STRATEGIC DEVELOPMENT PLAN

FOR

CO-OPERATION AND WORKING TOGETHER (CAWT)

2007 - 2013

19 September 2006

14250/F

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1. EXECUTIVE SUMMARY

1.1 Overview

101 Co-operation and Working Together (CAWT) is a cross border body formed in 1992 when the North Eastern and North Western Health Boards in the Republic of Ireland and the Southern and Western Health and Social Service Boards in Northern Ireland agreed to co-operate in improving the health and well being of their resident populations. The current CAWT partners are SHSSB, WHSSB, HSE Dublin North East and HSE West.

1.2 Rationale for Strategic Development Plan

102 Since its inception, CAWT has been successful in enabling groups and individuals from Health Boards, HSE border counties and Trusts to come together on a range of relevant health issues within the CAWT region. The recent changes to the organisation of health services in the Republic of Ireland and the changes taking place within Northern Ireland has resulted in those involved in the CAWT Initiative recognising that they now need to plan for future years. These changes along with the broader changing environment North and South has subsequently led to the development of this third strategic plan for CAWT for the period 2007 – 2013.

103 The findings of the 2006 FPM evaluation of CAWT activities along with detailed stakeholder consultations undertaken and a review of relevant strategies North and South have been the foundation on which this strategic plan has evolved.

1.3 CAWT Strategic Objectives 2007 - 2013

104 The following eight strategic objectives have been identified for CAWT for the period 2007-2013:

1) To improve the health and wellbeing of the population of the island of Ireland with a particular emphasis on the border;

2) To continue to have a focus in assisting border areas in addressing their distance from the centre of Government including addressing obstacles to cross border mobility;

3) To acknowledge that the next stage in the development of CAWT requires a change in the strategic emphasis in both geographic and service remit which includes a more integrated approach to health provision on the island of Ireland;

4) To play a facilitating role in the provision of population based island health care and in particular contribute to the debate to achieve enhanced service provision and patient satisfaction;

5) To exploit the opportunities of joint working or sharing of resources particularly through the following:

(i) Engagement with the wider European community;
(ii) Engagement with other public sector, community or voluntary initiatives; and
(iii) Better engagement with the providers of care.

6) To identify opportunities for co-operation in the planning and provision of services, particularly the sharing of best practice;
7) To promote and facilitate better engagement with users and patients; and
8) To seek to influence Government policy in respect of planning and provision of health and social care on a cross border basis and in particular promote cross border mobility issues.

1.4 Priority Areas for Cross Border Co-operation

105 Having identified the eight strategic objectives for CAWT, the following priority areas for cross border co-operation have been identified:

[1] Acute Hospital Services;
[2] Chronic Disease Management;
[3] Health Promotion and Well Being;
[4] Primary, Community and Continuity Care;
[5] Disability; and
[6] Emergency Planning.

106 The strategic context in which the above priority areas are placed was considered to ensure they complemented current health policy priorities, North and South.

1.5 Strategic Business Areas

107 Having identified the six priority areas, the strategic business areas in which CAWT should develop its activities were developed as follows to ensure 'fit for purpose':

[1] Structures;
[2] Lobbying role;
[3] Research role;
[4] Effective communication;
[5] Engagement with others; and
[6] Evaluation of activities.

1.6 CAWT Structures

108 Structures within CAWT in recent years have been as follows:

- CAWT Management Board;
- CAWT Secretariat;
- CAWT Development Centre; and
- Sub groups (15 at April 2006).

109 During the consultations undertaken it was considered these CAWT structures to date have been effective and have worked very well. There was a feeling however that there were too many sub groups with differing levels of activity undertaken. There was also a recognition within consultations undertaken that the CAWT structure now needs to be reviewed given the changes in health systems North and South. Furthermore there was a need identified to have more central government involvement at a senior level.

CAWT Strategic Management Board

110 The membership of the CAWT Management Board should be drawn from the highest level possible and shall be responsible for the overall strategic guidance of CAWT and include representatives from the following:

- Senior representation from HSE; and
- Senior representation from existing health and social services boards in Northern Ireland to be replaced by representatives from the new Health and Social Services Authority and Trusts.

111 The CAWT Strategic Management Board should develop an appropriate mechanism for informing both Departments on a regular basis of key activities being undertaken.

112 Recognising that the future strategic direction of CAWT includes consideration of the role that CAWT could play in the all island context of health provision (although maintaining a specific focus on the border region), representatives of the CAWT Strategic Management Board should be drawn from throughout the island of Ireland. Furthermore, recognising that CAWT shall have a focus overall of Northern Ireland supports the need for representatives of the Health and Social Services Authority on the CAWT Management Board from throughout Northern Ireland.

CAWT Operational Group

113 The CAWT consultation workshops undertaken during 2005 and documented within the summary report prepared by CAWT in September 2005, "Times They Are Changing" suggests that an Operational Group with wide representation from the HSE, Health Boards, Trusts etc. could be established which would oversee or steer project development and implementation.

CAWT Development Centre

114 The CAWT Development Centre should continue in a similar format to support the CAWT structures, only strengthened as necessary to meet the strategic objectives identified to potentially include a Deputy Chief Officer, a Finance Assistant and a Human Resources Officer. The rationale for staff resource would be demonstrated within each annual business plan prepared by CAWT.

115 It is understood that the partners in CAWT are seeking a commitment from the HSE and DHSSPS to fund the CAWT Development Centre in the future which has previously been funded with Interreg support (of which 25% has been provided as match funding from the two departments). If both Departments are committed to cross border health and social care under the auspices of CAWT then it is necessary for them to be fully committed to the process and a formal agreement to fund the CAWT Development Centre is necessary.

CAWT Sub Groups

116 Consideration was given to the format of sub groups where it was concluded that there should be fewer sub groups than at present (as at April 2006). The Partners in CAWT should ensure that when establishing sub groups, each follows a programme of care or a population based approach.

117 Once a need is identified from within a priority area, the appropriate subgroup could establish a focus group/project delivery group as necessary to undertake research, etc. as required over the period of the activity, reporting to their respective subgroup. In identifying specific projects to be taken forward their potential sustainability should be stated from the outset (i.e. likelihood for mainstreaming). Furthermore projects must demonstrate added value in being taken forward on a cross border basis and should also demonstrate that they would be innovative in nature.

118 Representation within each sub group should comprise the following:

- Senior managers and manager representatives from HSE and Health and Social Services Boards/Trusts; and
- Where appropriate other public sector organisations.

119 In the identification and selection of projects, it is proposed that evidence should be provided that consultation with patients has taken place in the development of the project which is seeking funding e.g. through focus groups etc. Consultation could also take place with the Patient Client Council, the recently created single health and social care users body which is due to be in place in Northern Ireland in April 2008. The assessment panel for selecting projects should include representatives from the community and voluntary sector and thus be more patient focused. Furthermore in encouraging, promoting and facilitating user involvement, projects should demonstrate how they will engage with users over the period of project implementation.

1.7 CAWT Financial Strategy

120 The CAWT Development Centre is one of the projects funded under Interreg IIIA, Measure 3.2 which has secured funding of £1,584,250 for the period ending 31 December 2006. There is uncertainty at present as to whether future European funding, for example, under the new Interreg programme will fund the future activities of the CAWT Development Centre as it has been suggested throughout stakeholder consultations that these costs should be funded by Government, North and South and would be a sign of their commitment to the activities of CAWT.

121 Should funding from Government North and South be secured for the CAWT Development Centre, this will be of significant benefit to CAWT and enable them to drive forward and deliver their strategic objectives. However it is believed that CAWT need also to consider further future funding sources including the following:

- Future Interreg funding;
- Research funding; and
- Funding to deliver projects in partnership with other European countries.

122 In order for there to be a growth in interest on an all island basis, CAWT will require Government approval North and South for the role that it would propose to play, including securing the necessary funding required.

123 Following a response from Government North and South, an annual business case would be developed by the CAWT partners to consider the funding required to implement the strategic objectives through the priority areas identified. Each annual business case would also identify the staffing required depending on available funding, project implementation etc.

1.8 Conclusion

124 CAWT Management Board seek the views of central Health and Government policy decision makers on the strategic objectives outlined in this Development Plan, before further implementation plans can be developed.

2. INTRODUCTION AND TERMS OF REFERENCE

201 FPM Accountants LLP (FPM) were successful in tendering to undertake an independent evaluation of CAWT (Co-operation and Working Together) along with facilitating the preparation of a Strategic Development Plan for CAWT for the period 2007 – 2011 (now amended to 2001 – 2013). The assignment therefore comprises two elements. Firstly an independent Evaluation of how CAWT has implemented its Strategic Plan 2001 – 2004 and its Business Plan 2002 – 2006 including how it has met its obligations to deliver the Interreg IIIA Priority 3 Measure 2 as outlined in their Interreg IIIA Letter of Offer. Secondly there is a requirement for the development of a Strategic Development Plan for CAWT for the period 2007 – 2013 which is the subject of this report.

202 The findings of the evaluation study have played a key role in the preparation of this Strategic Development Plan. Within the evaluation FPM undertook an internal survey of 240 contacts, have facilitated a number of focus groups and undertook a large number of stakeholder consultations in order to engage all relevant stakeholders to assist in the identification of the potential and future strategic direction of CAWT. This has involved liaising with the following:

- CAWT Management Board representatives;
- CAWT Secretariat members;
- Those employed within the CAWT Development Centre;
- DHSSPS representatives;
- Health Service Executive representatives;
- North South Ministerial Council members;
- SEUPB representatives;
- Representatives from Health Boards and Trusts North and South;
- The Centre for Cross Border Studies; and
- Representatives from a number of other external stakeholders.

203 Furthermore, the CAWT conference in December 2004 (Cross Border Working in Health and Social Care: 'an ending and a beginning') was the starting point for CAWT to begin their consultation process with stakeholders and funding bodies. Following this consultation workshops were held between May and August 2005 in each of the Health Board/Health Executive areas to include Senior Managers, CAWT subgroup and project board members and staff, including those from the Trusts in Northern Ireland. The recommendations arising from this consultation process as reported in the September 2005 CAWT report 'Times they are a changing' are also considered in this strategic development plan.

204 The format of this Strategic Development Plan is as follows:

Section 3: Background to CAWT (1992 – 2005) and Rationale for Strategic Plan 2007 – 2013

Section 4: 2006 Evaluation of CAWT

Section 5: Strategic Context

Section 6: Identification of Strategic Objectives

Section 7: Identification of Priority Areas for Cross Border Co-operation

Section 8: Identification of Strategic Business areas

Section 9: CAWT Structures

Section 10: CAWT Financial Strategy

3. BACKGROUND TO CAWT (1992 – 2005)

301 In order to consider the future strategic direction of CAWT, it is necessary to summarise the development of CAWT since its establishment in July 1992. This has been documented in detail within the Evaluation of CAWT and is therefore summarised below under the following headings:

- Establishment of CAWT;
- CAWT Region;
- CAWT Strategic Plan 2001 – 2004 incorporating CAWT Mission, Value and Strategic Objectives;
- CAWT Business Plan 2002 – 2006;
- CAWT Structures; and
- Rationale for Strategic Plan 2007 – 2013.

3.1 Establishment of CAWT

302 Co-operation and Working Together has been in existence for 14 years and as discussed in Section 4, since its establishment in July 1992, has been successful in providing a framework for groups and individuals to come together to explore a range of common health issues relevant to their services areas.

303 In the early years (1992-1996) 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.

304 During the four year period from October 1996 – December 2000 CAWT succeeded in securing funding of 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.

305 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 the CAWT Development Centre.

306 Since October 1996, CAWT has been successful in securing further European funding and at 31 December 2005 had secured the following:

- Peace II funding of £902k to deliver six initiatives within two overall projects;

- Interreg IIIA funding of €9.537m to deliver thirty projects under Measure 3.2; and

- North South Ministerial Council funding of £280k to deliver three strands of an emergency planning project.

3.2 CAWT Region

307 The CAWT region historically comprised the following:

- North Eastern Health Board (RoI);
- North Western Health Board (RoI);
- The Southern Health and Social Services Boards (NI);
- The Western Health and Social Services Boards (NI).

308 These 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: Health Board boundaries of the CAWT region.

309 More specifically, this CAWT region comprised the following:

- 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; and
- The North Eastern Health Board, covering counties Cavan, Louth, Meath and Monaghan.

3.3 CAWT Strategic Plan Incorporating CAWT Mission, Values and Strategic Objectives

310 The CAWT strategic plan 2001-2004 was developed in response to the changes in the internal and external contexts which were taking place at this time and in particular the signing of the Belfast Agreement. CAWT took on board the recommendations made by the Centre for Cross Border Studies in their evaluation and conducted a collaborative consultation process involving the Management Board, Secretariat, Sub-Groups and personnel active within the CAWT structure.

311 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 aimed to consolidate the management arrangements and structures which had been put in place over the first ten years of CAWT's existence.

312 Within the CAWT Strategic Plan, the mission for CAWT along with its strategic objectives and values were documented as follows:

CAWT Mission

313 The mission of CAWT was developed as follows:

> ***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.***

CAWT Strategic Objectives

314 The strategic objectives of CAWT were developed as follows:

- To improve the health and social wellbeing of the 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; and
- To exploit opportunities for joint working or sharing of resources where these would be of mutual advantage.

CAWT Values

315 The CAWT values were identified as follows:

- Identifying opportunities for co-operation, 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 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 development;
- Supporting and strengthening internal and external partnerships for health and social gain;
- Bringing added value through a co-operative approach; and
- 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.

3.4 CAWT Business Plan 2002 - 2006

316 The CAWT Business Plan 2002-2006 was developed in order to give life to CAWT's Strategic Plan, by setting out in detail the specific pieces of work and projects to be undertaken in the period. It identified sources of funding with a significant reliance on the provision of EU Funding from both the Interreg IIIA and Peace II Programmes.

317 The eleven subgroups in existence at that time were asked to work up their proposals, over fifty of which were received and considered in detail by CAWT Secretariat members using the agreed criteria. A shortlist of proposals was agreed by the Secretariat and further developed to form the basis of the CAWT work plan for the period 2002-2006. The costs requirements for each project was identified with proposed funding to be sourced predominantly from Interreg IIIA and Peace II.

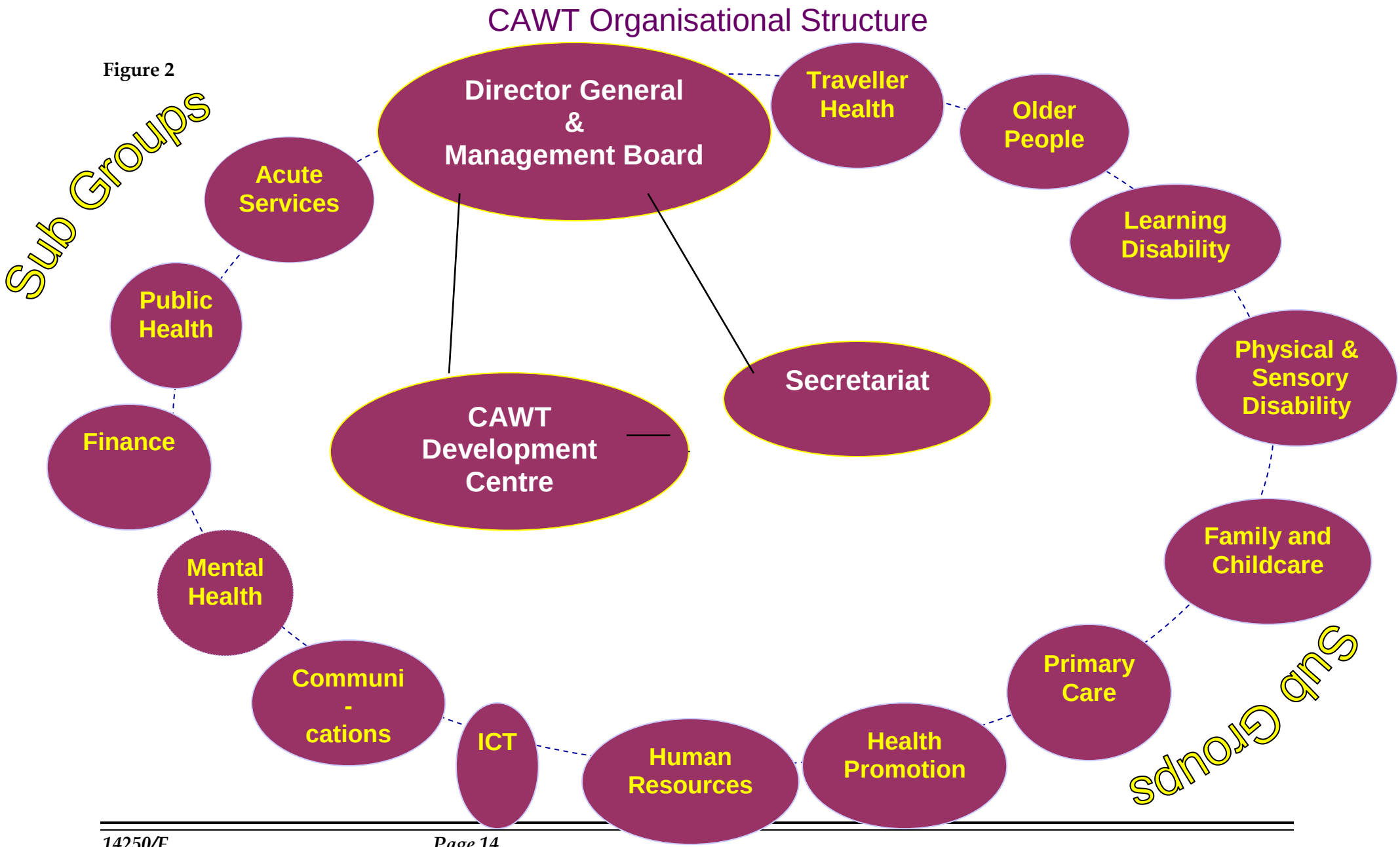
3.5 CAWT Structures

318 Historically there have been four main structures which form the CAWT initiative as follows:

- CAWT Management Board – overall strategic guidance which comprises the chairpersons and Chief Executives of the four Health Boards and representatives from the Trusts in Northern Ireland.
- Senior managers from each of the Health Board areas have been nominated to the CAWT Secretariat.
- Sub groups (eleven within CAWT business plan 2002 to 2006 which has increased to fifteen at 30 April 2006) spanning the complete health and social care spectrum.
- Once the sub groups have been successful in drawing down funding for their project, a Project Board is created to oversee the project management and implementation.

319 Figure 2 below summarises the historical CAWT structure:

Figure 2


CAWT Organisational Structure
Director General & Management Board
Traveller Health
Older People
Learning Disability
Physical & Sensory Disability
Family and Childcare
Primary Care
Health Promotion
Human Resources
ICT
Communi - cations
Mental Health
Finance
Public Health
Acute Services
Sub Groups
Sub Groups
CAWT Development Centre
Secretariat

3.6 Rationale for CAWT Strategic Plan 2007 - 2013

320 Since its inception, CAWT has been successful in enabling groups and individuals to come together on a range of relevant health issues. In addition to the significant networking opportunities, sharing of best practice etc. CAWT has enabled the leverage of significant European funding into the border region. This success of CAWT is detailed within the FPM evaluation of CAWT as discussed further in Section 4 which follows.

321 Having secured significant European funding in recent years has enabled CAWT to undertake a significant number of projects, many of which would not have taken place within mainstream funding. This European funding is required to be committed by 31 December 2006 with projects to be completed by 30 June 2008 and there is a recognition that CAWT now needs to begin to plan to secure future funding. This along with the recent changes to the organisation of Health Services in the Republic of Ireland and the changes taking place within Northern Ireland has resulted in those involved in the CAWT initiative recognising that they now need to plan for future years. This has subsequently led to the development of this third strategic plan for CAWT for the period 2007 to 2013.

4. 2006 EVALUATION OF CAWT

401 In June 2006, FPM completed an evaluation of CAWT activities over the period April 2002 to December 2005. The findings of this evaluation were very positive and it was concluded that overall CAWT had been successful to date in meeting its strategic objectives. The Evaluation also highlights some of the key project achievements. The Executive Summary of the CAWT Evaluation is attached at Appendix 1 while its key conclusions are summarised below along with the proposed recommendations which are considered to be integral to this strategic development plan.

4.1 Key Conclusions

402 The key conclusions reported within the recent evaluation of CAWT are as follows:

- CAWT has enabled the sharing of best practice in health and social care across all programmes of care between the North and South of Ireland;
- The activities of CAWT fit with the wider objectives of health policy in the North and South of Ireland;
- The existence and growth of CAWT since its inception in 1992 is an indication of its success. It is recognised that to build networks on a cross border basis during the Troubles was significant;
- The commitment of those involved has been tremendous including those at a very senior level;
- CAWT has enabled significant networking and engagement opportunities;
- CAWT has enabled the leverage of significant EU funding to the cross border area, CAWT was appointed by the two Ministers of Health as delivery agent for Measure 3.2 of Interreg IIIA;
- CAWT has been a useful mechanism to pilot test projects which would not otherwise have been undertaken through mainstream funding;
- There is a risk that CAWT will become too dependent on EU funding;
- Communication for those involved in CAWT activities is good but for those not, there is a challenge to significantly improve communication; and
- Consideration needs to be given to the future structures within CAWT in order to meet its future strategic direction.

403 In addition to the above, one of the conclusions reached in the evaluation of CAWT was that the CAWT Partners now need to consider the role that CAWT could play in the all island context of health provision. Given the emphasis on 'population based health care' for the future sustainability of services there is a growing recognition that there are some specialist services for which the population in both jurisdictions is not enough to sustain in isolation of each other.

404 It is recognised to date that Governments North and South have not stated their specific intentions for cross border health and social care in the future. If both Governments want CAWT to be involved in looking at all island health provision, and CAWT believe they have a role to play, then approval from Government should be sought (including securing the necessary resources required) to look at the feasibility of this. Furthermore, CAWT need to ensure that if required, it has the capacity and resources to play a role in this all island approach to population based healthcare.

405 The evaluation also recognises the importance that focus is not lost on the border region and the specific issues it faces. CAWT has done so much in addressing the needs of the targeted region and it is important that going forward this momentum is not lost. It is recognised that the work undertaken by health and social care professionals will primarily impact their immediate locality on a cross border basis which strengthens the need for CAWT to continue to focus on the specific issues the border region faces.

406 CAWT has continued to address mobility issues primarily through the needs arising in the implementation of specific projects along with the Interreg funded project 'Improving Cross Border Mobility within Health and Social Care' which aims to address barriers to workplace mobility.

407 One of the key barriers to cross border mobility is recognised to be Government legislation. CAWT are continually lobbying the Government to show their commitment to cross border working and amend necessary legislation to overcome many mobility issues e.g. recognition of qualifications, indemnity insurance issues etc.

4.2 Recommendations

408 The evaluation of the CAWT Initiative over the period 2002 – 2005 has highlighted the following recommendations which should be considered when developing this Strategic Development Plan:

1) CAWT should consider expanding its strategic objectives to consider the role they could play in the all island context of health provision which recognizes that there are some specialist services for which the population in both jurisdictions is not enough to sustain in isolation.

2) Mainstream funding should be secured to support staff of the CAWT Development Centre which should be expanded as necessary to

facilitate the implementation of the Strategic Plan and subsequent supporting Business Plans.

3) CAWT should explore having more involvement from Senior representatives of the Departments of Health, North and South.

4) CAWT should continue to use the Prince 2 management tool which could be more streamlined to suit all projects along with the FPM suggested internal evaluation template for all projects currently being developed.

5) CAWT should seek to continue to address the identified obstacles to cross border mobility in health and social care and consider taking on a more proactive lobbying role to address barriers such as legislation, registration, insurance, indemnity etc.

6) The CAWT strategic plan should identify how CAWT will strengthen further its links within Europe and play a stronger role in shaping how cross border health and social services are planned and developed in other EU border regions.

7) CAWT should consider having more interaction with other public sector initiatives in the sharing of best practice.

8) CAWT needs to address the time commitment of those involved in future CAWT structures.

9) It is recommended that CAWT develop a communication strategy to raise the profile of CAWT both through the health service in Ireland and at a local level.

10) CAWT should have a strategic focus on increasing the movement of patients across the border.

11) CAWT should ensure a project evaluation is undertaken of projects which are currently underway and seek to mainstream those where the evaluation indicates there would be value added in doing so.

12) CAWT should seek to provide further training as identified by respondents to the survey.

13) CAWT should review its structures necessary to implement its strategic plan and in particular should consider the cross border sub groups required to deliver objectives identified.

14) CAWT should ensure the future direction of the NSMC Emergency Planning projects is agreed to the satisfaction of both Governments.

5. STRATEGIC CONTEXT

5.1 Overview

501 In order to determine the strategic objectives for CAWT for the period 2007 - 2013, the strategic context in which CAWT operates was considered. The evaluation completed by FPM in June 2006 has provided a detailed background to the structures that existed in health and personal social services in Northern Ireland and the Republic of Ireland and in the way that these have changed or will be changing with the reforming of both Health systems North and South.

502 The paragraphs below with supporting detail contained in Appendices 2 and 3 therefore consider the following:

- Northern Ireland structures;
- Strategic objectives of DHSSPS;
- Republic of Ireland structures;
- Department of Health and Children; and
- Other relevant strategies.

5.2 Northern Ireland Structures

503 Included at Appendix 2 is a summary of the historical and future structures of the health service in Northern Ireland, following the Review of Public Administration and the Appleby Report.

504 The Appleby Report documents the proposed organisational arrangements which are designed to be patient responsive, more effective and efficient to allow for investment in front line health and social services. The new structures include the following:

- Abolishing the four Health and Social Services Boards and replacing them with a new Strategic Health and Social Services Authority;
- A restructured Department of Health Social Services and Public Safety with some functions transferring from it to the new Authority and potentially to some other of the new HPSS organisations;
- Seven primary care-led Local Commissioning Groups will be established within the HSSA;
- Five new integrated Health and Social Services Trusts will replace 18 of the 19 existing Trusts bringing the total number of Trusts to 6, including the Northern Ireland Ambulance Service Trust, which will continue to provide a regional ambulance service;
- Replacing the 4 Health and Social Care Councils with a powerful single Patient and Client Council; and
- Incorporating the Health Promotion Agency into the new Strategic Health and Social Services Authority and the Regional Medical

Physics Agency into one of the new Trusts, thus reducing the number of regional service delivery bodies to three.

5.3 Northern Ireland Strategic Context

5.3.1 DHSSPS

505 The Department of Health, Social Services and Public Safety was established by the Departments (NI) Order 1999. Their Mission is to *'improve the health and social well being of the people of Northern Ireland'*. They endeavour to achieve this mission by ensuring the provision of appropriate health and social care services, both in clinical settings such as hospitals and GP's surgeries, and in the community, through nursing, social work and other professional services. They also support programmes of health promotion and education to encourage the community to adopt activities, behaviours and attitudes which will lead to better health and well being.

506 In 2004 the DHSSPS published "A Healthier Future; A Twenty Year Vision for Health and Well Being in Northern Ireland; 2005 – 2025". This strategy aims to provide a vision of how health and social services will develop and function over the next twenty years and identifies five themes as follows:

- Investing in health and wellbeing;
- Involving people building caring communities;
- Responsive integrated services;
- Teams which deliver; and
- Improving quality.

507 Representatives of DHSSPS provided FPM with a detailed list of key issues facing the Department at present. Those relevant in considering the future strategic direction of CAWT are as follows:

- Reduction in waiting lists;
- Developing better services within hospital provision;
- Developing role of Primary Care;
- Suicide Prevention Strategy;
- Pandemic Flu preparedness;
- Review of Mental Health and Learning Disability;
- Developing Investing for Health – encouraging healthier lifestyles to prevent illness;
- Review of Major Trauma Services;
- Revised Stroke Strategy;
- Restrictions on smoking in public places and workplaces;
- Prevention of Obesity in children and young people;
- Development of Primary Dental Care Strategy;
- Review of Drug and Alcohol Strategies;
- Domestic Violence – a new Draft Strategy;
- Regional Adoption Strategy;
- Regional Cancer Services Framework;

- Sexual Violence Strategy; and
- Review of Clinical Pathology Laboratory Services.

508 The above list of priorities shall be considered when identifying the priority areas for cross border co-operation within Section 7.

5.3.2 Shaping Our Future 2025

509 Shaping Our Future is the Regional Development Strategy which offers a strategic and long term perspective on the future development of Northern Ireland up to 2025. In meeting the needs of the region the RDS proposes to facilitate the development of health necessary to meet the needs of a growing population.

510 The RDS recognises that quality of life affects our health and social wellbeing and it is important to secure continuous improvements in key areas such as housing conditions, water quality, health and education to ensure good health. Furthermore the development of programmes to realise the expectations of Northern Ireland's most disadvantaged communities for a better quality of life is seen as a high priority.

5.3.3 Priorities and Budgets for Northern Ireland 2006 - 2008

511 The Priorities and Budgets for Northern Ireland for 2006 – 2008 which was finalised and published in December 2005 contains the priorities and plans for public expenditure in Northern Ireland over the next two years. In taking forward these priorities and budgets the Secretary of State for Northern Ireland has identified that providing a high quality Health service remains a top spending priority, as in the rest of the UK.

512 The following four strategic priorities are identified within the NI Priorities and Budgets 2006 – 2008:

[1] Economic growth;
[2] High Quality Public Services;
[3] Public Sector Reform; and
[4] A society based on partnership, equality, inclusion and mutual respect.

513 A priority outcome within the High Quality Public Services Strategic Priority is the provision of more effective and efficient health and personal social services.

514 The Priorities and Budgets for 2006 – 2008 further detail two key objectives of the DHSSPS over this period along with a series of sixteen targets which are considered necessary to detail below as follows:

Objective	Targets
To improve health and well being outcomes through a reduction in preventable disease and ill health and be providing effective, high quality, equitable and efficient Health, Social and Public Safety services to the people of Northern Ireland.	**1)** Increase life expectancy by at least three years for men and two years for women between 2000 and 2012. **2)** Be encouraging people to take preventative measures and promoting access to health and social services, reduce the gap in life expectancy between those living in the fifth most deprived electoral wards and the NI average by 50% for both men and women between 2000 and 2012. **3)** By 2011, reduce the proportion of adult smokers to 22% or less, with a reduction in prevalence among manual groups to 27% or less. **4)** By 2010 stop the increase in levels of obesity in children. **5)** By 2008 reduce standardised suicide rate by 10%. **6)** By 2010 achieve a 40% reduction in the rate of births to teenage mothers under 17 years of age. **7)** By March 2008, all patients who request a clinical appointment through their general practice for other than emergencies, to be able to see an appropriate primary care professional within two working days. **8)** By March 2010, improve the quality of life and independence of people in need so that 45% of all who require community services are supported, as necessary, in their own homes. **9)** By March 2008 ensure that 85% of all people assessed as requiring care in the community should wait for no more than three months for the main components of that care to be put in place. **10)** By 2008, Boards and Trusts should reduce the difference in decay levels in five year old children in the fifth most deprived wards in each Community Trust and the Northern Ireland average by 20%. **11)** Improve outcomes from life threatening diseases and incidents. **12)** Improve the quality and capacity of service for patients. **13)** Increase the proportion of the public who are satisfied or very satisfied with health and social care in Northern Ireland from 78% in April 2004 to 80% in March 2008. **14)** Make efficiency gains and service improvements of at least 2.5% per annum from 2004 – 2005 baseline. **15)** By March 2008, increase the number of foster carers in NI from 1,178 in 2002 to 1,500.
To create a safer environment for the community by providing an effective fire fighting, rescue and fire safety service.	**16)** By 2010, reduce the number of accidental fire related deaths in the home by 20% and the number of deliberate fires by 10%.

5.3.4 Priorities for Action: A Planning Framework for the Health and Personal Social Services 2006 – 2008

515 In response to the first draft of the Priorities and Budgets for Northern Ireland the DHSSPS developed 'Priorities for Action: A Planning Framework for the Health and Personal Services 2006 – 2008'. This report outlines the key priorities and actions for health and social services for 2006 – 2008 to support the delivery of key strategic priority outcomes as detailed above within Priorities and Budgets (Section 5.3.3).

516 The Department highlights two strands of reform to define the Reform and Modernisation Agenda as follows:

- Improving health and wellbeing and developing primary and community services; and
- Improving patient flows within the hospital system.

517 Within these two strands consideration is given to the following:

- Improving health and wellbeing;
- Primary care;
- Secondary care;
- Community care;
- Mental health and learning disability;
- Physical and sensory disability; and
- Children and Young People Services.

518 Further consideration shall be given to the above in identifying the relevance of each strategic priority area in Section 7.

5.4 Republic of Ireland Structures

519 Included at Appendix 3 is a summary of the new regional, local and national structures of the new Health Service Executive (HSE), announced in September 2004.

520 In the reformed Health Service, the new bodies are as follows:

- The Health Service Executive (HSE);
- The Health Information and Quality Authority (HIQA); and
- The Department of Health and Children (DOHC).

5.4.1 The Department of Health and Children

521 The Department of Health and Children's statutory role is to support the Minister in the formulation and evaluation of policies for the health services.

522 Their mission statement is to help enhance the health and well being of all by:

- Supporting the delivery of high quality, equitable and efficient health and personal social services;
- Leading change in the health system;
- Putting health at the centre of public policy; and
- Promoting a 'whole of Government' approach to health and social gain.

523 The Statement of Strategy 2005 – 2007 for DOHC details a series of high level objectives (HLO's) which have been strongly informed by the Health Strategy 'Quality and Fairness; A Health System for You'. The five HLO's are as follows:

1) High performance;
2) Responsive and appropriate care;
3) Fair access;
4) Better Health for everyone;
5) Supporting wider Government Programmes and International Health Policy.

524 Having identified the above high level objectives, the Statement of Strategy further details the proposed work programme in order for DoHC to meet their HLO's under a large number of key actions to be undertaken.

525 The Quality and Fairness report stressed the importance of building a population approach as a core element of health policy. DoHC aim to achieve this through a number of ways including the following:

- Service planning and Strategic planning;
- Health protection;
- Health Promotion and Social Inclusion; and
- Health Intelligence.

526 It is also understood that in their Statement of Strategy, DoHC highlight that the Department plays an important role in maintaining and supporting North/South co-operation on the island of Ireland. It is also suggested that effective cross border co-operation will continue sustaining mutually supportive health initiatives on an all island basis.

527 The Statement of Strategy also highlights that joint work is also proceeding with the DHSSPS on addressing obstacles to cross border mobility in the area of mutual recognition and professional qualification.

528 Where relevant, the work programme proposed by DoHC shall be considered to determine the strategic fit of the priority areas identified in Section 7.

5.4.2 Health Service Executive

529 The Irish Health Reform Programme also sees a new national focus on service delivery and executive management of the health services involving the consolidation and amalgamation of 32 agencies. The new Health Service Executive (HSE) took over full operational responsibility for running Ireland's health and personal social services on 1 January 2005. This rationalisation has meant the devolvement of the health boards previously in existence.

530 The vision of HSE is as follows:

> ***"To consistently provide equitable services at the highest quality to the population we serve."***

531 Furthermore HSE identify their mission as being:

> ***"To provide high quality integrated health and personal social services built around the needs of the individual and supported by effective team working."***

532 The HSE is charged with managing the operation of the Health Service as a unified system which brings together the roles of many agencies that previously operated as separate entities.

533 The HSE Corporate Plan 2005 – 08 details core objectives and a high level Action Plan to meet these objectives. From this Corporate Plan the National Service Plan for 2006 was produced which sets out how the Corporate Plan will be delivered on an annual basis.

534 Within the HSE Corporate Plan four objectives have been identified along with a series of supporting goals. The first two objectives are considered relevant to highlight below along with their supporting goals:

Objective 1

[1] We will improve people's experience of our services and their outcomes, through developing, changing and integrating our services, in line with best practice;

Supporting Goals

- We will provide equitable access to all of our services;
- We will develop a consistent approach to service delivery nationally, according to clearly defined eligibility criteria;
- We will reduce waiting times for patients and clients;

- We will integrate health and personal social services;
- We will reorganise our acute hospital services;
- We will develop Primary Care;
- We will develop Community and Continuing care services;
- We will improve A&E services;
- We will further develop Ambulance Services and Pre-Hospital Emergency Care; and
- We will establish comprehensive systems of governance and risk management to ensure that we provide services that are safe, effective and of the highest quality, within the resources available to us.

Objective 2

[2] We will work to protect, promote and improve the health and well being of the population, based on identified need and with particular focus on measures to address social inclusion.

Supporting Goals

- We will develop a population health approach at all levels of the delivery system;
- We will further expand preventative and screening programmes;
- We will empower individuals and communities in the maintenance of their own health and well being through health promotion;
- We will focus on groups within the population who have particular health needs.

5.4.3 National Spatial Strategy

535 The National Spatial Strategy (NSS) is the twenty year planning framework for Ireland which aims to achieve a better balance of social, economic and physical development between regions. The NSS has five core messages:

(1) A wider range of work opportunities;
(2) A better quality of life;
(3) Better places to live in;
(4) Effective Urban and Rural Planning; and
(5) Getting things done.

536 NSS recognises that access to health care facilities is of increasing importance, in particular in achieving the second core message above, a better quality of life.

5.4.4 National Development Plan

537 The National Development Plan is the blueprint for Ireland's continuing economic progress and provides for the investment of €57bn over seven years in infrastructure, productive investment, education and training, regional development and social inclusion.

538 Health Capital investment is detailed within Economic and Social Infrastructure with the following investment priorities identified:

- To provide facilities for persons with an intellectual disability;
- To develop a range of facilities for the elderly;
- To address major unmet needs in the provision of modern accommodation for the mentally ill and the physically disabled;
- To provide a comprehensive, quality and accessible acute hospital infrastructure;
- To address child care needs;
- To remedy the potential of information and communication technology (ICT) in the health care sector.

539 The new Development Plan which will cover the period 2007 – 2013 is expected to be published in late 2006. It is proposed that this plan will build on the success of the current 2000 – 2006 plan and in particular would seek to address the investment now necessary to maintain national competitiveness within a sustainable economic and budgetary framework with the following priorities expected:

- Transport;
- Environmental services;
- Housing;
- Education;
- Health;
- Childcare; and
- R&D.

5.5 Other Relevant Strategies

540 In considering the strategic context for CAWT, the following is also relevant to highlight:

1) ***Spatial strategies on the island of Ireland: Development of a framework for collaborative action (28 February 2006);***

This recently published report prepared for IntertradeIreland by the International Centre for Local and Regional Development supports the view that the growing integration of economic trends since the Belfast Agreement is creating a dynamic that would benefit from the institution of new forms of cross border co-operation.

541 This report proposes that when looking at the two spatial strategies on the island of Ireland (the National Spatial Strategy and the Regional Development Strategy for Northern Ireland), there is a sense that given the pace of change internationally, the role of growth in population and in economic terms on the island and the dividends from the peace process, much more could be done to take forward innovation aspects of both spatial strategies within the framework for collaboration.

542 The report identifies the following three options for a more collaborative and strategic approach:

Option 1: To continue existing informal arrangements on a business as usual basis;

Option 2: To consider the potential for a new all island spatial planning initiative, with associated new structures; and

Option 3: To establish a new framework for collaboration on spatial planning and infrastructure co-ordination, building upon existing arrangements.

543 The key finding from this report is that the Government should adopt Option 3 and declare their commitment to the development of an ambitious collaborative planning framework for the island of Ireland. Building upon the two existing spatial strategies it is proposed that this option combines the benefits of a more pro-active approach without having to take on the complexities and challenges involved in considering and establishing new structures.

544 One of the themes within this new framework as proposed by ICLRD which is of relevance to CAWT is that there should be a prioritised programme of highly strategic and targeted investments to support key aspects of both spatial strategies.

545 While the contents of this new framework and its implementation would require government planning and approval North and South consideration will have to be given, in preparing the framework, as to the most appropriate arrangement to drive the process forward. There is potential for CAWT to play a role in collaboration on health provision in the island of Ireland, should this framework be taken forward by both governments, given their experience and expertise in cross border co-operation.

2) ***Cross Border Health Co-operation: From Optimism to Realism***

546 A recent paper prepared for the Centre for Cross border Studies in February 2006 and included within the recently published journal of Cross Border Studies in Ireland (Spring 2006) by Dr Patricia Clarke and Dr Jim Jamison recognises that health is consistently viewed as a key area of cross border co-operation as they share common care principles, face similar health and service problems and have adopted similar approaches to tackling issues.

547 This paper highlights that a series of in-depth interviews was carried out with senior health officials where interviewees saw considerable advantage to be gained from cross border co-operation, including:

- Collaboration would address the relative disadvantage of border areas;
- The border region is a "natural" geographic area;
- There are benefits in planning health care on an all-Ireland basis;
- Threats to health do not respect political or other boundaries;
- Cross-border collaboration will bring a faster response in an emergency; and
- Patient benefits will accrue from exchanging good practice.

548 In addition, it was suggested that the benefits of enhanced cooperation would enable the pooling of expertise and the development of critical mass and economies of scale in areas such as education, manpower planning and health technology assessment.

549 The paper highlights that there are two differing views on the value placed on existing cross border co-operation in health. The first is the positive recognition received with the awarding CAWT in 2005 of the Europe wide "Sail of Papenburg" Award, recognising excellence in cross border co-operation by the Association of European Border Regions (AEBR). However the second view highlighted is that the value of CAWT work has been questioned by the research team involved in the EU Europe for Patients project where it is reported that while many of the current CAWT projects provide valuable enhancements to health services or capacity in the vicinity of the border, there appeared to be little work involving the movement of patients for treatment.

550 The views and recommendations within this paper which are relevant to this CAWT Strategic Development Plan are as follows:

- The reform programmes, north and south could have important impacts on current and potential cross border co-operation on the island. In both jurisdictions the reforms provide a focus on patient outcomes, integration between different levels of care, partnerships between all sectors, strengthening of primary care and centralisation of services.
- Within the extensive documentation produced by influential reports for the two reform programmes there is no specific reference made to the implications of change for cross border health care, or the potential that cross border health care offers. This would suggest that the concept of cross border working and planning for health is

not yet embedded in the overall context of reforming the health service.

- Patient and professional mobility has been much less than expected and the model of cross border service development remains untested.
- The greatest potential for cross border co-operation could be in secondary care where there are persistent and growing problems in both jurisdictions in maintaining the viability of small hospitals.
- There is a continued need to undertake research to provide evidence of the value of cross border co-operation and to compare the effectiveness of the two health systems.

5.6 Conclusion on Strategic Context

551 Both the north and south of Ireland have ongoing significant reform programmes at present which could have an important impact on the potential for increased cross border co-operation on the island.

552 All Island development is currently in the spotlight with Minister Dermot Ahern's address to the All-Island Infrastructure Conference on 10th February 2006. In this speech he set out his vision of the all-island economy:

> ***I see a prosperous all-island economy, where everyone throughout the island gains. Where they have access to the highest quality public services, hospitals and schools, across the island, where entrepreneurship, knowledge, research and development are prized and shared throughout the island, where all communities on the island benefit equally and no region is left behind because of its geographic isolation.***

553 Minister Ahern highlighted that this co-operation could take place on different levels ranging from sharing of information to joint implementation of projects. Where joint planning and joint implementation would deliver strategic advantage and benefit then this is how it should be done.

554 This vision of an all-island economy is echoed through the Northern Ireland Health Infrastructural Investment Programme where the Strategic Investment Board in partnership with the Department of Health, Social Services and Public Safety opened the debate for an all Ireland Infrastructure in their recent conference in February 2006.

555 Furthermore, a meeting of the British – Irish Intergovernmental Conference was held at Millbank, London on 1 February 2006 with the following in attendance:

- Rt. Hon Peter Hain MP, Secretary of State for Northern Ireland.
- David Hanson MP, Minister of State at the Northern Ireland Office.

- Shaun Woodward MP, Parliamentary Under Secretary of State at the Northern Ireland Office.
- Dermot Ahern TD, Minister for Foreign Affairs.
- Michael McDowell TD, Minister for Justice, Equality and Law Reform.

556 At this conference consideration was given to the ongoing work in respect of North / South co-operation, in particular in areas such as health, energy, telecoms, transport and waste management infrastructure. It was agreed that there is significant potential for further co-operation on a range of infrastructure and spatial planning issues. The conference also noted the scope for further practical co-operation on the development of an all island economy and agreed that a comprehensive study should be undertaken to identify areas where future co-operation would deliver mutual benefits and examine how such co-operation might best be taken forward.

557 At the British – Irish Intergovernmental Conference held in May 2006, the Conference approved a new cross border North West Gateway Initiative to include the following:

- A non-statutory integrated spatial planning and development framework focusing on the Derry-Letterkenny gateway and the four local council areas of Derry, Strabane, Limavady and Donegal;
- An examination of the potential for joint investment in key infrastructure projects;
- Joint analysis and actions by agencies in areas such as trade and investment promotion, tourism, skills/training, further and higher education, innovation and business development; better co-ordination of public services, notably in health, education and information services.

558 The Conference discussed ongoing co-operation on infrastructure and spatial planning including the report from the International Centre for Local and Regional Development (ICLRD) on spatial strategies for the island of Ireland. The Conference welcomed this work and endorsed its recommendation for the development of a framework for collaborative action between the two spatial planning strategies on the island. Relevant Government Departments, together with other key stakeholders, are to take forward the preparation of the new collaborative framework and update the Conference in the Autumn.

559 Therefore it is evident that although the health structures North and South are undergoing change, there continues to exist significant opportunities for cross border co-operation.

6. IDENTIFICATION OF VISION, VALUES AND STRATEGIC OBJECTIVES

6.1 Introduction

601 In order to identify the vision, values and strategic objectives of CAWT for the period 2007 – 2013 the following is an outline of the consultation process which took place:

1) Internal survey of 240 contacts involved with CAWT including:

- CAWT Staff;
- Subgroup Members;
- Project Board Members;
- Project Managers; and
- Project Service Providers.

The aim of this survey was to gain individual's views about all the activities they have undertaken within CAWT and about the activities of the CAWT organisation ultimately to gather information and knowledge to help evaluate the success of CAWT to date and inform its future strategic direction.

2) Four focus groups of representatives at a senior level from the following:

DATE	COMPANY	LOCATION	NUMBER ATTENDING
9 March 2006	HSE (Dublin / North East)	Dundalk	13
16 march 2006	SHSSB	Armagh	6
20 March 2006	HSE	Manorhamilton	18
22 March 2006	WHSSB	Derry	5

3) Telephone consultations with the following:

- All members of the CAWT Management Board;
- All members of the CAWT Secretariat;
- All sub-group chairpersons; and
- CAWT Chief Officer.

4) Further external consultations with over thirty five individuals not directly involved in CAWT activities:

5) Findings from CAWT consultations workshops as reported within the CAWT report 'Times they are a changing', in September 2005.

6.2 Vision and Values of CAWT

602 There was support throughout the consultation process that the vision and values of CAWT should remain much the same and therefore these have been slightly amended to the following:

Vision of CAWT

> ***"To improve the health and wellbeing of the population of Ireland, with a specific focus on the cross border region, by working across boundaries and jurisdictions in a way that effectively engages the people, service planners and providers."***

CAWT Values

- Identifying opportunities for co-operation, further developing that spirit between health professionals North and South;
- Remaining at all times fit for purpose to deliver agreed strategic objectives;
- Sharing resources, recognising that the populations which are served have a lot in common regardless of their respective jurisdictions;
- 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 development;
- 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; and
- Seeking to mainstream those projects which have been a success and where there is a demonstrated need to continue.

6.3 CAWT Strategic Objectives

603 As a result of the findings of the evaluation and consultations undertaken, the following eight strategic objectives have been identified for CAWT for the period 2007-2013:

1) To improve the health and wellbeing of the population of the island of Ireland with a particular emphasis on the border;

2) To continue to have a focus in assisting border areas in addressing their distance from the centre of Government including addressing obstacles to cross border mobility;

3) To acknowledge that the next stage in the development of CAWT requires a change in the strategic emphasis in both geographic and service remit which includes a more integrated approach to health provision on the island of Ireland;

4) To play a facilitating role in the provision of population based island health care and in particular contribute to the debate to achieve enhanced service provision and patient satisfaction;

5) To exploit the opportunities of joint working or sharing of resources particularly through the following:

- **(i)** Engagement with the wider European community;
- **(ii)** Engagement with other public sector, community or voluntary initiatives; and
- **(iii)** Better engagement with the providers of care.

6) To identify opportunities for co-operation in the planning and provision of services, particularly the sharing of best practice;

7) To promote and facilitate better engagement with users and patients; and

8) To seek to influence Government policy in respect of planning and provision of health and social care on a cross border basis and in particular promote cross border mobility issues.

6.4 Rationale for Strategic Objectives

604 The previous strategic objectives gave a focus for CAWT to develop specifically within the CAWT region identified. However, one of the recommendations taken from the FPM evaluation is that the CAWT partners consider the role that they could play in the all island context of health provision. The rationale for this and other amended strategic objectives of CAWT are discussed further below.

6.4.1 All Island Context of Health Provision

605 There has been significant political and economic development since the signing of the Belfast Agreement in 1998. The last eight years have seen a significant change in mind sets, North and South of the border and the realisation that cross border co-operation is of mutual benefit to both jurisdictions. It is anticipated that the pace of economic, social and political development will accelerate during the next ten years.

606 The 2006 FPM evaluation of CAWT identified that 83.8% of respondents who completed the internal survey believe that CAWT has a role to play in the all island context of health provision (5% said no and 11.2% made no response). CAWT is currently the main initiative which focuses on the provision of health and social care services in a cross border context and it was recognised throughout many of the focus groups and stakeholder consultations that CAWT is ideally placed and should consider the role they could play in the development of an all island context for health provision.

607 The development of an all Ireland health economy is also considered important due to a number of initiatives and situations that have all island implications. Recent examples of such issues would be SARS and Bird Flu. These issues affect the whole geography of the island and as a result there is significant potential in trying to develop all island solutions. CAWT is in an ideal position to exert influence and play a leadership role in tackling issues such as these and could be at the forefront in leading the response in such areas.

608 The HSE Corporate Plan 2005 – 2008 seeks to develop a population health approach at all levels of delivery system and CAWT should consider playing a role in the consideration of population based healthcare throughout Ireland North and South.

609 Furthermore, a number of areas where CAWT could assist in the development of stronger cross border linkages is within Health and Social Care. The recent introduction of the smoking ban in the Republic of Ireland has been followed by similar legislation in Northern Ireland. CAWT may have been able to play a greater role in ensuring that an all island solution was developed and implemented. Further examples in this area would relate to health promotion, drugs strategy and accident prevention with particular emphasis on the immigrant population.

610 It is understood that in order for CAWT to secure future Interreg funding they will have to at least expand their remit throughout all of Northern Ireland in order to cover the full eligible area for Interreg funding activities. The Interreg IIIA Programme, Measure 3.2 has to date only funded activities primarily within the CAWT region although it is recognised that where possible CAWT has included other Boards outside their geographic remit in the delivery of EU funded projects (for example the Cognitive Therapy, Insure, Steering to Safety, Renal Network, A New Chance: Cross Border Approach to Foster Care and Health Impact Assessment Training Projects along with the Recompression Unit Project which will provide a service for all of Northern Ireland).

611 For CAWT to consider playing a role in the all island context of health and social care provision, they will have to influence both governments of the role that they could play. For example, a feasibility study could be undertaken in order to consider the potential for health and social care provision on an all island basis. The experience to date of the CAWT partners has been specifically within the border region however their excellence in cross border co-operation is widely recognised and this should be the baseline from which they could develop further.

6.4.2 Patient Involvement

612 The movement of patients across the border in recent years has been limited and this is seen as an area for improvement as highlighted by Dr Patricia Clarke and Dr Jim Jamison in their paper, 'Cross Border health co-operation: from optimism to realism', as included within the 2006 Journal of Cross Border Studies in Ireland. This highlights the following patient flows from 1996 to 2003:

Patient flows into Northern Ireland			
	Total inpatients and day cases treated in Northern Ireland	**Patients from Republic treated in Northern Ireland**	**Patients from Republic of Ireland as percentage of total**
1996/97	436,164	1,330	0.30
1997/98	450,417	1,438	0.32
1998/99	473,600	1,328	0.28
N.B. Data below excludes regular day/night attenders			
2000/01	429,985	1,708	0.40
2001/02	435,072	1,636	0.38
2002/03	445,263	1,722	0.39

Patient flows into Republic of Ireland			
	Total inpatients and day cases treated in the Republic of Ireland	**Patients from Northern Ireland treated in the Republic of Ireland**	**Patients from Northern Ireland as percentage of total**
1997	679,204	915	0.13
1998	696,723	920	0.13
1999	758,149	995	0.13
2000	798,620	974	0.12
2001	857,270	1,069	0.12
2002	891,312	902	0.11

613 This paper does recognise that CAWT is addressing mobility issues with the appointment in June 2005 of a human resources officer to promote and facilitate workforce mobility and a Project Manager to implement a cross border GP Out of Hours Pilot Scheme.

614 It is recognised that a number of patients, from Northern Ireland, have been treated in the Republic of Ireland, however most of these patients relate to specific waiting list initiatives that have been carried out in the province in order to reduce long waiting lists. This was not as a result of a specific CAWT project but was rather carried out by individual Boards as they attempted to reduce the number and length of time that people were waiting for certain procedures.

615 There are recognised to be numerous isolated pockets of population along the border. These populations could, in many cases, more readily access services in the other jurisdiction. It is recognised that this was difficult during the Troubles as a result of the closure of border roads and the reluctance of many people to cross into the other jurisdiction. Now that peace has been established and that communication links have been reopened it is believed that there is significant potential for the transfer of patients in order to allow them to have their treatment in a more accessible location than would otherwise be the case if they were to remain within their own jurisdiction for treatment.

616 An obvious example of the potential for cross border treatment would relate to the population of Donegal. This population is isolated from Dublin and any treatment at tursary centres entails a very long journey. Treatment in Derry or in Belfast would be more easily accessible to this population and it is believed that significant potential exists in relation to certain tertiary treatments such as cancer. To overcome obstacles to patient mobility will be a significant challenge however it is believed that this would result in real benefits to many of those isolated along the border.

617 It must be acknowledged however that one of the key barriers to cross border mobility is Government legislation. CAWT is continually seeking to influence Government to overcome these obstacles and amend relevant legislation, however the final call on this will have to be from Government North and South to show their commitment to cross border working and amend legislation to overcome legislation issues. CAWT would therefore be able to further address these issues with Government support. Without amendments to legislation to facilitate cross border mobility, CAWT's progress in developing and implementing cross border activities will be restricted.

6.4.3 Increased Links with Europe

618 CAWT has engaged with the wider European community on a general basis to an already good extent as detailed within the FPM evaluation which includes the following:

- European Public Health and Health Management Pilot Initiative (Europhanili);
- Hope – the Standing Committee of the Hospitals of the European Union;
- European Euro Disability;
- Manahealth – European management programme;
- All Island Communications Meeting;
- Beyond Borders Conference;
- European Cross Border Conference 2006;
- Contributions to a number of other European conferences; and
- The 'Sail of Papenburg' award.

619 It is recognised that there has been no engagement with the wider European community within specific EU funded projects which have been the main focus of CAWT activities in recent years.

620 Continued expansion of the current involvement with the wider European Community would allow CAWT to learn from other regions who have border issues impacting upon them and also to assist these regions and provide them with the experience which CAWT has gained in dealing with border issues on the island of Ireland.

621 It is believed that CAWT should also investigate the potential for developing linkages with other bodies that operate on a cross border basis, particularly within the accession states of Eastern Europe. The influx of immigrants from a number of these countries is having an impact on the provision of health and social care on both sides of the border and this presents an opportunity for CAWT to learn about, and to provide advice and assistance to countries, and regions that are experiencing immigration to Ireland.

6.4.4 Interaction with Other Public Bodies etc.

622 The provision of health and social care involves contact with numerous other public bodies. For example, within childcare the involvement of education, the police service and the legal system is necessary if the interests of children are to be protected and services are to be provided that cover all of their needs. Public health can be involved with other agencies such as environmental health and agriculture and the provision of adequate housing can impact on the health and social wellbeing of a population. Local councils also have an interest in the provision of health and social care services and the advent of larger councils within Northern Ireland may increase the involvement of this sector in health and social care.

623 It can be seen from the above that health and social care agencies have contact with a wide range of other public sector bodies. This contact is necessary if they are to provide an adequate range of services which provide holistic solutions.

624 It is recognised that many of the services detailed above are, like the health and social services bodies, constrained to their appropriate legislation. However CAWT has been able to overcome barriers presented by the border and would appear to be in an ideal opportunity to facilitate communication between such bodies on a North South basis where the work is relevant to health and social care. We believe this would be of particular relevance in areas such as public health where there are environmental and other issues such as the H5N1 virus that do not recognise the border. Other areas where CAWT could play a leading role relate to health promotion issues such as smoking and drugs.

7. IDENTIFICATION OF PRIORITY AREAS FOR CROSS BORDER CO-OPERATION

7.1 Introduction

701 Having identified eight strategic objectives for CAWT, the following priority areas for cross border co-operation have been developed following in depth consultation with the current CAWT partners. These shall be supported by the strategic business areas as detailed within Section 7 and be implemented through the CAWT structures and funding strategy as discussed in Sections 8 and 9 respectively.

7.2 Priority Areas

7.2.1 Overview

702 The priority areas identified for cross border co-operation are as follows:

[1] Acute Hospital Services;
[2] Chronic Disease Management;
[3] Health Promotion and Well Being;
[4] Primary, Community and Continuity Care;
[5] Disability; and
[6] Emergency Planning.

703 The types of activity which could be undertaken along with the relevance of having each of the above as a priority is discussed below in the context of current strategies North and South including the following:

Northern Ireland

- Priorities for Action: Planning Framework for the HPSS 2006-2008 (Draft March 2006).
- Caring For People Beyond Tomorrow, A Strategic Framework for the development of Primary Health & Social Care for Individuals, Families and Communities (DHSSPS, June 2004).

Republic of Ireland

- Department of Health and Children, Statement of Strategy 2005-2007
- Primary Care – A new direction, Primary Care Strategy, November 2001.
- HSE Corporate Plan 2005 – 2008.
- NSE National Service Plan, 2006.
- Department of Health and Childcare, Acute Hospital Bed Capacity, A National Review, 2002.
- Diabetes: Prevention and Model for Patient Care, 2006.

704 The priority areas as identified by each of the current partners in CAWT (SHSSB, WHSSB, HSE Dublin North East and HSE West) have also been considered.

7.2.2 Acute Hospital Services

705 Within this theme the CAWT partners believe that given constraints in Acute hospitals they are forced to look at an all-island basis. The type of activity to take place would include the following:

- A creative approach to dealing with extended waiting times for surgery in all of the Acute Hospitals.
- Complementary approach to better bed management.
- Combined service delivery in regard to urology (identified shortfalls in this surgical area).
- Combined service delivery in regard to elective paediatric surgery (identified shortfalls in this surgical area).

Department of Health and Children, Statement of Strategy 2005-2007

706 The Statement of Strategy identifies key actions in developing acute hospital services including the following:

- Develop proposals for the reorganisation and development of acute hospital services.
- Consider investment proposals to increase bed capacity in public acute hospitals.
- Focus on measures required to improve the delivery of A&E services and adopt a 'whole system' approach to finding solutions.

DoHC, Acute Hospital Bed Capacity, A National Review 2002

707 This review of bed capacity along with waiting lists identified the following:

- The number of acute hospital beds per capita in Ireland is one of the lowest among EU and OECD countries.
- Waiting lists continue to put pressure on an acute hospital system which is unable to accommodate elective admissions.
- Urology is one of the specialities with the highest number awaiting elective treatment (approximately 90% of parties are awaiting surgical treatment).

HSE Corporate Plan 2005 - 2008

708 As highlighted in Section 4.4.2 two of the supporting goals identified by HSE are considered relevant, firstly to reduce waiting times for patients and secondly to reorganise Acute Hospital services.

Priorities for Action – Planning Framework for the HPSS 2006 - 2008

709 Priorities for Action recognise the ongoing commitment to reduce hospital waiting lists.

A Twenty Year Vision for Health and Well-Being in Northern Ireland 2005 – 2025 (DHSSPS, 2004)

710 This twenty year vision aims to provide services against clear standards of access with a target that by 2010 at least 90% of the public will rate access to primary care services as good or excellent.

711 It is also recognised within this vision that Northern Ireland has the longest per capita waiting list for elective treatment in the UK and there is a need to provide additional planning of elective hospital capacity.

DHSSPS Priorities

712 As detailed within Section 4.3.1 the HSSPS recognise the reduction of waiting lists as one of the key issues facing the Department at present.

7.2.3 Chronic Disease Management

713 The CAWT partners have indicated that activities within this theme would centre around the following:

- Diabetes care
- Alzheimer's
- Alcoholism/substance dependence

DHSSPS Priorities

714 As detailed within Section 4.3.1 the DHSSPS recognise that one of the key issues they face at present is a review of alcohol and drug strategies. Alcohol and drug misuse continue to produce serious population health problems in particular for teenagers and young adults.

A Twenty Year Vision for Health and Well-Being in Northern Ireland 2005 – 2025 (DHSSPS, 2004)

715 In their twenty year vision, the DHSSPS recognise that their principal aim remains to improve the physical and mental health and social well being of the people of Northern Ireland. Their 6th Policy Direction (out of 16) is to place an emphasis on delivering effective community based services with a special focus on Chronic Condition Management and the problems associated with disadvantage. One of the key actions within this policy direction is to establish seven major service wide Chronic Condition Management Programmes to promote enhanced management of the following:

- Diabetes;
- Coronary heart disease;

- Stroke Recovery;
- Arthritis and muscular skeletal problems;
- Chronic obstructive pulmonary disease and asthma; and
- Depression and stress management.

716 Their focus on Chronic Disease Management will also involve tackling smoking, binge drinking, obesity and other serious and growing public health and social problems.

HSE Corporate Plan 2005 – 2008/HSE Service Plan 2006

717 With the HSE Corporate Plan there is a recognised need to develop an integrated approach to the management of chronic illness.

Department of Health and Children, Statement of Strategy (2005 – 2007)

718 The DoHC Statement of Strategy recognises that diabetes is now emerging as a significant cause of morbidity and mortality. It was proposed that the Department would develop a policy on diabetes which is patient centred and includes prevention, treatment and rehabilitation services for people with diabetes.

719 As detailed further in Section 6.2.4 the Statement of Strategy also recognises the need to address the growing problems associated with alcoholism and substance abuse.

Diabetes: Prevention and Model for Patient Care, 2006

720 In 2006 the above report was produced by the Working Group established by the Minister for Health and Children in 2004 to make recommendations for further action around diabetes issues. This working group documented the emergence of diabetes as a public health problem and a series of policy guideline recommendations were given around the model of care for people with diabetes as well as recommendations for how services prevent and manage diabetes in the population.

7.2.4 Health Promotion and Well Being

721 The activities proposed by the CAWT partners around this theme would include the following:

- Smoking cessation/alcohol/substance abuse
- Addressing obesity in children and young people
- Getting "Fit for the Future"
- Addressing the significant problem of travellers' health as well as the influx of Eastern European workers in terms of accessibility to health services.

Priorities for Action: Planning Framework for the HPSS 2006-2008

722 This draft report highlights that improving health and well being remains a central objective of the Department with key aims being a reduction in preventable deaths and diseases and in health inequalities, enabling people to live healthier and better quality lives and improved mental and emotional health and well being. To achieve these aims will involve a number of actions as proposed by HPSS. Those relevant to the proposed CAWT activities include sustained action on the PSA priorities of smoking and childhood obesity and the development of action plans for alcohol and drugs abuse.

Department of Health and Children, Statement of Strategy 2005-2007

Smoking / Alcohol / Substance Abuse

723 The Statement of Strategy recognises that lifestyle choices are affecting our physical and mental wellbeing with an increase in problems associated with smoking, alcohol, substance abuse and unhealthy diet.

Obesity

724 DoHC in their Statement of Strategy recognise that obesity is becoming one of the fastest growing health problems in Ireland. It recognises that in 2005 a report of the National Taskforce on obesity was published which gave detailed recommendations on future action to be taken across the following six broad sectors:

1) High level Government;
2) Education;
3) Social and Community;
4) Health;
5) Food, commodities, production and supply; and
6) The physical environment.

725 It is noted one of the recommendations under health within this Taskforce report is that a North/South communication and public awareness programme on overweight and obesity should be developed in conjunction with and regularly evaluated by the HSE in partnership with the Northern Ireland Department of Health, appropriate food agencies, Government representatives, non Governmental agencies, consumers and appropriate agencies.

Multi Ethnic Culture

726 The Statement of Strategy recognises that over the years Ireland has moved towards a more multi ethnic, multi cultural society which highlights the need to plan for these diversities so that a wider range of needs can be addressed.

Priorities and Budgets

727 Section 4.3.3 highlights the sixteen targets for the DHSSPS as identified with Priorities and Budgets 2006 – 2008. Those relevant under this priority action include the following:

- By 2011, reduce the proportion of adult smokers to 22% or less, with a reduction in prevalence among manual groups to 27% or less.
- By 2010 stop the increase in levels of obesity in children.

DHSSPS Current Priorities

728 Of the current priorities as provided by DHSSPS and detailed in Section 4.3.1 the following are relevant for this priority area:

- Restriction on smoking in public places and workplaces.
- Prevention of obesity in children and young people.
- Review of drug and alcohol strategies.

A Twenty Year Vision for Health and Well Being in Northern Ireland 2005 – 2025 (DHSSPS, 2004)

729 This twenty year vision recognises that there is a continued need to tackle issues such as smoking, alcohol related harm, drug misuse, obesity and lack of exercise. This vision highlights the need to tackle the social, economic and environmental inequalities that impact on our health and wellbeing with a new emphasis on the following:

- Reducing smoking;
- Reducing alcohol related harm;
- Tackling levels of obesity;
- Increasing physical activity; and
- Promoting good mental.

HSE Corporate Plan 2005 – 2008

730 One of the goals within the HSE Corporate Plan 2005 – 2008 is to focus on groups within the population who have particular health needs. Within this goal one of the key actions is to continue to address the health needs of asylum seekers. The anticipated deliverables are to conduct a National needs assessment of the health needs of asylum seekers along with developing evidence based strategies to address identified needs.

7.2.5 Primary, Community and Continuing Care

731 It is proposed that this theme would have several stands of delivery including the following:

- Addressing the rurality and isolation of factors prevalent in disadvantaged groups;
- Social infrastructure development for isolated client groups
- Providing a peripatetic Physio/Occupational Therapy service, especially in rural areas; and
- Facilitating early discharge from hospital to the persons own home (which would also support better utilisation of hospital beds)

Caring For People Beyond Tomorrow

732 Caring For People Beyond Tomorrow DHSSPS, October 2005, is the strategic framework for the development of primary health and social care which sets out the direction for the development of primary care services. It recognises the two key drivers of firstly greater co-ordination between health and social care practitioners and secondly more effective integration between primary, community and secondary care services, in order to deliver a greater number of services through more appropriate settings, closer to where people work and live.

A Twenty Year Vision for Health and Well Being in Northern Ireland 2005 – 2025 (DHSSPS, 2004)

733 This vision recognises that promoting and maintaining people's health and independence, protecting people from harm and intervening early when care is needed, requires access to appropriate health and social care based in communities. This will involve services being provided across a range of settings including homes, in local primary and community care facilities and in local hospitals.

734 It is recognised within this twenty year vision that to be able to manage demands on the system, community based services need to be significantly enhanced.

Priorities for Action: Planning Framework for the HPSS 2006-2008

Primary Care

735 This Priorities for Action report highlights the two key drivers in implementing "Caring for People Beyond Tomorrow", the Strategic Framework for the development of primary health and social care as detailed above.

Community Care

736 This report recognises that there is a need to expand the range of services that can be delivered in the community which is also in line with the vision described in "A Healthier Future". To do this the HPSS needs to develop effective alternatives to hospital care which are designed to reduce inappropriate admissions and unnecessary lengths of stay.

737 This planning framework recognises that measures are needed to improve patient flows and to enhance provision in primary and community care will be their key priority.

Primary Care – A new direction , Primary Care Strategy, November 2001

738 The Primary Care Strategy 'Primary Care – A New Direction' sets out a clear direction for primary care as the central focus for the delivery of health and personal social services. It promotes a team based approach to service provision, aimed at providing a fully integrated primary care service.

739 The Primary Care Strategy proposes a new model of primary care which includes the following:

Primary Care Team - An inter-disciplinary, team-based, approach to primary care.

Primary Care Network - A wider network of other primary care professionals with clear communication links between health professionals and the primary care teams they serve.

Enrolment with Primary Care Team - All individuals will be encouraged to enrol with one primary care team, and with a particular GP within the team.

Access to the Primary Care Team - Individuals will be able to self-refer to a given member of the primary care team.

Integration of Primary Care Team with Specialist Services - Improved integration between primary care teams and specialist services will be developed.

Department of Health and Children, Statement of Strategy 2005-2007

740 DoHC in their Statement of Strategy support the continued implementation of the Primary Care Strategy.

HSE Corporate Plan 2005 - 2008

741 Two of the supporting goals within the HSE Corporate Plan 2005 – 2008 are firstly to develop primary care and secondly to develop community and continuing care services. Actions within this second supporting goal include developing and providing a range of home and community based care services to meet the needs of older people.

7.2.6 Disability

742 The key areas to be included within this theme include the following:

- Physical disability
- Sensory impairment
- Learning disability

Priorities for Action: Planning Framework for the HPSS 2006-2008

743 This draft HPSS report recognises that there is a clear need for the following:

- Improvements in the mental health and well-being of the whole community, prevention of mental ill health and a reduction in suicide.
- The continued progression to reform learning disability services in the community, through responsive community placements and the provision of support services.
- To move service provision towards enabling people with learning disabilities to become fully integrated into society and enjoy the highest possible standard of living.
- Reshape and modernise community and hospital services for people of all ages with a physical or sensory disability, thus enabling them to live as independently as possible in the community.(It is estimated that one in six adults has a physical or sensory disability)

744 Furthermore one of the current priorities identified by DHSSPS is a review of mental health and learning disability.

Department of Health and Children, Statement of Strategy 2005-2007

745 The Statement of Strategy recognises the objective of the current National Disability Strategies is to put in place the most effective combination of policies, legislation, institutional arrangements and services to support and reinforce equal participation for people with disabilities. The Strategy provides for a multi annual investment programme in disability specific support services over the period 2005 – 2009.

A Twenty Year Vision for Health and Well Being in Northern Ireland 2005 – 2025 (DHSSPS, 2004)

746 This twenty year vision recognises a number of needs relevant to people with disabilities including the following:

- Addressing the significant problem of discrimination and unequal access to goods and services;
- Where possible, reduce the prevalence and severity of disability by tackling the key causes (in line with "Investing for Health" Strategy);
- Begin the process of redesigning services for people with physical and sensory impairments;

- Ensure that people with a learning disability get the same chances and same choices as everyone else; and
- There is a need to implement fully the five core values of the provision of services provided to people with a disability (social inclusion, citizenship, empowerment, working together and individual support).

747 The Statement of strategy also highlights that DoHC will continue to play a strong role in developing policy and indicating national priorities for the mental health services.

7.2.7 Emergency Planning

748 Since June 2004, CAWT has been working on a number of cross border emergency planning projects. These initially secured funding from the North South Ministerial Council (NSMC) however subsequently became Interreg IIIA funded projects.

749 CAWT are currently considering the future direction of the NSMC funding available for emergency planning and will seek Government approval for the way forward. Emergency planning therefore is considered a priority area for cross border co-operation.

750 Emergency planning is also recognised as a priority area within the following strategies:

- HSE Corporate Plan 2005 – 2008;
- HSE Service Plan 2006; and
- DHSSPS, a twenty year vision for Health and Wellbeing in Northern Ireland 2005 – 2025.

8. IDENTIFICATION OF STRATEGIC BUSINESS AREAS

801 Having identified the six priority areas, the strategic business areas in which CAWT should develop their activities were considered to ensure they are 'fit for purpose'. These have been identified as follows:

[1] Structures;
[2] Lobbying role;
[3] Research role;
[4] Effective communication;
[5] Engagement with others;
[6] Evaluation of activities.

[1] ***Structures*** – to be developed as detailed within Section 8 which considers the structures necessary to enable CAWT to deliver the strategic objectives identified for 2007-2013. This includes key support functions of ICT, finance, HR etc.

[2] ***Lobbying Role*** – The partners in CAWT should continue to lobby at government level to resolve constraints and obstacles so that cross border working can achieve its full potential in providing further health and social care on a cross border basis. Many of the obstacles to cross border mobility can only be overcome following government intervention and CAWT are ideally placed to drive this forward and influence government policy.

[3] ***Research Role*** – The CAWT partners, through their delivery of previous projects, have been able to pilot test initiatives thereby researching to enhance cross border collaboration. It is recommended that CAWT continue to develop this role and including for example comparing the effectiveness of the two health systems. This need was also identified within the Journal of Cross Border Studies in Ireland, 'Cross Border health Co-operation; from optimum to realism.' While this research activity may not be eligible for future Interreg funding CAWT should seek to secure alternative funding for this strategic area of cross border co-operation. It has also been recommended within stakeholder consultations that CAWT should undertake to update the population needs assessment of the existing CAWT region and expand where necessary.

[4] ***Effective Communication*** – CAWT should maximize the communication of their activities including the following:

(i) Devise a CAWT communication strategy to maximise awareness of CAWT in both jurisdictions and throughout Europe which would also reflect the changing strategic direction of CAWT.
(ii) Maximising the CAWT website for both those directly involved with CAWT (minutes, databases etc.) and also for

those not involved in CAWT activities in order to maximise the brand potential of CAWT.

(iii) Quarterly newsletter should continue with consideration to be given to maximising its circulation throughout Ireland.

(iv) Annual conference.

(v) Continue to explore ways at maximising information technology.

(vi) Ensure maximum dissemination of learning and sharing of best practice.

[5] ***Engagement With Others*** – Continued engagement with others to include the following:

(a) Engagement with voluntary and community sector. The community and voluntary sectors have an important role in service development and delivery. CAWT should continue to build networks with other public sector bodies and community and voluntary groups throughout Ireland in order to disseminate learning and identify areas for future collaboration.

(b) Build on existing links with Europe and seek to develop new links. CAWT should also seek to secure funding to develop projects with other European border regions in order to maximise potential for sharing of best practice.

(c) Engagement with others – CAWT should strengthen existing links with DHSSPS, DoHC and other external agencies (SUPB< ICBAN, NWRCBG, EBR, Institute of Public Health, Food Safety Board, etc.).

[6] ***Evaluation of Activities*** – The CAWT partners should continually review projects that have been previously invested in to learn lessons from the implementation of each project along with assisting in determining their future direction. They should therefore ensure continued evaluation of all activities, in particular their specific European funded projects. The evaluation of projects should at all times be linked into what is being included in regional / national policy in both jurisdictions which will have the impetus of directly affecting the client and service user. Mainstreaming of successful projects with an identified need to continue should also be a priority area.

9. IDENTIFICATION OF CAWT STRUCTURES

9.1 Introduction

901 As detailed previously the structures within CAWT in recent years have been as follows:

- CAWT Management Board;
- CAWT Secretariat;
- CAWT Development Centre; and
- Sub groups (15 at April 2006).

902 During the consultations undertaken it was considered these CAWT structures to date have been effective and have worked very well. There was a feeling however that there were too many sub groups with differing levels of activity undertaken. There was also a recognition within consultations undertaken that the CAWT structure now needs to be reviewed given the changes in health systems North and South. Furthermore there was a need identified to have more government involvement at a senior level.

903 The structures identified below are considered to be the most appropriate to enable CAWT to take forward their strategic objectives for 2007 – 2013.

9.2 CAWT Strategic Management Board

904 The membership of the CAWT Management Board should be drawn from the highest level possible and shall be responsible for the overall strategic guidance of CAWT and include representatives from the following:

- Senior representation from HSE; and
- Senior representation from existing health and social services boards in Northern Ireland to be replaced by representatives from the new Health and Social Services Authority and Trusts.

905 The CAWT Strategic Management Board should develop an appropriate mechanism for informing both Departments on a regular basis of key activities being undertaken.

906 Recognising that the future strategic direction of CAWT includes consideration of the role that CAWT could play in the all island context of health provision (although maintaining a specific focus on the border region), representatives of the CAWT Strategic Management Board should be drawn from throughout the island of Ireland. Furthermore, recognising that CAWT shall have a focus overall of Northern Ireland supports the need for representatives of the Health and Social Services Authority on the CAWT Management Board from throughout Northern Ireland.

907 Meetings of the CAWT Strategic Management Board should be held on a minimum quarterly basis which should be scheduled well in advance. Recognising the long distances likely to be travelled by members of the Management Board, the use of available information technology such as video conferencing should be maximised to secure the highest possible attendance and overcome any logistic difficulties.

9.3 CAWT Operational Group

908 The CAWT consultation workshops undertaken during 2005 and documented within the summary report prepared by CAWT in September 2005, "Times They Are Changing" suggests that an Operational Group with wide representation from the HSE, Health Boards, Trusts etc. could be established which would oversee or steer project development and implementation.

909 It is considered that this is an appropriate structure to take forward which should have representation from throughout Ireland at a medium and senior level and this was also confirmed within the stakeholder consultations undertaken.

910 It is recommended that this board also meets on a minimum quarterly basis and as with the CAWT Management Board, logistic difficulties are minimised through maximising the use of available information technology.

9.4 CAWT Development Centre

911 The CAWT Development Centre should continue in a similar format to support the CAWT structures only strengthened as necessary to meet the strategic objectives identified and this has been recommended throughout all consultations undertaken.

912 At April 2006 there were nine staff within the CAWT Initiative as follows:

- Chief Officer;
- Two Executive Officers (One Executive Officer is located in Dundalk);
- Office Manager;
- Finance Officer;
- ICT Officer;
- Communications Co-ordinator;
- Higher Clerical Officer;
- Clerical Officer.

913 It is understood that only the positions of the Chief Officer and Finance Officer are permanent employment positions, albeit at present funded under Interreg IIIA.

914 It is understood that the partners in CAWT are seeking a commitment from the HSE and DHSSPS to fund the CAWT Development Centre in the future which has previously been funded with Interreg support (of which 25% has been provided as match funding from the two departments). If both Departments are committed to cross border health and social care under the auspices of CAWT then it is necessary for both Departments to be fully committed to the process and a formal agreement to fund the CAWT Development Centre is necessary.

915 Future annual business planning within CAWT should identify the staff required each year and ensure adequate mainstream funding is sought to deliver, including to consider the role that they could play in looking at the all island context of health provision.

916 On the basis of discussions to date it is believed that the staff resource at present at the CAWT Development Centre could be strengthened as follows:

Deputy Chief Officer

917 Management of the CAWT Development Centre could be strengthened by having a deputy chief officer position to support the chief officer. The chief officer has a substantial workload at present and it is recognised that to grow the CAWT Initiative without support at this level would be a risk to realising its full potential. At present the chief officer is supported by the two executive officers who have already a significant workload to manage. The position of deputy officer would play a key supporting role to the chief officer particularly in the areas of research, lobbying, developing networks etc.

Finance Assistance

918 It is proposed that the finance function could be strengthened on an ongoing basis to include a finance assistant. It is understood that this post is not included in the funded CAWT Development Centre project, rather it is being funded for one year from savings in other areas. Given the financial and monitoring requirements of EU funded projects this position is seen as a necessary permanent position to support the finance officer.

Human Resources

919 HR support is being provided at present through the Cross Border Mobility Interreg funded project. It is proposed that ongoing HR support from a dedicated officer as part of the CAWT Development Centre is essential for the future development of cross border working. Furthermore a HR strategy for all CAWT projects and the CAWT Development Centre should be developed to include joint training and development necessary to ensure "fit for purpose".

9.5 CAWT Sub Groups

920 Throughout the consultations undertaken there were varying opinions on the effectiveness of the sub groups. It was recognised that they were a successful method of developing cross border networks and excellent contacts have been made as a result which is recognised to be one of the key successes of CAWT to date. However concerns were raised that there were now too many sub groups and that there was varying levels of activity across each sub group. This was evident during the FPM evaluation of CAWT where there were also occasions when sub group meetings had to be cancelled due to insufficient cross border attendance.

921 Consideration was given to the format of sub groups where is was concluded that there needs to be fewer sub groups than at present (as at April 2006).The Partners in CAWT should ensure that when establishing sub groups that each follows a programme of care or a population based approach.

922 Each subgroup would identify which priority areas are most relevant to them and develop projects, etc. to meet the need they identify. There would be representatives from across the health services North and South and from a range of professional disciplines in each subgroup who would come together to discuss the needs of their age group within each of the priority areas identified.

923 Once a need is identified from within a priority area, the appropriate subgroup could establish a focus group/project delivery group as necessary to undertake research, etc. as required over the period of the activity, reporting to their respective subgroup. In identifying specific projects to be taken forward their potential sustainability should be stated from the outset (i.e. likelihood for mainstreaming). Furthermore projects must demonstrate added value in being taken forward on a cross border basis and should also demonstrate that they would be innovative in nature.

924 Furthermore, should the CAWT partners secure agreement from Government North and South to play a role in the all-island context of health provision a further focus group could be established to consider how the CAWT partners could drive this forward.

925 A Terms of Reference should be developed for each sub group with an agreed annual programme activity presented to the CAWT Management Board.

926 Representation within each sub group should comprise the following:

- Senior managers and manager representatives from HSE and Health and Social Services Boards/Trusts; and
- Where appropriate other public sector organisations.

927 In the identification and selection of projects, it is proposed that evidence should be provided that consultation with patients has taken place in the development of the project which is seeking funding e.g. through focus groups etc. Consultation could also take place with the Patient Client Council, the recently created single health and social care users body which is due to be in place in Northern Ireland in April 2008. The assessment panel for selecting projects should include representatives from the community and voluntary sector and thus be more patient focused. Furthermore in encouraging, promoting and facilitating user involvement, projects should demonstrate how they will engage with users over the period of project implementation.

10. CAWT FINANCIAL STRATEGY

10.1 Introduction

1001 The FPM Evaluation of CAWT recently completed highlighted that CAWT has enabled the leverage of significant EU funding to the CAWT region.

1002 Funding secured from April 2002 to December 2005 included the following:

- Peace II funding of £902k to deliver six initiatives within two overall projects;
- Interreg IIIA funding of €9.537m to deliver thirty projects under Measure 3.2; and
- North South Ministerial Council funding of £280k to deliver three strands of an emergency planning project.

1003 The EU funding advanced has enabled CAWT to significantly add value to the border region and in particular has enabled the developing of networks, building of relationships and sharing of best practice on a cross border basis. There is a need for this relationship to continue to be strengthened and developed.

1004 While one of the significant achievements of CAWT to date has been their ability to secure European funding and in particular Interreg IIIA funding, stakeholder consultations undertaken did identify that CAWT need to become less dependent on European funding and seek to secure mainstream funding and specifically for the CAWT Development Centre.

1005 The CAWT Development Centre is one of the projects funded under Interreg IIIA, Measure 3.2 which has secured funding of £1,584,250 for the period ending 31 December 2006. There is uncertainty at present as to whether future European funding, for example, under the new Interreg programme will fund the future activities of the CAWT Development Centre as it has been suggested throughout stakeholder consultations that these costs should be funded by Government, North and South and would be a sign of their commitment to the activities of CAWT.

1006 As detailed previously in Section 9, it is proposed that the CAWT Development Centre structure does continue with mainstream funding secured for staff on a permanent basis in order to take forward the strategic objectives and implementation of future business plans for CAWT. It is recommended that this staff structure is strengthened to twelve full-time permanent staff to include the following:

- Chief Officer;
- Deputy Officer;
- Two Executive Officers;
- Office Manager;
- Finance Officer;
- Finance Assistant;
- Human Relations Officer;
- ICT Officer;
- Communications Co-ordinator;
- Higher Clerical Officer;
- Clerical Officer.

10.2 Future Financial Costs

1007 Should funding from Government North and South be secured for the CAWT Development Centre, this will be of significant benefit to CAWT and enable them to drive forward and deliver their strategic objectives. However it is believed that CAWT need also to consider further future funding sources including the following:

- Future Interreg funding;
- Research funding; and
- Funding to deliver projects in partnership with other European countries.

1008 While many of the Interreg IIIA projects to date have not yet been completed, there has been some evidence secured throughout the FPM evaluation that CAWT has enabled the mainstreaming of some of their pilot projects. As the Interreg IIIA projects begin to come to an end in the coming months, CAWT should ensure that funding is secured where possible for mainstreaming those successful projects for which there is an identified need to continue. Given that the CAWT partners have authority by the constitutions that they represent, agreement should be reached as to whether or not they have the authority to take decisions on the mainstreaming of projects.

1009 In order for there to be a growth in interest on an all island basis, CAWT will require Government approval North and South for the role that they would propose to play, including securing the necessary funding required.

10.3 Annual Business Planning

1010 Before this strategic development plan can be developed to produce an annual implementation plan the CAWT partners will seek a response from Government North and South so that they can conclude on whether they can implement the identified strategic objectives. Once this is determined, an annual implementation plan should be developed by the CAWT partners to consider the funding required to implement the strategic objectives through the priority areas identified. Each annual plan should incorporate financial projections and identify the staffing required depending on available funding, project implementation etc.

FPM Accountants LLP
CHARTERED ACCOUNTANTS
& REGISTERED AUDITORS

19 September 2006