviour.

#### **Impact**

- \* Better targeting of health promotion and suicide prevention programmes.
- \* Improved sensitivity and specificity of suicide prevention strategies.



## **Project Duration**

- \* 2 years

## **Resources**

- \* 3.0 WTE Staff
- \* Travel and Subsistence
- \* University Costs
- \* H &L Tel, Postage and Stationery
- \* Audit, Accountancy, ICT
- \* Marketing, Printing, Stationery

## **Cost**

- \* £230,000/€354,000 - Detail Appendix 5.9.3/5.9.3(a)

## **5.9.4 POSITIVE MENTAL HEALTH AND YOUNG PEOPLE**

Mental disorders in adolescence are common and can cause disability. They affect young people's functioning in several areas of their lives, personal, social, behavioural, academic and vocational and they interfere with their ability to undertake the developmental tasks of adolescence. The cost of such disorders in relation to suffering for the young person and his/her family, the effects on community resources, the loss of productivity and unfulfilled potential is enormous.

### **Aims and Objectives**

The proposal addresses the need to proactively promote positive mental health among the general population of the CAWT area. It aims to focus especially on young people and will examine and utilise existing conclusions and recommendations relevant to mental health promotion by appointing two mental health officers who will:

- \* Examine the conclusions and recommendations from existing mental health studies and strategies from both jurisdictions.
- \* Consult with mental health services and health promotion departments to identify strengths and differences in existing mental health promotion activities.
- \* Draft mental health promotion action plans.
- \* Implement the mental health promotion plans on a cross border basis.

## **Outputs**

- \* Documented analysis of the conclusions and recommendations from existing mental health studies, reports and strategies.
- \* Bilateral cross border mental health promotion plans drawn up.
- \* Specific areas identified for joint working and sharing of resources.
- \* Implementation of the plans commenced.
- \* Established networks and communication channels between partnership members.

## **Results**

- \* Improved understanding and sharing of good practice in mental health promotion.
- \* Sharing of resources and expertise for the benefit of the border population.
- \* Exploitation of economies of scale.
- \* Better co-ordinated mental health promotion services.

## **Impact**

- \* Greater skills and potential to reduce mental illness.
- \* Established partnership between statutory and voluntary cross border agencies.
- \* Capacity to persuade young people to make informed choices about their life-style.

## **Project duration**

- \* 2 years

## **Resources**

- \* 3.4 WTE staff
- \* Travel and Subsistence
- \* Workshops / Training
- \* Office Accommodation and Set-up
- \* H&L, Tel, Postage, Stationary
- \* Evaluation and Research
- \* Information Systems

## **Cost**

- \* £191,000/€295,000 - Detail Appendix 5.9.4/5.9.4(a)

## 5.10 SUPPORT SERVICES

### 5.10.1 CROSS BORDER MOBILITY SUPPORT

Fundamental to the successful implementation of the CAWT Service Developments is Human Resource Support. CAWT needs to ensure that it has the right people, with the right competencies, in the right numbers, organised and managed in the right way in order to deliver the goals and objectives of its strategy.

A Human Resources plan which will invest in training and education, devise and implement best practice employment policies and procedures, improve the quality of human life, develop performance management and develop the partnership approach further needs to be developed.

#### **Improving Cross border Mobility within Health and Social Care**

The Altnagelvin/Letterkenny Partnership Project identified a number of constraints to cross border working. These included constraints such as

- \* **Registration of nursing, medical and professions allied to medicine are carried out in both jurisdictions by separate bodies who have different sets off requirements.**
- \* **Administrative differences in terms of pay scales, conditions of employment, job descriptions which make it difficult to have joint recruitment drives, staff placements/rotations and joint appointments.**

#### **Aims and Objectives**

To prepare a Human Resources strategy for the approval of the Management Board which examines:

- \* Economic barriers in relation to free movement of staff.
- \* Qualifications and entry requirements across the range of professionals in health and social care provision.
- \* Issues surrounding professional registration and indemnity.

#### **Outputs**

- \* Develop initiatives that support cross border exchanges of staff.
- \* Create awareness and working knowledge of differences between the professionals in both jurisdictions.
- \* Establish a joint programme for the development of key staff on a cross border basis.
- \* Overcome cross border obstacles relating to training qualifications, registration and indemnity.

## **Results**

- \* The recommendations of the NSMC's Report on Obstacles to Cross Border Mobility in relation to health will be addressed.
- \* A joint approach will be taken in order to address issues of common concern.
- \* Provision of learning opportunities for staff which will enhance their skill base and lead to an improved service.
- \* Enhanced opportunities to allow the exchange of information and professional expertise.

## **Impact**

- \* The work of CAWT will be mainstreamed into day to day activities.
- \* Reduction in barriers to cross border working.

## **Project duration**

- \* 2 years

## **Resources**

- \* 2.0 WTE
- \* Travel and Staff Subsistence
- \* H&L, Tel, Postage, Stationary
- \* Training workshops
- \* Publicity and Marketing
- \* Office Set-up
- \* Research and Evaluation
- \* Audit, Accountancy, ICT

## **Cost**

- \* £141,000/€217,000 - Detail Appendix 5.10.1/5.10.1(a)

## **5. 10.2 CAWT ICT STRATEGY IMPLEMENTATION**

Information and Communications Technology (ICT) will play a pivotal role in achieving the objectives of CAWT. It will act as an enabling infrastructure to support CAWT's strategic plan, strengthen communications and enhance individual initiatives undertaken. The recently developed CAWT ICT Strategy offers the blueprint for a way forward and describes the strategic direction for the development of ICT in the CAWT organisation for the period 2002 – 2005.

## **Aims and Objectives**

The overriding aim of the strategy is to build a solid foundation for useful cross-border ICT developments and initiatives and includes the following objectives:

- \* Promote the use of ICT within the CAWT organisation and raise awareness of the potential of ICT for the work of CAWT.
- \* To establish a foundation for ICT within CAWT that can be built on and developed through projects such as the establishment of the CAWT website.
- \* Increase awareness of the need for ICT development within CAWT and the associated resources that will be required.
- \* Create models of best practice for the use of ICT in the region.
- \* To concentrate on the following priority areas: Communications; Resource Unit Support; Project Support; Standards for ICT; Training.

## **Outputs**

- \* CAWT Website
- \* CAWT ICT Security Policy (including use of internet and email).
- \* CAWT Data Confidentiality Policy.
- \* CAWT Data Protection/Freedom of Information Registration.
- \* Guidelines for the use of ICT in CAWT projects.
- \* Guidelines on adherence to ICT international standards
- \* Video conferencing, teleconferencing and email documentation and training materials

## **Results**

- \* A simple, flexible, user-friendly website, which also provides accessibility to people with disabilities, such as visual impairment.
- \* Documentation & training materials to support the use of videoconferencing, teleconferencing and e-mail.
- \* Innovation in ICT will be encouraged in CAWT developments and presented as a model of best practice.
- \* A range of policies and protocols to promote confidentiality of information and adherence to relevant legislation.

## **Impact**

- \* The CAWT website will become an effective communication tool for the whole organisation. It will encompass all aspects of CAWT's work, take account of the complexity of the organisation, its internal and external networks and will act as a "One Stop Shop" for information on CAWT.
- \* Improved awareness and compliance with legal and ethical frameworks in both jurisdictions.
- \* Increased confidence of Health Service staff in the use of communications

- technologies to overcome problems of isolation, peripherality and rurality, endemic in the CAWT region.
- \* The use of ICT will encourage mutual understanding among professional groups, communities and organisations.
  - \* The confidentiality of information relating to residents of the CAWT area will be respected and protected.

### **Project Duration**

- \* 3 Years

### **Resources**

- \* 1 WTE Staff
- \* Website Development
- \* Travel & Subsistence
- \* Office Set up
- \* 2 laptops
- \* H&L, Tel, Postage, Stationery
- \* Training Materials
- \* Audit, Accountancy, ICT
- \* QA and Evaluation
- \* Publicity and Marketing

### **Cost**

- \* £107,000/€165,000 - Detail Appendix 5.10.2/5.10.2(a)

## **5.10.3 CONNECTING WITH EUROPE**

### **Cost**

- \* £161,500/€248,710 - Detail Appendix 5.10.3/5.10.3(a)

## **5.11 MANAGEMENT DEVELOPMENT AND LEARNING**

One of the key issues for any organisation is to develop the skills and competencies required to meet the priorities as detailed within their Strategic and Business Plans.

CAWT's activities to date have concentrated on service developments across a wide range of areas such as learning disability, mental health, acute services, health promotion, but CAWT has not had the opportunity to consider the cross border training and development needs of almost 30,000 employees within the four Health boards.

As a result the Management and Learning Development Managers from the four border Health Boards came together and identified the following initiatives to give a structure to cross border training and development thereby developing staff and ultimately enhancing the health and social well being of the population.

This co-ordinated approach to training and development activities for health and social care staff across a range of services will respond to the deficits and common issues identified by health care professionals themselves.

Such training in the past would have been sparse and informal because of conflict issues such as road check points, security alerts, threats of sectarian violence and fear of actually crossing the border.

There are seven training initiatives proposed.

### **5.11.1 PARTNERSHIP TRAINING AND EDUCATION**

#### **Aims and Objectives**

This project will train facilitators from both sides of the border who will:

- \* Identify with and understand partnership as a working model particularly within the context of their respective organisations and on a cross border basis.
- \* Explore what is meant by partnership in the context of Peace i.e., people from Northern Ireland who have been through The Troubles will interact with colleagues from the South in relation to building a healthier society.
- \* Deliver skills workshops for teams / groups in improvement activities through partnership working.
- \* Support Training and Development Units to implement partnership.

#### **Cost**

- \* £74,000/€113,000- Detail Appendix 5.11.1/5.11.1(a)

### **5.11.2 TRAINING THE TRAINERS**

#### **Aims and Objectives**

This initiative will develop a cadre of cross border trainers capable of designing and delivering top quality training and development to staff by:

- \* Delivering training up to and including Level 4 NVQ.
- \* Delivering workshops for groups in training skills.
- \* Supporting trainers in identifying and addressing the training required by people in order to perform effectively.

## **Cost**

- \* £122,000/€188,000- Detail Appendix 5.11.2/5.11.2(a)

## **5.11.3 WOMEN IN MANAGEMENT**

### **Aims and Objectives**

This initiative aims to remove the glass ceiling by enabling a group of women to become empowered to take on greater responsibility within their workplace and to increase participants skills in relation to management.

The overall objectives of the programme are as follows:

- \* To improve interpersonal skills.
- \* To enhance their ability to think and act strategically.
- \* To promote ownership of personal learning and development.
- \* To clarify work and career goals.
- \* To explore issues around women in the workplace aspiring to senior positions.
- \* To demonstrate increased personal effectiveness in the workplace through completion of a work-based project.
- \* To extend networking within and outside.
- \* To improve understanding of political and social agendas.

## **Cost**

- \* £78,000/€121,000- Detail Appendix 5.11.3/5.11.3(a)

## **5.11.4 ACTION LEARNING**

### **Aims and Objectives**

The initiative aims to train key managers in cross border learning programmes who will embrace management skills development, multidisciplinary working, systems thinking, networking and cross border service integration / transformation.

It will result in:

- \* The development of personal development plans.
- \* The development of management skills.
- \* Increased multidisciplinary working.
- \* Networking.
- \* Closer cross border services integration.
- \* Pathway to an M.S.C in Change Management.



## **Cost**

- \* £435,000/€670,000- Detail Appendix 5.11.4/5.11.4(a)

## **5.11.5 PUBLIC HEALTH LEADERSHIP NURSING PROGRAMME**

### **Aims and Objectives**

This programme aims to train those involved in public health leadership in order to:

- \* Provide the underpinning knowledge and skills/competencies to enable nurses to progress the public health agenda.
- \* Develop a cadre of nurse leaders to take forward the public health agenda on 3 levels.

**Level 1 – General Public Health Awareness – recognition of the role of all nurses and midwives.**

**Level 2 – General Involvement in Public Health initiatives – development of personal effectiveness, participating in shared objectives etc.**

**Level 3 – Specialist Public Health participation or promotion – this role incorporates strategy development.**

## **Cost**

- \* £83,000/€128,000- Detail Appendix 5.11.5/5.11.5(a)

## **5.11.6 PERSONAL DEVELOPMENT PLANNING INITIATIVE**

### **Aims and Objectives**

This initiative aims to ensure that a planned and structured process exists within the respective organisations which will allow all employees to identify, discuss, prioritise and agree training and personal development needs which support the individual and the organisation. It will:

- \* Develop a process that encourages communication between line managers and staff regarding staff and personal development needs.
- \* Develop employee Personal Development Plans which will be owned and retained by the employee with continual inputs and support from the line manager.

## **Cost**

- \* £214,000/€330,000- Detail Appendix 5.11.6/5.11.6(a)

## **5.11.7 EDUCATION, TRAINING AND DEVELOPMENT**

### **Aims and Objectives**

The initiative aims to strategically review existing education / training services within the CAWT region, identify where such resources can be shared and jointly developed on a cross border basis by:

- \* Carrying out a scoping exercise to explore the potential for the further development of synergies between the education sector and health and social care providers within the CAWT region.
- \* Identify joint service development projects such as further organisational and management development initiatives.
- \* Examine the feasibility of piloting the concept of locality management.
- \* Develop joint initiatives such as management of change which would lead to a validated masters degree in change management.

## **Cost**

- \* £88,000/€135,000- Detail Appendix 5.11.7/5.11.7(a)

## **Outputs**

- \* Increased number of facilitators trained.
- \* More qualified members of staff.
- \* Increased input from women to take on more responsibility within their workplace.
- \* Enhanced networking and multidisciplinary working.
- \* Personal Development Plans formulated.
- \* More public health leadership within nursing.
- \* Identification of existing education / training services.
- \* Delivery of training programmes / workshops on a range of issues.

## **Results**

- \* Exploitation of economies of scale.
- \* More integrated approach to training and development.
- \* Sharing of experience and resources for the benefit of the border population.
- \* Closer working relationship between training and development units.

## **Impacts**

- \* Greater employment opportunities.
- \* More effective standards and protocols in relation to training.
- \* Improved service planning.
- \* More integrated approach to work

## **Project duration**

- \* 1-2 years

## **PARTNERSHIP IN ACTION**

### **CHAPTER 6**

#### **6. FINANCE**

##### **6.1 FINANCIAL PLAN**

The summary financial plan detailed in Section 6.3, highlights the various sources that have been identified to fund the work that CAWT wishes to carry out over the period of this business plan. Interreg funding for the CAWT Resource Unit detailed in Tables 1 and 1(a), and the approved projects listed in Tables 2 and 2(a), has already been secured, subject to final approval of individual projects by the DHSS&PS and the DoHC and the Interreg Steering Committee.

Peace 11 funding has also been secured under Measure 5.2 for the projects listed in Table 3. Applications have been made to the Peace 11, 5.4 Measure for the training projects listed in Tables 4 and 5. A further application has been made to the Peace 11, 5.2 Measure in respect of the projects listed in Table 6. A number of other sources of funding continue to be explored in relation to the “Connecting With Europe” project, the Human Resources Project and the projects listed in Table 7.

The ongoing work of the eleven, soon to be, thirteen subgroups, together with the support provided by the Secretariat members, the Finance Forum and Board’s Finance Departments, the Chief Executives and the Management Board will continue to be funded from the Boards’ own resources.

##### **6.2 FINANCIAL MANAGEMENT BACKGROUND**

Following the success of CAWT in attracting almost £6.0 million from the EU Peace 1 initiative, CAWT established comprehensive financial management arrangements, including the appointment of a part-time

dedicated Finance Manager, to ensure that the financial transactions relating to CAWT projects are properly managed.

The CAWT Finance Forum was established comprising the Directors of Finance or Assistant Directors of Finance of the four Boards to oversee the financial management arrangements and to report to the CAWT Management Board. The Terms of Reference of the Finance Forum are specific in respect of the responsibilities of the individual members and the Finance Forum as a body reporting to the CAWT Management Board.

These responsibilities they discharge through their own finance personnel and through the CAWT Finance manager reporting to them in detail on a quarterly basis.

All expenditure on projects is passed through the financial systems of one or more of the four Boards or seven HSS Trusts involved in each particular project. Boards' and Trusts' finance departments and finance personnel are heavily involved in and committed to providing a finance service to support the work of CAWT.

Nominated finance personnel within Boards and Trusts have also provided finance support to specific projects as nominated Project Accountants.

Again there will be a need to continue to provide this service and discussions are ongoing with Directors of Finance in respect of the resource implications of this.

All financial transactions are therefore subject to the internal financial controls of the participating CAWT partners, and these controls and their accounts are subject to audit by auditors appointed by the respective Departments of Health, in the course of work to form an opinion on their systems of internal control. In addition there have been several specific examinations of expenditure on CAWT projects by auditors from the NIAO, DHSS&PS Internal Audit and the two governments' EU Verification Teams.

Each Board has also commissioned its own independent examination of expenditure as directed by the CAWT Management Board.

## **CAWT BUSINESS PLAN**

CAWT is now preparing to implement its Strategic Plan through the development and funding of a detailed operational plan for the next five years. This will be funded to a significant degree from the European Union's Interreg 111 and Peace 11 programmes. Other sources of funding including the Boards' own resources are also being sought.

A review of the financial accounting and management arrangements which will be required has identified the need to appoint a dedicated full time Finance Officer to support the part-time Finance Manager. The Finance Officer role will provide support for both the CAWT Resource Unit and for a specified number of cross border projects. A summary of the financial management arrangements is given below.

### **FINANCE SUPPORT FROM BOARDS AND TRUSTS**

- \* Identified dedicated project “accountant” with responsibility for supporting the project manager and putting together timely claims to the CAWT Finance Manager for reimbursement of expenditure incurred by all project participant organisations.
- \* Identified and named finance personnel in each participating organisation, other than the project accountant, to provide full details, including copies of source documents to the “project accountant” to enable timely claims to be made.
- \* The Banker Board role established under Peace 1 will continue, but it is still unclear whether there will be a need for one or two Boards. If as imagined the SEUPB will be the paying authority for all funds, then only one Banker Board may be required.

### **CAWT FINANCIAL MANAGEMENT ROLE**

- \* Ensuring that CAWT meets all of the requirements as laid down by the EU, SEUPB, relevant government departments, internal and external auditors, CAWT Finance Forum and CAWT Management Board
- \* Liaising effectively between funders, auditors, relevant government departments, project management personnel and project accountants.
- \* Provision of advice and support to the CAWT Principal Executive Officer in relation to funding.
- \* Provision of advice and support to project accountant and project manager with the establishment and management of the project budget.
- \* Provision of advice and support to project accountant and project manager in respect of EU funding regulations.  
Ensuring that claims for all project expenditure are received and are such that adequate audit trails are in place and the monitoring requirements of the SEUPB are met.
- \* Ensuring that project files are accessible for audit at all times.
- \* Ensuring that all monies due are received from the SEUPB and other funding sources as relevant and disbursed to Boards and Trusts in line with expenditure.
- \* Reporting to the CAWT Finance Forum and on their behalf the CAWT Management Board on all matters pertaining to the financial management of funds allocated to CAWT projects.

The cost of the part-time Finance Manager post will continue to be a direct cost of the Resource Unit. The cost of the CAWT Finance Officer post will be apportioned across all projects as a project on-cost.

## **6.3 FINANCIAL TABLES**

**NOTE: This section is currently being updated and will be uploaded shortly**

## **PARTNERSHIP IN ACTION**

### **CHAPTER 7**

## **QUALITY ASSURANCE AND EVALUATION**

### **7. QUALITY ASSURANCE AND EVALUATION**

CAWT regards quality assurance and evaluation as key elements of successful project management and ones that must be addressed from the outset. Structured project management methodology provides benefits through the controllable use of resources, the ability to plan business and minimise project risk more effectively.

Prince2, (**Projects IN Controlled Environments**) is such a methodology, covering the organisation, management and quality control of projects. It is a de facto standard, widely used in the public sector, including the four Health and Social Services Boards in the CAWT region. CAWT will use this methodology and templates based on its suggested management documents, as a basis for quality assurance and evaluation of all of its projects contained within Chapter 5.

#### **BENEFITS:**

- \* Established terms of reference as a prerequisite to the start of a project
- \* Agreement on the required quality at the outset and continuous monitoring against those requirements
- \* Division of project into manageable stages for more accurate planning
- \* Established communications channels between the project management team and the rest of the organisation
- \* Defined structure for delegation, authority and communication
- \* Ensure that resource commitment from management is part of any approval to proceed
- \* Provide regular, but brief, management reports

## **FUNDAMENTAL PRINCIPLES**

## 7.1 ESTABLISHING THE PROJECT ORGANISATIONAL STRUCTURE

Every project has need for direction, management, control and communication. Establishing an effective organisational structure for the project is crucial to its success.

- \* A Project Executive or project “champion” will be identified from the project’s stakeholders, usually one of the subgroup members. He/she will be a member of the Project Board.
- \* The Project Board will comprise the members of the subgroup, CAWT representatives and other individuals whose contribution is valuable to the success of the project. The Project Board are the decision makers and are responsible for the commitment of resources to the project such as personnel, cash and equipment.
- \* A Project Manager will be appointed to oversee the day-to-day implementation of the project. The project manager has responsibility for the delivery of all project products.

## 7.2 PROJECT INITIATION

A key success factor of any project is that the outcome of the project conforms to the customer or user’s quality expectations. This will only happen if these expectations are both stated and agreed at the beginning of the project, together with the means of assessing achievement of these within the final product.

In the CAWT projects this will be achieved through the assembly of a **Project Initiation Document (PID)**, which will act as a focal point at which all information relating to the ‘what, why, who, how and when’ of the project is gathered for agreement by the key stakeholders and then for guidance and information for those involved in the project.

In addition the PID provides the following:

- \* A benchmark for all the other management decisions that need to be made during the life of the project
- \* An information base for everyone who needs to know about the project
- \* A plan for the next stage for Project Board approval.

## 7.3 COMMUNICATIONS PLAN

For senior management of the project, PRINCE 2 uses the ‘management by exception’ concept, i.e. the Project Board agrees a plan, and then lets the Project Manager proceed unless something is forecast to go wrong. Senior managers are kept fully informed of the project status without having to

attend frequent, time-consuming meetings.

To enable this process:

- \* **Highlight Reports** will be completed and forwarded to the Project Board by the Project Manager at regular agreed intervals.
- \* **A Risk Log** will be initiated as part of the PID and will be updated by the Project Manager on a regular basis. It is essential that any risks or issues be brought to the attention of the Project Board as soon as possible for assessment and resolution. Agreed tolerance levels for deviations from plan will be agreed and documented.

#### **7.4 CONFIGURATION AND PROJECT FILES MANAGEMENT**

The project manager will have responsibility for the following. He/she will:

- \* Institute a system of storing and retrieving all information relevant to the management of the project, the quality checking work done with the products themselves.
- \* Establish what information will be produced throughout the project and will need filing.
- \* Establish what products will be produced throughout the project and the need for associated storage.
- \* Establish filing systems that are appropriate for the identified filing and retrieval needs.
- \* Forward copies of relevant monitoring reports to the CAWT Resource Unit during the life of the project.
- \* Return the complete project master file to the CAWT Resource Unit for retention once the project has been completed.

#### **7.5 PROJECT PLAN AND QUALITY ASSURANCE**

Overall responsibility for internal project assurance rests with the Project Board.

##### **Project Stage Level**

- \* Projects will be divided into stages. These stages will be determined by
  - a) how far ahead it is sensible to plan.
  - b) Decision points within the project when agreement must be reached about the best way forward.
- \* Before the start of each stage a **Stage Plan** will be completed by the Project Manager, which will identify the deliverables/products for the stage.
- \* Methods to measure the quality of each product will be decided.
- \* The Project Board will select appropriate personnel and in conjunction with the



- Project Manager, develop a schedule to test the quality of each product.
- \* The Project Board will formally sign off products meeting the required standard.
- \* At the close of each stage an **End Stage Report** will be completed by the Project Manager and signed off by the Project Board.

### **Exception Process**

- \* If a situation arises where it can be forecast that there will be a deviation beyond the tolerance levels agreed between the Project Manager and Project Board, an exception meeting will take place. At this meeting viable options will be discussed and an **Exception Plan** agreed. This will be written up by the Project Manager and signed by the Project Board for approval. Significant deviations from plan must be approved by the funding body where appropriate.

### **End Project Report**

- \* The **End Project Report** documents the effectiveness of the project management processes, and how well the project has performed against its Project Initiation Documentation, including the original planned cost, schedule and tolerances.

### **External Evaluation**

- \* The appropriateness of external evaluation will be assessed jointly by the Project Board and the CAWT Secretariat. This may involve academic institutions, other health board personnel and user groups, where appropriate. It is considered that in the majority of cases an internal evaluation report produced by the project manager and approved by the Project Board will be sufficient. This internal evaluation report will be based on the information produced throughout the project management process which will include an appropriate quality assurance mechanism. The extent to which the work each project has undertaken can/should be mainstreamed and how this can be done will be an important part of the evaluation of projects. All CAWT projects will be subject to some degree of external evaluation as part of the overall external evaluation of CAWT.

## **PARTNERSHIP IN ACTION**

### **CHAPTER 8**

#### **8. HUMAN RESOURCES**

Fundamental to the successful implementation of the CAWT Service Developments is Human Resources support. CAWT if it is to successfully deliver its Strategic and Business Plans must ensure that it has the right people, with the right competencies in the right numbers, organised and managed in the right way in order to deliver the goals and objectives of its strategy.

A Human Resources plan which will invest in training and education, devise and implement best practice employment policies and procedures, look at the balance between work-home life, establish performance management and encourages a partnership approach needs to be developed in order to ensure the sustainability and viability of CAWT as an organisation.

The CAWT Directors of Human Resources have begun to look at these issues. They have worked up service development proposals in order to initiate further work on issues of cross border mobility of the work force, management development and training for service providers.

##### **8.1 RECRUITMENT**

The implementation of the CAWT Strategic Plan will mean that up to thirty posts may be created to work in projects supported with European funding. In order to facilitate the recruitment of staff the Directors of Human Resources met to consider

- (a) Fundamental principles around recruitment.
- (b) A mechanism which would allow posts to be recruited on behalf of CAWT.

They established a number of fundamental principles to support the recruitment process.

- \* New posts would be trawled internally within the CAWT Boards and Trusts.
- \* Appointees would be seconded and their contracts would be held with their current employer.
- \* When appointed, underlying terms and conditions would remain the same.

The directors of Human Resources also suggested that a contract be established between CAWT and Westcare Business Services, a support agency based at WHSSB, who would evaluate jobs, support sub-groups in

drawing up job descriptions, personnel specifications, advertise posts, organise interview panels, and generally facilitate a co-ordinated approach to the recruitment of staff. This arrangement has now been secured for a period of nine months in the first instance.

## **8.2 MANAGEMENT DEVELOPMENT TRAINING**

The Directors of Human Resources also realised that a key issue for any organisation is to look at the training and development needs of its employees in order to develop the skills and competencies required to meet the priorities as detailed within Strategic and Business Plans.

The Management and Learning Development Managers from the border Health Boards therefore came together to identify training initiatives which would give a structure to cross border training and development for CAWT.

They subsequently had a number of meetings and planned a series of developments which respond to the deficits and common issues identified by health and social care professionals themselves. These developments are detailed in Section 5.11 (pages 87 - 92).

## **8.3 CONSTRAINTS TO CROSS BORDER MOBILITY**

An important area which has been of concern to the Directors of Human Resources has been the constraints to cross border working which were identified in the Altnagelvin/Letterkenny Partnership Project. These are outlined in Appendix 7.

The Directors were supportive of the CAWT response to the North South Ministerial Councils Study of Obstacles of Mobility Report which amongst other things drew attention to the inability of professionally trained staff to move easily between the North and South. This has seriously inhibited joint appointments, staff rotations, placements and cross cover. The need for maximum co-operation with regard to the recognition of professional qualification and administrative issues around the comparable gradings of staff, conditions of employment, job descriptions and pay scales were also highlighted.

A method for dealing with these constraints together with a framework for looking at all Human Resources cross border issues is proposed in the Service Development Proposal detailed in Chapter 5.10 (pages 83-84).

## **PARTNERSHIP IN ACTION**

### **CHAPTER 9**

#### **9. INFORMATION, COMMUNICATIONS AND ICT**

##### **9.1 INFORMATION**

The CAWT Resource Unit aspires to act as a central information point on matters relating to cross border cooperation on the ground, especially within the CAWT region, but also in the whole island of Ireland when relevant to the achievement of the underlying objectives of CAWT.

A reference library of all CAWT documentation, including project documentation and sub-group minutes, and all relevant cross-border health matters will be established in the CAWT Resource Unit. Where possible this will be made available over the Internet so that the chain of information does not depend on the availability of a limited number of staff.

Information is the lifeblood of any organisation and this is particularly true of CAWT. The need to have ready access to relevant information to support the work of CAWT is recognised and the CAWT Resource Unit throughout the life of this business plan will pursue the objective of ensuring that the necessary information is readily available and accessible. CAWT's Communication and ICT Strategies will support this goal.

As documented in Chapter 4, CAWT is becoming increasingly complex with a wide network of partner organisations, funders and links with other cross border organisations within the island of Ireland and beyond. There is increasing public and political focus on cross border working and on the work of CAWT. For these reasons there is a need for a co-ordinated approach to the effective gathering and dissemination of relevant information to support the work of CAWT and to ensure consistency in key messages coming from everyone involved in CAWT.

##### **9.2 COMMUNICATIONS**

Effective communication is central to the achievement of CAWT's Strategic Objectives CAWT's Service Priorities Document 'Moving to the Millennium' recognised the need to improve internal and external communications.

Improved communication was also one of the main issues arising from the independent evaluation of CAWT undertaken by the Centre for Cross Border Studies. Their report, "From Concept to Realisation: an Evaluation of CAWT", made a number of recommendations which require action from

both the individuals involved in CAWT and from CAWT as an organisation.

In addition, communications is one of seven business areas identified within CAWT's Strategic Plan 2001-2004.

## **STRATEGY CONTEXT**

In October 2000, CAWT appointed a Communications Co-ordinator on a temporary basis, with the specific remit of improving internal and external communications. The need for a CAWT communications strategy was identified, and early in 2001, a Communications Sub-group was established comprising communications and public relations personnel from the eleven organisations involved in CAWT. The primary objective of the sub-group was to develop a communications strategy for CAWT.

## **GUIDING PRINCIPLES**

- \* To secure communication and dissemination of information about CAWT and its progress.
- \* To establish links with and raise awareness of CAWT within Boards, Trusts and health care organisations, north and south of the border, beyond those already actively involved in CAWT.
- \* To exploit new technology (e.g. video conferencing) to enhance communication for the benefit of those people involved in CAWT.
- \* To develop protocols and procedures for communicating effectively with CAWT's key target groups.
- \* To explore best practice and share expertise on communications issues.
- \* To enhance CAWT's intrinsic influencing role in securing support from relevant target groups.

The strategy also seeks to ensure that communication within CAWT is open and honest, shows respect for diversity and is clear, comprehensive, unambiguous, jargon free and timely. By underpinning communication with these principles, and at all times, respecting the confidentiality of individuals and groups, as appropriate, the strategy encourages mutual understanding among all the target groups so as to achieve the overall aim.

## **TARGET GROUPS**

There is a range of existing and potential target audiences for the CAWT message. The following list gives an indication of the diversity of these groups.

### **INTERNAL**

- \* Four CAWT Boards

- \* Seven CAWT Trusts
- \* CAWT Sub-groups
- \* CAWT Management Board
- \* CAWT Secretariat

#### Individual organisations involved in CAWT

- \* Management
- \* Staff Organisations
- \* Professional Bodies

#### **EXTERNAL**

- \* General public, service users and public sector bodies
- \* DHSSPS
- \* DOHC
- \* SEUPB
- \* NSMC
- \* Other North South Networks e.g. Border Corridor Groups
- \* Other Boards and Trusts outside CAWT Region
- \* Community/Voluntary Groups
- \* Health support groups, e.g. Action Cancer, Irish Heart Foundation
- \* GPs
- \* Funders and potential funders
- \* Media
- \* MLAs
- \* TDs
- \* Local Councillors
- \* Health & Social Service Councils
- \* Other Public Sector Bodies e.g. Education, Housing, Local Councils etc.
- \* Research bodies and institutions

#### **EXTERNAL COMMUNICATIONS**

As an organisation, CAWT has developed significantly in recent years and the need to increase the understanding and awareness of CAWT and cross border working to a wider audience, local, regional, national and international has been identified.

CAWT currently produces an annual report and a quarterly newsletter and meets with and makes presentations to key agencies. In addition, some Boards and several Trusts include a section or article on CAWT in their annual reports.

## **PRIORITY AREAS**

The following are the agreed priority areas for development: -

- \* The process for forwarding and sharing media information must be clearly communicated throughout the CAWT organisation, with local and regional media advised of key events and a list of CAWT information, including the annual report.
- \* In addition, the distribution of information leaflets, its newsletter “CAWT in Action” and other promotional material, will be extended to include target groups given in the previous section. The development of a new website (see I.C.T Section) will also greatly assist in promoting CAWT and its work.
- \* Promotional material for external audiences, for example the media, general public, local representatives, should be accessible and written in a clear, unambiguous language. Guidelines on the production and dissemination of written information will be developed to ensure accessibility to all and to assist sub-groups – for example, event checklists, media briefs, media relationships and contacts.

This method of promoting the work of CAWT will be further explored with other partner organisations who also produce information / communication material for their staff and local community, i.e. annual reports, staff newsletters.

## **INTERNAL COMMUNICATIONS**

Action is being taken to improve communications between the various elements of the CAWT organisations. Currently Sub-groups meet on a regular basis, and in some cases, notes of these meetings are taken and forwarded to the CAWT Resource Unit. In addition, Boards organise regular update meetings of people involved in CAWT.

Conference/Seminars are also held to promote the work of CAWT subgroups and projects. CAWT produces an annual report and a quarterly newsletter. There is input to some group meetings from a member of the Secretariat and / or the Principal Executive Officer. These practices will be developed further to secure maximum benefit from internal communications.

Some of the actions being taken are detailed below.

- \* There needs to be a clear understanding within sub-groups and project development staff of the importance of communication and the PR function, and of the benefits of information creating and sharing. The Communications Sub-group therefore, will provide written and/or oral briefs to sub-groups and project development staff on the role and importance of the PR element when organising

- events and promoting the work of CAWT.
- \* Guidelines for the sub-groups and project development staff should be shared and updates on their operational plans provided. These guidelines will be drawn up on how, when and to whom information is to be forwarded. It is also intended that CAWT and Sub-groups will develop a calendar/ timetable of events linked to their operational/project plans, and that information will be made available in advance of these events.

The CAWT directory, providing contact details of the CAWT Management Board, Secretariat and Sub-groups will be updated and distributed within CAWT on an annual basis. Future publications of the CAWT Directory will include contact details of project development staff as new projects come on stream.

A full action plan for implementing the communications strategy is detailed in the Strategy. This includes the appointment of a Communications Coordinator to take the work forward.

### **9.3 INFORMATION COMMUNICATIONS TECHNOLOGY (ICT)**

Information & Communications Technology (ICT) will play a pivotal role in achieving the objectives of CAWT by providing an infrastructure to support CAWT's strategic plan, strengthen communications and enhance individual initiatives undertaken.

The recently developed CAWT ICT Strategy offers the blueprint for a way forward and describes the strategic direction for the development of ICT in the CAWT organisation for the period 2002 – 2005. The overriding aim of the strategy is to build a solid foundation for useful cross-border ICT developments and initiatives.

#### **STRATEGY CONTEXT**

The Strategy takes into account the current ICT environment in health care within CAWT's own organisations and nationally. This environment includes the Northern Ireland ICT Strategy for Health and Personal Social Services and the RoI National Health Informatics Strategy, both due to be published in the near future. The strategy also acknowledges that whilst EHealth is viewed as a valuable future vehicle in the delivery of healthcare, the foundation stones upon which initiatives need to be constructed do not as yet exist. The absence of such foundations clearly limits current opportunities to embrace the full potential of E-Health.

#### **GUIDING PRINCIPLES**

- \* The CAWT ICT Strategy will complement the ICT Strategies of participating



- organisations.
- \* It takes cognisance of existing legal and ethical frameworks in both jurisdictions.
- \* The strategy will be equitable to all participating partners.
- \* Through the use of ICT, cooperation, sharing of information and communication will be promoted among members, sub-groups and project development staff.
- \* The use of ICT will encourage mutual understanding amongst professional groups, communities and organisations.
- \* The confidentiality of information relating to residents of the CAWT area will be respected and protected.

## **PRIORITY AREAS**

Following discussions with participating Health Board and Trust ICT representatives, five themes were agreed as priority areas:

- \* **Communications**
- \* **Resource Unit Support**
- \* **Project Support**
- \* **Standards**
- \* **Training**

### \* **COMMUNICATIONS**

The impact of the Internet and e-health on communications and health-related information offers tremendous opportunities to CAWT to extend both its local and its global reach. As an organisation, CAWT has developed significantly in recent years and the need to improve internal and external communication has led to the decision to design a comprehensive CAWT website to include all aspects of its work.

### \* **CAWT WEBSITE**

It has been agreed that a simple, flexible, user-friendly website will be designed which will be accessible by all including people with disabilities, such as visual impairment. The website will take account of the complexity of the CAWT organisation and its internal and external networks and will act as a “One Stop Shop” for information on CAWT.

### \* **COMMUNICATIONS INFRASTRUCTURE**

The interface between sub-groups and the central ICT resource, provided by the ICT Sub-group, needs to be strengthened. This is particularly true of the essential relationship between all Subgroups and the Human Resources and Communications Sub-groups. To

intervene with greatest effect, co-ordinated action is also needed to develop partnerships and alliances with associated agencies both within CAWT, its region and elsewhere.

\* **VIDEO CONFERENCING, TELECONFERENCING AND EMAIL**

Problems of isolation, peripherality and rurality are endemic in the CAWT region. Videoconferencing, teleconferencing and e-mail are technologies now widely available, which can often provide a solution to such issues. Documentation & training materials to support the use of these technologies will be developed and made available to members of the CAWT organisation.

\* **RESOURCE UNIT SUPPORT**

The Resource Unit has the central role in co-ordinating the work of CAWT. However, its staffing resources are limited and dedicated ICT staff need to be appointed to enable the implementation of the ICT strategy and to assist in operationalising CAWT's second Strategic Plan (2001-2005).

An ICT Officer will be appointed to support the CAWT Executive Officer who has a regional remit for ICT in conjunction with the ICT Sub-group. In the first instance the ICT Officer will work closely with the website providers to initiate and develop the website. In addition an ICT Support Officer will be appointed to support the ICT Officer and provide technical expertise for the CAWT Resource Unit and proposed satellite offices. Both officers will be involved in policy/guideline production, training of CAWT staff and support of projects.

\* **PROJECT SUPPORT**

Within CAWT, as in other organisations, projects are a means to move a specific area of interest forward with identified resources. A large number of proposed CAWT initiatives include an ICT element, either as a research tool or as an actual product.

ICT opportunities/issues will be considered at the initiation of projects and become an integral part of all CAWT Project Definition documents. Innovation in ICT will be encouraged in CAWT developments and presented as a model of best practice.

The newly developed CAWT website will be designed so that it will provide a useful and important tool for project management and support.

## \* **STANDARDS FOR ICT**

It is important that the people and organisations that make up CAWT are aware of relevant standards and policies whilst working in CAWT's interests. Part of the role of the ICT Officer will be to ensure that staff involved in such work will be made aware of standards for data collection and ensure that they are legally able to exchange and share information for the benefit of clients.

In relation to standards the following cross-border policies and guidelines will be developed and promoted:

- \* CAWT ICT Security Policy (including use of Internet and Email).
- \* CAWT Data Confidentiality Policy.
- \* CAWT Data Protection/Freedom of Information Registration.
- \* Guidelines for Use of ICT in CAWT Projects.
- \* Guidelines on Adherence to ICT International Standards

## **9.4 TRAINING**

The geographical spread of the CAWT region has already been identified as a barrier to effective communication. Training in technologies that help surmount such barriers is essential.

### \* **WEBSITE MANAGEMENT**

Familiarity with the Internet as a communication tool will be key to the maintenance of the CAWT website. Training for content management will be provided to key members of each CAWT sub-group, to the CAWT secretariat and to the CAWT project managers to enable the CAWT website to become an effective communication tool for the whole organisation. Issues such as data protection awareness also need to be incorporated into this training to ensure CAWT's compliance with data protection and freedom of information legislation

### \* **VIDEOCONFERENCING AND TELECONFERENCING**

Both these technologies are available in all of the CAWT areas. To date, however, they have been under-utilised and this is due in part, to staff being unfamiliar and therefore lacking confidence in their use.

Documentation and training materials to support the use of these technologies will be developed and made available to members of the CAWT organisation to ensure more widespread and appropriate use and to enhance communication in the CAWT region.

**\* ICT SKILLS DEVELOPMENT AND E-LEARNING FOR PROFESSIONAL AND NON-ADMINISTRATIVE STAFF**

Such training has the power to contribute positively to developing conditions for future E-Health initiatives and was an area recommended for cross-border collaboration in the CAWT/Ernact 'Digital Economy Strategy and Action Plan – HealthCare' commissioned from Capita. This is particularly true in the use of the Internet for communication and research purposes. However, in order to be effective, training in ICT must be combined with opportunity to use relevant technologies.

The ICT Sub-group will review current Board and Trust strategies on Internet access and will encourage the training of staff in the use of relevant applications. The group will also promote an increased allocation of computers for Internet access at key locations throughout the Boards and Trusts.

The development and implementation of CAWT's Communications and ICT Strategies are essential to support the work of CAWT. A supporting infrastructure is essential if the objectives of the CAWT strategy and operational/business plan are to be achieved. There is a clear need to provide the additional communications and ICT staffing and other resources as outlined above.

## **PARTNERSHIP IN ACTION**

### **APPENDIX 1**

#### **DISCUSSION PAPER LEADING UP THE DEVELOPMENT OF THE NEXT CAWT STRATEGIC PLAN**

##### **1.0 INTRODUCTION**

- 1.1 Ireland, both North and South, is undergoing a period of quite extraordinary transition – political, economic, social and cultural. New opportunities are constantly opening up and old certainties and poor structures and infrastructures are no longer being tolerated. This is the overall context within which Co-operation and Working Together is operating. It means that CAWT as an organisation has to face the question as to how it needs to develop to meet these challenges over the next five years.
- 1.2 These challenges include the development of Regional Strategies such as Cardio Vascular and Cancer Services and the National of Review of Ambulance Services in the Republic and Public Health Strategy Development and the Reviews of Acute Hospital and Ambulance Services in Northern Ireland. Board specific reviews include the forthcoming Review of Acute Services in the North Western Health Board and the Review of Consultant Manpower and Specialist Services in the North Eastern Health Board. (See Appendix 1).

The Belfast Agreement has also identified very clear areas for cross border working in the areas of accident and emergency services, planning for major emergencies, cancer research, health promotion and co-operation in the purchase of high tech equipment.

In addition, we have the establishment of two North/South Implementation Bodies – the Special EU Programmes Body and the Food Safety Promotion Board as well as the setting up of the All Ireland Institute of Public Health.

##### **2.0 CAWT's ACTIVITIES IN 2000 WITHIN THIS FRAMEWORK**

- 2.1 CAWT has achieved much during the Millennium year. The highlight was a presentation to the North/South Bilateral Ministerial Meeting in November when the Ministers for Health, Social Services and Public Safety, Bairbre de Brun, and the Minister for Health and Children, Michéal Martin, paid tribute to the important contribution made to North South co-operation by CAWT since its inauguration.
- 2.2 Other significant initiatives that have been undertaken in 2000 include:  
Developing a Corporate Priority Document – Meeting the Millennium.  
Commissioning the Centre for Cross Border Studies to carry out an evaluation of

CAWT.

Hosting a major seminar “Making Connections” for senior staff in CAWT.  
Organising a workshop for Board and Trust representatives to identify key projects. Being audited successfully by the EU Regulations Unit, Dublin and the Northern Ireland Audit Office. Developing Public Health and IT Agendae.  
Appointing a Communications Co-ordinator.  
Initiating the development of seventeen Creative Cross Border Projects.  
Producing submissions for the Northern Ireland Hayes Review of Acute Services and the Northern Ireland Public Health Strategy.  
Engaging with political parties regarding the work of CAWT.  
Fostering links with cross border bodies such as Ernact.  
Meeting and liaising with the Special EU Programmes Body, DHSSPS and DOHC in relation to Peace II and Interreg III monies.

- 2.3 The last meeting with the Special EU Programmes Body shaped the internal discussions within the CAWT Secretariat as to the future direction and organisational structure of CAWT, as it continues to strive to embed its aims and objectives within the existing work of the Boards and Trusts. This direction will be influenced by the wider health and social care agenda, the work done by CAWT to date and also to some extent by the amount of and the way funding is allocated in the next phase of the EU Special Support Programme for Peace and Reconciliation.

### 3.0 **DEVELOPMENT OF CAWT STRATEGIC PLAN**

- 3.1 There have been a number of planning initiatives during the year including the CAWT Seminar in June and follow-up Workshop in July. The CAWT Secretariat met to consider the outcomes of these together with a review of the strategic plan - Bridge to the Future 1997-2001 - and the corporate priority document - Moving to the Millennium. The purpose of the meeting was to agree major themes, specific projects and ongoing co-operation work areas which could then be discussed with the Chief Executives and inform the development of the next strategic and operational plan.

### 4.0 **MAJOR THEMES – BOARDS’ PERSPECTIVES**

The Secretariat members identified main themes around each Board’s priority development areas for discussion.

#### 4.1 **North Eastern Health Board**

Primary Care, Acute Services (bilateral basis eg. nephrology, teleradiology), Emergency Planning. Primary Care to be seen in its broadest sense and to include community district and psychiatric nurses.

**4.2 Southern Health and Social Services Board**

Out of Hours Service, Primary Care, Emergency Planning.

**4.3 North Western Health Board**

Emergency Response/Accident and Emergency Services, Acute Services, Primary Care.

**4.4 Western Health and Social Services Board**

Acute Reviews, Primary Care, First Responder Services.

4.5 In addition, it was suggested that Public Health/Health Promotion could be included as a main theme as it crosses all areas and also is identified within the Belfast Agreement. There would also be linkages with both the Food Safety Board and the All Ireland Institute of Public Health.

4.6 Within each main theme it is possible to identify areas that CAWT will focus on:

(a) Primary Care – main areas will be:

Development of cross border Out of Hours service/feasibility study.  
Implementing the findings of the Belcoo/Blacklion needs assessment.  
Developing the IT agenda through the process of data mining in general practices and pharmacies.  
Further training for primary care staff, eg. NVQ's, disease management, health promotion etc.  
First Responder Services.

(b) Acute Services – main areas will be:

Discussion of and agreement on which areas of the Triangle feasibility study should be implemented  
Development of a process to implement the Altnagelvin/Letterkenny feasibility study  
Consideration of the recommendations from the Hayes Review of Acute Services and the North Western and North Eastern Health Board's Reviews.  
Managed Clinical Networks.

(c) Health Promotion – main areas will be:

Design and implementation of a Road Safety Project using educational programmes, environmental changes and enforcement issues.  
Implementation of the CAWT Clearing the Air Smoking Project.

Development of a model for health promotion work to allow the development of a database for good practice and information sharing in order to integrate health promotion into the mainstream of health and social care.

(d) Public Health - main areas will be:

Research Project into equity and access issues around cardiology services.  
Consideration of the recommendations for Investing for Health.

(e) Accident and Emergency Services

Production of a paper on cross border Accident & Emergency Services for the North/South Ministerial Council.

(f) Emergency Planning

Liaison with the recently established North/South Emergency Planning Group.  
Consideration of the two Reviews of Ambulance Services.

## 5.0 CAWT PROJECTS

### 5.1 In addition to the areas highlighted under 4.0, the following projects will be developed:

- (a) Feasibility studies in the areas of community care and mental health.
- (b) Training programmes in a number of areas including:
  - prevention of sexual abuse
  - sterilisation/risk management
  - multidisciplinary training for professions working in the area of cancer
- (c) Family and Child Care Project
  - feasibility study into residential facilities for young people with challenging behaviour
  - development of family support services
  - development of diversionary schemes
- (d) Older People Projects
  - development of a framework for the involvement of statutory, independent and voluntary sectors



- implementation of findings from the Derg Finn Elderly Needs Project

(e) Mental Health

(f) Learning Disability

## 6.0 **ONGOING COOPERATION WORK**

6.1 Work would continue across the range of sub-groups. This would include the development of resources, organisation of seminars, conferences, and joint training initiatives.

6.2 It will be necessary to review the range and function of the sub-groups and to ensure the establishment of Mental Health, Older People, PR and Physical Disability subgroups.

## 7.0 **CAWT ORGANISATIONAL STRUCTURE**

7.1 The Secretariat discussed the options, which would allow CAWT to develop but would not create a top-heavy structure, which could not be maintained. This is outlined in Appendix 2. The main development would be that the Boards would absorb the cost of their own Secretariat officer and that two support officers would be appointed for (a) North Eastern Health Board/Southern Health and Social Services Board, and (b) North Western Health Board/Western Health and Social Services Board.

The role of these officers would be to work closely with and support the Secretariat members in maintaining and developing the bilateral links already established with Boards and Trusts, link closely with the sub-groups and have a CAWT wide remit for either information technology or communications.

## CO-OPERATION AND WORKING TOGETHER SERVICE DEVELOPMENT PROPOSAL

1. **Details of Sub-Group**

Sub-Group Title

2. Please provide the names, job titles, work location, telephone number and e-mail addresses of two members of the sub-group – one from each side of the border who have a knowledge of the service development.

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Work Location: \_\_\_\_\_

Telephone No: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Work Location: \_\_\_\_\_

Telephone No: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

3.

Please provide a working title for your service development.

4.

**SERVICE NEED**

4.1

What specific service need is this proposal designed to address and how does it fit within Boards and CAWT's Strategic Plan? Please outline any consultation/market research which has been undertaken?

4.2

Have you considered alternative options to the proposal and if so what are they?

4.3

Why has this approach been selected above the others considered?

5.

Please describe the proposed service development giving the aims and objectives, main activities etc. and detail how it will meet the need as identified in Question 4.

6.

Please describe the specific outputs/outcomes benefits and the main beneficiaries of the proposed service development.

7.

How does your proposal demonstrate cross-border co-operation and contribute to improving cross-border relationships?

8.

What are the identified benefits/value added to Boards/Trusts/other organisations arising from the cross-border collaborative nature of this development?

9.

Does your project impact or affect any areas on people outside the CAWT area? If so, please give details of location and impact?

10.

Please indicate how and by whom this service development will be managed.  
NB: Any additional resource requirements in relation to the management, administration and finance support for the development should be included in Resource Requirement (Section 13).

11.

Please indicate what support if any is needed from the CAWT Resource Unit and other sub-groups, in particular Human Resources and ICT and indicate how you would intend involving them.

12.

Please indicate how this service development will be evaluated.

13.

Will the project.... (please tick the appropriate box).

		Yes	No
(i)	Have any effect on the environment	<input type="checkbox"/>	<input type="checkbox"/>

If yes please give details:

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		Yes	No
(ii)	Take account of targeting social need/ anti poverty agenda.	<input type="checkbox"/>	<input type="checkbox"/>

If yes please give details:

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		Yes	No
(iii)	Take account of equality legislation	<input type="checkbox"/>	<input type="checkbox"/>

If yes please give details:

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- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| (iv) Take account of the Freedom of Information legislation. | <input type="checkbox"/> | <input type="checkbox"/> |

If yes please give details:

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- (v) How will you monitor i-iv above?

---

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14.

**RESOURCE REQUIREMENTS**

- 14.1 Please indicate the period of time for which funding is initially being sought for this service development.

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Duration Months: \_\_\_\_\_

- 14.2 List the main activities associated with the development which require resources/funding.

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14.3 Detail the staffing requirements of the development (full-time/part-time etc.).

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14.4 Detail the revenue costs of the development. Costs to be expressed sterling/sterling equivalents.

Description	RoI	NI	Total
Salaries (detail under 13.5)			
Travel			
Training costs			
Rent			
Heat, Electricity, Power			
Telephone			
Stationery/Postage			
Administration (detail under 13.6)			
Management (detail under 13.7)			
Consultancy fees			
Land costs			
Information Systems			
Research			
Other (Specify)			
TOTAL			

14.5 Salaries

Salary	RoI	NI	Total
TOTAL			

14.6 Admin. Costs

Admin Cost	RoI	NI	Total
TOTAL			

14.7 Management Costs

Admin Cost	RoI	NI	Total
TOTAL			

14.8 Detail any non-recurring/capital costs associated with the development.

Description	RoI	NI	Total
Total			

14.9 If you need any assistance/clarification when completing this section of the proposal please contact:  
Frances McLaughlin, CAWT Finance Manager  
Tel./Fax number: 028 or 048 7131 1868  
e-mail: macks@iol.ie

15.

Please indicate what internal arrangements are in place to ensure the initiative runs to time/cost?

16.

What are the risks associated with the implementation of the initiative and how will you minimise them?

17.

Please indicate how the service development might be mainstreamed and what would be the investment required from Boards for this mainstreaming.

18.

If the service development is not to be mainstreamed what would be the exit strategy and what would be the resource implications (if any) for Boards of this exit strategy?

19.

Please add any additional information which you feel will support your application.

Please return this form to:

**CAWT Resource Unit**  
Administration Offices  
Gransha Park, Clooney Road  
L'Derry BT47 6TF

no later than 30 June 2002.

Thank you

## CAWT SERVICE DEVELOPMENT PROPOSALS

### CAWT PEACE II 5.2 APPROVED PROJECTS WHICH HAVE COMMENCED

<u>Sub-group</u>		<u>Proposal</u>	<u>Boards/ Trusts</u>	<u>Comments</u>
<b>Social / Community Care</b>	1	Feasibility Study to examine the development of Cross Border Community Care Services	Two bilaterals	Aims to review existing range of community care services to determine mutually beneficial areas of collaborative work.
<b>Mental Health</b>	1	A Longitudinal Investigation of Suicide and Attempted Suicide in At Risk Patients with Psychiatric Disorder	NWHB SLT	Aims to examine clinical, demographic and social predictions of past suicide activity including the impact of the civil conflict on Omagh and Donegal. Two years.
	2	Awareness Training in Cognitive Therapy	4 Boards	Aims to develop cognitive therapy awareness training with a range of staff across services that may be in turn dealing with those who have suffered as a result of the conflict. Two years.
	3	Carers Needs Assessment	NWHB SLT	Aims to identify and establish the needs of carers of persons suffering from Mental Illness particularly those who have suffered as a result of the conflict. One year.
<b><u>Mental Health</u></b>	1	Promotion of Positive Mental Health with special focus in young people.	4 Boards	Aims to appoint health promotion officers to carry out literature review, develop a mental health promotion plan begin implementation. Needs refining. Two years.

<b><u>Family and Child Care / Mental Health</u></b>	2	Inside Out – Personal Development through Art.  Partnership with the voluntary sector	NWHB Foyle Trust	Aims to establish art therapy for children, young people and those affected by stress, traumatised by violence through a partnership approach. Two years.
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**PEACE II 5.4 TRAINING PROJECTS WHICH ARE CURRENTLY BEING REWORKED**

Sub-group		Proposal	Boards/ Trusts	Comments
<b>Learning Disability</b>	1	<b>Vocational Assessment / Training Resources</b>  <b>Partnership with voluntary sector – New Horizons</b>	<b>4 Boards</b>	<b>Aims to develop</b> <b>(a) Vocational assessment and</b> <b>(b) Training resources to equip those with work and life skills.</b>
<b>Social / Community Care</b>	1	<b>Home Support Worker Training</b>	<b>NWHB FHSST</b>	<b>Aims to develop a training programme, policies and procedures for home support workers in both sides of the border.</b>
<b>Management Development and Learning</b>	1	<b>Mental Health Services Action Learning Programme</b>	<b>4 Boards</b>	<b>Aims to provide a Cross Border learning opportunity for Mental Health Services decision makers who hold a mandate for facilitating change.</b>
	2	<b>Partnership Project with the Irish Trade Union and Health Services National Partnership Forum</b>	<b>4 Boards</b>	<b>Aims to deal with issues in the workplace including equity, diversity, section 75 etc. Funding from a range of sources.</b>

**NORTH-SOUTH MINISTERIAL COUNCIL**  
**CAWT AS PROJECTS CO-ORDINATOR**

<b>North-South Ministerial Council</b>	1	<i>Development of First Responder Schemes</i>  North-South Bodies	4 Boards	Aims to develop a cross-border first responder Scheme with ambulance services, voluntary organisations. Three years.
	2	<i>Community Emergency Plans for the border area</i>  North-South Bodies	4 Boards	Aims to assist Community Forums in drawing up plans of action in order to ensure the integration of emergency planning. Three years.
	3	<i>Cross-Border Major Incident Emergency Plans</i>  <i>Needs to link with Triangle Project on Major Incident Planning</i>  North-South Bodies	4 Boards	Aims to develop an all Ireland directory of hospital resources and capacity, a template for hospital major incident plans and inter hospitals communications.

**INTERREG IIIA**  
**PRIORITY 3 MEASURE 2 HEALTH AND WELL BEING**

<b>Sub-group</b>		<b>Proposal</b>	<b>Boards/ Trusts</b>	<b>Comments</b>
<b>Health Promotion</b>	1	<i>Steering to Safety</i>  <b><u>Approved Subject to Economic Appraisal</u></b>	4 Boards	Aims to reduce the number of RTA's and injuries resulting from them. Based on findings from data analysis a range of initiatives focusing on identified target groups will be developed. Three years.
	2	<i>Smoking Cessation Interventions in Pregnancy</i>	4 Boards	Aims to acquire information on multi-practitioner behaviour and develop a range of approaches in relation to cessation. Three years.



	3	<i>Scoping Survey of Experiences of Teenage Pregnancy</i>	4 Boards	Aims to research the needs and experiences of teenage mothers and fathers aged 19 years and under and make recommendation to service providers. Nine months.
<b>Social Care/Community</b>	1	<i>Risk Assessment and intervention for non-convicted sex offenders living in the community</i>	WHSSB NWHB initially	Aims to evaluate current services develop a standardised risk assessment and provide three pilot assessment and treatment programmes in the North West. Three years.
<b>Primary Care</b>	1	Care of Type II Diabetes in Primary Care/Role of the Community Pharmacist  <b>Approved</b>	4 Boards	Aims to improve the quality of life of Type II diabetics by training pharmacists to identify undiagnosed patients and raise public awareness. Two years.
	2	Piloting of Cross-border 24 Out-of-Hours Service	4 Boards	Aims to implement, monitor and evaluate a pilot cross border Out of Hours Service in two areas. Two years.
	3	<b>Epidemiological Study to look at oral health</b>  <i>Approved</i>	WH&SSB NWHB	Aims to look at oral health and compare a fluoridated with a non fluoridated area as well as examine the different service delivery systems. Two years.
<b>Learning Disability</b>	1	Protection of Vulnerable Adults from abuse/Needs Assessment of carers of people with a learning disability  <b><u>Approved Subject to Economic Appraisal</u></b>	4 Boards	Aims to do two pieces of work (a) Guidelines and training materials for staff, carers, clients to be produced for the protection of vulnerable adults from abuse and (b) Needs assessment of carers of those with a learning disability. Two years

<b>Acute Services</b>	1	Mobile Catherisation Services	SHSSB NEHB	Aims to have a mobile cath lab at Craigavon Hospital, which will see patients from NEHB thus retaining cardiology services locally. Six months.
<b>Public Health</b>	1	<i>Health Impact Assessment Training</i>  <b>Approved</b>	4 Boards	Aims to carry out a health impact assessment and co-ordinate a training programme. Two years.
	2	<i>Cross-border Policies for Health Protection</i> <i>Approved</i>	4 Boards	Aims to develop cross-border plans and policies for a variety of infectious diseases and other related diseases. Three years.
<b>Family and Child Care</b>	1	<i>A New Chance – Fostering Initiative</i>  <b>Approved</b>	4 Boards	Aims to carry out a cross-border study, consultation and project design on the development of high support foster care for young people with challenging behaviours and complex needs. Two years.
	2	<i>Cross Border Partnership for Needs Assessment and Planning Frameworks for Services for Children and Young People</i>  <b><u>Approved Subject to Economic Appraisal</u></b>	4 Boards	Aims to assess need and plan services for children and young people at a cross-border level. Three years.
<b>All Programmes</b>	1	CAWT Development Centre  <b><u>Approved Subject to Economic Appraisal</u></b>	4 Boards	Aims to provide a focus and structure to support the work of CAWT and operationalise the Strategic and Business Plans.

## PROPOSALS ON HOLD

Sub-group		Proposal	Boards/ Trusts	Comments
<b>Acute</b>	1	<p>Business Manager</p> <p style="text-align: center;">Interreg</p> <p><i>On hold</i> <i>Work to be undertaken by EO initially.</i></p> <p><u><i>No funding identified</i></u></p>	Altnagelvin NWHB	Aims to enable development of joint business case for acute clinical developments in Altnagelvin/Letterkenny Hospitals. Two years.
	2	<p>Feasibility Study into Networked Health Service Education and Training</p> <p style="text-align: center;">Interreg</p> <p>Possible Enact collaboration <i>Executive Officer to revisit</i></p> <p><u><i>No funding identified</i></u></p>	4 Boards	Aims to consider the feasibility of establishing a network of education, research and training in five hospitals units using videoconferencing, telelinking, distance learning and other technologies. One year.
	3	<p>Renal Service Quality Project</p> <p style="text-align: center;">Interreg</p> <p><i>CAWT Development Centre staff to revisit</i></p> <p><u><i>No funding identified</i></u></p>	4 Boards	Aims to establish networks of dialysis services to allow comparison of outcome measures. Two years
	4	<p><b>Major Incident Planning and Response</b></p> <p style="text-align: center;">Interreg</p> <p>Funding identified. However, will be superseded by North South Projects.</p>	<b>4 Boards</b>	<b>Aims to develop a strategic approach to support the development of a cross border Emergency Plan in Sligo/Letrim/Tyrone/Fermanagh and Cavan/Monaghan areas.</b>
<b>Primary Care</b>	1	<p><b>Improving Drug Awareness through the provision of advice by community pharmacists.</b></p>	4 Boards	Aims to train community pharmacists to involve

		<i>Interreg</i> <u><i>No funding identified.</i></u>		communities in discussion groups on dangers of drug misuse. Two years.
	2	<b>Cardiovascular nursing</b>  <i>Interreg</i> <i>Primary Care Nursing Group to revisit</i>  <i>Funding identified.</i>	4 Boards	Aims to improve the service delivery to [patients suffering cardiovascular disease especially those who have developed heart failure. Two years.
<b>Physical and Sensory Disability</b>	1	<b>North West Contenance Awareness and Support Project</b>  <i>To be considered by newly formed Sub group against funds earmarked for this group.</i>	NWHB FH&SST	Aims to develop a range of initiatives to offer help and support for people with continence problems in the North West.
<b>Public Health</b>	1	<b>Access to Specialist Cardiac Services</b>  <i>Interreg</i> <i>To be reconsidered by Directors of Public Health</i>  <u><i>No funding identified.</i></u>	4 Boards	Aims to research access to cardiac services experienced by border populations and identify barriers in the use of services. One year.
	2	<b>Cross Border Survey on whether the population of the border region are ready to avail of cross-border services.</b>  <i>To be considered by Directors of Public Health</i>  <u><i>No funding identified</i></u>	4 Boards	Aims to complement the Population Health Profile by <ul style="list-style-type: none"> <li>• Establishing consumer needs in the border region</li> <li>• Examining whether people will travel for specific services</li> <li>• Look at the practice of using accommodation addresses.</li> </ul>
	3	<b>Developing a structured Training Programme for Public Health Practitioners in</b>	4 Boards	Aims to explore and appraise current programmes, describe

		<p><b>the CAWT region</b></p> <p><i>To be discussed by Directors of Public Health</i></p> <p><u><i>No funding identified.</i></u></p>		<p>the current content and source appropriate training.</p>
<b>Older People</b>	1	<p><b>Establishment of Active Retirement Groups for Older People in Derg Finn area</b></p> <p><i>To be considered by the newly formed Older Persons Sub group against funds earmarked for the group.</i></p>	4 Boards	<p>Aims to establish twelve active retirement groups for older people in the Derg Finn area</p>
<b>I.C.T</b>	1	<p><b>Developing ICT Infrastructure</b></p> <p>Funding identified.</p>	4 Boards	<p>Aims to support an ICT Officer who will work to develop implement and maximise the use of communication and information systems. Three years.</p>
<b>Management Development and Learning</b>	1	<p><b>Research Initiative into Potential for Cross Border sharing of organisational, educational, education, training and development services. To form part of the Human Resources Strategy and be considered against block funding identified for training.</b></p>	4 Boards	<p>Aims to review existing education and training provision within the CAWT region and identify where such resources can be shared and jointly developed on a cross border basis.</p>

**PROPOSALS WHICH HAVE BEEN UNSUCCESSFUL IN ATTRACTING  
FUNDING TO DATE**

<b>Sub-group</b>		<b>Proposal</b>	<b>Boards/ Trusts</b>	<b>Comments</b>
<b>Human Resources</b>	1	<p><b>Improving Cross Border Mobility within Health and Social Care (overcoming barriers to workplace mobility)</b></p> <p><i>Peace II 5.2</i></p> <p><i>To be reconsidered in line with the Human Resources Strategy.</i></p> <p><b><u>No funding identified.</u></b></p>	4 Boards	Aims to develop strategies to overcome barriers to workplace mobility through the creation and implementation of a Human resources plan which is in line with the NSMC's recommendation for Obstacles to Mobility. Two years.
<b>Social /Community Care</b>	2	<p><b>Education and Training Programme for those who work with adult survivors of sexual abuse</b></p> <p><b>No longer being supported.</b></p> <p><i>Peace II 5.4</i></p>	NWHB WHSSB	Aims to develop a training programme for those who work with adult survivors of sexual abuse. Three years.
<b>Management Development</b>	1	<p><b>Training and Development</b></p> <p><i>Peace II 5.4</i></p> <p><i>Application has been reworked to focus on specific areas including Action Learning and Home Help Training.</i></p>	4 Boards	Aims to develop a range of training including, Personal Development Plans. Women in Management, Training for Trainers, Public Health, Nursing, Leadership, Anti-bullying. Three years.
<b>Acute Services</b>	1	<p><b>In-service Training Programme for Qualified Nurses</b></p> <p><b>No longer being supported.</b></p> <p><i>Peace II 5.4</i></p>	4 Boards	Aims to provide integration of nursing of the border through an incorporate clinical practice, education and research. Two years.

<b>Building links with other parts of Europe</b>	1	CAWT: Connecting with Other Parts of Europe/Internationally  No longer being supported.	4 Boards	Aims to establish wider European links to test the value of CAWT as a model of cross-border public body co-operation.
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### Other areas

- University of Ulster keen to develop a Health Information System based on geographic information systems.

### CAWT SERVICE DEVELOPMENT PROPOSALS – NOT BEING SUPPORTED CURRENTLY

Sub-group		Proposal	Boards/ Trusts	Comments
Acute	1	<b>Cross Border Nurse Led Dermatology Services</b>	NEHB  SHSSB	Aims to build on work initiated under CBAP with the further development of dermatology services including a nurse led service and telemedicine links between Dublin and Dundalk.
	2	<b>SHO Anaesthetics</b>	NWHB Altnagelvin	Aims to develop cross border anaesthetist service.
	3	<b>Medical Technical Officer Training Development</b>	NEHB Craigavon hospital	Aims to develop cross border training development for medical technical staff.

Note: Appendices 4 and 5 currently being updated and will be upload shortly