

Co-operation and Working Together (CAWT)
Riverview House
Abercorn Road
L'Derry
BT48 6SB

T: 00 44 (0)28 71272100
F: 00 44 (0)28 71272105
E: info@cawt.com
www.cawt.com

The CAWT Story

2003 to 2008

The Legacy of the European Union INTERREG IIIA and
PEACE II funded cross border health and social care projects



Contents

Foreword Colm Donaghy, Director General, CAWT	5
Highlights 2003 to 2008 Bernie McCrory, Chief Officer, CAWT	7
Funder Perspective Pat Colgan, Chief Executive, Special EU Programmes Body	9
Introduction	11
Project Impacts	13
Appendices	
Appendix 1 Summary of CAWT projects	59
Appendix 2 Perspectives on Cross Border working	70
Appendix 3 CAWT: Phases of Development	78
Appendix 4 CAWT: European Connections and Networks	82

CAWT Mission

CAWT's mission is to improve the health and well being of the border populations, by working across boundaries and jurisdictions.



Foreword

Colm Donaghy, Director General, CAWT

The past five years have seen enormous progression in cross border collaboration in health and social care. The validation of CAWT's work, reflected in the North South Ministerial Council (NSMC) priorities, has provided a continued focus, momentum and authority for developing mutual interests in the field of health through co-operative and joint action.

Many of the projects currently reaching conclusion have begun to have significant impact, projects such as GP Out of Hours with patients having the option of accessing services more conveniently along the border area in two pilot sites - The next stage will involve determining how the pilots can be extended and developed. This increases the choice and control people have over meeting their health needs.

There has been excellent progress in improving mobility for health care professionals in terms of developing strategies to overcome barriers to workforce mobility; agreements have been reached across many professional groups and both Departments of Health, which allow for example, health service practitioners to work in each other's jurisdiction during a major incident.


In addition to the EU INTERREG IIIA funded projects, there has been commissioned work from the two Departments of Health undertaken. These include Major Incident Planning, Radiotherapy Services at Belfast City Hospital for the population of Donegal and more recently the commencement of collaborative working around Paediatric Congenital Cardiac Surgery between the Royal Hospital for Sick Children, Belfast and Our Lady's Hospital for Sick Children in Dublin. Both Ministers for Health agreed to the establishment of a

joint feasibility study on the potential for further North South co-operation in health and social care in which CAWT is actively participating and supporting.

The CAWT Development Centre has been mainstreamed and a team of 12 staff now support this work. The Centre is now the established engine room to drive forward an exciting agenda, which will hopefully include the securing of significant funding from the EU INTERREG IV programme. Subject to a successful economic appraisal it is expected that funding may become available from mid 2008.

I would like to acknowledge the hard work and support by the team in the CAWT Development Centre under the leadership of Bernie McCrory, Chief Officer. I would also like to thank all Management Board and Secretariat members, both past and present, for their diligence and commitment over the past number of years. Without the dedication, experience and commitment of the staff working within the partner organisations, managing and delivering projects on the ground, much less would have been achieved and I commend all involved for their sterling work. It is my vision, indeed belief that cross border working is set to expand in the foreseeable future and we are all in a position to make this happen. The health benefits to be gained for our combined population will, I promise you, far outweigh the endeavours that we must make.

Finally, I am reminded of a quote (Author unknown) which captures the essence of our efforts, "If you want to be incrementally better; be competitive, if you want to be exponentially better; be cooperative."



“The real momentum for collaboration on healthcare is coming from patients and practitioners themselves, who can see the potential benefits.....The way to make progress, therefore, is not to focus unduly on the legal uncertainties but rather to concentrate on taking practical steps.”

David Byrne,
EU Commissioner for Health 2003

Highlights 2003 to 2008

Bernie McCrory, Chief Officer, CAWT

On reading this report, the CAWT Story: 2003 to 2008, I hope you will agree that the legacy of the EU INTERREG IIIA and PEACE II programmes has been extremely positive to date. Cross border projects have been developed across a number of health service programmes of care, with several directly impacting on the service received by the patient or client.

We have worked with a range of organisations outside of the statutory sector who provide valuable services. In relation to learning disabilities, the Praxis Care Group conducted valuable research in the area of carers of those with learning disabilities. Rehabcare are offering Person Centred Planning to learning disabled clients. The Northern Ireland Centre for Trauma and Transformation provided valuable training and education programmes in Cognitive Therapy. The Traveller Health project has worked collaboratively with service users and representative groups to report on service access issues and potential solutions.

Cross border activity has engaged the health sector in working collaboratively with other sectors. For example, the Steering to Safety project has engaged with a range of stakeholders in relation to focusing on road safety in the border region. The North South Emergency Planning project has brought emergency planning stakeholders together to bring a genuine 'joined up' focus to planning for major medical incidents in the border region. Both the Health Inequalities and Health Impact Assessment projects are multi sector initiatives, which have harnessed the expertise of the all island Institute of Public Health, who champion work in this area. **Safe**food brought another all island dimension to our work, with the delivery of a successful cross border training programme in food allergen control.

The Centre for Cross Border Studies completed CAWT's first independent evaluation in 2002, which greatly influenced our strategic focus and work since then. Indeed, CAWT's experience in cross border collaboration was formalised in 2002 when CAWT was appointed by both Departments of Health to be the Delivery Agent for Priority 3, Measure 2, health and well-being. Between 2003 and 2008, the CAWT partner organisations implemented thirty seven EU INTERREG IIIA projects and seven PEACE II projects.

Our reputation and experience of cross border engagement was further acknowledged with the receipt of high profile commissions from the Department of Health in both Northern Ireland and the Republic of Ireland in relation to four additional cross border projects underway in the areas of emergency planning, WHSSB self harm register project, radiotherapy and more recently paediatric cardiac surgery.

We were delighted when CAWT cross border activity was mainstreamed as part of the health services during 2007, with funding provided by the Health Service Executive and the Department of Health and Social Services and Public Safety. This affirms and demonstrates the great commitment to the continuation of cross border co-operation on the part of all the CAWT partners.

CAWT has also been asked to work with both Departments of Health on an all-island Health Feasibility Study. This study is progressing well and has already identified significant areas of mutual interest where it would make absolute sense to collaborate and plan to work together across the entire island.

On a personal note I would like to acknowledge the role of my predecessors, Frances McLaughlin and Frances McReynolds who steered CAWT through the first phase of the EU INTERREG IIIA and PEACE II process. Both played a crucial role in shaping the CAWT cross border partnership and contributed greatly to its success.

It is therefore an exciting time to be a part of CAWT, much has been achieved but there is much still to do. It is a privilege to be part of the process and I personally intend to explore consistently any opportunity, which presents to ensure the further development of networks across the border area and beyond.

Funder Perspective

Pat Colgan, Chief Executive, Special EU Programmes Body

The aim of the European Union INTERREG IIIA Programme was to support cross border co-operation, social cohesion and economic development and to address the economic and social disadvantage that can result from the existence of a border. Alongside, the INTERREG Programme, the European Union's PEACE II Programme aimed to reinforce progress towards a peaceful and stable society by promoting reconciliation and addressing the legacy of the conflict.

The achievements of Co-operation and Working Together (CAWT) amply demonstrate what can be achieved to improve the quality of life for communities on both sides of the border by taking advantage of the funding opportunities presented by the INTERREG and PEACE programmes.

In its role as the delivery agent for both Departments of Health, CAWT has developed a successful partnership, which has delivered a range of cross border health and social care projects.

European Union funding has enabled CAWT and the Departments of Health to apply creative cross border solutions, which have improved access to services by border communities. The cross border GP Out of Hours pilots are now established in two areas of the border and a range of acute hospital projects have been implemented. In the areas of health promotion, health protection, mental health and disability, a range of other projects have delivered benefits which would have been difficult to achieve by approaching them independently.

As a result of CAWT's activity, relationships between participating organisations have strengthened. This has helped to create a

foundation upon which co-operation in areas outside those co-funded by the European Union have been built. Cross border activity now forms a vital part of the work of the partners, which comprise the CAWT organisation. The Southern and Western Health and Social Care Trusts and the Southern and Western Health and Social Services Boards in Northern Ireland along with the Health Service Executive in the Republic are to be congratulated for seizing the opportunities that have opened up.

CAWT is recognised for its expertise in cross border health and social care and I welcome the fact that both Departments of Health have now mainstreamed the CAWT Development Centre. This demonstrates their commitment to ensuring that the border does not act as a barrier to bringing services to local border populations.

Together, the organisations involved in CAWT projects have a formidable record of achievement. I look forward to cross border health and social care going from strength to strength.

A man with dark hair and glasses, wearing a white lab coat, is shown in profile, looking down at a task. He is in a clinical or laboratory setting, with a surgical light visible in the background. The text is overlaid on the left side of the image.

“ In terms of funding over the time period a total of £6.74 million / €10.45 million was allocated to 37 European Union INTERREG IIIA projects, delivered across the border region. A further 7 PEACE II projects valuing a total of £1.08 million / €1.57 million has also been implemented. Four cross border commissioned projects are underway with an estimated value of £197,000 / €286,000 plus support from within existing resources. ”

Introduction

This legacy report provides an insight into the impacts made by the Co-operation and Working Together (CAWT) cross border health and social care projects over the last five years. It includes both European Union INTERREG IIIA and PEACE II funded projects and those commissioned by both Departments of Health. The time period for this report is from 2003 to mid 2008.

Projects have been grouped into health service areas. Each project has been analysed to determine how capacity has been built. The outcomes achieved to date or planned for the future in relation to service provision, policy and infrastructure has also been examined.

This analysis is supported by some personal perspectives from a range of people involved in cross border health activity in order to deepen awareness and understanding of the actual experience of engaging in such work. This serves to illuminate the motivations, rewards and challenges which lie behind the statistics and projects impacts.

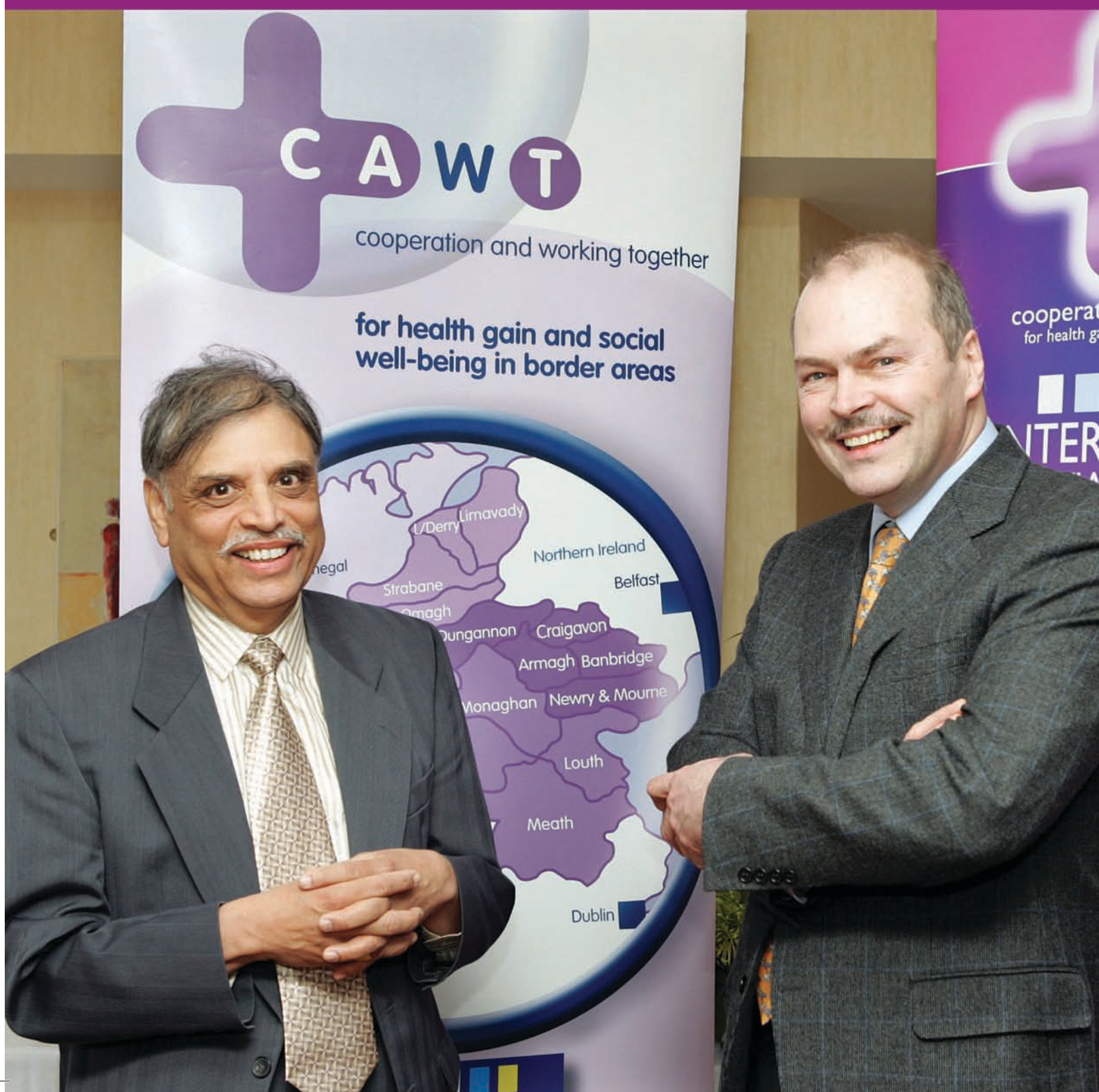
Much has been accomplished in cross border health over the past five years and this report highlights these achievements. The CAWT partner organisations have a proven, documented, independently evaluated track record of working across the two jurisdictions, in the planning and delivery of services for the benefit of patients and clients. The continuation of this vital work is certainly in the interests of the communities on both sides of the border.

A number of factors will ensure that cross border work in health and social care goes from strength to strength:

- The various pilot projects have demonstrated the logistical success of moving patients across both jurisdictions. Certainly, this success should act as a catalyst to innovating other new initiatives and to developing cross border health and social services.
- Many of the barriers to cross border mobility have been addressed and will support future activity in cross border health and social care.
- The experience of cross border joint activity has led to a shared sense of identity and strengthened relationships between health and social care personnel on both sides of the border.
- The cross border information and good practice exchanges, as well as joint training initiatives have contributed significantly to staff development.
- Efficiency savings have been achieved by the sharing of resources, expertise and joint appointments for the benefit of the border population.
- Operating on a cross border basis provides the critical mass required to justify concentration of services and thus achieve economies of scale.

“...There were significant challenges throughout the pilot period which required operational modifications in order to achieve the success attained... more detailed capacity planning at the outset may have helped alleviate some of the problems experienced.”

Extract from the project evaluation.



Acute Hospital Services

Networking and strategic partnerships between acute hospitals based along the border between Northern Ireland and the Republic of Ireland has become more common. Many of these cross border hospital relationships have developed because there is recognition that collaboration and co-operation can lead to improved access to services by patients. It is also recognised that such collaboration can reduce duplication and are thus more cost effective to deliver. While CAWT's role has been to encourage and facilitate cross border acute service provision, credit must be given to the planners, managers, clinical and other medical staff who have worked to make the various initiatives happen in practice.

Developments in cross border co-operation between hospitals have a number of key drivers. Firstly, large parts of Northern Ireland and the Republic are peripheral to regional centres in Belfast and Dublin respectively. Patients should be assisted where feasible, to access treatment at the most convenient of locations, irrespective of having to cross a border. This has the added advantage of securing local economies of scale and critical mass. In addition to helping reduce waiting lists, the securing of services on a cross border basis can be economically viable where neither jurisdiction has a sufficiently large catchment population to sustain the service on their own.

In the North West, the two major acute hospitals located on either side of the border, Altnagelvin Hospital in the Western Health and Social Care Trust and Letterkenny General Hospital in the HSE West have a history of co-operation. For example, urgent emergency treatment for casualties of road traffic accidents and emergency obstetrics

treatment is provided by the nearest hospital, irrespective of jurisdiction. Both hospitals co-operate in the utilisation of intensive care beds. Altnagelvin Hospital provides a neo natal intensive care service to premature/sick babies from Letterkenny General Hospital.

The following is a short description of some cross border service developments in which CAWT has played a supporting and facilitation role in recent years.

Cross Border Renal Network

Six hospitals in the border region have worked on a collaborative hospital project designed to improve the safety and quality of patient care for people with kidney disease who live in the border region. Each hospital has installed a common specialised information system (EMED) so that they can share data to assist them in the treatment and care of patients with kidney disease. The hospitals involved are Cavan General Hospital; Sligo General Hospital; Letterkenny General Hospital; Altnagelvin Hospital, Derry; Tyrone County Hospital, Omagh and Daisy Hill Hospital, Newry.

Since the EU funded aspect of the project concluded, the network members have continued to meet to explore more ways to share information and resources. For example the renal nurses from the participating hospitals have met and plan to continue to collaborate in developing standardised approaches in relation to managing renal data. The HSE is now represented at the NI Nephrology Forum. It is hoped that this project will act as a catalyst for a comprehensive all-island renal registry.

Since the project concluded the Department of Health and Children has granted approval for a Nephrology system for a number of HSE and voluntary hospitals. The success of the CAWT Renal Network Project has undoubtedly contributed towards a Nephrology system being one of the projects for consideration in the national arena. This will further support the future development and management of an all-island renal registry.

Cross Border Diabetes Network

The cross border diabetes network project commenced with the installation of the Diamond Diabetes clinical information system in three hospital sites: Craigavon Area Hospital, Louth County Hospital and Cavan General Hospital. Since then the project has been integrating and collating information from hospitals sites across Northern Ireland and the border counties of the Republic of Ireland. This will support the cross border network on clinical diabetic information and inform the future development of cross border services. This project will facilitate:

- improved clinical management of people with diabetes,
- more patient centred care,
- improved communications between primary and secondary care, and
- targeted interventions for people with diabetes at high risk of complication.

It is planned that by September 2008 a report on the diabetes data collected will be presented. This report will, for the first time, provide information on the health of diabetic patients attending hospitals in the CAWT region.

Ear, Nose and Throat (ENT)

A cross border pilot Ear, Nose and Throat (ENT) service was developed and delivered during the April 06 to March 07 period. This pilot was focused on Altnagelvin, Tyrone County and Letterkenny Hospitals and resulted in a significant reduction in waiting times and waiting lists for the catchment populations. During the project extra out patient appointments were delivered for patients on the Letterkenny waiting lists. This reduced Letterkenny Hospital's waiting list from 2200 to 574 and Altnagelvin Hospital's from 1973 to 718 during the project timeframe.

Radiotherapy Services for the Donegal Population

The Department of Health and Social Services and Public Safety in Northern Ireland and Department of Health and Children in the Republic of Ireland, commissioned CAWT to support the development of a project, which examined the feasibility of Donegal patients accessing radiotherapy services in Belfast City Hospital in Northern Ireland. The project examined the viability of changing the patients' existing pathway to St Luke's Hospital in Dublin and the operational arrangements to support such a change. The benefit to patients is significantly shorter journey times, in some cases a reduction of up to 3 hours.

The first year review has reflected positively across all aspects and patients find the service convenient for both themselves and their families. The implementation phase was initially slow with only one or two patients at any one time choosing the Belfast location. However, as service users became more aware of the options there has been a greater uptake with three or four patients receiving their treatment at any one time. The HSE has committed resources to extend this valuable service. Furthermore, based on predicted service capacity in Belfast City Hospital, it is now recognised that more locally based radiotherapy services in the North West may need to be developed.

Recompression Services

The recompression chamber at Craigavon Area Hospital was replaced with a new chamber, which was installed in 2007. Nursing, medical and technical staff from within the Southern Health and Social Care Trust area have been recruited and training has been provided by specialists from Aberdeen. The new chamber is now operational and ensures the continuation of a regionally based service for those suffering with decompression illness.

Cross border Oral Maxillo-Facial Services

This service is managed jointly on a North West regional basis, across both jurisdictions for the combined catchment populations of Altnagelvin, Letterkenny and Sligo Hospitals. By combining the populations on a cross border basis, it has been possible to maintain and further develop a service that was in danger of being lost to the North West area. This has provided a practical model, which has stimulated further cross border acute service initiatives. CAWT has supported this initiative through the initial funding of capital equipment to support the development of the service.

Key impacts of cross border acute hospital collaboration

Enhanced population base thus leading to:

- Retention of existing services
- Economies of scale
- Efficiency savings
- Ability for sub specialisation in a particular surgical field
- More effective recruitment due to job posts being more attractive to health professionals



“

It is estimated that during the life of the project approximately 1,000 people, including service users, staff and managers, have engaged directly with the project via conferences, topic forums, training and direct work.

”

Bernie Gibbins, Project Manager,
Protection of Vulnerable (Learning Disabled) Adults from Abuse

Disability

A number of collaborative cross border disability projects have been delivered by health service professionals under the CAWT partnership banner. These projects have been developed in the context of promoting social inclusion for people with disabilities and improving the provision of services and supports within the disability field.

European Union INTERREG IIIA funding has supported four diverse disability focused projects. The Protection of Vulnerable (Learning Disabled) Adults from Abuse and the Crossing the Line Employment Support project have engaged in practical activities to support both learning disabled people directly and also those who provide services. The third project is a research study undertaken by Praxis, which examined the health status and support requirements of unpaid carers. The fourth project, a physical and sensory disability project tackled the 'taboo' area of continence.

The Protection of Vulnerable (Learning Disabled) Adults from Abuse

Adults with learning / intellectual disabilities are particularly vulnerable to abuse by others because of factors such as dependence for support, communication difficulties and lack of life skill experiences. The Protection of Vulnerable Adults project has identified best practice from across the island of Ireland and further afield. It has provided training and support to assist service providers to apply good practice in a local context. The project has held a number of cross border information and training events attracting input from a range of experts and academics from the field of disability.

A significant milestone for the project was the September 2007 cross border Summer School, which catered for one hundred participants from the health and social care services, the police and regulation services. The Summer School brought together specialist trainers and consultants to examine the subject of vulnerable adult protection. It considered aspects such as risk assessment and management, maintaining professional relationships, managing investigations and interview situations. Since then the Project Manager has facilitated a number of specialist training sessions across the CAWT region. A number of legacy items have been developed to support services after the project closes. This includes a guide to service governance for a supported living service catering for high-risk service users and also a service tool-kit to support effective practice.

The project is currently being independently evaluated to determine the effectiveness of the project in achieving the original objectives.

Safer Lives - event evaluation

In March 2008, 150 learning disabled adults and special needs young people from the Western Health and Social Care Trust area had a unique opportunity to enhance their life skills in such areas as safety at home and on the roads, fire safety, emergency calls and dealing with strangers. The highly interactive events were co-ordinated by the Western Health and Social Care Trust and the Police Service of Northern Ireland's Community Safety Officers. Other local organisations supporting the events included the Fire Service,

Omagh and Fermanagh District Councils Home Safety Departments and Community Safety Partnerships.

Service users were asked to evaluate the event. 100% of service users said that the event was a good event to go to and 98% said they would attend a similar event again. Based on excellent outcomes it is planned to co-ordinate more such events again.

Crossing the Line - Employment Support Project

The Crossing the Line project aims to improve services for people with learning disabilities by using the Person Centre Planning (PCP) approach, which identifies personal goals and aspirations. The project is being managed by Rehabcare who recruited officers to support learning disabled adults in achieving their goals in areas such as employment, education and training and use of recreational facilities within the community.

The project is still underway and Rehabcare officers are actively securing client referrals in a number of locations along the border including Castlefinn, Castlederg, Blacklion, Garrison, Clones and Roslea areas. In addition, the project is planning to produce a DVD to promote awareness and understanding of Person Centred Planning.

Praxis Carers Research

In recent years there has been an increase in awareness and concern for the needs of carers across the island of Ireland. Certainly there has been an acknowledgement at Government level of the importance of the role of carers and the

supports which they require. The Praxis Carers research study is another body of evidence from the border region which can inform service and policy development. The research mapped services across a 20 mile corridor of the 450 km length of the North / South border. The research undertaken highlights the physical and mental health of carers with learning disabilities in the border region. It also indicated that many of the solutions in providing accessible practical carer support services could be developed on a cross border basis.

Some key findings from the Praxis Carers Research:

- 83% of carer respondents are over the age of 40.
- 80% of respondents care for 100+ hours a week.
- 87% of carers are caring for their child.
- 66% of carers have dependants that need a lot or full support.
- 64% of carers reported 'fairly good' physical health.
- 66% of carers with a health problem found it affected their ability to care to some extent.
- 45% of carers showed symptoms of poor mental health.
- 70% of carers who have poor mental health do not feel they receive enough support.
- Carers feel a greater choice and variety of respite types may ease the burden on their health.

Continence Awareness and Support Project

The Continence Awareness and Support project aimed to reduce the stigma associated with continence issues and highlight the range of supports available. As part of the project over thirty visits were carried out to community and voluntary groups in the target area which indicated the demand for more information on this subject area. Feedback from consumers and professionals was that the relaxed and informal atmosphere of the visits were effective in reducing stigma and encouraging people to talk. It was also identified that although there is a perception that the stigma of incontinence is gradually eroding, for example with the development of national media campaigns such as National Bladder Week, a number of barriers still remain.

The project focused on the North West border region and produced a comprehensive resource pack, which has now been widely disseminated across the target area. The project acted as a catalyst for other initiatives. For example, in December 2007, 69 Special Needs Assistants attended evening training given by the HSE West Health Promotion department.

Welcoming the launch of the resources folder, Dr Jimmy Devins, TD, Minister of State at the Department of Health and Children with responsibility for Disabilities and Mental Health said: "I congratulate CAWT for collaborating on a cross border basis to develop this continence resource pack, which will make it easier for people to

access services and products in the border region. Support is available but the research shows that people are often unwilling or too embarrassed to seek professional help when it comes to continence issues. This excellent resource provides a signpost to services and will ultimately help to improve the quality of life for many people."

Northern Ireland Ambulance Service,
Exercise participant



It is a great opportunity to work with colleagues from other emergency services, north and south. I think it is important that everyone who may be asked to respond to a major incident, such as those practiced today, understand each other's roles.



Emergency Planning

Emergency planning is an area where close collaboration and joint working has been very successful in recent years. Emergency planning is also one of the five health areas in which the North South Ministerial Council has a special interest. A North South Emergency Planning Group comprised of senior officials from both Departments of Health and the HSE commissioned CAWT to undertake a range of activities across the border region. This included:

- An updated directory of hospital services which includes regional specialities for the island of Ireland;
- Research into the availability of information on the capacity for regional specialities, especially intensive care beds;
- Development and testing of a proposal in relation to the activation of emergency plans between hospitals and at regional speciality level in the event of a major incident within the border area, and;
- Research into the registration arrangements for clinical staff in both jurisdictions in order to identify restrictions in the situation where a cross border response to a major incident is required.

In addition, the practical implementation aspects associated with responding to a major emergency medical incident in the border region was tested twice in the last year. Both tests were sponsored by CAWT - the first in Magilligan, Co. Derry in April 2007 and the second in Ballykinler, Co. Down in April 2008.

The exercises primarily assessed and tested medical evacuation procedures and communications systems of the emergency services involved. The objectives of the cross border major emergency planning exercises were:

- To put into practice Major Incident Medical Management Support (MIMMS) training. MIMMS is the only international standard in major incident medical management.
- To rehearse and demonstrate response procedures by the ambulance services with the support of the military, police and fire services in the event of a major medical incident in the border region.
- To test and validate 'bronze' level command communication systems for both ambulance services and military at incident level.

The evaluation concluded that these cross border emergency planning exercises have strengthened the capacity of the ambulance services from Northern Ireland and the Republic of Ireland to provide mutual support in the event of a major medical emergency. It has also helped foster a common approach when dealing jointly with a major medical incident.

Cross border major emergency medical exercise participants

It is estimated that over 400 people assisted in total at both exercises from across a wide range of organisations including:

- Co-operation and Working Together (CAWT) partner organisations
- Northern Ireland Ambulance Service
- National Ambulance Service - Republic of Ireland
- Northern Ireland Fire and Rescue Service
- Amputees in Action
- Altnagelvin Hospital
- Letterkenny General Hospital
- Cavan General Hospital
- Craigavon Area Hospital
- Magilligan Training Centre
- Ballykinler Training Centre
- RAF
- Territorial Army
- Irish Army Air Corps
- The Police Service of Northern Ireland
- An Garda Síochána

Ministerial Support

The Minister for Health, Social Services and Public Safety in Northern Ireland, Michael McGimpsey acknowledged the benefits of such an exercise. He said: "A major incident involving the emergency services could happen at any time. It is therefore important to be prepared for such an eventuality. Simulated exercises like this give the emergency services an opportunity to test their skills and ability against their major incident plan. A coordinated response is vital in such circumstances."

The Minister for Health and Children, Ms Mary Harney TD, commenting on the event said: "I would like to congratulate both organisers and the many participants on the ground in today's exercise. Following on the success of the exercise staged at Magilligan last year, the events of today have shown yet again the vast well of willingness for working together for the common good that exists on the island of Ireland. She continued: "It is most reassuring to know that, in the event of a major medical incident in the border region such as has been demonstrated today, our ambulance, military, police, hospital and fire services, North and South, will provide a co-ordinated response to the highest levels of competence and efficiency."

Frank McClintock,
Assistant National Director, National Hospitals
Office of the Health Service Executive



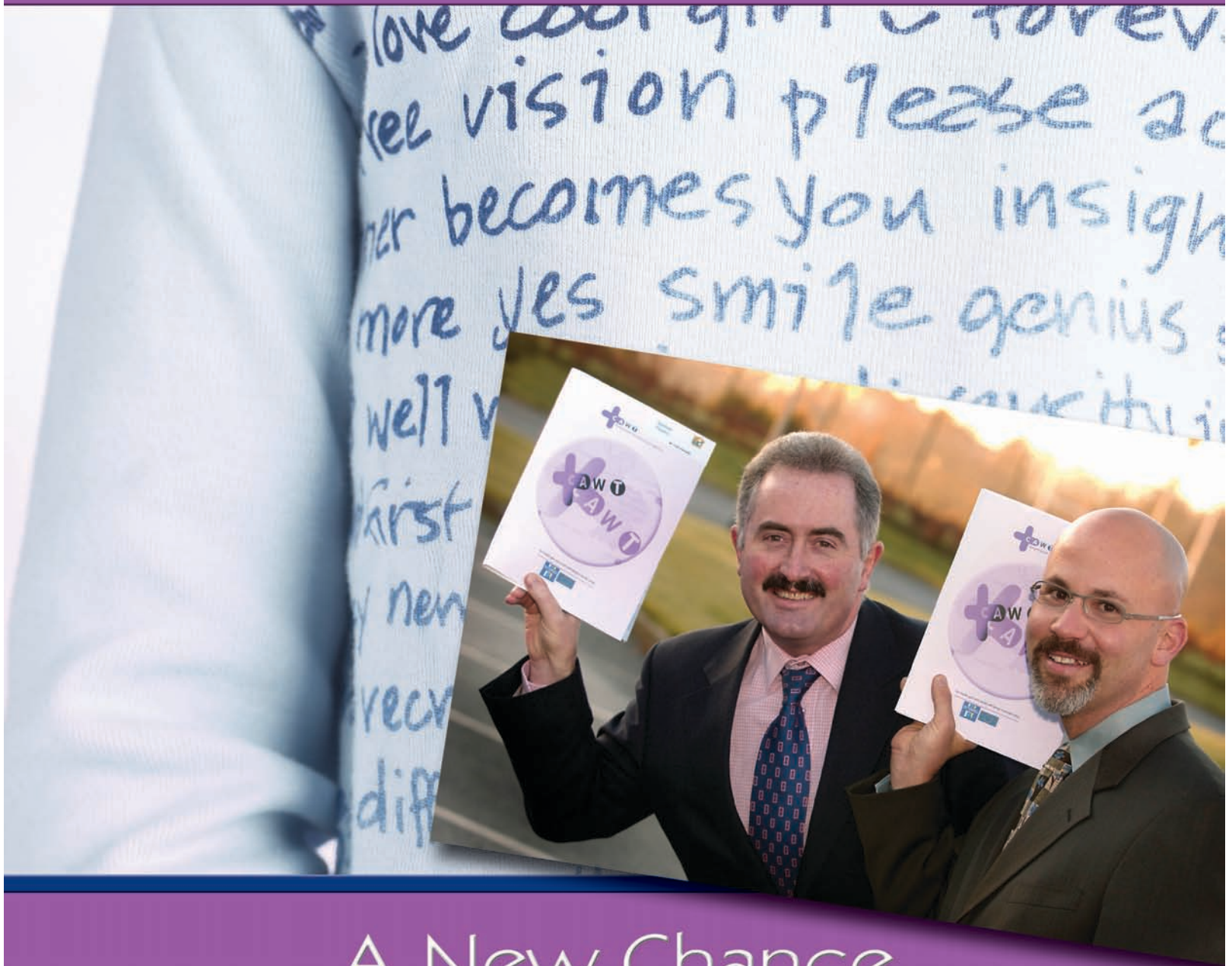
This medical emergency exercise provides a unique opportunity for the ambulance services and the other agencies involved, to work together on a cross border basis.....It has been excellent for building relationships across the border which we will continue to foster.





cooperation and working together

for health gain and social well being in border areas



A New Chance

An evidence based approach to the State care
of young people with Challenging Behaviour

Eric Plunkett, Robbie Gilligan

Family and Children's Services

Two significant projects have been delivered under the Family and Children's Services theme.

A New Chance - Cross Border Foster Care

The Family and Child care sub group identified the provision of care for children with challenging behaviour as an issue common to both jurisdictions. In addition to a research component, the project considered different models of dedicated foster care for 'difficult to place' young people. The project hosted a conference in December 2005 to consult on best practice. In particular it considered approaches that produce good outcomes for young people which focus on education, social skills and positive adult relationships. The challenges, benefits and costs of introducing more innovative approaches was discussed. A final report was presented to policymakers, service planners and stakeholders.

Children's Services Planning and Information Project

In April 2008 the Children's Services Planning and Information project launched two substantial products:

- A framework for integrated planning for outcomes for children and families developed by NUI Galway.
- An interactive website system that maps services and measures outcomes for children and young people in the border region.

The project team believe the framework provides a user friendly toolkit for making sure that services make positive changes to children's lives. It is designed to be used by community, voluntary and statutory sector staff with a remit for children's services. Both products will be very useful to any agency, partnership or community group wanting to plan services which are based on improving outcomes for children.

Junior Ministers, Gerry Kelly and Jeffrey Donaldson from the OFMDFM along with Brendan Smith, TD, Minister for Children, jointly launched the new resources in April 2008 for the planning and commissioning of children's services. All three ministers welcomed the new planning tools with Junior Minister Jeffrey Donaldson saying "the initiative would help the Executive deliver its ten year strategy for children and young people". Minister Smith stated that he was confident that "they (the resources) would play a significant role in improving the lives of children across the island of Ireland."



Road Safety Authority,
April 2007



Young males aged between 17 and 24 years are almost six times more likely to be responsible for fatal and serious injury collisions where excessive speed is cited as a contributing factor.



Health Promotion

The CAWT Health Promotion sub group adopted a strategic approach when embarking on cross border collaborative activity in preparation for the EU INTERREG IIIA programme. The sub group agreed that all activities undertaken would:

- contribute to improving the health and social well being of the populations of the border region, and
- strengthen the collaboration between the health promotion units and staff of the four boards (in the CAWT region).

The sub group had considerable experience of delivering cross border health promotion activity under the EU Special Support Programme for Peace and Reconciliation (PEACE I). Under Peace I the sub group delivered a number of programmes in the areas of childhood accident prevention, mental health promotion, suicide awareness and oral health promotion.

CAWT Health Profile 2002 - some significant statistics

- The Health Profile highlighted that circulatory and respiratory diseases are each 4% more common in the CAWT region compared to the non-CAWT region, while malignant neoplasms 4% less common.
- Injuries and poisonings are 14% more prevalent, largely due to the increased number of transport accidents, which is 33% higher than elsewhere.

The Health Promotion sub group identified a number of key health promotion projects that

would contribute to both regional and local strategies and other plans. Also the sub group, who had contributed significantly to CAWT's first Health Profile (2002) used the findings to identify potential projects that could be developed on a cross border basis.

Steering to Safety

The Steering to Safety road traffic accident research and prevention project emerged in response to the statistic from CAWT's research that the rate of transport accidents was 33% higher in the border region than elsewhere. The aim of the project was to contribute to the reduction of the high level of deaths and injuries, which result from road traffic accidents within the CAWT border region.

In November 2006, the project published five separate research reports. These reports together provide a comprehensive picture of all the factors which contribute to road traffic collisions in the border region. The extensive research process engaged with agencies and communities from across the private, public and social spectrum. A cross border and cross-sector steering committee guided the research process. The research findings were disseminated widely through a series of workshops in the border region. They provide policy makers and stakeholders with clear evidence based information to inform policy development and future interventions.

In particular, the Health Promotion sub group has used the information generated by the Steering to Safety research to lobby for more innovative and effective ways to encourage young people to change their driving behaviour.

In relation to the road safety strategies in both jurisdictions, there is an increased emphasis on continuing co-operation between the authorities on a range of road safety issues in the border region.

North South Ministerial Council Transport Sector Joint Communiqué, 14 September 2007

Road Safety: Item 10. 'The Council discussed cross border co-operation on road safety including consultation on road safety strategies.... It was also agreed that work should continue through the Steering to Safety project on finding practical ways of improving road safety in border areas. The council also agreed that where possible, the results of relevant road safety research should be shared, and that the opportunities for improving and harmonising arrangements for collecting, collating and reporting road safety information will continue to be explored'.

At their October 2007 cross border conference which focused on young peoples' driving behaviour, the Steering to Safety organisers called for:

- speed awareness training.
- graduated licence system for newly qualified drivers.
- more parental intervention.

European Night Without Accident

The Steering to Safety project piloted the European Night Without Accident initiative in the border region on Saturday 20 October 2007. This was the first time that this initiative was promoted in Ireland, North and South. The European Night Without Accident campaign was co-ordinated in six counties in the border region as part of a wider campaign across 15 European countries on the same night. The campaign was aimed at reinforcing the message to young people about safe driving and that driving and alcohol and/or drugs do not mix.

The health promotion sub group also delivered two further cross border projects which supported and added value to the health promotion strategies of the partners.

Parents as Sex Educators

The Parents as Sex Educators - 'It's Good To Talk', project delivered three products:

- a preliminary website for parents www.cluedupparents.org which continues to be developed.
- Information booklet - 'Clued up Parents'.
- Research report to inform future practice in maximising the potential of parents in influencing adolescents' sexual health decision making.

Workplace Health

The second project related to workplace health, which engaged with twenty employers in the CAWT border region to audit their current practice and to develop a tailored health and well being action plan in order to encourage commitment to proactive action in relation to workplace health. As a result of participation in the project, 95% of the companies audited had radically altered their approach to specific workplace health and well being issues. The audit found that until now, the most inhibiting factor has been that companies lack the necessary skills and knowledge to initiate a workplace health and well being programme. (Programme evaluation report by Business in the Community - December 2004)

Workplace Health - Participant Quotes

“This initiative provides a framework to improve morale and educate our employees about important lifestyle changes to keep them fit, healthy and happy. This should lead to more productivity, reduced absenteeism and staff turnover resulting in increased profitability”.

“The pack we received with our Action Plan has detailed information on implementing health related policies and programmes. The support offered from the Southern Health and Social Services Board is timely, professional and most welcome”.



Mental Health First Aid is a true partnership between the statutory and voluntary sectors working with users in the western region... It is exactly what has been missing from our portfolio of training and is the first rung on the ladder for people who want to better understand mental health in general.



Marie Dunne, Health Promotion Officer,
Western Health & Social Care Trust

promoting mental health in the CAWT region
a strategic review

Mental Health

In recent years there has been strong recognition of the need to build capacity for mental health promotion. CAWT has delivered six projects under the mental health theme.

The CAWT Young Peoples' Mental Health Initiative

The promotion of positive mental health among young people in particular has been a key priority. The Young Peoples' Mental Health Initiative, aimed at promoting mental health and well being across the border region was managed by the CAWT Mental Health sub group, together with representatives from the CAWT Health Promotion sub group.

In deciding which project activities to focus upon, the Mental Health sub group conducted a strategic review of policy and strategy in relation to the promotion of mental health across the island of Ireland, with specific emphasis on the promotion of young peoples' mental health. Another important aspect to the project was sustainability, in that activities undertaken could be continued after the project had been completed. Existing mental health provision was mapped to minimise over-lap and to ensure that activities developed would add value to existing mental health promotion activity.

The strategic review, Promoting Mental Health in the CAWT Region (Sept 2005) was conducted to review health and mental health policy in both jurisdictions. The review concluded that there is a positive policy environment for mental health promotion within the CAWT border region. As a result, the Mental Health sub group developed two

key initiatives: the Mental Health First Aid pilot training programme and the Getting It Together mental health and well being resource pack.

CAWT Young Peoples' Mental Health Promotion Initiative - project guiding principles:

- An emphasis on the participation and involvement of young people.
- The value of a more holistic or 'whole person/whole child' approach.
- The importance of cross sector partnerships.
- A broad recognition of the importance of emotional well being to health, social, educational and economic outcomes for young people.

In addition four other projects were also implemented during the time period. This included a range of Cognitive Behavioural Therapy training programmes, a major North/South suicide research study called INSURE - The North South Urban Rural Epidemiological study of suicidal behaviour, the development of a Self Harm Register and a training programme for carers of people with severe mental illness.

Mental Health First Aid (MHFA)

Mental Health First Aid training is designed to equip people to provide initial help to people with early symptoms of a mental health problem and to guide them to seek professional help. Over a two day period, participants learn how to recognise and detect a mental health issue at an early stage. The Mental Health First Aid concept was developed in Australia initially and was introduced to the island of Ireland by a cross border collaboration involving the CAWT Mental Health sub group, the Health Promotion Agency for Northern Ireland and AWARE Defeat Depression Northern Ireland.

MHFA is filling a service gap by offering a programme to promote health and well being, which may also prevent more serious mental health problems developing. It is clear that MHFA has a place in mainstream mental health and emotional well being services. It is being further developed in both jurisdictions using different approaches. The two approaches are briefly described here:

Mental Health First Aid (MHFA) - Republic of Ireland

In the Republic of Ireland, members of the CAWT Mental Health sub group have entered into discussions with senior mental health advisors in the Health Service Executive and also with the National Suicide Office to further develop and expand the training. Furthermore, there are also plans to introduce MHFA training via GAA clubs in the North West.

Mental Health First Aid (MHFA) - Northern Ireland

In Northern Ireland MHFA is being rolled out across the province and has steadily gained a reputation as an important addition to the mental health and emotional well being range of programmes available. In particular, the training programme is gaining ground most strongly in the Western region of Northern Ireland. The Health Promotion Department of the WHSCT has incorporated the MHFA training into their operational plan for mental health promotion.

MHFA's expansion will be assisted through a variety of key organisations who have included or are planning to include the training in their strategies and action plans in 2008 and beyond. They include organisations such as AWARE Defeat Depression Northern Ireland, Opportunity Youth, Health Promotion Agency Northern Ireland. These agencies are working in partnership with the Health Boards and Trusts to deliver the MHFA training across Northern Ireland.

Mental Health First Aid - Participant quotes from independent evaluation

“Very relevant to help pick up mental health problems in young people and know where help is available locally.”

“An excellent course that educated me in mental health and what can cause problems in mental health.”

Getting it Together - emotional and mental health well-being

In 2006 a team of young people from both sides of the border in the North West worked with representatives from the National Children's Bureau. By the end of the 6-month period the team had produced a package of eye catching and exciting resource material aimed at increasing awareness by young people of their own emotional and mental well-being. The resource pack can be used in a variety of ways including young people on their own or in groups and also by parents, other adults and professionals who meet or work with young people.

Using the Getting it Together resource, Opportunity Youth have been training young people up as peer educators so that they can deliver the programme. Eight young people are currently being trained to deliver training to peers particularly targeting those at risk of suicide. The training is also included in the Extended Schools Initiative (ESI) in the Western Education and Library Board area, which fosters the health, well-being and social inclusion of children and young people.

Within the Health Service Executive West area planning is underway to incorporate Getting it Together into in-service training for teachers in the counties of Donegal, Sligo and Leitrim. Also suicide prevention officers in the HSE West are very interested in including the Getting it Together training into their action plans.

Young person's comment on their experience of developing the Getting it Together resources:

I want a lot of young people to understand and be more aware of the facts and fears and issues that young people have to face in their everyday teenage lives... I also think people need to know who is out there to help them when they have a problem - no problem is stupid but you can't get help if you don't ask.



Cognitive Therapy (CT) is a very effective therapy in treating many types of different mental health disorders. To meet the growing demand for more Cognitive Therapy skills within the health services, a number of cross border training programme were devised and delivered by the Northern Ireland Centre for Trauma and Transformation (NICTT) on behalf of CAWT.

Three types of Cognitive Therapy courses were delivered:

Cognitive Therapy Awareness Course

The Awareness course was developed in order to create awareness of the benefits and application of Cognitive Therapy. The course was aimed at health staff likely to interact with mental health patients during the course of their work. The programme comprised 7 one-day courses. Participants are utilising their newly acquired skills in their day-to-day contact with clients. Furthermore trainees have been encouraged to consider further training in this field in the future.

Summary of participant feedback from the CT Awareness course

- 339 front-line staff registered an interest in the 160 available places.
- 137 staff participated in the programme.
- Average attendance rate of 94%.
- The management of the programme and course delivery was considered excellent (some participants citing it as the best training they ever had).

- 94% indicated that their expectations of the course had been met.

- 70% indicated that the course has increased their interest in CT.

Cognitive Therapy ‘Train the Trainers’ programme

This programme was developed in response to the need to skill up those practicing Cognitive Therapy professionals as trainers and supervisors, in order to meet demand for future training programmes in this field. The establishment of a cross border network of multidisciplinary practitioners in CT was viewed as a key outcome.

Certificate in Cognitive Therapy Methods

This course was developed in response to the need to build a progression pathway between the earlier awareness course and the diploma level course. NICTT developed the accredited Certificate in Cognitive Therapy Methods so that lower level health and social care practitioners would be qualified to:

- Effectively identify and address client needs including appropriate onward referral.
- Use CT methods to treat minor disorders, which if not treated in time could develop into more serious mental disorders.
- Apply a range of CT methods within their existing practice to provide some interim help for clients on waiting lists.

The course will be finishing in June 2008 with 60 mental health professionals successfully completing the programme. Details of the course has been submitted to the National Training Awards in Northern Ireland. The programme is currently undergoing external evaluation.

INSURE - North/South Suicide Research Study

Suicide remains the single biggest killer of young Irish men and while overall suicide rates in Ireland are lower than the EU average, youth suicide rates are the fifth highest. (National Office of Suicide Prevention, annual report 2006). Similarly the rising trend in suicides in Northern Ireland is largely the result of the increase in suicides amongst young males aged 15-34 (Samaritans report 2007). In addition to strategies in both jurisdictions, suicide prevention is now being approached from an all-Ireland context and a cross border network has been established to develop and monitor the actions set out in the all-island Action Plan endorsed by the Ministers for Health in both jurisdictions in 2006.

CAWT had a unique opportunity to contribute to the greater understanding and prevention of suicide by supporting a major North/South suicide research study in 2003. CAWT secured PEACE II funding for three study locations in the eligible area. The Ireland North South Urban Rural Epidemiological (INSURE) Study of Suicidal Behaviour has focused

on biological, psychological and clinical factors associated with suicidal behaviour. Almost 2,000 clinical interviews were conducted with patients who have presented in suicidal crisis across the Midlands, Ballinasloe, Donegal, Omagh and Belfast areas. The analysis of this data has made a significant contribution to understanding of suicidal behaviour within the Irish context.

The INSURE project is still underway and its future plans include conducting an in depth study of families of suicide victims in addition to ground breaking work in the area of psychological autopsy.

Self Harm Register

On behalf of the DHSSPS, CAWT is managing a project to establish a register of self harm in the Western Health and Social Services Board area of Northern Ireland. The project will link with the work of the Irish National Registry of Deliberate Self Harm. Information is currently being gathered on self harm presentations to each of the A&E departments in WHSSB hospitals. This data will be examined to ensure it meets the inclusion criteria as based on the National Self Harm Registry in the National University of Cork. The project outputs will inform the development of policies and shape the implementation of measures aimed at preventing suicide and self harm and the after care that is provided for self harm patients.

Caring for Carers - a cross border approach

There has been an increasing recognition of the crucial role that informal family carers play in the provision of community care for people with mental health illness. Research shows carers respond particularly well to support resulting in increased competence in managing difficult situations which arise in care giving.

The Caring for Carers is a cross border training and networking project which focused on the Tyrone, Fermanagh and HSE West border area. Training was developed and delivered by the UK based Meriden Programme who specialise in providing a cascade system of training within mental health services. The aim of the project was to provide carers of people with severe mental illness with the knowledge, skills and confidence to deal effectively with their role and ultimately improve their quality of life. The project was delivered in two phases. Phase one comprised 3 days training for 12 trainers which included both carers and mental health professionals to foster partnerships. In the second phase, the trainers rolled out an eleven-week training programme to carers in the border region. Many of those carers who participated in the training have become involved in carers support groups in their localities.



Older People

Key policy and strategy in relation to health and social care in both jurisdictions has sought to challenge the traditional views held about older people within our society. Certainly there is a commitment to implementing activities which enable older people to remain in their own homes for as long as possible. In Northern Ireland the Investing for Health Strategy has a range of initiatives to support older people to live healthy and active lives. The older peoples' strategy Ageing in an Inclusive Society has six strategic objectives including the 'delivery of integrated services that improve health and quality of life'.

Part of an address made by Ms Máire Hootor TD, Minister for Older People, 13 September 2007

“Whilst acknowledging that most of our older population are healthy and living actively and independently, there are inevitably those who will require some degree of intervention to maintain their independence and dignity. I am glad to say that the cornerstone of policy in relation to the care of older people is care in the community, with the overall aim being to support older people in dignity to live in their own homes and communities for as long as possible.”

Similarly, in the Republic of Ireland, the Health Services Executive is committed to providing a range of home and community based care services to meet the needs of older people.

Good Morning Inishowen Service

The CAWT older persons sub group developed a rural networking service for older people in Donegal, with the initial support of the Derry based Good Morning Galliagh service. Based in Buncrana, County Donegal, the Good Morning Inishowen project is offering a localised service to older, rural based clients who are geographically isolated from services. The project was a response to research by a local network called 'Voice of Older People' which identified that many older people felt isolated, and insecure, especially those in rural areas. The service is managed by local volunteers, many of them retired. They provide a telephone-based service to older people in their community.

The service has developed enormously since 'going live' in August 2006. The number of clients has grown steadily as awareness of and confidence in the service has grown. There is a strong sense of ownership of and commitment to the project by all the stakeholders. Indeed the service has become part of the portfolio of services available to older people in the Inishowen area of Donegal and in terms of future developments all those involved want to see this pilot initiative further developed. The model was viewed as one that could be adapted and extended to other sectors within the community including disabled people. The service is currently being expanded in Donegal with two more bases being developed in Gweedore and Donegal town.

The good news is that in 2008, the Health Service Executive committed to funding the service for another year beyond the pilot phase. This bodes well for the future development and expansion of the model, if the service can demonstrate the economic benefits to the health service of sustaining it into the longer term.

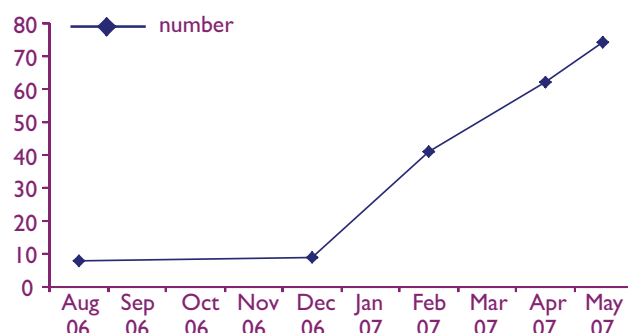
Local volunteer Evelyn McNelis explained how she came to be involved in the service. She said: "I got involved as I wanted to learn new skills and

also help others at the same time. Very often older people living alone don't hear from anyone for long periods of time. They may have no family nearby and are extremely grateful when you call.

In addition to ensuring that all is well, I also take the time to have a social chat as we may both be from the same area or have common interests. I think it is a great service which brings a little ray of light to people who may be feeling lonely or not in great health."

The chart below demonstrates the various positive health impacts of the project:

Number of Clients Using the Service since August 2006



Good Morning INISHOWEN





It can be very lonely when you are on your own all day, after my home help leaves in the morning the day can be very long. I enjoy receiving the phone call and having a chat and the volunteers always do their best to help with passing on information. They keep me up to date.



Eithne Fullerton,
Good Morning Inishowen client, Buncrana





I welcome the launch of this cross border GP Out of Hours pilot. This new service will enable people living in the Keady area, and elsewhere in South Armagh, who require a GP outside normal practice hours to attend a doctor in Castleblayney, if it is more convenient..... The Out of Hours pilots are a good example of effective cross border co-operation enabling patients to obtain a valuable service closer to their home.

Michael McGimpsey, Minister for Health, DHSSPS.

Primary Care

Primary care comprises all of the health services which play a central role supporting individual and community health. Primary care includes GPs, pharmacists, dentists, health visitors, nurses and other community based services. In both jurisdictions there is a commitment that every citizen should have the best possible access to these primary care services. This is stated in both jurisdictions' primary care strategies. According to the HSE 'when people have their needs met locally the results are better and the reliance on acute hospitals is significantly reduced.' (HSE Annual Report 2006)

The CAWT Primary Care steering group focused on the theme of accessibility when deciding on the cross border projects to concentrate upon over the EU INTERREG IIIA time frame. The cross border initiatives developed included:

- facilitating more access to specialised dental training and education facilities in the border region,
- allowing patients to access GP Out of Hours services closer to where they live, and
- enabling community pharmacists to utilise their skills and expertise in improving the care of people with Type 2 diabetes.

The common thread in all of these projects is overcoming the challenges of distance and demonstrating in a very practical way that working on a cross border basis brings real benefits to both patients and practitioners alike.

North West Dental Outreach Centre

The campus of the North West Institute of Further and Higher Education in Strabane, Co. Tyrone hosts a unique cross border dental training facility. In April 2005, the North West Dental Outreach Centre opened its doors to dentists and dental professionals, on both sides of the border. Dental professionals need to be able to access training on an on-going basis to ensure that they continue to offer a quality service to their local communities. This facility offers state-of-the-art technology and dental training equipment to enable first class training and development courses to be delivered in a central border location.

Cross border Fluoride Study

The cross border dental sub group also commissioned a comparative study on the impact of water fluoridation on the health and oral health status of young people (16 year olds) within two areas of close geographic proximity. This was an opportunity to contribute to the fluoride debate using the unique circumstances of the existence of the border. The findings have been published and will inform dental health policy in both jurisdictions and further afield.

Health Promotion and Care of Type 2 Diabetes in Primary Care

The Care of Type 2 Diabetes in Primary Care project was established to enable community pharmacists to make a greater contribution to the prevention and care of Type 2 diabetes. This in turn would contribute to significant health and social gains being achieved for both diagnosed and undiagnosed patients with this condition.

There were three distinct aspects to the project which included:

- a pharmaceutical care programme.
- a health promotion programme.
- a medicines management campaign.

The independent evaluation found that pharmacists were overall very positive about the project. In general they believe that the pharmacy capacity to contribute to the management of Type 2 diabetes has been enhanced by the project. The opportunity to develop more meaningful, professional relationships with individual patients beyond the dispensing role was highlighted as another key positive. The majority of participants were interested in being involved in future initiatives.

Cross Border GP Out of Hours pilot

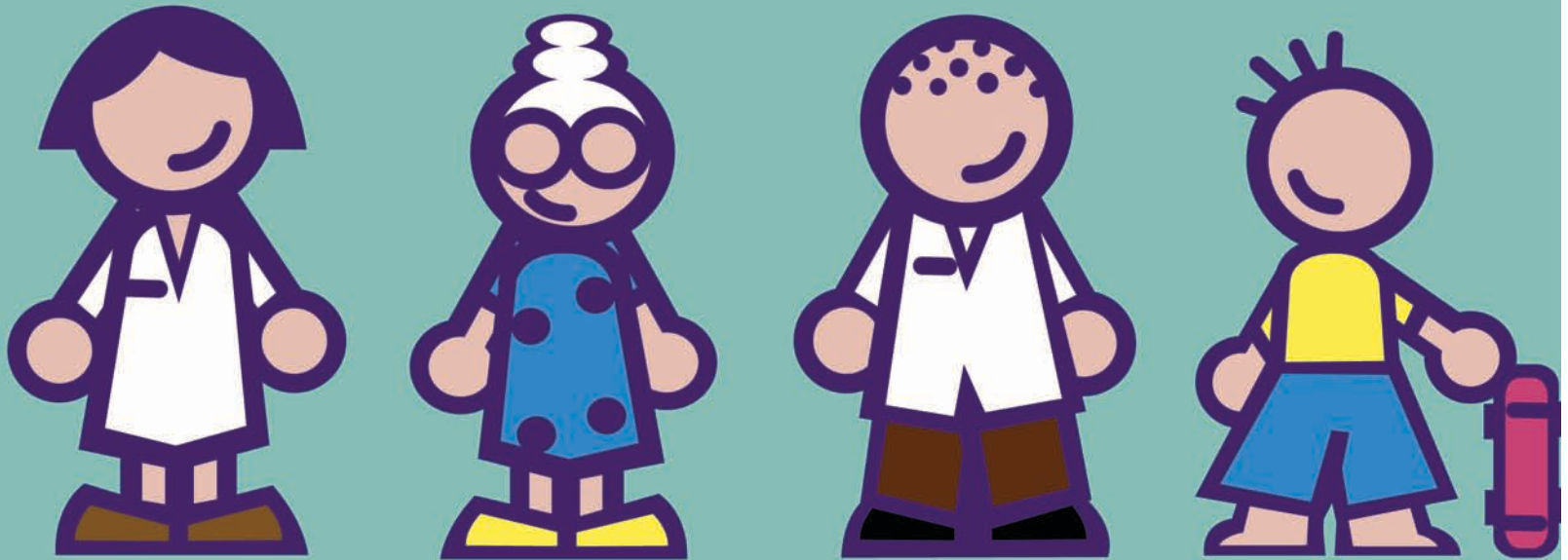
There is no doubt that this project has truly crossed boundaries of all kinds to make an existing service accessible on a cross border basis. The GP Out of Hours service enables people to access a GP service for urgent conditions outside of normal surgery opening hours. A 2002 CAWT feasibility report identified that approximately 70,000 people live closer to a GP Out of Hours service in the opposite jurisdiction to where they live. It highlighted that if they could access this service over the border than travel times could be considerably reduced.

The establishment of the GP Out of Hours pilots was one of the most challenging projects undertaken by CAWT. It required the cross border project board to marry the huge differences that exist in both jurisdictions' health services. It also required temporary changes in legislation to enable GP's to participate in this cross border service. Protocols were established for every single aspect of the service including issuing of prescriptions, how payments are processed, how patient records are dealt with, which ambulance will respond in respect of cross border transfers, triaging of patients, dealing with other aspects such as mental health and child protection and acute hospital admission. All of these issues were considered in a painstaking and thorough process of engagement with a range of stakeholders. A guidance manual was developed for participating GP Out of Hours Services call centre staff.

Follow-up meetings are still continuing in order to further refine and develop the services. This cross border service has broken new ground in the delivery of cross border public services and is a model that can be adopted by others.



Health Promotion & Care of Patients with Type 2 Diabetes in Primary Care



The Contribution of the Community Pharmacist



cooperation and working together
for health gain and social well being in border areas



Project part financed
by the European Union



DEPARTMENT
OF HEALTH AND
CHILDREN
AN ROINN
SLÁINTE
AGUS LEANAÍ



Department of
Health, Social Services
and Public Safety
An Roinn
Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poblai

“

For many years and for a variety of reasons, the Traveller population has experienced a level of health which falls far short of that enjoyed by the general population. Generally speaking, they suffer poor health on a level which compares so unfavourably with the settled community that it would probably be unacceptable to any section there of.

”

Traveller Health
A National Strategy 2002-2005



Public Health

The Directors of Public Health in the CAWT region have sponsored four diverse cross border projects. These include a project to protect the public's health from a range of infectious diseases, collating evidence of health inequalities and building capacity in relation to Food Allergen awareness and Health Impact Assessment training.

Health Inequalities

Health inequalities refers to differences in health, which are unnecessary and avoidable and are considered unfair and unjust. The Health Inequalities project is a cross border, multi-sector initiative which is working to identify and raise awareness of health inequalities in the border region. The project is producing a second Health Profile for the border region and has established an electronic database of projects that are tackling health inequalities in the CAWT region. The project is also delivering a series of workshops on health inequalities in the border region to raise awareness and understanding. They believe that by engaging with as many groups and individuals, it may be possible to tackle the causes of health inequalities more effectively through collaborative, cross sector action.

Health Profile of the CAWT region

1.25 million people live in the CAWT border region, which accounts for 21% of the population of the island of Ireland. The CAWT region has similar characteristics on both sides of the border. In particular the region has a predominantly rural population with relatively long distances to travel to access services. The second Health Profile of the CAWT border region will contain a wealth of information to inform the future planning and

delivery of health and social care and other public services. Such information includes population, mortality, morbidity, determinants of health, health services in general and also statistics related to children, older people and marginalised groups. The Health Profile will provide CAWT and its partners with the strong evidence base to inform policy development and service provision at both a local and national level.

A June 2004 Public Health Alliance Ireland's report highlighted that:

- people's health is determined by their social, economic, environmental and political context;
- poorer people and people experiencing exclusion, get sick more often and have shorter lives;
- a fairer society is a healthier society.

Health Impact Assessment

Health Impact Assessments (HIA) are used to assess the impact on the health of local populations when new developments and projects are being planned. The Health Impact Assessment approach is based on the conviction that a person's health is determined by a range of social, environmental and economic factors, and that decisions made in these areas strongly influence health and well being. Health Impact Assessments are a way of bringing partners from the different sectors together such as the community, voluntary, state and private sectors, to identify and address initiatives which have the potential to impact on peoples' health.

The CAWT cross border Health Impact Assessment project was developed to raise the profile of this approach with agencies that can influence health beyond the health sector. In total 180 people completed the CAWT one-day Health Impact Assessment introductory course from a range of organisations including health and social services, education, voluntary sector, community groups and councils/local authorities.

Furthermore the project collaborated with the Northern Ireland Housing Executive to conduct a pilot Health Impact Assessment for the proposed redevelopment of Dove Gardens in Derry City. Dove Gardens is the first housing area in Ireland to undergo a Health Impact Assessment that has been used by the developer to influence the actual design. A report on the process of developing the Dove Garden's HIA pilot has been produced in order to support the replication of this model of good practice.

Brian Rowntree, Chairman of the Northern Ireland Housing Executive speaking about the links between housing and health.

“The Health Impact Assessment on the new housing development planned for Dove Gardens highlights this partnership approach and shows what can be achieved when we all work together as a team. We very much welcome this innovative approach and believe that it paves the way for future strategic planning.”

The Institute of Public Health supported the development of the CAWT Health Impact Assessment project and continue to offer HIA

training. The Institute of Public Health are committed to building capacity for HIA across the island and have a comprehensive section on their website (www.publichealth.ie) dedicated to HIA information, resources and best practice.

Cross Border Health Protection Policies project

The Cross Border Health Protection Committee, which was established in response to concerns about the impact of the spread of infectious diseases across the border, developed two cross border control plans under the cross border Health Protection Policies project. The first cross border control plan is focused on the investigation and management of Legionnaire's Disease and the second on food-borne illnesses, which was developed in co-operation with **safe**food.

In the event of an outbreak of Legionnaire's Disease or food-borne illnesses in the border region the control plans outline:

- the roles and responsibilities of the agencies in Northern Ireland and the Republic of Ireland;
- the procedures to be adopted within each jurisdiction to deal with an outbreak; and
- all the main contacts across the various agencies.

Both plans were developed in consultation with the relevant Government agencies and have been endorsed at national level. Crucially the projects have helped to forge closer links between the various professionals in the border region who would be involved in dealing with an outbreak at a local level.

Cross border Food Safety Training Programme

The project was conceived to devise and deliver an education and training programme in the border region to improve the Environmental Health Officers (EHO) knowledge and skills in food allergen control. **Safe**food research had demonstrated that staff in food outlets were unable to give allergy sufferers accurate advice about the food they were ordering. A total of 87 Environmental Health Officers (37 from Northern Ireland and 50 from the Republic of Ireland) were provided with customised training at a series of seven workshops across the border region. This was supported by on-line training material to supplement the workshop course and accelerate the learning. EHOs were also given the tools to cascade the training to local food businesses. A major training conference was also staged in February 2007, which was attended by 155 delegates and attracted considerable media attention, thus raising awareness of the issue more widely.

‘This was a successfully completed programme of work that met its objectives by a combination of good planning, an experienced and innovative training delivery contractor and a knowledgeable, resourceful and committed Project Manager. Its success should be celebrated and the training made available throughout the island of Ireland and beyond.

Michael Walker Consulting, Food Safety Training Programme on Food Allergy for Environmental Health Officers (Nov 2007)

Traveller Health

A 2005 CAWT Traveller Health conference highlighted the lack of data on health service use

by and provision for Travellers. To address this the CAWT Traveller Health Working Group was formed and a project developed to complete a cross border study on the extent of Traveller access to health and social services. Completed in March 2008, the study explored Traveller Health Service provision and developments in the counties of Armagh, Fermanagh and Tyrone in Northern Ireland and Cavan, Louth, Meath and Monaghan in the Republic. The study documents good practice and will add to the information base on the experience of Travellers and service providers alike.

The CAWT Traveller Health study - key recommendations:

- Cultural awareness training included in training courses for all health professionals.
- Development of a Northern Ireland Traveller Health Strategy similar to that in the Republic.
- Support for the all-Ireland Traveller Health Study which commenced in 2007 and is due for completion in 2010. This study will update the information currently available on the health status of Travellers and could lead to an all Ireland health and social care strategy for Travellers.
- Embedding a community development approach in the planning, provision and evaluation of health services for Travellers. This means engaging in genuine collaborative working.

CAWT hope to continue to support the work done in relation to Traveller health under INTERREG IIIA in the next tranche of EU funds. A ‘Promoting Social Inclusion’ project has been developed which includes a focus on Traveller health, for submission to the EU INTERREG IV process.

“

100% of service users said the event (Safer Lives) was a good event to go to and 98% said they would attend a similar event again.

”

Extract from the evaluation for the Safer Lives events for Learning Disabled clients.



Community Based Services

Therapeutic Interventions for Sex Offenders Project (TISO)

Therapeutic Interventions for Sex Offenders Project (TISO) is a cross border initiative involving statutory groups who provide assessment and treatment to unconvicted and convicted perpetrators of sexual abuse in the Western CAWT region. The aim of the project ultimately is to improve safety in the community through:

- Developing a standardised approach to risk assessment and classification of sexual perpetrators resulting in a common cross border language and understanding between health services and other agencies in both jurisdictions;
- Analysing the substantial body of demographic and clinical information already in existence, to identify the crucial variables in the genesis of sexual offending, in order to assist in shaping and influencing child protection responses;
- Identifying the most effective interventions to achieve treatment goals in both individual and group treatment;
- Reinforcing the view that sexual abuse is a national problem; and
- Communicating the research findings island-wide.

The TISO project is still underway and publication of their research findings is planned for September 2008.

Cross border Art Therapy Services

In 2003 a State Registered Art Therapist was employed by the community-based organisation 'Make your Mark' in the North West to provide art therapy services on a cross border basis. The post was funded for a two-year period and during that time increased both awareness and usage of art therapy by clients from both sides of the border. The Art Therapist has worked with a range of individuals and groups of young people who have been isolated, damaged or abused and who face social exclusion. The response to the service, once established, was very enthusiastic. It has given this valuable therapeutic intervention a higher profile. Since the project concluded, the Art Therapist has established a service based in the WAVE Trauma Centre in the North West through funding provided by the Community Relations Council.



I congratulate CAWT for collaborating on a cross border basis ...this excellent resource provides a signpost to services and will ultimately help to improve the quality of life for many people.



Dr Jimmy Devins, TD. at the launch of the Continence Resource pack.

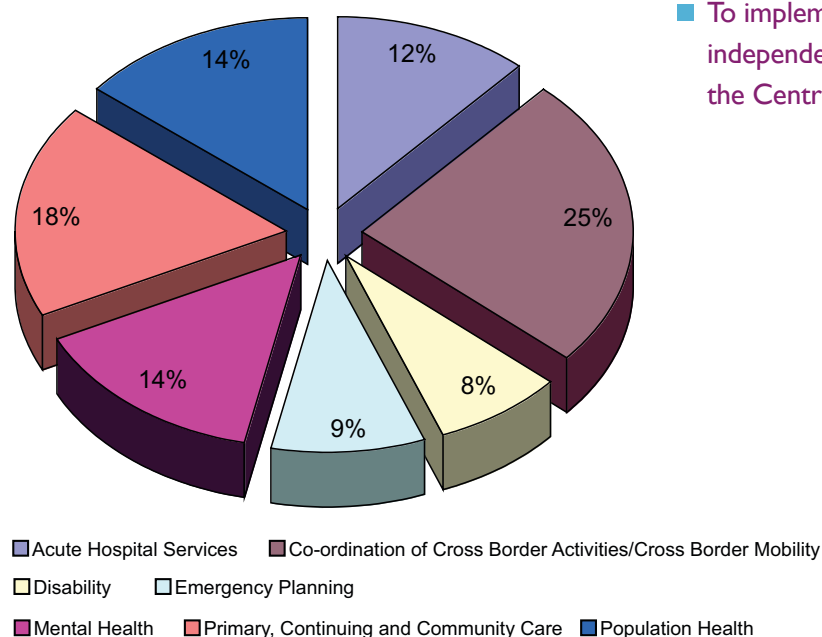


Co-ordination of Cross Border Activity

CAWT Development Centre

The aim of the Co-operation and Working Together (CAWT) Development Centre, as an EU INTERREG IIIA funded project, was to further develop and consolidate the collaborative cross border work being undertaken by the health authorities based along the border. The CAWT partnership comprises the border counties of the Health Service Executive in the Republic of Ireland and the Southern and Western Health and Social Services Boards and Trusts in Northern Ireland. CAWT's focus is the improvement of the health and social well being of the border population. Its conception arose from a mutual recognition that, in addition to possessing a common demographic profile, the region in both jurisdictions shared specific problems, including higher levels of poverty, isolation and distance from regional centres. Within health and social care, it was felt that these would be best tackled through identifying and exploiting opportunities to work together in order to improve the health and social well being of the border populations.

CAWT Projects by Area of Spend



Some of the key objectives of the CAWT Development Centre project which were achieved:

- To make a significant contribution to the INTERREG IIIA Operational Programme by involving a range of professionals and communities in cross border work and co-operation thus breaking down real or perceived barriers.
- To operationalise prioritised elements of the CAWT Strategic Plan for 2001-2004, which delivers on a significant number of objectives outlined in the INTERREG IIIA Priority 3 Measure 2 programme complement.
- To assist the CAWT cross border sub groups in further developing and implementing action plans for cross border co-operation within their specific areas of work.
- To manage, monitor and evaluate successful INTERREG IIIA Priority 3 Measure 2 funded cross border projects.
- To implement the recommendations from the independent review of CAWT carried out by the Centre for Cross Border Studies in 2002.

Functional Support to CAWT projects

Health service staff and managers comprise the membership of eight cross border functional support groups. These members provide professional support and guidance to CAWT cross border projects across a range of functional support areas. The groups continue to meet and are committed to supporting CAWT cross border activity in the next business plan period. The groups are:

- Communications sub group
- Finance forum
- Human resources strategy group
- Equality sub group
- Recruitment sub group
- Management Development sub group
- Health and Safety sub group
- Information and Communication Technology (ICT) sub group

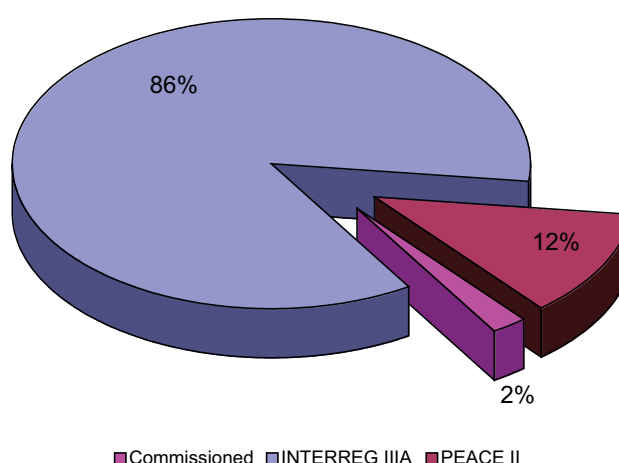
CAWT Evaluation

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 up to that point in meeting its strategic objectives. The evaluation also highlighted some of the key project achievements and proposed recommendations.

CAWT Consultation process for the 2007- 2013 Business Plan

The Management Board of CAWT decided that securing EU INTERREG IV funding would be a key strategic aim for the partnership. Thus the CAWT partners along with the Departments of Health initiated a comprehensive INTERREG IV consultation process during 2007. The Business Plan was completed and ratified by both Departments of Health in early 2008. The Departments of Health submitted CAWT's Business Plan for funding to the EU INTERREG IV steering committee in March 2008. The application has now progressed to the economic appraisal stage.

Sources of Funding for CAWT Projects



Some of the key conclusions from the 2006 FMP independent evaluation of CAWT cross border activity:

- CAWT has enabled the sharing of best practice in health and social care across all programmes of care between Northern Ireland and the Republic of Ireland;
- The activities of CAWT fit with the wider objectives of health policy in both jurisdictions;
- 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.

Creative Cross Border Projects

In 2004 CAWT launched a small grant scheme for innovative and creative cross border projects in health and social care. Called the Creative Cross Border Projects programme, a total of 17 diverse projects were successfully implemented across the border area. A summary of two sample projects are outlined below:

The Theatre for Training cross border equality and diversity workshop - September 2004

The medium of drama was used as a catalyst to discuss issues such as racism, bullying, sexual harassment, sexual orientation and ageism in the workplace. This afforded health and social care staff the opportunity to examine the effect of inappropriate behaviour in the workplace and provided a valuable platform to discuss future collaborative work in this area.

Working Creatively with Older People workshops – July to October 2004

Three training workshops were co-ordinated for staff working with older people in day centres and day hospital settings to promote creativity and arts becoming intrinsic to life in such settings. The programme helped to highlight, in a very practical way, how arts and creative expression can contribute to peoples' mental, physical and social health and well-being.



I learned about the energy and insight which an Action Learning Set can bring to analysing and resolving an issue.



Action Learning Participant



Cross Border Mobility

Cross Border Workforce Mobility - Health and Social Care

The main aim of this project was to encourage greater cross border workforce mobility by overcoming obstacles to cross border working in relation to recruitment, training, qualifications, registration and indemnity specifically within the health and social care sector.

The Project Manager met with representatives from the North South Ministerial Council secretariat to ensure work undertaken by CAWT would support the recommendations outlined in their 'Obstacles to Mobility' study published in 2001. The DHSSPS has included outputs of the CAWT mobility project in their reports in relation to this study.

The project focused on the cross border GP Out of Hours pilots and the Emergency Planning projects. Progress in relation to work undertaken in these areas is outlined here:

GP Out of Hours pilot project

The following agreements have enabled the implementation of both cross border GP Out of Hours pilots:

- The DHSSPS amended the Medical Services Performers List regulations on a temporary basis to enable GPs from the Republic of Ireland to consult with NHS patients.
- Based on legal advice secured by CAWT, the General Medical Council (GMC) have stated that there is no requirement for Republic of Ireland GPs to register with the GMC in order to treat NHS patients.

- Independent medical indemnity organisations have agreed to allow their members to treat patients from the opposite jurisdiction.

Emergency Planning projects

- Certain professional & regulatory bodies* have agreed that their registrants/members can provide services in the opposite jurisdiction in the event of a Major Incident whilst still being accountable to them.
- This agreement also acknowledges that professionals from the opposite jurisdiction can cross the border to treat patients without prior registration with local regulatory bodies.

**General Medical Council, Medical Council of Ireland (legislation changes underway), An Bord Altranais, Health Professions Council (UK), Irish Society of Chartered Physiotherapists, Irish Institute of Radiographers and the Academy of Medical Laboratory Scientists*

GP Registrar Exchange Programme

The GP Registrar Exchange has facilitated 6 GP Registrars from Sligo to visit Derry for one week training and 6 GP Registrars from Derry to visit Sligo for one week training. The focus of the exchange is to develop an understanding of how systems operate in the other jurisdiction. It is hoped that the postgraduate council would agree to fund the programme on an annual basis following the pilot.

Cross Border Working Group in Social Work & Social Care

The Project Manager has been facilitating a working group in Social Work and Social Care comprising senior representatives of the National Social Work Qualifications Board (NSWQB) and the Northern Ireland Social Care Council (NISCC). The work of the group builds on an established tradition of cross border co-operation in social work and social care between relevant organisations in both jurisdictions. The key objective for the group has been to reduce obstacles to cross border mobility for social work and social care staff while at the same time ensuring public protection.

Members are currently exploring opportunities for resources to further cross border collaborative work. The working group is currently developing a project, which aims to enable social workers who are trained in one jurisdiction to work in the opposite jurisdiction with greater ease, which will go ahead subject to funding.

As part of the mainstreaming of the CAWT Development Centre, a HR & Workforce Mobility Manager has been appointed until 2013 to continue work in this area.

Action Learning

Through participation in a cross border action learning programme, senior service managers from the border region had the opportunity to develop their ideas for cross border services and learn about practices in the adjacent jurisdiction. The programme allowed participants to share best practice and overcome obstacles to cross border service planning. The emphasis within the programme was placed on extracting the learning from the process as opposed to implementing projects. However a number of projects are currently being implemented while others are being given further consideration and may be progressed in the future.

Appendix One

Summary of CAWT Projects



Acute Hospital Services

Service/Project	Description	Completion Date	Activities/mainstreaming of services
Cross border renal network	Collaborative hospital project to share information for the benefit of patients with kidney disease.	March 2008	Network to continue with a view to expanding on an all-Ireland basis.
Cross border diabetes network and information system	Common information system installed in hospital sites followed by a collaborative hospital project to share information for the planning and evaluation of diabetic services.	June 2008	Project is still underway and has gathered information from all hospital sites in Northern Ireland and the CAWT region of the Republic of Ireland. This will support clinical audit and lead to quality improvement in diabetes care.
Cross border Ear, Nose and Throat (ENT) services	Cross border patient waiting list reduction initiative focusing on ENT services.	November 2007	Project being further developed to include the Louth group of hospitals and Donegal.
Radiotherapy services for Donegal patients	Enables Donegal patients to access radiotherapy services in the Northern Ireland Cancer Centre in Belfast City Hospital.	Ongoing	Business case to be developed for the establishment of cancer services at Altnagelvin Hospital.
The development of cross border recompression services	The development of the recompression chamber in Craigavon Hospital to enable access on a cross border basis.	December 2006	Chamber is now being utilised on a cross border basis.

Cross border Oral Maxillo Facial Services	Establishment of a cross border Oral Maxillo Facial Service in the North West.	December 2004	Service is fully operational in the North West.
---	--	---------------	---

Disability (Learning Disability, Physical and Sensory Disability)

Service/Project	Description	Completion Date	Activities/mainstreaming of services
Protection of Vulnerable Adults (Learning Disabled) from Abuse	Identification and development of best practice in relation to the protection of vulnerable adults.	June 2008	Learnings have been shared across the health services and stakeholder agencies via training and education events.
Crossing the Line - Employment Support Project	Managed by Rehabcare who are using the 'Person Centre Planning' (PCP) approach to support learning disabled adults to achieve their personal goals and aspirations.	July 2008	Project will be independently evaluated and report published.
Praxis Care Group Carers Research Study	Completion of a research study which examined the health status, support service requirements and support available to carers.	June 2008	Research report distributed to policymakers across the island of Ireland.
Continence Awareness and Support project	Reduction of the stigma associated with continence issues and the highlighting of the range of supports available.	December 2007	Resource pack widely distributed among health professionals, support organisations and local facilities. Training and awareness activities continuing with continence services.

Emergency Planning

Service/Project	Description	Completion Date	Activities/mainstreaming of services
North South Emergency planning project	In addition to joint planning, the two ambulance services with the support of other emergency services have tested the handling of a major medical incident in the border region.	April 2008	Two separate exercises have now been completed. Both Departments of Health will be presented with evaluations in order to inform future developments.
Ambulance Training/ Emergency Planning equipment	Training initiative for ambulance staff in using international best practice in relation to pre-hospital care.	December 2004	Equipment has made a significant difference to the service capacity to train staff in emergency planning.

Family and Children's Services

Service/Project	Description	Completion Date	Activities/mainstreaming of services
'A New Chance' - Cross border approach to Foster Care	Study on the development of high support foster care for young people with challenging behaviour and complex needs in the border region.	June 2006	Study published and distributed to policymakers across the island of Ireland.
Children's Services Planning and Information Project	Development of a framework and web-based resources to support integrated planning that focuses on outcomes for children and families.	April 2008	Framework launched and distributed to policymakers across the island of Ireland. Web-based mapping system now operational.

Children's Services Outcome framework	Supports the building of a culture of young people's participation in service planning and delivery. Activities conducted included workshops, development of on-line interactive tools, for young people and peer educator training.	December 2004	Resources being used by health and social care staff.
---------------------------------------	--	---------------	---

Health Promotion

Service/Project	Description	Completion Date	Activities/mainstreaming of services
'Steering to Safety' - Road Traffic Collisions research study and education project	Inter-agency cross border research study into the factors which contribute to Road Traffic Collisions in the border region. The second phase of the project focused on education initiatives.	June 2008	Research study distributed to policymakers across the island of Ireland. Education initiatives still underway. Plans to continue the 'Road Safe' events in the border region via local councils.
Parents as Sex Educators - health promotion project	Research study and development of resources to support the sexual health strategies of the partner organisations.	December 2004	Research report distributed to policymakers across the island of Ireland. Web resource undergoing further development.
Workplace Health	A pilot project to develop tailored, health and well being action plans for employers in the border region.	December 2004	Work continuing via Health Promotion activity within CAWT partner organisations.

Mental Health

Service/Project	Description	Completion Date	Activities/mainstreaming of services
Mental Health First Aid pilot project	Piloting of a training programme focused on enabling non-professionals to provide assistance to someone showing signs of a mental health problem.	June 2006	Currently being expanded across the border region and Northern Ireland with further courses being funded by the health services and delivered in partnership with community and voluntary organisations.
'Getting it Together' - mental health resource pack	Development of a resource pack of materials aimed at increasing awareness by young people of their emotional and mental health. Designed to be used in a structured training situation.	June 2006	Excellent feedback on the quality of the resources which are being utilised in a range of settings including schools, youth groups and community.
Cognitive Therapy Awareness and Training	The Northern Ireland Centre for Trauma and Transformation delivered a series of Cognitive Therapy courses for mental health professionals.	June 2008	Successful feedback on and evaluation of courses. Application submitted to the National Training Awards for the accredited course, certificate in cognitive therapy methods.
Suicide Research - INSURE	Cross border element of a major all-Island study of suicide.	January 2006	INSURE project still continuing its work.
Self Harm register	Establishment of a self-harm register in the WHSSB area linked to the Irish National Registry of Deliberate self-harm.	March 2009	Project still underway.

'Caring for Carers' - Support for Carers of those with severe mental illness	Community based education programme to equip carers of people with serious mental health problems with the knowledge, skills and confidence to deal effectively with their role.	February 2006	Guide to the project produced which includes step-by-step details of the training programme to facilitate on-going training.
---	--	---------------	--

Older Persons

Service/Project	Description	Completion Date	Activities/mainstreaming of services
'Good Morning Inishowen' - Rural telephone link service	A community based service for rural based, isolated and vulnerable older people in Inishowen, County Donegal.	December 2007	The pilot has been extended to two more locations in Donegal and will be economically appraised in 2009 with a view to mainstreaming the service.

Primary Care

Service/Project	Description	Completion Date	Activities/mainstreaming of services
North West Dental Outreach Skills Centre	Establishment of a specialised education and training facility for dentists and dental professionals.	December 2005	Centre is being used for training purposes on an on-going basis.
Cross Border Fluoride Study	Comparative research study which examined the impact of exposure to fluoride in water on the oral health status of a sample of 16 year olds resident in two border regions.	March 2007	Report distributed to policymakers and stakeholders across the island of Ireland.

Health Promotion and the care of Type 2 Diabetes in Primary Care	A community pharmacy project to engage pharmacists in identifying and supporting people with Type 2 diabetes in more rural areas of the border.	May 2007	Generated much interest by pharmacists in becoming involved in future client initiatives.
--	---	----------	---

Cross border GP Out of Hours pilot project	Resolution of the barriers to establishing cross border GP Out of Hours services and the establishment of two pilot sites.	June 2008	The two pilots are being evaluated with a view to developing such services across the border region.
--	--	-----------	--

Public Health

Service/Project	Description	Completion Date	Activities/mainstreaming of services
Health Inequalities	A cross border and cross sector initiative aimed at raising awareness of health inequalities in the border region. A second Health Profile of the CAWT region is being produced.	September 2008	Project has completed a number of key activities including the co-ordination of workshops across the border region. Information from the Health Profile will inform policy and service developments.
Cross border Health Impact Assessment (HIA) project	Raised awareness and understanding of Health Impact Assessments through the provision of training and the establishment of a pilot HIA in the border region.	December 2007	Institute of Public Health provide specialist training and guidance in HIA.

Cross border Health Protection Policies - 'a new challenge'	Development of cross border plans and policies for specific infectious diseases and other related health protection issues.	December 2006	Plans and policies developed have been adopted by the stakeholders and partners involved.
---	---	---------------	---

Safefood cross border Food Allergy project.	The development of a cross border training programme in food allergen control with supporting resource material and web-based information.	September 2007	Plans are underway to extend the training to an all-island basis.
--	--	----------------	---

Cross border Traveller Health project	Study on the accessibility of health and social services to the Travelling community.	February 2008	Two major conferences on Traveller Health held. Study report circulated to policymakers across the island.
---------------------------------------	---	---------------	--

Community Based Services

Service/Project	Description	Completion Date	Activities/mainstreaming of services
Therapeutic Interventions for convicted and non-convicted sex offenders.	Development of risk assessment tools for use with sex offenders.	September 2008	Launch plans for September 2008 underway.
Community Care Feasibility Study	Feasibility study into the community care services that could be provided on a cross border basis.	January 2006	Feasibility report published and disseminated to planners and policymakers.
Cross border Art Therapy	Establishment of an Art Therapy service in the North West to address the emotional needs of children and young people.	December 2005	The Art Therapist is now providing Art Therapy services at WAVE Trauma Centre in the NW.

Co-ordination of cross border activity

Service/Project	Description	Completion Date	Activities/mainstreaming of services
CAWT Development Centre	Provision of a strategic framework for cross border activity. Facilitation of health and social care professionals to engage in cross border health and social care activity.	July 2007	CAWT Development Centre has now being mainstreamed within the health services. Planning for EU INTERREG IV funded cross border activities underway.
Improving cross border communication to support CAWT activity and projects	Installation of videoconferencing units across the border region to support the management and implementation of cross border projects across the CAWT region.	December 2004	Video conferencing facilities much more accessible and better utilised for the management of cross border projects.

Cross border mobility

Service/Project	Description	Completion Date	Activities/mainstreaming of services
Cross border Workforce Mobility project - health and social care	Promotion of greater cross border workforce mobility by overcoming obstacles to cross border working specifically within the health and social care sector.	May 2008	HR & Workforce Mobility Manager has been appointed until 2013 to continue work in this area.

Action Learning

Programme to enable senior service managers from the border region to develop their ideas for cross border services and learn about practices in the adjacent jurisdiction.

June 2008

A number of projects are currently being implemented while others may be progressed in the future.

Appendix Two

Perspectives on Cross Border Working



Dr Brid Farrell

Consultant in Public Health Medicine,
Southern Health and Social Services Board.

My first involvement with CAWT was in 2003, when a cross border group of interested Public Health professionals met to discuss developing a proposal for a cross border project on health inequalities using a Health Impact Assessment approach. The project was a positive experience and as a result I got involved in a further two cross border projects on diabetes, the first involved the installation of a common clinical information system for diabetes care in two hospital sites (Craigavon Area Hospital and Louth County Hospital) and the second was an audit of hospital diabetes care in hospitals using clinical information systems as part of diabetes care in Northern Ireland and Louth County Hospital.

My experience of these three projects has been encouraging. Until CAWT there were no multidisciplinary forums for the regular exchange of information and planning new approaches for health issues (usually the same) on both sides of the border. I also realised early on that these projects take more time and effort than your “usual” work, but the final “product” is worth the effort.

If you have time I recommend you read the Health Impact Assessment report on a housing regeneration project in Dove Gardens, Derry and the Audit of Hospital Diabetes Care to be published in Summer of 2008. Both reports will demonstrate the benefits and “added value” of cross border working and how much more could be done in the future.

Olive Travers

Senior Clinical Psychologist,
Director of COSC Service, HSE West,
TISO Project Board member.

Personal thoughts on the TISO Project

The wisdom of Henry Ford that ‘Coming Together is a Beginning, Keeping Together is Progress, Working together is Success’, captures the journey involved for me in our three year ‘Therapeutic Interventions for convicted and non convicted sex offenders’ (TISO) Project. It was really hard to imagine when we and our colleagues in the Programme for the Prevention of Sexual Abuse (PPSA) first tentatively came together to submit the forest of paper work required to make our application, that the success that we have achieved by working together would be so rewarding. The keeping together to make progress was at times difficult in the face of competing demands of the project and our own busy clinical case loads. Still no problem was insurmountable and by sharing the burden we were able to divide the grief! The support we received from CAWT’s Development Centre was invaluable to us in doing this.

The success achieved by working together has not just been at the professional level, in the contribution of the project findings to service development and increasing the protection of children and vulnerable adults, but also at the personal level. In my 23 years working as a front line clinician there has been no aspect of my work as difficult or as isolating as my current role of providing treatment to perpetrators of sexual abuse. While those of us working in this area do so on the strength of the evidence that treatment reduces reoffending and the creation of further

victims, we are at risk of being stigmatised by association with our client group, even by fellow health care professionals. It is easy therefore to feel isolated in the face of constant exposure to the darkest side of human nature and the relentlessness of the capacity of the human to inflict suffering on those most in need of care and protection.

Working together with my colleagues in PPSA in order to achieve our shared project objectives ended that sense of isolation. It has allowed me to feel a sense of belonging to a wider professional community who confirm for me the worth of what we do, which in turn increases my sense of personal worth. In spite of what others may think, this is in fact an area of work, which is hopeful and rewarding in my experience. Those who have harmed others are able to change, turn their lives around and lead healthy abuse free lives. My involvement with the TISO project has increased this sense of hopefulness for me. We have had many laughs and much fun as well as our serious moments during our journey together since that first tentative coming together. I look forward now to building on the success achieved by continuing to work together on a cross border basis.

Bernie Gibbins

Project Manager,
Protection of Vulnerable (Learning Disabled)
Adults from Abuse project,
Western Health & Social Care Trust.

As the Project Manager, I feel privileged to have worked with so many committed and enthusiastic people. Services on the island of Ireland have the capacity to continue to improve the experiences of the adults they support, simply by harnessing the energy and skill of the staff they engage.

There are many areas of good practice regarding person centred approaches, service user consultation, supporting learning disabled parents, providing sexuality education and support, involving service users in staff selection, front-line staff and management development, and the development of joint approaches to integration and safety.

What this project (Protection of Vulnerable Adults from Abuse) has aimed to do is to supplement currently good practice by examining existing practice and its support mechanisms, and then either providing new tools or making recommendations for strengthening any weaknesses.

It is essential for all service personnel to remember that they are not alone in their concerns for the safety of service users. The responsibility for this issue is multi-agency and multi-professional. Ensuring that we all network appropriately in order to engage with others who can assist in solutions to address risks is paramount.

A simple quote will help us all to remember the importance of our vigilance in this issue: “There are no conditions of life to which a man cannot get accustomed, especially if he sees them accepted by everyone about him.”

(Leo Tolstoy, 1828-1910, Russian novelist and philosopher)

Dr Nazih Eldin

Head of Health Promotion,
HSE Dublin North East,
Member of the CAWT Health Promotion Sub
Group and Project Executive for the Steering
to Safety project.

Advantages

There are several advantages to cross border health & social care working including:

It provides the potential to target holistically, communities which straddle the border areas. Major determinants of health/wellbeing obviously transcend borders. Moreover, many lifestyle factors are indigenous to cross border communities, defined and nurtured by common environmental factors and shared lifestyle patterns e.g. driving behaviour, cultural phenomena around alcohol misuse, shared smoking habits etc.

These factors make it beneficially desirable to harness all resources North and South to work co-jointly as lack of standardisation, different messages, or different levels of intensity of comparable messages could negate the effectiveness of initiatives aimed at one section only of a cross border community.

Cross border working also allows for sharing of skills, knowledge and expertise which can enhance processes, impact outcomes etc.

Cross border initiatives allow for much more effective evaluations where trends /changes etc. can be analysed on a cross border basis.

Challenges

There are two significant challenges to cross border working. i.e. Human Resources/Industrial Relations issues with different governance arrangements North & South and the level of bureaucracy particularly in the context of E.U. funding.

Achievements

Achievements have essentially been in line with the above i.e. intensive programmes adhering to all the best management principles including; strategic and operational planning, partnership working, sharing of expertise, monitoring arrangements, accountability, evaluation etc. underpinned by a robust budgetary process.

Advice

Involvement in cross border projects require a high level of commitment and effort. Anecdotally there appears to be a belief that it may be a simple funding mechanism. This is not the case and indeed those getting involved should be advised that it requires a lot of time and will become a significant add-on to one's substantive job.

Angela Tysall

Service Manager, NoWDOC,
Member of the GP Out of Hours (OoH)
pilot project board.

My experience of working on the CAWT Cross Border GP OoH Pilot Project

It is hard to believe when I drive now from Donegal to Derry that we encountered so many issues in setting up a cross border GP out of hours service for patients living in the border areas in Co. Donegal. The patient journey now is so smooth, accessing their GP OoH service in Donegal and being offered to attend a treatment centre nearer to them in Derry. Patients have been provided with choice and an easily accessible service nearer to their home. The patients are not aware of the amount of hard work and dedication that went into securing this choice for them and improving services to people living in border areas. Who would believe that so many issues had to be resolved to allow us to offer patients the choice of attending their nearest OoH treatment centre 10-20 minutes down the road? There are no visible borders.

I am aware of the hard work which went into securing this service and the journey involved for all the members of the project team, a journey which presented many twists and turns and road blocks but which brought us all to the desired destination. This destination was reached due to the dedication, hard work, drive and commitment of a fantastic team of people from either side of the border and from both health services and with the support

of health service senior managers. The team was lead by a project leader who was unstoppable and was not going to take no for an answer when at several stages we encountered issues which were potential show stoppers for our project. Her dedication, drive and persistence inspired us all and encouraged us to plough on and deal with each issue as it presented. People in the highest authority were contacted and assisted us, even making small changes to legislation, to overcome the challenges presented.

This is what co-operating and working together is all about. For me I feel privileged and very proud to have been a member of that team and for contributing to a project which is so pioneering. At every stage of a new development I experienced, not only professional satisfaction but also personal satisfaction when observing our success and from the experience of making friends with a lovely group of people who shared the same vision and worked happily together to achieve this success. Over 2 years of hard work went into this project and I enjoyed all of it. It was a fantastic learning curve for us all and for me as a manager. I developed a better understanding of how two health systems can work together successfully and provide better services for patients, removing barriers along the way which prevent both systems from working together successfully.

I now witness with pleasure and gratification the results of our work when I experience a system which is operating so smoothly and with no complaints from patients. I look forward to future co-operation with cross border projects, bringing further success and the coming together of our systems to provide better care to benefit all patients.

Anne Marie Ward

Regional Development Manager,
Training and Occupational Support Services,
Health Service Executive West.

I have been involved in CAWT projects, in various capacities, for a number of years now. My first introduction was developing bids for the earlier INTERREG and PEACE funding with a number of my colleagues in the then Foyle Health and Social Services Trust. As a Disability Services Manager in the former North Western Health Board the main focus of our work was around creating greater opportunities and integration for people with disabilities. We were very successful with our bids and for a number of years formed a great cross-border working relationship with our colleagues which created the foundation for the co-operation, planning and provision of innovative services for people with disabilities in the North West.

In later years and until the recent restructuring, I was a member of the CAWT Learning Disability sub group. I am a Project Executive Board member on three CAWT Projects. Our current projects are both exciting and cutting edge, they span from addressing the very delicate topic of Protection of Vulnerable Adults, Relationship and Sexuality Issues for people with a Learning Disability and the challenging topic of delivering a true Person Centred Planning Service within our current structures and systems. The outcomes from these projects not only have had immediate impact on the lives of the target group, but have also gone a long way to informing future policy in relation to the protection of vulnerable adults.

The advantages of joint working and sharing of experiences, knowledge and skills are impossible to quantify but from a personal perspective I can say that it has had a huge impact on service delivery in the North West and the multiplier effect can be seen in so many areas.

As with anything worth doing there are also challenges in cross border working. Planning and implementing projects spanning two jurisdictions can be very challenging. More time and effort needs to be put into respecting where people are coming from and the system they are operating within. In addition to this the bureaucracy that covers such projects is a constant challenge. In recent times we have had the restructuring and transformation of the Health Services on both sides of the border. This has been very challenging and resulted in, among other issues, ongoing staff changes.

On a personal level the CAWT experience has been and continues to be both rewarding and challenging. The rewards are the opportunity to work with a committed group of people who are passionate about working together to improve health and social services of the population in the border area. It is also a great personal development opportunity. You are exposed to current thinking and are also challenged in your own ideas about future services.

CAWT work is in addition to my main role and responsibility therefore time is always an issue. I would advise anyone wishing to get involved in cross border work to be aware that there is a significant time element involved and only do so if you are fully committed to giving that time. Overall it has been and continues to be a great experience.

Anthony Travers

Director of Finance, HSE West,
Member of the CAWT Finance Forum.

Coming from the North West I can say that perhaps the main overriding benefit brought about by CAWT has been the opportunity to work closely with people and organisations who are both culturally and geographically close and who, like us, have had to cope with the issues of distance and remoteness from the centres of power and opportunity. Coming together to work collaboratively allowed us all to overcome the shared disadvantages and create instead shared opportunities.

The challenges presented to the Finance Forum by different governance and regulatory frameworks, statutory accounting regimes, financial years, currencies, recruitment practices, and not least political environments have been successfully managed to create a cohesive “whole” which has allowed us in the North West, together with our partners North and South, to address the artificial impediments to cooperation and learn and grow together.

By cooperating and working together we have created an effective and stable environment within which the service based projects can be planned, funded, delivered and accounted for and in which the financial opportunities for CAWT in the future are optimised.

Dr Jane Wilde

Chief Executive,
Institute of Public Health in Ireland.

The experience of CAWT and its commitment to making cross border work successful has required the efforts of many people, and all deserve acknowledgement for their contribution to improving the health and social care of people on either side of the Irish border.

Amongst CAWT's achievements has been its great success in generating significant income from external funding particularly the European Union and this has led to the planning and implementation of many projects and initiatives.

One example is the CAWT cross border Traveller health project. Responding to the appalling health inequalities experienced by Travellers, this work aims to make health and social care services more accessible for Travellers. This is crucially important in addressing the severe exclusion that Travellers face.

CAWT has developed imaginative and relevant ways of reducing the impact of the border as a barrier to accessing services. Its facilitative role with service providers has been key in helping people gain benefits from cooperation.

Working across the border is not easy. CAWT has shown the way in overcoming many of the practical difficulties and as many more individuals and organisations embrace cross border work there is a very real danger that the hard work and determination that is needed will be forgotten or ignored. We are very fortunate to have CAWT's experience and need to build on this expertise.

Appendix Three

CAWT: Phases of Development



The following provides a chronological overview of CAWT's development since its inception in 1992.

Ballyconnell Agreement - 1992

Prior to CAWT's establishment in 1992, cross border co-operation in health and social care on the island of Ireland was almost non-existent, apart from isolated ventures involving small numbers of patients. No facilitating structures existed and the health and social care personnel on the two sides of the border were virtually unknown to one another. The formalisation of cross border linkages began with the signing of an Accord known as the Ballyconnell Agreement by the Chief Executives of the four Health Boards/Authorities in the border region. CAWT or Co-operation and Working Together was created with the signing of this Accord and since then has grown from strength to strength.

Policy Development 1992 to 1996

During the period 1992 to 1996, CAWT policy was developed by the CAWT Management Board. A number of cross border research projects were undertaken in both jurisdictions and funded jointly by the Health Boards / Authorities and Trusts. These included areas such as recruitment practices, Geographical Information Systems, child care legislation, learning disabilities needs assessment and social deprivation in both jurisdictions.

Project Implementation - 1996 to 2000

CAWT succeeded in securing over £5 million from the EU Special Support Programme for Peace and Reconciliation (PEACE I). Some of this funding, together with Health Boards / Authorities own resources was provided, to allow CAWT to formalise its organisational structure, appoint a full time co-ordinator, procure financial monitoring support and establish a CAWT office base. A number of successful projects were developed in the areas of acute hospital services, ambulance services, primary care, mental health, family and childcare, health promotion and public health.

Independent Evaluation - 2000

The Centre for Cross Border Studies conducted an independent evaluation of CAWT in 2000. The final report (From Concept to Realisation) was published in February 2001. This evaluation report supported and verified the work of CAWT and the need for continued investment. It also highlighted the need for a clear strategic direction for CAWT, the development of population needs assessment and dedicated resources. CAWT subsequently implemented all of the evaluation recommendations which also helped to shape CAWT's Strategic Plan.

Strategic Plan - 2001 to 2004

The Strategic Plan was developed in recognition of the need to equip CAWT to face the challenges and opportunities in cross border co-operation in health and social care and to consolidate existing management arrangements and structures. The plan identified strategic and business imperatives as well as specific service goals and related action points which were further developed and articulated in the Business Plan. A number of important values underpinned the Strategic Plan:

- Identifying opportunities for co-operation, further developing that spirit between the Health Boards/Authorities and Trusts and reflecting its unique position within the European context;
- Sharing resources, recognising that the populations which are served may have more in common with each other than their other neighbours who are not in CAWT;
- Tackling the challenges involved in improving health and social well being thus making a real contribution to social development and social inclusion throughout the region;
- Fostering and developing relationships between all disciplines;
- Targeting resources at those in greatest need, and securing funds as appropriate to allow for service developments;
- Supporting and strengthening internal and external partnerships for health and social gain;

- Bringing added value through a co-operative approach;
- Co-operative working so as to contribute to peace building, reconciliation and greater mutual understanding by increasing understanding between professionals and communities on both sides of the border.

Business Plan - 2002 to 2006

In 2002, CAWT's Directors of Public Health cross border sub group produced a population health profile of the border region, which informed the development of the Business Plan. Planning workshops were held involving key players in cross border health and social care, which led to CAWT's sub groups devising proposals for cross border collaborative working in specific service areas. These were subsequently prioritised and further developed for inclusion in the Business Plan. CAWT then sought funding for a total of 36 development proposals.

Ministerial Endorsement and EU funding - 2002

CAWT now serves as a model of cross border co-operation. CAWT's Strategic and Business Plan secured the endorsement of both Governments and Departments of Health in 2002, when the Ministers for Health in both jurisdictions appointed CAWT to be the delivery agent for INTERREG IIIA, Priority 3 Measure 2, Health and Well-being. The North South Ministerial Council, which was established under the auspices of the Belfast Agreement (April 1998) to encourage the development of services on an all Ireland basis, has also endorsed the work of CAWT by appointing it to manage the integration of cross border emergency planning.

Project Implementation - INTERREG IIIA and PEACE II - 2002 to 2008

The Special European Union Programmes Body (SEUPB) is responsible for managing both the EU Programme for Peace and Reconciliation (PEACE II) and the INTERREG IIIA Programmes in Ireland/ Northern Ireland. The Departments of Health, are the implementing bodies for the INTERREG IIIA programmes and CAWT is the delivery agent, which is now in the process of managing the delivery of cross border projects.

Commissioned Projects

CAWT is also facilitating a number of commissioned projects in the area of emergency planning, self-harm register and radiotherapy services in Belfast for the people of Donegal.

European Involvement

CAWT has actively facilitated the transfer of experiences and sharing of ideas with other European cross border regions and countries. For example, CAWT has both promoted and participated in the 'Manahealth/ Europhamili' programmes, a European management training course for health service professionals, as well as supporting and contributing to various European research studies and initiatives including the Europe for Patient project.

Independent Evaluation - 2006

FPM Accountants LLP conducted an independent evaluation of CAWT in 2006. 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 highlighted the recommendations for the future development of CAWT includes having a more integrated approach to health provision on the island of Ireland and 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.

Business Plan - 2007 to 2013

The Business Plan development process for the 2007-2013 time period has been completed and ratified by both Departments of Health. The Departments of Health have submitted CAWT's business plan for funding to the EU INTERREG IV Steering Committee in March 2008. The application has now progressed to the economic appraisal stage.

Appendix Four

CAWT: European Connections and Networks



CAWT has actively facilitated the transfer of experiences and sharing of ideas with other European cross border regions and countries through a number of specific networks:

HOPE

The European Hospital and Healthcare Federation is a non-governmental European association, which was created in 1966 and since 1995 is an international not-for-profit association. HOPE acts as a principal source of advice on hospital and health affairs to the institutions of the European Union. It is involved in developing and maintaining information about the planning and operation of the hospital services and of the health systems within which they function. It also advises members on matters relating to standards of provision, organisation and operation of hospital services and of the health systems within which they function.

CAWT has participated in a number of key HOPE working groups, events, meetings and consultations. Some examples include:

“Free movement and cross-border co-operation in Europe”: the role of hospitals & practical experiences in hospitals - Hope Conference & Workshop, Luxembourg, June 2003.

“Healthcare Cross-Border - Co-operation in Border Regions” - HOPE Interregional Workshop, October 2005.

Europhamili

CAWT has been a member of the Europhamili steering committee which has 20 members from across the EU. Europhamili is a fifteen-week innovative management training course for European health service professionals.

Through Europhamili, participants are offered the opportunity to develop management skills adapted to working within the emerging European health care paradigm. Through involving a wide range of health care specialists from different partner countries the Europhamili programme aims to go beyond a narrow academic or professional agenda and thus break down barriers between medical and managerial cultures. CAWT provides tutor support to teaching unit TU8 on cross border and transnational co-operation. Furthermore in 2003 CAWT hosted the week-long TU8 module in Ireland based at the HSE Dublin North East.

Manahealth

Manahealth is a Europe-wide programme, which aims to promote greater networking and information sharing between health and social care professionals across Europe. Through Manahealth, the teaching and expertise from an associated programme, ‘Europhamili’ is disseminated more widely and effectively. CAWT hosted a professional seminar in May 2006 in Carlingford, Co Louth on the theme of Cross Border Primary Care: GP Out of Hours.

EU Presentations by CAWT

CAWT has also presented at a number of other significant events in Europe including:

AEBR Conference - European Co-operation in the Health Sector - "Added Value for people, economy and regions"

27 September 2005 University Hospital, Basel

Institute of Public Health, Germany-Workshop
"Cross border activities - good practice for better health" 20 and 21 Jan 2006 in Germany

Surveys

CAWT has also contributed to a number of EU research surveys including:

The EU Europe for Patients project - a research study into patient mobility.

Institute of Public Health, Germany (LÖgd) - a survey of cross border health related projects in Europe - April 05

Acknowledgements

Many individuals and organisations are deserving of our grateful thanks for their support and guidance over the past number of years.

Health Service Executive
Southern Health and Social Services Board
Southern Health and Social Care Trust
Western Health and Social Services Board
Western Health and Social Care Trust

CAWT is the forum by which the health authorities in the border region come together to plan and manage cross border health and social care activity. Achievements in cross border health and social care activity has been made possible by the management and staff of the CAWT partner organisations who give so generously of their time and expertise. Their commitment and dedication has enabled the delivery of a wide range of programmes and activity for the benefit of border populations.

Special EU Programmes Body (SEUPB)

CAWT is very grateful for the project financial support received from the two European Union programmes; INTERREG IIIA and PEACE II managed by the Special EU Programmes Body.

Department of Health and Children, Republic of Ireland

Department of Health, Social Services and Public Safety (DHSSPS), Northern Ireland

CAWT was appointed by both Departments of Health to be the Delivery Agent for INTERREG IIIA Priority 3 Measure 2, Health and well being in 2002. CAWT, with the endorsement of both Departments of Health, has implemented a range of cross border health and social care activity for the INTERREG IIIA eligible area.

