

1. INTRODUCTION

In July 1992, the North Eastern and North Western Health Boards in the Republic of Ireland and the Southern and Western Health and Social Services Boards in Northern Ireland entered into a formal agreement known as the Ballyconnell Agreement to cooperate in improving the health and social well being of their resident populations. These four Boards cover the whole of the land boundary between the Republic of Ireland and the United Kingdom and between them they comprise a population of one million.

It has been suggested that people living in the vicinity of the border are materially disadvantaged on account of low levels of economic activity, rurality and geographical isolation. Research lends weight to this view with deprivation in border areas, particularly evident with regard to age dependency and unemployment. As the need for health services is highly correlated with material deprivation it can be assumed that those who live in border areas have higher than average health needs. This is further borne out by studies of perinatal mortality which have suggested higher mortality rates in border areas.

The Ballyconnell Agreement was revised in 1998 to take account of the purchaser/provider split when the Northern Ireland Health and Social Services Boards were reorganised into Commissioner Boards and Provider Trusts were established as separate statutory organisations.

Since 1999 Ireland, both north and south, has undergone a period of quite extraordinary transition – political, economic, social and cultural. New opportunities have constantly opened up and old systems and poor structures and infrastructures are no longer being tolerated. This is the overall context within which Cooperation and Working Together is now 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 three years.

These challenges include the development of a new health strategy and the implementation of regional strategies such as those on cardio vascular, health promotion and cancer services and the National Review of Ambulance Services in the Republic. In Northern Ireland there has been the development of a Public Health Strategy “Investing for Health”, the reviews of acute hospital and ambulance services,

a consultation paper on primary care and the DHSSPS “Priorities for Action” document. Board specific reviews include the 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. All of this is underpinned by legislation on equality, human rights and freedom of information.

CAWT must also take cognisance of the wider environment as it develops its strategic plan. It must seek to establish links and to interact with the new cross border structures and institutions which have been established and some of which are detailed in Section 2.

2. THE WIDER ENVIRONMENT

2.1 North South Relationships

Under the provisions of the multi-party agreement reached in Belfast on 10 April 1998 (The Good Friday Agreement) North South cooperation has developed considerably. Strand Two of the agreement provided for the setting up of a North South Ministerial Council in December 1999. This, in turn, established six new cross-bodies including the Special EU Programmes Body and the Food Safety Board.

The health of the people in both jurisdictions was one of the areas identified for enhanced cooperation and priority areas identified are; Ambulance and Emergency Services, Major Emergency Planning, High Technology Equipment, Cancer Research and Health Promotion. Priority is being given to the development of these areas and the actioning of a cross-cutting study on barriers to North South Mobility which is being carried out by Price Waterhouse Coopers and Indecon Economic Consultants.

2.2 The Common Chapter

The Common Chapter 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 cooperate in the provision of required services on a partnership basis. It identifies the need for continued and increased cooperation, particularly in relation to ambulance cover and joint training as well as the sharing of emergency admissions where hospitals are under pressure.

2.3 The Institute of Public Health

The All Ireland Institute of Public Health has been established to provide:

- Disease surveillance as well as the development of information services, research, education and training and advice on public health issues.

It aims to support and strengthen work for public health and influence the direction and content of public policies in favour of public health.

2.4 Food Safety Promotion Board

The Food Safety Board was one of the North South Implementation Bodies established under The Good Friday Agreement. The main functions of the Board are:

- Promotion of food safety.
- Food Safety research.
- Communication of food alerts.
- Surveillance of food borne disease.
- Promotion of scientific cooperation and laboratory linkages.
- Development of cost effective facilities for specialist laboratory testing.

2.5 Special European Union Programmes Body (SEUPB)

The SEUPB, another of the North South Implementation Bodies set up under The Good Friday Agreement will advance the Peace II and Interreg III Programmes as well as monitoring the implementation of the Common Chapter.

The Peace II Programme is similar to its predecessor, the EUSSPPR, in that it includes all of Northern Ireland and the border counties. The five priorities for the new Peace Programme are:

- Economic renewal.
- Social integration, inclusion and reconciliation.
- Locally based regeneration and development strategies.
- Outward and forward looking region.
- Cross-border cooperation.

The Interreg Programme was established to “strengthen economic and social cohesion in the European Union by promoting cross-border, transnational and interregional cooperation and balanced development of the European Union territory.”

A new Interreg III Programme is now being proposed. Strand A relates to “promoting integrated regional development across land boundaries. With Interreg III there is a call for a wider participation at all levels of the Programme including “institutional” partners from national, regional and local authorities, but also economic and social partners. Within Interreg III, health has been identified as a priority.

There is also the continued European focus on integrated area planning as well as the development of new district partnerships.

2.6 Centre for Cross Border Studies

The Centre for Cross Border Studies based in Armagh was established in September 1999 to research and develop cooperation in a range of practical areas including education, public administration and communications.

2.7 Other Relevant Players

The Border Corridor is made up of seventeen local authority districts in Ireland and Northern Ireland which adjoin or are adjacent to the Ireland/Northern Ireland border. Local authorities on both sides of the border have developed three networks – the North West Regional Cross-Border Group (NWRCBG), the East Border Region Committee (EBRC) and the Irish Central Border Area Network (ICBAN). The three networks have developed cross-border Integrated Area Plans for their region as well as developing an overall Border Corridor Strategy for the new Interreg III Programme.

LACE-TAP (Linkage Assistance and Cooperation for the European Border Regions – Technical Assistance and Promotion) supports and facilitates cross-border cooperation through actively exchanging information and experience throughout the European Union, crystallising best practice, transferring experience and producing European-wide productions thus promoting best practice.

There are also a multiplicity of voluntary, community and consumer involvement organisations working within the border area with whom links and partnerships will continue to be created. This will enable issues such as ill-health, deprivation and social inclusion to be tackled in a multi-sectoral approach.

3. DEVELOPMENT OF CAWT : 1992 - 2000

3.1 July 1992 – September 1996

Against this backdrop of evolving North South relationships and cross-border bodies, CAWT has continued to develop. It is now operating in a completely different environment from when it was first conceived.

From its establishment in July 1992 CAWT has been successful in providing a framework for groups and individuals to come together to explore a range of common issues relevant to their services areas.

During the period 1992 to 1996 CAWT policy was developed by the CAWT Management Board (formerly known as the Steering Group) comprising the Chief Executive Officers and Chairpersons of the four participating Health Boards. Four officers from the Health Boards who formed the Secretariat met and worked together to identify and explore the potential for cross-border co-operation in health and social services. Cross-border working groups, again made up of staff from the four Boards collaborated on specific service and care group areas and a number of research projects were undertaken and funded jointly by the Boards. These included the following:

- Recruitment practices in both jurisdictions.
- Geographical Information Systems.
- Child Care Legislation.
- Learning Disabilities needs assessment in both jurisdictions.
- Social deprivation in both jurisdictions.

3.2 October 1996 – December 2000

CAWT succeeded in securing over £5 million under Measures 3.3a and 3.3b, Co-operation between Public Bodies from the EU Special Support Programme for Peace and Reconciliation. Some of this funding, together with Boards own resources was provided to allow CAWT to formalise its organisational structure, appoint a full time co-ordinator, procure financial monitoring support and establish a CAWT office base.

The most of the EUSSPPR funds again with some input from the Boards were provided to support a range of very successful projects across a wide range of areas including the following:

3.2.1 Acute Services

All of the Acute Trusts in Northern Ireland areas which border the Irish Republic, have had active projects working with the NWHB and 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 highlight the willingness of patients to avail of services at their nearest point of delivery irrespective of the border. An important output from the Acute Projects has been the identification of the current constraints to cross border partnership working as well as highlighting further opportunities for collaboration.

3.2.2 Ambulance Services

Joint training was provided for ambulance personnel at both control and operational level. This included the development of joint protocols and a co-ordinated approach to the response to major incidents. It also engaged the border communities in safety and information awareness programmes.

3.2.3 Primary Care

The aim has been to improve primary care services for people resident in border areas by enhancing the quality of care provided, improving levels of communication and team-working and upgrading the standard of facilities available to deliver services. The project actively encouraged cross-border multi-disciplinary models of working and promoted inter-agency partnerships. The identification of health and social care needs of cross-border isolated communities and an examination of ways in which authorities can work together to improve care, e.g. in the provision of out-of-hours services, was also a major aim of the project.

3.2.4 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 has been facilitated.

A comprehensive outreach support and training programme for people with mental health problems has been established in the Melvin area. This 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.

3.2.5 Family and Child Care

Three projects were undertaken in Family and Child Care, all of which were targeted at children and young people with specific difficulties and needs. The projects have spanned all four Board areas and have 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.

3.2.6 Flexi Worker Family Support Project

The Flexi Worker Family Support Project which was implemented by the Learning Disability Group and which was completed in 1998 highlighted once again the challenge in the context of markedly different infrastructures and legislative framework. The sub-group also continues to take an interest in the area of the protection of vulnerable adults from abuse. In order to progress this further, a highly successful one day seminar was held in September 1999 on the subject of Personal Relationships and Sexuality.

3.2.7 Health Promotion

A particularly co-ordinated approach has been taken to co-operation and working in the area of Health Promotion, with specific goals having been set and detailed in the Sub-Groups Service Plan. Work was initiated in the areas of Childhood Accident Prevention, Mental Health Promotion, Drugs Awareness and Smoking Cessation.

3.2.8 Public Health

In Public Health a range of research projects were promoted including a three year research project funded by Boards, into the management of patients with breast cancer. Groundwork has been done on looking at needs assessment in the CAWT region. A further project, which aims to examine equity and access issues across the four Boards, had also been established and funded by the Boards.

3.2.9 Support Services

In the area of Support Services, Human Resources, ICT and Finance, professionals have been working together within their specific disciplines to support the various co-operation and working together projects and initiatives and important networks and relationships have been developed. This has included the development of e-mail linkages, work relating to the development of proposals for joint registration of professionals on both sides of the border.

These projects and other working together arrangements have facilitated operational improvements in areas of joint service provision and have also established the solid foundations for more strategic and longer term co-operation across a wide range of areas.

4. EVALUATION OF CAWT : FROM CONCEPT TO REALISATION

4.1 Introduction

In June 2000, the Centre for Cross Border Studies was commissioned to undertake an evaluation of the CAWT organisation. The evaluation 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 the 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.

The final report which was published in February 2001, paid tribute to the work of CAWT and the resulting improved relationships between Boards and Trusts both sides of the border. The report recognised that the CAWT organisation offered a vehicle for health and social care professionals to continue to work together and that networks of contacts have now been established throughout the CAWT region. It was also recognised that an increased awareness and enthusiasm now exists about the future potential for cross border working within health and social care.

4.2 Issues

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 both sides of the border to performance indicators in terms of looking for clear and tangible benefits for patients and their communities;

- Mainstreaming of projects, and 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 in Northern Ireland the Republic of Ireland.

4.3 Recommendations

The report also made the following specific recommendations. It stated that:

- A revised CAWT Strategic Strategy should include clear statements on CAWT's objectives including the need:
 - to overcome disadvantage in terms of particular documented levels of unmet need in border areas,
 - to plan more effectively for 'natural' cross border catchment areas,
 - to learn about the effectiveness of different responses to common problems.
- Evaluation and monitoring should be standardised across all CAWT sub-groups through the development of an evaluation template.
- Consideration should be given to assigning a quality assurance team to all projects.

In order to take full advantage of the opportunities and to meet enhanced expectations, careful thought, it was noted, needs to be given to structures and processes.

- The staffing of the CAWT Resource Unit may need to be reviewed.
- Consideration should be given to timetabling structured meetings between CAWT representatives, secretariat members and chief executive officers of the individual Boards and Trusts.
- ICT, Human Resources and Public Health Sub-Groups should be more inclusively involved in the CAWT agenda.

CAWT, it was 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.

- Studies should be commissioned in conjunction with academic and policy institutes into:
 - the effects of population sparsity and remoteness,
 - morbidity and other population characteristics,
 - unmet needs in rural areas,

- distance from facilities,
- the determinants of utilisation in border areas,
- the potential for economies of scale,
- efficiency and equity issues,
- baseline levels of provision, any spare capacity and the scope for expansion,
- the political/service impact of losing services.

In addition, it was recommended that in order to provide a clearer focus on health and social care:

- There should be greater emphasis on population needs assessment with more input from public health professionals

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 up-to-date (on line) repository of CAWT documentation and other relevant documentation should be held at the CAWT Resource Unit.
- Internal and external communications systems such as the use of teleconferencing and videoconferencing should be strengthened.

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 co-operation agendas can symbiotically develop.
- establishing a strong relationship with the North South Ministerial Council and undertaking work on their behalf either directly or in partnership with academic units.

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.

4.4 Cross-Border Co-operation in Health Services in Ireland

This report which was commissioned by the Centre for Cross Border Studies in Armagh, outlined the past, present and the potential for future co-operation in health services across the Irish border. The findings of the study are presented under five thematic headings:

- **The need for co-operation**
- **The economies of co-operation**
- **Past and current co-operation, much of it in the context of CAWT**
- **Ways in which co-operation can be enhanced in the future, and**
- **Barriers to co-operation and how to overcome them**

In the report the authors note that CAWT was found to have made progress in reaching all of its key objectives over the evaluation period. They say that a great deal has been achieved by CAWT in terms of improved relationships. Considerable credit is due to those who conceived and perceived the initiative in an often adverse political climate. They conclude by saying that attitudes to CAWT are generally very positive and that there is optimism about future potential.

5. RATIONALE FOR THE SECOND STRATEGIC PLAN

Since its inception CAWT has moved along a development continuum. From small beginnings, it has been successful in providing a framework for groups and individuals to come together on a range of common issues relevant to their service areas. Much of the work of CAWT has been organic in nature, whereby participants were given the freedom and space to contribute to cooperative ventures which were often groundbreaking. With maturity, the focus of participants has widened beyond the immediate concerns of specific service areas to embrace a corporate approach for CAWT as an entity. In other words, there is a growing recognition that the CAWT agenda is distinctive in organisational terms. A major challenge for any future strategy is to strike the appropriate balance between the need for enthusiastic practice and the need for a degree of formalisation and focused outputs.

At the same time CAWT is very much aware of the challenges presented by the development of the health and social care agenda both North and South as detailed in Sections 1 and 2. It wishes to take on board the recommendations made by the Centre for Cross Border Studies in their evaluation of CAWT and to take cognisance of the findings of the All Ireland study. The production of this second strategic plan is, therefore, a response to the changes in the internal and external contexts which have and are taking place.

It represents a particularly important stage in the life of CAWT. Over the past number of years the Boards and Trusts within CAWT have, through collaboration, created a framework for the development of health and social care across the four Boards. They have clearly demonstrated that cross-border cooperation in health and social care can work and that CAWT is very much a potential model for cross-border cooperation in other sectors.

CAWT's experience to date, combined with the rapidly changing environment of health and social care and the further opportunities for European support means that it is now ready to move a stage further along the development continuum. This plan reflects the direction in which CAWT wishes to go and is the outcome of the collaborative process involving the Management Board, Secretariat, Sub-Groups and personnel who are active within the CAWT structure. The plan aims to be user friendly and of value to all potential stakeholders, for example:

- Individuals
- Boards
- Providers and service managers
- Voluntary Agencies
- Government Departments
- Policy Makers
- Funding Agencies
- Local Government
- Community Organisations

6. MISSION

The CAWT mission is to improve the health and social well being of the populations covered by the CAWT region by working across boundaries and jurisdictions in a way which effectively engages the people, service planners and providers.

The work programme will be carried out in an inclusive and transparent way and will target those in greatest need. The performance of CAWT will be continually assessed against agreed outputs and targeted outcomes.

7. STRATEGIC OBJECTIVES

CAWT will promote co-operation through needs assessment, service developments, research, training, networking, information and policy development in order to achieve the following strategic objectives:

- To improve the health and social well being of our resident population;
- To identify opportunities for co-operation 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 of resources where these would be of a mutual advantage.

8. VALUES

Boards and Trusts in the Republic of Ireland and Northern Ireland have as their primary aim the improvement of the health and social well being of their resident populations. The CAWT region includes the only land border between the Republic of Ireland and the UK. It is therefore in a unique position to lead cross-border developments in health and social care.

CAWT's values can be summarised as follows:

- Identifying opportunities for cooperation, further developing that spirit between the Boards and Trusts and reflecting its unique position within the European context;
- Sharing resources, recognising that the populations which are served may have more in common with each other than their other neighbours who are not in CAWT;
- Tackling the challenges involved in improving health and social well being thus making a real contribution to social development and social inclusion throughout the region;
- Fostering and developing relationships between all disciplines;
- Targeting resources at those in greatest need, and securing funds as appropriate to allow for service developments;
- Supporting and strengthening internal and external partnerships for health and social gain;
- Bringing added value through a co-operative approach;
- Co-operative working so as to contribute to peace building, reconciliation and greater mutual understanding by increasing understanding between professionals and communities on both sides of the border.

9. STRATEGIC IMPERATIVES

In the first CAWT Strategic Plan “A Bridge To The Future 1998-2001”, it highlighted a series of key strategic imperatives that were identified as critical by the main stakeholders. These imperatives are still very relevant within this plan and can be divided into four main categories:

9.1 CAWT’s Relevance To Stakeholders

The strategy must enable CAWT to:

- Identify a range of themes that all stakeholders can identify with;
- Ensure that the CAWT agenda is relevant to the strategic agenda of its stakeholders;
- Have shared ownership across the different systems and jurisdictions;
- Help to bridge the differences between the stakeholder organisations;
- Address the peripherality issue as experienced on both sides of the border;
- Support the examination of the potential contribution that other stakeholders such as local councils, the new district partnerships, the voluntary sector and other statutory agencies can make to the process of improving health and social well being.

9.2 Strategic Significance

CAWT must ensure that its agenda:

- Is seen not as a project but as a core part of the participating Boards and Trusts business;
- Generates activity that has practical relevance within the core business of stakeholders;
- Take full cognizance of the major health strategies in both jurisdictions;
- Increases motivation and commitment to the CAWT vision;
- Is owned and is carried forward by the main stakeholder organisations rather than individuals;
- Helps to reduce if not eliminate the impact of political frameworks on the effective and efficient provision of health and social care services;
- Helps to inform the emerging North South health and social care agenda;
- Contributes to peace building, reconciliation and greater mutual understanding.

9.3 Contribution to Health and Social Gain

For CAWT's strategy to have the widest possible relevance it must:

- Add value to the individual agendas of stakeholders;
- Reflect local community as well as service and business priorities;
- Provide opportunities for joint planning and commissioning leading to improvement in service;
- Produce projects and collaborative work which impacts on patients and clients;
- Target those in greatest need by addressing issues of access, equity and quality;
- Address the major challenge of enabling local people to participate in the development of appropriate local services.

9.4 Effective Use Of Expertise and Resources

Those who work within CAWT and the communities on whose behalf they work together will expect that CAWT:

- Contributes to mutual working and joint initiatives;
- Is affordable and secures value for money;
- Is outcome driven;
- Will build trust, confidence and expertise.

10. PREPARING THE GROUND FOR THE STRATEGY

During 2000 CAWT began the planning process in relation to looking at the future direction for cross-border working. A range of key players from the CAWT participating Boards and Trusts met at a Seminar “Making Connections” in June to:

- Look at and critically appraise the work which has been undertaken to date;
- Consider how this could now be consolidated and carried forward;
- Begin to develop the strategy for 2001 and beyond.

This was followed up by a workshop in July 2000 when senior managers came together to share ideas on key areas for future joint work. CAWT Secretariat members then took the work from both these events back into their Boards for further detailed discussion and agreement.

The CAWT Secretariat came together in November 2000 to agree the main themes and major work areas for the next three years.

These discussions 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 comment.

Having incorporated the comments and the recommendations from the evaluation commissioned from the Centre for Cross Border Studies “From Concept To Realisation”, the final strategic plan was endorsed by the CAWT Management Board at their meeting in May 2001.

11. DEVELOPMENT OF SPECIFIC PROGRAMMES OF CARE/SERVICE AREAS

In order to fulfil its mission and mandate, Cooperation and Working Together has identified goals which it will work towards over the next three years. These goals will be attained through the pursuit of a series of strategic objectives which will form the basis of CAWT's work.

11.1 Acute Services

Acute Hospitals are undergoing a transformation both north and south of the border. Peripherality and current long travel times will be impacted on by changes in both jurisdictions and will reflect a range of cross-border acute service developments. These developments must guarantee equity and good quality of care while reflecting variations in geography, demography and health needs.

Managed Clinical Networks will contribute to this agenda. The emphasis should be on connection networking and partnership rather than isolation and self-sufficiency, on sharing and distribution of resources rather than centralisation and on maximising the benefits for all patients rather than the fortunate few.

Against the backdrop of developing clinical networks CAWT will:

- Support the networking of hospitals where appropriate within the CAWT region;
- Schedule a seminar to ensure detailed consideration and debate on the recommendations of the Hayes Review of Acute Services and the North Western and North Eastern Health Boards Reviews of Acute Services which will influence the development of a CAWT acute strategy;
- CAWT will support the development of cancer services in the west and nephrology services in the east of the province;
- Present to the North South Accident and Emergency Working Group on the wider cross border acute issues which will cover local, sub-regional accident and emergency services and also discuss the potential for development;

- Reach a consensus on which areas of the Triangle Feasibility Study will be taken forward and support the implementation of these;
- Develop a process to coordinate the implementation of the Altnagelvin/ Letterkenny Feasibility Study.

11.2 Primary Care

A modern day health service mitigates against clinicians working in isolation to each other, or indeed the creation of artificial organisational barriers between either levels of care or care sectors such as acute and primary care. Such a service makes best use of people's skills and knowledge and the ability to use the available technology. It explicitly recognises the clinical and professional interconnections between services and sectors.

It is noted that many of the patients within the CAWT region reside in areas remote from larger population centres and are dependent on the range and level of services and support infrastructures which enhance the capability of Primary Care practitioners to extend the range, quality and level of service they can provide. However, it is also recognised that what we are seeking to achieve is a seamless service with interplay between primary, secondary and tertiary sectors.

Against this backdrop of the need for integration of primary and acute services, primary care in the CAWT region will centre on:

- Development of a Primary Care Strategy for the CAWT region. More specifically this will involve:
 - The restructuring of the Primary Care Sub-Group
 - Development and piloting of flexible and responsive ways of providing cross-border Primary Care Services, e.g. out-of-hours, co-ops etc.
 - Development of skills and competencies of Primary Care professionals to ensure a high quality cross-border service;
 - Implementation of the recommendations from the community based needs assessment Blacklion/Belcoo initiative;
 - Implementation of the cross border pharmacy strategy;

- Epidemiological study which will examine the issues around groups which have been fluoridated and those that have not, for example cancers, hip fractures and those with Downs syndrome;
- Research study in oral health which will gain baseline information on caries levels in pre-school, 5, 12 and 14 year olds, oral health problems and attitudes in 16 year olds and those with special needs;
- Enhancement of the information technology agenda to assist with needs assessment through the process of data mining in general practices and pharmacies;
- Exploration of modern ICT technologies in order to streamline information communications within and between primary and secondary care, thus supporting clinically managed networks.

The overall strategy will take account of the work of other sub-groups and also will integrate with Primary Care developments in both jurisdictions.

11.3 Emergency Care System

This is a major emerging requirement in the context of risk management, quality of services, reduction in services in smaller hospitals etc. Investment is required in several areas. There must be:

- Liaison with the recently established North South Hospital and Community Related Emergency Planning Group to ascertain the role of CAWT;
- Detailed consideration of the two Reviews of Ambulance Services and their implications for the geography covered by CAWT;
- Implementation of a specific project to bring about the integration of emergency planning in the CAWT sub-region in order to provide a regional response (Triangle Project). The timing of the latter will be influenced by discussions with the North South Hospital and Community Related Emergency Planning Group.

11.4 Public Health

The Public Health Sub-Group has a key role to play in relation to shaping the agenda for CAWT. The main areas for development will be:

- High level Population Needs Assessment for CAWT will be undertaken using the DPH Annual Reports initially as a foundation to identify areas for future working;
- Research Project into issues around cardiology services;
- Development of a potential template for use in researching other services, for example ophthalmology;
- Support for continuing co-operative work on communicable diseases, including sterilisation of equipment/risk management training;
- The development of relationships with the two North South structures – the Institute of Public Health in Ireland and the Food Safety Board;
- Linkages with other sub-groups particularly Primary Care, Acute and Health Promotion.

11.5 Health Promotion

Health Promotion has been identified as one of the areas to be taken forward within The Good Friday Agreement. In addition, CAWT believes that targeted, cohesive health promotion programmes are one of the ways in which health inequalities can be addressed. In addition, health promotion programmes are corner stones of both the cardio vascular and cancer strategies. Main areas for development will include:

- Linkages with other sub-groups, including primary care, public health etc.
- 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;
- Design and implementation of a multi-sectoral road safety project;
- Support for the cross border Women's Health Strategy;
- Design and implementation of a smoking education project;
- Continued collaboration between those working in the area of drug and alcohol prevention.

11.6 Family and Childcare

A range of coordinated services and systems developments are required within this area as there is much scope for working on a planned basis in this area.

Areas identified include:

- Cross-border feasibility study into high support residential facilities for young people with challenging behaviour;
- Cross-border development of joint interventions including:
 - Family Support Service
 - Diversionary Schemes for Young People
- Collaboration with those agencies involved in the development of joint paedophile tracking systems;
- Feasibility Study into the potential for other areas of joint working within the community care area;
- Cross border forum for needs assessment and planning for Family and Childcare services.

11.7 Learning Disability

The Learning Disability sub-group in addition to maintaining a working relationship with other groups in the areas of Mental Health, Physical Disability, Sensory Impairment, Health Promotion and Primary Care will focus on:

- Development of joint approaches for the protection of vulnerable adults with a learning disability;
- Cross border Job Placement Scheme for adults with a learning disability;
- Detailed consideration of the residential and day care developments for service users with extremes of challenging behaviours;
- Support systems for the learning disabled who offend;
- Continuing cross border research training and feasibility initiatives in the area of learning disability.

12.8 Mental Health

While there has been to date no formal sub-group on mental health, significant progress has been made in three areas – Cognitive Therapy training for mental

health professionals including psychiatric nurses and service workers from the NWHB and WHSSB, an outreach support and employment project in the Melvin area and mental health promotion projects. It is therefore intended to:

- Establish a mental health sub-group which will develop the priorities for CAWT and will take account of the need for:
- A feasibility study into the potential for further joint working in the area of mental health;
- Examining the potential for the development of further links in the area of cognitive therapy;
- Promoting the development of joint training, staff development and joint protocols in a number of areas including sexual abuse, substance misuse and eating disorders;
- A cross border assessment and treatment centre for those with alcohol related problems;
- Linking with the newly established All Ireland Institute of Mental Health.

11.9 Social Inclusion – Joint Action Focused at Core Groups

A range of programmes and service developments are required across the CAWT region for people with physical and sensory disabilities. In addition, the needs of the older person who often live in rural, isolated areas along the border must be considered. There are currently no formal sub-groups in either of these areas but it is intended that:

- Detailed consideration of the needs of both these core groups and how best to tackle them on a cross border basis will be made by the CAWT Directors of Social Care. This may include:
- Feasibility Studies into the potential for future joint working in the areas of physical and sensory disability;
- Development of a framework for the involvement of the statutory independent and voluntary sectors in the needs of older people;
- Implementation of findings from the Derg/Finn Elderly Needs Project.

12. STRATEGIC BUSINESS AREAS

In working to obtain its strategic goals and objectives CAWT will concentrate its activities in the following seven business areas.

12.1 To Further Enhance Existing Structural Arrangements

To further develop the structures which enable CAWT's strategic goals to be realised:

- Review the role and function of the Management Board meetings to take account of the need for a planning and priority setting forum;
- Review the staffing of the Central Executive (Resource Unit);
- Examine the role and future of existing sub-groups;
- Identify areas for possible new sub-groups, e.g. older people and physical disability;
- Encourage sub-groups to develop operational plans;
- Consider the feasibility of timetabling structured meetings between CAWT representatives, Secretariat members and CEO's of the individual Boards involving providers.

12.2 To Ensure More Effective Involvement Of The Provider System

- Host a major CAWT seminar on an annual basis;
- Disseminate Management Board Minutes to all Chief Executives;
- Encourage meetings and joint projects between Boards and Trusts, including those on a bilateral basis;
- Develop a sharing understanding of the organisational and management structures across the four Boards.

12.3 To Communicate Effectively the Purpose and Role of CAWT to Secure Optimum Involvement and Ownership

- Establish a communications group to develop a communications strategy which will help raise and maintain the profile of CAWT both within the region and external to it;
- Develop an up-to-date (on line) repository of CAWT documentation;
- Produce quarterly newsletter;
- Publish an Annual Report;

- Build on existing information technology through the extension of tele, video conferencing and e-mail systems;
- Explore best practice and share expertise on communication issues.

12.4 To continue to ensure that CAWT is an integral part of the planning and delivery systems of participating Boards and Trusts

- Develop a better understanding of planning and service delivery systems in both jurisdictions;
- Discuss and document the criteria used for developing services on a cross border basis;
- Suggest ways in which CAWT can contribute more effectively to the planning and delivery systems;
- Evaluate how key support functions, e.g. ICT, Personnel, Finance etc. can contribute to the overall work of CAWT;
- Gain value for money by optimising collaboration, sharing best practice and exploring opportunities for economies of scale;
- Develop frameworks which will facilitate the dissemination of learning, experience and solutions both within and across the CAWT region.

12.5 To Examine and Develop the Critical External Relationships which will assist CAWT to achieve its Mission

- Build upon CAWT's capacity to influence other sectors by developing their understanding of the wider health and social care agenda;
- Consolidate links with North South Ministerial Council and the SEUPB Body;
- Strengthen existing links with the DOHC, DHSSPS and ensure regular meetings;
- Engage in cooperative working with the Institute of Public Health, Food Safety Board and other all Ireland Bodies where appropriate;
- Establish linkages with those involved in developing the integrated area planning process;
- Develop links with relevant community and voluntary organisations;
- Examine ways of linking CAWT with the wider European agenda.

12.6 To Identify Opportunities to attract investment in the Health and Social Care Infrastructure of the Region (at Regional, National and European Levels)

- Identify ways in which a more advantageous distribution of spend for people living in the CAWT region could be achieved;
- Act as a focus for developing and integrating applications and support for Peace II and Interreg III monies for the CAWT Boards and Trusts;
- Examine other potential sources of funding to benefit the population of the CAWT region, e.g. North South Ministerial Council;
- Develop links with funding organisations including SEUPB, government departments etc. to ensure that CAWT is positioned to attract other potential sources of investment;
- Distribute small grants to facilitate feasibility studies, partnership agreements, funding approaches, creative projects etc.

12.7 To Promote and Utilise Research and Evaluation which will facilitate and support the work of CAWT

- Undertake a population needs assessment for the CAWT region;
- Build into all new projects/work an evaluation dimension to ensure review and dissemination of findings;
- Develop a template for project evaluations;
- Begin to establish CAWT as a source of expertise, advice and support in terms of relevant research relating to improving the health and social well being of populations living in European Border Regions;
- Commission this research in conjunction with academic and policy institutes;
- Apply for research funding in collaboration with academic institutes to research bodies in Ireland, UK and Europe, e.g. European Union Fifth Framework Programme;
- Publish and widely disseminate research outputs of work undertaken within CAWT.

13. SUPPORT SERVICES

There are a number of key corporate themes which underpin the development of CAWT as a quality organisation and which are vital to its continued success. Increased activity in Information and Communications Technology, Finance and Human Resources is necessary in order to build and enhance the current CAWT infrastructure.

13.1 Information and Communications Technology

An effective, efficient ICT system is essential for the CAWT region given its size and geographic area. Efficient communication is essential for ongoing cooperation between the Boards and Trusts. In addition, the CAWT Sub-Groups require assistance and support as they develop their strategies, projects and programmes. Investment will continue in information technology and will include the further development of e-mail infrastructure, web page and video conferencing as well as relevant linkages with the wider IT environment.

13.2 Human Resources

It is necessary that CAWT have a strategic view of human resource developments at regional, national and European levels and that it should discuss and respond to these changes and examine the implications for the organisation as a whole. The recommendations from the Study of Obstacles to Mobility between the Two Parts of the Island of Ireland commissioned by the North South Ministerial Council, will impact and influence the future direction of work in this area.

In addition, there are issues around recruitment and retention of staff, continuing education, training and work placements which need to be addressed.

13.3 Finance

It is recognised that in order for CAWT to deliver quality health and social care services, it must pay particular attention to its financial management and audit systems and ensure that it achieves best fit between its resources, its primary activities and its strategic objectives.

14. FINANCIAL STRATEGY

What has emerged from the process of developing the strategy for CAWT for 2001 – 2004 is that significant levels of funding will be required to delivery upon the strategy.

Funding is required to conduct the research (including action research) and needs assessment exercises, which have been recognised as being essential and to put into place those cross-border services, which have already been identified as being needed. What is less clear is how exactly the strategy will be funded.

There is no doubt that CAWT benefited greatly from the projects which have been funded from EU Peace and Reconciliation Funds. Their implementation has facilitated operational improvements in areas of joint service provision and has also established the solid foundations for more strategic and longer-term cooperation across a wide range of areas. However, concerns have been raised in respect of this approach in that CAWT has been seen as being too project focused and too locked into a grant funding mentality. Problems in relation to sustainability, limited mainstreaming of developments and inadequate exit strategies have been a factor with many of the projects. It is doubtful also if this approach promotes the optimum use of scarce resources.

It is for these reasons that CAWT needs to look at how to access funds, from all possible sources, the use of which can be subject to a rational decision making process in relation to the implementation of the CAWT strategy.

Possible sources of funding are as follows:

- Board's own earmarked resources;
- EU Peace II Funds;
- Interreg III Funds;
- National Development Plan Funding;
- NSMC Funding;
- Other, e.g. Research Funding;
- Government Departments.

Whilst every effort needs to be made to access as many of the above sources of funds as possible, it needs to be recognised that many of these sources are non recurring and that replacement funding for any recurring developments needs also to be identified and committed from the outset.

15. CONCLUSIONS

In addition to what has been identified as areas for cooperation and working, together within this strategic plan, work will continue across the range of sub-groups in relation to the development of resources, the planning and organisation of cross-border seminars, conferences and training initiatives. CAWT will seek to assist sub-groups in developing these and other activities including feasibility studies, partnership agreements and funding approaches.

The work of the past years will be fundamental to the potential extensive and expansive cross-border agenda envisaged within this Strategic Plan. The relationship building, joint training and the work of the sub-groups to date, together with the enthusiasm and energy of all those involved is a solid bedrock on which to go forward.

Our main challenge in the next three years will be to respond positively and proactively to our changing environment whilst still keeping true to our fundamental aim of cooperation and working together for the health and social gain of the CAWT population.

It is hoped that this strategy will be of interest and value to all those who share CAWT's determination to improve the health and social well being of those who live in the border region.

Cooperation and Working Together would welcome comments on the strategic direction set out for achieving its goals and objectives and, in particular, any proposals to support or complement aspects of its work.

Comments on the strategic plan should be forwarded to:

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