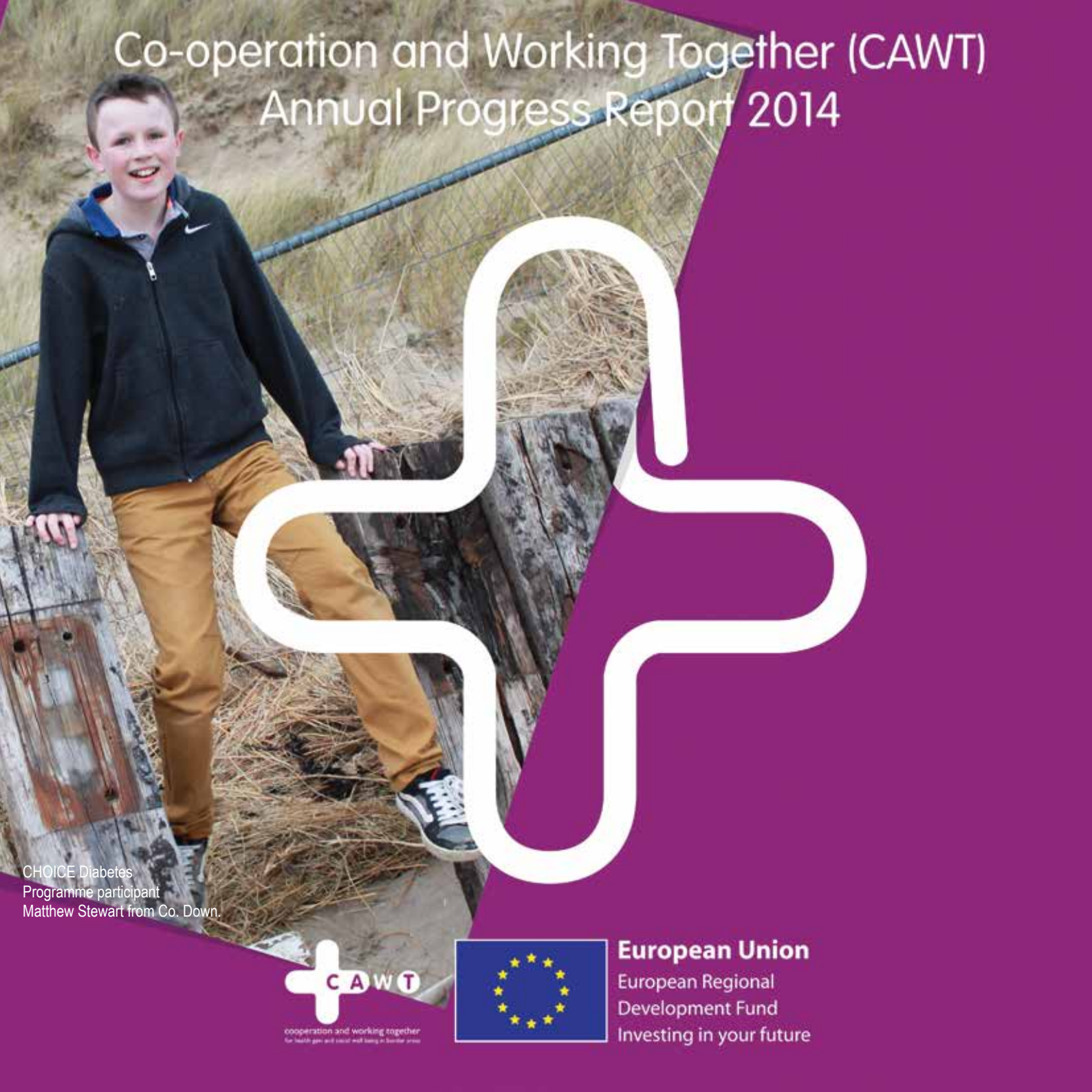


Co-operation and Working Together (CAWT) Annual Progress Report 2014



CHOICE Diabetes
Programme participant
Matthew Stewart from Co. Down.



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



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Acknowledgements

We wish to acknowledge the support and guidance received from a range of organisations including:

Special EU Programmes Body (SEUPB)

The CAWT partner organisations are grateful for the financial support for cross border health and social care activity, received from the European Union's INTERREG IVA Programme, managed by the Special EU Programmes Body.

The Department of Health in the Ireland and the Department of Health, Social Services and Public Safety in Northern Ireland

The on-going commitment and support of both Departments to cross border collaboration in health and social care is greatly appreciated.

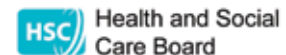
The CAWT partner organisations

Progress in cross border health and social care is reliant on the active engagement of the CAWT partner organisations. We acknowledge the substantial time and valuable expertise dedicated to cross border activity by the staff, managers and clinicians of the CAWT partner organisations. Those organisations are:

- **The HSE West and Dublin North East in Ireland.**
- **The Health and Social Care Board and the Public Health Agency in Northern Ireland.**
- **The Southern Health and Social Care Trust and the Western Health and Social Care Trust in Northern Ireland.**



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



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CAWT's Vision

To realise opportunities and develop new ways of working to improve health and social care services for the well-being of people, through collaboration across borders and boundaries.



Director General's Foreword, Tom Daly HSE

2014 brought great honour, achievements and challenges for the CAWT Partnership. The Partnership was delighted that CAWT's Chief Officer, Bernie McCrory, received an MBE for services to Healthcare in Northern Ireland and Ireland in the Queen's Birthday Honours 2014. On behalf of the CAWT Management Board and our partner organisations, I would like to sincerely congratulate Bernie on this significant honour for her. Bernie has made a huge contribution to health and social care in general and has worked with great energy and passion to progress health and social care in the border region and to ensure better access to health services for border communities.

There have been many successes for CAWT during the year, despite the climate of financial restraint and major reforms underway in the health services in both jurisdictions. Within the CAWT Partnership, we recognise the necessity for all areas of health and social services to ensure value for money and to deliver quality health and social care. We in CAWT strive to ensure that all our cross border activity also meets these standards and adds value to core health and social care activity. During 2014, CAWT entered the final stages in the implementation of the 12 strategic cross border health and social care projects funded by the European Union's INTERREG IVA programme. This valuable investment, totalling €30 million euros, provided by the Special EU Programmes Body, has enabled the health services to deliver a suite of patient and client focused services that have brought real benefits to people living in the border region and the eligible area for EU funding.

I would like to acknowledge the on-going valuable support and guidance to CAWT from the Department of Health in Ireland and the Department of Health, Social Services and Public Safety (DHSSPS) in Northern Ireland. As Delivery Agent for the EU's INTERREG IVA programme, 'Putting Patients, Clients

and Families First', CAWT has worked closely with the DHSSPS as Lead Partner for this EU funding and the Department of Health in Ireland and has successfully delivered the programme, operating within a strong governance framework.

This is the third tranche of EU INTERREG funding that the CAWT Partnership has successfully secured and implemented in the border region. CAWT's systems and expertise has strengthened over the last 12 years of delivering EU funded activity on behalf of the Department of Health in Ireland and the Department of Health, Social Services and Public Safety in Northern Ireland. Each successive EU funding allocation has enabled the CAWT partnership to demonstrate how cross border health and social care activity can impact positively on peoples' lives, particularly for those who are more socially isolated and at furthest distance from services. Thus, the CAWT Partnership is proud to have improved access to health services and enhanced the care for those people living within the border corridor of Ireland and Northern Ireland. We are also delighted that resources and expertise are now being shared for the benefit of border populations.

Both Ministers for Health have recognised CAWT's work and the impact of cross border health and social care during the year.



Excellence in Cross Border Nursing Award winner, Marie Therese McDermott (Centre) from the Western Trust pictured with Northern Ireland Health Minister, Jim Wells MLA and Kathleen Lynch T.D., Minister of State for Primary and Social Care. The award was presented at the All-Ireland Chief Nursing Officers' Conference in Dublin in December 2014.

There is a genuine commitment at ministerial level to continuing the positive co-operation underway between both jurisdictions in relation to health and social care, both within the CAWT Partnership and more widely at departmental level. Indeed the North South Ministerial Council are routinely updated on developments in cross border health and have asked CAWT to facilitate discussions and activity in a variety of areas including supporting the work of the North South Alcohol Policy Advisory Group and North South Hidden Harm Group.

During the year, the CAWT Partnership has contributed to a range of important consultations including the North West Gateway Initiative stakeholder consultation process in March and SEUPB's second public consultation on its planned new EU programmes from 2014 to 2020. Additionally, CAWT briefed a range of key strategic stakeholders and partners on progress in relation to cross border health and social care and valued the feedback provided by these opportunities.

I am very grateful for the on-going support of Minister Wells, MLA and Minister Varadkar, TD and their officials at the Department of Health, Social Services and Public Safety in Northern Ireland and the Department of Health in Ireland.

I would like to thank my fellow Management Board members and the Secretariat for their vision and commitment to cross border health and social care. In particular I would like to acknowledge their generous contribution of both time and expertise in shaping the development of CAWT's Strategic Plan for the 2014 to 2019 period, which details the Partnership's vision, strategic goals and planned actions.

I would also like to acknowledge the role the CAWT Development Centre team members play in providing a central and dedicated unit to manage the day to day activities of the CAWT Partnership and in supporting the rigorous requirements associated with managing and accounting for EU funding.

At the heart of the CAWT Partnership is the involvement of hundreds of health and social care management, staff and clinicians from both jurisdictions, with many serving on CAWT cross border Project Boards and Strategy Groups. They have been a crucial driving force in the progress of the CAWT Partnership and will continue to shape our activities for the citizens of the eligible area.

The challenge for the future is to continue to strengthen and deepen cross border co-operation and to ensure CAWT's activities are embedded in policy, add value to health and social care activity and enhance services for people.

My wholehearted thanks again to all those who continue to support the CAWT Partnership and play their part in realising the vision for cross border health and social care.



Chief Officer's Foreword, Bernie McCrory

As we approach the final phase of our current EU INTERREG IVA funded work programme, the focus for the CAWT Partnership has been on monitoring and reporting on project progress, ensuring the smooth closure of completed projects and supporting the process of mainstreaming those projects that will continue within core health and social care services. We have invested time in planning for the future and have actively engaged with and influenced the content and shape of the new INTERREG programme for the period 2014 to 2020, by sharing our experiences and lessons learned.

Seventy five percent of our programmes were still in progress during 2014 and thus citizens living in the border region and eligible area continued to benefit from our work programme. To date, in excess of 50,000 people have availed of services under the CAWT's 'Putting Patients, Clients and Families First' 12-project programme which has been funded by the EU's INTERREG IVA programme with match funding provided by the Department of Health, Social Services and Public Safety in Northern Ireland and the Department of Health in Ireland.

I am delighted to report that based on an independent evaluation, CAWT's 'Putting Patients, Clients and Families First' overall programme has met or exceeded all of the targets established by the Special EU Programmes Body for the programme. The evaluation has also highlighted that the programme has generated a range of health, economic and social impacts. For example, 121 new services have been implemented to date and in doing so have increased access to services across the border region, which in turn has created positive impacts on the health and well-

being of the beneficiaries involved. These impacts include improvements in healthy lifestyles, such as a reduction in alcohol misuse, and an increase in healthy eating and exercise. The considerable effort in addressing the impact of poverty and disadvantage on health and well-being, by working in partnership with local communities to address health inequalities, was also noted.

A substantial proportion of our EU INTERREG IVA programme of work will continue in full or in an adapted format after the EU funding has closed. This is testament to the 'Putting Patients, Clients and Families First' 12-project programme being strongly rooted in health service policy and practice.

Some notable highlights from 2014 include:

- In March, the CAWT Partnership won the 'Excellence in Coaching Award,' from the Association for Coaching, at the Irish Institute of Training and Development's National Training Awards 2014. The Award was presented by Minister for Training and Skills, Ciaran Cannon TD, at an all-island Gala event in Naas Co. Kildare. This prestigious Award



Minister for Enterprise, Trade and Investment, Arlene Foster, MLA speaking at the EU Recruit and Retain project conference in Enniskillen, hosted by CAWT.

was received for the EU INTERREG IVA funded 'Connect' Coaching network initiative, part of the CAWT Workforce Mobility project. The 'Connect' Coaching network is an innovative, sustainable coaching resource for staff in the CAWT partner organisations.

- CAWT, along with NHS Western Isles in Scotland organised and hosted a major EU conference in Enniskillen in May, which was addressed by Minister for Enterprise, Trade and Investment, Arlene Foster, MLA. The conference was the concluding event for the EU's Northern Periphery Programme project, 'Recruit and Retain' in which CAWT was one of eight partners. This EU project was established to identify solutions to the persistent challenges of attracting and retaining high quality personnel into public sector services in rural or peripheral areas.

- Also in March, the CAWT Citizenship for People with Disabilities project held a celebration and awards event to honour the 30 organisations in the North West who successfully completed the 'Change a Little Change a Lot' Accessibility programme, with the support of Disability Action and Media Box. The programme was part of the UK City of Culture Programme 2013 and delivered in partnership with the Public Health Agency and the Western Health and Social Care Trust.

- In May, Maria Jose Doval Tedin from the European Commission in Brussels and Paul Boylan from the Special EU Programmes Body visited a Pre-Pregnancy Care clinic taking place in the Southern Health and Social Care Trust's South Tyrone Hospital in Dungannon. Commenting on her visit to the project, Maria Jose Doval Tedin, said: ***"I was particularly impressed by what I saw during my visit, both in terms of the dedication of the staff involved and in the tangible impact that the project is making on the lives of women from both sides of the border. This type of practical cross border collaboration reflects many of the key objectives of European Territorial Co-operation as it encourages regions from different EU Member States to work together and learn from each other."***

- Given the priority all the partners have for patient safety, CAWT was pleased to support a third group of health and social care staff to undertake the successful and innovative cross border Patient Safety Programme, which ran between September and December. The Patient Safety Programme is collaboration between the Health and Social Care Safety Forum which is part of the Public Health Agency in Northern Ireland and the National Quality Improvement Programme –

a joint partnership of the Health Service Executive and the Royal College of Physicians of Ireland. This cross border initiative seeks to improve the quality of care and outcomes for patients across both jurisdictions by developing a core group of health professionals, who can lead on service improvement, with a focus on patient safety and quality within their own health service organisations.

- In October, CAWT, on behalf of Irish Aid and the Department of Defence Ireland, supported the co-ordination of a cross border Humanitarian Disaster Response Course at which participants received specialised training for working in disaster zones worldwide. In total 27 people undertook the 3-day course in Kildare, including ambulance personnel and military reservist doctors and nurses, from the Republic of Ireland and Northern Ireland. The training was delivered by the Faculty of Conflict and Catastrophe Medicine, which is part of the Worshipful Society of Apothecaries of London and is acknowledged as one of the leading training organisations in the field of humanitarian response training.

Finally, I want to thank all those who support and champion CAWT's cross border work. I am particularly proud that the CAWT Partnership has made a real difference to people's lives, ensuring better access to health and social care provision for some of the most rural and peripheral areas in the border region of Ireland and Northern Ireland. Thank you to everybody who has been a part of CAWT over the past year and I look forward to working with you in the coming months and years ahead.



Pictured at the cross border humanitarian response course are (left to right): Tom Daly, HSE/CAWT; Cait Moran, Irish Aid and Alison Moore, North South Ministerial Council.



Funder Perspective, Pat Colgan, Chief Executive, Special EU Programmes Body

Since securing €30m worth of funding from the EU's INTERREG IVA Programme in 2009, Co-operation and Working Together (CAWT) has helped to improve the lives of over 50,000 people. This is more than double the original target number of beneficiaries agreed with the SEUPB, and is testament to the success of the 12 initiatives which make up CAWT's 'Putting Patients, Clients and Families First' project.

I am very impressed by the diverse range of initiatives supported under CAWT and how they have helped to positively transform the lives of many people on a cross-border basis. Examples of this important work include the development of innovative support services for those suffering from eating disorders; the development of cross border acute hospital services for ENT, urology, vascular and ophthalmological conditions; as well as programmes tackling diabetes in high risk clients.

These are all vital healthcare services which will have a significant long-term impact upon the health and well-being of people living across Northern Ireland and the border region of Ireland. The very fact that these initiatives have greatly exceeded their beneficiary targets highlights the considerable value for money that the project represents.

I also understand that many of the initiatives have been incorporated into core health and social care activity by CAWT's partner organisations. This

mainstreaming of CAWT's work is testament to the strong policy base from which it has been developed. I look forward to hearing more about how CAWT has changed the lives of individual citizens and also enhanced healthcare provision across the region.



Pictured celebrating their Change a Little Change a Lot Accessibility Award are 30 organisations from Derry-Londonderry along with representatives from CAWT, Public Health Agency, Derry City Council and Disability Action.

European Union INTERREG IVA Project Update

Overview

In 2009 the CAWT Partnership secured €30 million euros from the European Union's INTERREG IVA programme to develop and implement 12 diverse projects collectively called 'Putting Patients, Clients and Families First' and a target to achieve 21,840 beneficiaries was agreed. The Putting Patients, Clients and Families First' projects are listed in Table 1.

The primary objective of the INTERREG IVA Programme is 'to support strategic cross border co-operation for a more prosperous region and improve access to services so as to enhance the quality of life for those living in the eligible area.' In 2008, the Department of Health, Social Services and Public Safety in Northern Ireland in conjunction with the Department of Health in Ireland, appointed CAWT as the Delivery Agent for the cross border health aspect of the new EU INTERREG IVA programme. CAWT facilitated a comprehensive consultation process in order to inform priority areas for the Programme. Based on a successful application to the Special EU Programmes Body, CAWT was charged with the implementation of Priority 2 - Co-operation for a sustainable cross-border region under the 'Collaboration' theme. The aim of this Priority is to promote co-operation and the exchange of expertise, information and best practice between public bodies and other relevant stakeholders. The focus is on developing innovative ways of addressing specific programme problems, delivering services within border areas and promoting sustainable communities.

The criteria used by the CAWT Partnership in selecting the final projects to include within 'Putting Patients, Clients and Families First' are listed here. Projects must:

- Contribute to cross border core health services, in line with CAWT partner organisations' strategic and service plans;
- Demonstrate health and / or social gain, impacting directly on patient / client care and bring added value;
- Be based on common and identified cross border needs;
- Reduce inequalities and disadvantage, facilitate access and equity and ensure social inclusion;
- Show true partnership with evidence of community and voluntary sector engagement and input into the planning / and delivery process;
- Improve patient / client access to primary and secondary care;
- Have a clear exit strategy with the potential for future mainstreaming;
- Be capable of delivering focused, achievable, specified outcomes within a given timescale, which can be clearly evaluated; and
- Ensure consumer involvement and be person centred.

Progress on Achieving Targets

The initial target at the outset of achieving 21,840 beneficiaries was increased to 25,106 to reflect additional funding allocated during the Programme lifetime. As of September 2014, the 'Putting Patients, Clients and Families First' Programme had achieved 95,359 beneficiaries, 51,772 of whom were service users (54%) and 43,587 (46%) were staff trained.

Project Implementation Progress

Eight of the 12 projects in the 'Putting Patients, Clients and Families First' programme have been fully completed by the end of 2014. All projects have been subject to a formal external and independent evaluation by FGS McClure Watters with recommendations made with regard to the future of each project, once the EU funding time period has elapsed.

All EU INTERREG IVA projects completed by December 2014 have exceeded their beneficiary targets. Even more encouraging is the degree to which these EU funded projects have been incorporated into core health and social care activity by the CAWT partner organisations, particularly at a time of exceptional financial constraint. This reflects the fact that CAWT's suite of EU INTERREG IVA funded projects have been firmly rooted in health and social care policy and strategy. Also, these projects have supported and added value to the day-to-day activities of the CAWT partner organisations and the communities which they serve.

Throughout the EU INTERREG IVA funding period, CAWT has provided the funding bodies with quarterly reports detailing progress in meeting project and financial targets. Those funding bodies are the Special EU Programmes Body (Managing and Certifying Authority) and the Department of Health, Social Services and Public Safety in Northern Ireland

(Lead Partner). CAWT also meets with these bodies on a regular basis, which provides an opportunity to discuss project progress, agree action to overcome any challenges, highlight successes and contribute to the monitoring of the programme.

Mainstreaming Progress

In the CAWT context, mainstreaming refers to the incorporation of EU funded activities into routine services either directly delivered or funded by statutory health and social care. All 12 projects were required to demonstrate their longer term sustainability using evidenced based and cost-benefit information gathered during the life of the project.

By September 2014, 55% of the 121 services developed as part of the overall 12-project programme were fully or partially mainstreamed and a further 10% were under consideration. Only 5% of the services were not mainstreamed by the CAWT partner organisations. The remaining 30% of services were either not required, had a specific exit strategy or the model developed under EU funding has been adapted for incorporation into mainstream services. In line with the evaluator's recommendations, CAWT will continue to collect evidence of the impacts being achieved to further strengthen the case for mainstreaming / incorporation into routine services.

As the 'Putting Patients, Clients and Families First' Programme is being implemented during a time when health services budgets in both jurisdictions are severely constrained financially, this has resulted in a reduced capacity to implement new services, even with the evidence of need available and a successful pilot project having been completed. Thus, this high level of mainstreaming activity in a difficult economic climate is viewed by the CAWT Partnership as a successful outcome for the Programme.

Table 1: Status and Progress in Mainstreaming 'Putting Patients, Clients and Families First' EU INTERREG IVA projects

Theme	Project Title	Project Status	Progress in Mainstreaming
Improved Access to Information and Services	Development of cross border acute hospital services: Vascular, ENT, Urology and Ophthalmology	Scheduled to complete by March 2015	Only specific services required to be mainstreamed.
	Establishment of additional and new sexual health / GUM clinics in the border region	Finished April 2014	Mainstreamed in the four CAWT partner areas.
	Development of an Eating Disorder network in the border region	Scheduled to complete by March 2015	Mainstreaming under consideration.
	'Time IVA Change' border region alcohol project	Finished December 2013	Selection of activities mainstreamed or incorporated into core services.
Reform and Modernisation	Improving Outcomes for Children and Families	Finished December 2012	Project approach incorporated into core services.
Promotion of Independent Living and Citizenship	Support for Older People	Scheduled to complete by March 2015	Some social support services continued with alternative funding. Assistive technology to be mainstreamed.
	Citizenship for People with Disabilities	Finished March 2014	Delivery model integrated into existing services.

Table 1: Status and Progress in Mainstreaming ‘Putting Patients, Clients and Families First’ EU INTERREG IVA projects

Theme	Project Title	Project Status	Progress in Mainstreaming
Promoting Health and Wellbeing	Tackling Diabetes in high risk clients	Scheduled to complete by March 2015	Mainstreamed in three out of four CAWT partner areas.
	Prevention and Management of Childhood Obesity	Finished March 2013	Contracts extended whilst awaiting mainstream decisions. Model incorporated in one CAWT area.
	Promoting Social Inclusion and Tackling Health Inequalities	Finished March 2014	Selection of activities mainstreamed or incorporated into core services. Other activities completed.
Workforce Mobility	Cross Border Workforce Mobility – Leadership Development and cross border exchange of knowledge and skills	Finished September 2014	High level of mainstreaming achieved.
Supporting Vulnerable Families	‘Turning the Curve’ – Autism Support Project	Finished December 2013	Mostly mainstreamed.

Table 2: Summary of ‘Putting Patients, Clients and Families First’ Projects

Acute Hospital Services Project	Development of new, cross border ENT (including Ophthalmology), Urology and Vascular services, including the development of new clinics in the CAWT region.
Time IVA Change Border Region Alcohol Project	<p>Development of an Early Intervention Service to reduce the harm caused by alcohol.</p> <p>Piloting the Strengthening Families Programme (SFP) in the WHSCT area to support families in crisis due to alcohol related issues.</p> <p>Community Mobilisation activities to tackle and respond to alcohol related problems at community level.</p>
Citizenship for People With Disabilities	<p>Working with local communities to increase awareness and understanding of disability.</p> <p>Communities assisted to develop services and supports to enable increased participation for people with a disability.</p> <p>This project also provided alternatives to the traditional model of day services for people with disabilities, by facilitating vocational, educational and social day opportunities.</p> <p>The community and voluntary sector played a key role in enabling this project.</p>
Tackling Diabetes in High Risk Clients	<p>Pre-pregnancy care for women with diabetes delivered through the establishment of pre-pregnancy care clinics across the project region.</p> <p>Diabetes education for children and young people provided through structured patient education programmes for children and adolescents with diabetes and their parents / carers.</p>
Eating Disorder Network	Development of early stage therapeutic services for people suffering from mild to moderate eating disorders through the provision of an additional 12 specialist eating disorder therapist posts in the border region. Specialist therapy provided to patients in primary care and community settings.

Table 2: Summary of 'Putting Patients, Clients and Families First' Projects

Turning the Curve Autism Support Project	Provision of support for children with Autism Spectrum Disorder and their families through the implementation of specific family support programmes across the border region, working with existing community and voluntary sector supports.
Sexual Health / GUM Services in the Border Region	<p>Development of new and extended GUM clinics in the border area to address gaps in services.</p> <p>Sexual health promotion training provided to people working in the youth sector such as youth workers and teachers.</p>
Prevention and Management of Childhood Obesity	A community focused, multi-faceted approach to preventing and tackling obesity within families and young children.
Support for Older People	Supporting the independence and social inclusion of older people through the provision of assistive technology equipment and a range of locally-based social support initiatives to enable older people to be more engaged and connected in their own communities.
Improving Outcomes for Children and Families	Support to policy makers, service providers and practitioners to work together with local communities to plan and deliver services so that better outcomes are achieved for children and young people.
Promoting Social Inclusion and Tackling Health Inequalities	Delivery of a range of Social Inclusion programmes aimed at marginalised groups including Travellers, vulnerable women and people with sensory disabilities.
Cross Border Workforce Mobility	Development and cross border exchange of knowledge and skills across three areas: Coaching and Mentoring, Moving and Handling training and social work leadership.

Strategic Evaluation Key Aspects

Cross Border Benefits

Approximately 166 health service staff from across the border region of Ireland and Northern Ireland, came together to plan and manage formal cross border activity under the 'Putting Patients, Clients and Families First' Programme. A further 50 community and voluntary organisations were key partners in the planning and implementation of these cross border projects.

Through the Programme, agencies and people from both jurisdictions have collaborated in the development of new evidence-based services, cross border governance arrangements have been strengthened, shared policies have been established, and procedures and protocols developed for use on both sides of the border. This has resulted in greater efficiencies, reduced costs, shared learning and the development of models of good practice.

Since the commencement of the 'Putting Patients, Clients and Families First' Programme in 2009, there have been in excess of 350 cross border project board meetings to plan the delivery of new services across the 12 project areas. Furthermore, there is now significantly more contact and communication between managers and clinicians on a cross-jurisdictional basis, contributing to the creation of a 'cross border' culture within the statutory health and social care services. Project Board members were surveyed as part of the independent evaluation and this highlighted that the cross border contact and networking had increased as a result of the project. For example:

- 99% of respondents believed that their project has brought together professionals who would not have otherwise met on a cross-border basis, and

- 90% of respondents stated that they believed that the sharing of ideas on a cross border basis has increased as a result of their project.

The independent evaluation of the 'Putting Patients, Clients and Families First' Programme summarised impacts under three categories:

Return on Investment

Whilst it has not been possible to completely cost the savings generated for the whole programme, each of the services demonstrated some level of actual or potential savings to the health service. Many of these savings were based on the long-term, projected impacts of the services and assumed future costs if the services had not been available.

Additionality / Displacement

EU funding has been an important factor in developing cross border health and social care to current levels in Ireland/ Northern Ireland. For the 'Putting Patients, Clients and Families First' Programme, the overwhelming feedback from those consulted was that the services would not have gone ahead without the EU funding. Additionality was also assessed by considering if the impacts achieved by the project would

have occurred without the intervention. Eight of the 12 projects which directly collected feedback from beneficiaries all noted high levels of additionality.

Efficiency

As of September 2014, the 'Putting Patients, Clients and Families First' Programme has achieved 95,359 beneficiaries, 51,772 of whom were service users (54%) and 43,587 (46%) were staff trained. This was achieved within 90% of the total budget. In addition, the overall cost per beneficiary (patients and staff trained) was £236 compared to a budgeted cost of £902. When staff trained is excluded, the actual cost per beneficiary was £434 compared to a budgeted cost of £1,022. The evaluators noted that: "Therefore the 'Putting Patients, Clients and Families First' Programme was effective and efficient and was highly additional. On this basis the 'Putting Patients, Clients and Families First' Programme provided value for money."

Leaving a Legacy

The CAWT Partnership organisations, through the CAWT Management Board and Secretariat, have kept a steady focus on ensuring that the work undertaken under the 'Putting Patients, Clients and Families First' programme could continue beyond the EU funded lifespan. Therefore, the CAWT Partnership is pleased to report that projects have been delivered within agreed timescales and quality, whilst leaving a suite of sustainable interventions in place that will continue to benefit citizens living in border areas. CAWT has been at the forefront of practical public sector cross border co-operation since 1992 and will continue to engage with partners,

fundors and stakeholders to share the experience and learning acquired with local, national and EU-wide stakeholders and interested parties.

The experience of engaging in cross border work can be both challenging and rewarding. There are usually many hurdles to cross and barriers to be removed before a cross border service is established. Nonetheless those who engage in such activity are inspired by the added value and extra dimension to their day-to-day role which cross border collaboration brings. Most importantly, the improved access to health services and enhanced care for citizens living within the border corridor of Ireland and Northern Ireland is highly rewarding for all those involved in making cross border health and social care a reality.



Case Studies

Some case studies and personal perspectives from people involved in managing and delivering the 'Putting Patients, Clients and Families First' programme gives an understanding of what lies behind the targets and statistics.



Case Study 1: Armagh Men's Shed

A health needs assessment undertaken by the Southern Health and Social Care Trust in Armagh City and District Council area of Northern Ireland demonstrated the need for a project specifically for older men. Armagh Men's Shed was established as a pilot project in 2011 with European Union INTERREG IVA funding through the CAWT Older Peoples' Project to reduce social isolation and loneliness among older men within the area. Armagh Men's Shed is a dedicated, friendly, welcoming meeting place where older men can come together and undertake a variety of mutually agreed activities. It is a place where men can share their skills and knowledge with others, learn new skills and develop existing skills.

The number of men attending the 'Shed' has grown steadily and now up to 100 older men regularly attend to partake in various activities or just to have a cup of tea and a chat. This has resulted in a reduction in social isolation. The men have also reported improved health, social and emotional wellbeing due to attending the 'Shed.'

A range of health programmes have been provided in areas such as woodturning, digital photography, computer training, exercise programmes, cookery skills and weight management. Also, the 'Shed' has worked in partnership with the Southern Health and Social Care Trust's Promoting Wellbeing Department to develop health and wellbeing programmes. One such successful course was the Dementia Awareness course which greatly benefitted the men, some of whom were either carers for their partner with dementia or who were themselves in the early stages of the condition.

According to the Project Co-ordinator, Stephen McCleary: ***"once the men have been attending for a period they get to know each other better and develop the confidence to talk in a more open way about their health issues and worries – this can range from concerns about general aches and pains to prostate problems and other conditions – they receive encouragement and support from their peers in the 'Shed' to get their health checked out by visiting a GP or other health facility."***

Commenting on his own experience of attending Armagh Men's Shed, one attendee said: ***"I hadn't thought there was anything out there for me but since joining the Armagh Men's Shed I am now passing on my skills to the other men. This place gives you motivation, it offers men an outlet after work. The Shed is something to get out of bed for in the morning - as men get older and retire there is a tendency to lie on a little longer, to get a little lazy!"***

In the region, Armagh Men's Shed has supported other 'Sheds' to form and is recognised as a good practice model. The initial EU INTERREG financial investment has been used to leverage alternative funding after the EU funding phase. In 2013, funding for five years was secured from the Big Lottery through their 'Connecting Older People' theme. This has enabled the employment of a full-time co-ordinator and a part-time administrator for the 'Shed' as well as securing larger premises. The Armagh Men's Shed is aligning itself more towards a social economy model to help sustain the service in the longer term.



Case Study 2: Eating Disorders

In Ireland, it is estimated that about 200,000 people suffer from eating disorders, with 400 new cases emerging each year. In the UK over 1.6 million people are affected by eating disorders including people of all ages and backgrounds. The CAWT cross border Eating Disorders project facilitated the creation of 12 Eating Disorder therapist posts throughout the border region, focusing on people with eating disorders which are mild to moderate in severity.

One such person who was referred by her GP to her local eating disorder service was Cathy (not her real name to protect her identity). Cathy's issues with food started when she was aged 14. Although she would describe herself as a happy and positive person and into sports, Cathy became unhappy with how she looked and decided she wanted to lose weight. She started fasting and increasing the intensity of her exercise. Mealtimes became a battleground when her family realised what was happening. Also Cathy's health had begun to suffer and at one stage she had to be hospitalised. After a visit to her GP, Cathy was referred to her local eating disorder service within the HSE and was assigned to one of the CAWT eating disorder therapists.

Cathy's weight had dropped significantly but with the right treatment she was able to gain the weight she had lost. One aspect of her treatment, cognitive behaviour therapy, helped Cathy to address her low self-esteem which had led to her negative mind-set. Cathy associated her eating disorder with stresses she faced when moving to a new school and difficulties with friendships. This made her unhappy and isolated and unable to share her distress with her family.

Cathy is relieved that her health was not damaged as eating disorders can cause a range of health complications. She would encourage others with eating disorders not to be afraid to seek help: ***"I was scared because I thought people would have a negative impression of me for having an eating disorder. I found it really hard to take that first step to getting help. My family have been so supportive and made me realise that I needed help. Once you take the first step, then there is hope and recovery is possible. The main thing is that you want to get better and therapy really works if you participate fully. I am now fully recovered and enjoying my life."***

Research shows that the sooner a person receives treatment, the greater their chance of making a full recovery from their eating disorder.



Matthew Stewart from Dromore in Co. Down, attended a Diabetes Structured Patient Education programme called the CHOICE programme in the Southern Health and Social Care Trust.

Case Study 3: Diabetes

The 'CHOICE' Structured Patient Education programme is helping families and children to manage their diabetes more effectively. The CHOICE programme was originally developed by Dr David Chaney in the University of Ulster, specifically for children and young people with diabetes. This programme has been rolled out across the eligible area for the European Union's INTERREG IVA programme. Children and young people attend the CHOICE programme over a four week period, with each session lasting 3 hours. The aim of the programme is to give children, young people and their families or carers, the skills and knowledge they need to manage their diabetes and to reduce the impact of the condition on daily activities and lifestyle. The feedback has been positive from those who have experienced the CHOICE programme.

In 2010 Alvin Cannon's son Jenson was diagnosed with Type I Diabetes. Alvin, from Glenavy in Co. Antrim, explained how the CHOICE programme first came to his attention: *"When we first found out about Jenson's diabetes we went through a bit of a denial and we were a little scared of how it would change the family dynamic. However, on the advice of the paediatric diabetes clinic staff at Antrim Area Hospital, we signed up to attend this new programme called CHOICE as we wanted to get to grips with Jenson's condition as early as possible."*

When asked about any issues or challenges with the CHOICE programme, Alvin explained that any fears he had were soon alleviated: *"At the outset we were introduced to the other families participating over a cup of coffee which made me realise that all of us had similar experiences, hopes and fears in managing family life and balancing it with Type I diabetes. For anyone who has been newly diagnosed, it is a steep learning curve with a vast amount of information to take in. On the 'CHOICE' course, this information is broken down into manageable sessions covering specific areas."*

Alvin is convinced that CHOICE helped the family to deal with Jenson's diabetes: *"The staff managing the CHOICE programme were fantastic. They made sure that the programme was fun, informative and easy to follow. They reassured us that diabetes can be managed and I have no doubt that without the CHOICE programme it would have been a lot harder to get through."* He added: *"Jenson is a happy and active 14 year old who takes his diabetes in his stride!"*



Maria Jose Doval Tedin, Programme Manager with the European Commission, visiting a CAWT Diabetes Project Pre-Pregnancy Care clinic.



Highlights of the 'Putting Patients, Clients and Families First' Programme

Promoting Social Inclusion and Tackling Health Inequalities

As part of the CAWT Social Inclusion project, an employability skills programme was delivered to Travellers and an Access programme developed to assist health service staff to better understand the needs of and improve access to services by minority groups such as Travellers; Lesbian, Gay, Bi-sexual and Transgendered (LGBT); hearing impaired and those with sight loss. Also, the project delivered health improvement programmes to vulnerable women across the border region, including new mothers, older women, women living with cancer, women living with mental ill-health, women living with domestic violence and mothers of disabled children. The community and voluntary sector partners who led on the development and delivery of the programmes included Derry Well Woman and Monaghan County Childcare Committee.

Effective relationships were developed with local community based groups to ensure that programmes were accessible to those most in need of support. The project was successful in reaching out far and wide and engaging with those living in more socially deprived areas, people with disabilities, ethnic minorities and vulnerable families and women.



For example 24 Travellers were trained as part of the Project and 10 of the participants have since secured some type of employment. For the Vulnerable Women's strand, all six programmes showed significant improvement in well-being amongst participants including enhanced self-esteem and reduced symptoms of anxiety and depression in one specific programme.

Acute Hospital Services



HSE staff from Cavan/Monaghan Residential Services who participated in the third cross border Patient Safety Programme.

The CAWT Acute Hospital Services project is delivering cross border services in four specialties: ENT, Urology, Vascular and Ophthalmology. During the EU INTERREG IVA funding period, 19 new clinics were developed in the border region across these four specialties. Thus, many local and mainly rural communities have been provided with better access to specialised acute hospital services as a result of this project.

A number of cross border acute services was established with EU INTERREG IVA funding. For example, a cross border ENT service was successfully established between the Southern Health and Social Care Trust and the HSE Dublin North East area, which has been sustained after the EU funding period. This cross border development has brought many benefits including enhancement of ENT services, sharing of resources across the border and better access to high quality ENT services for patients living in more rural border areas.

Sexual Health Genito Urinary Medicine (GUM)



Following the success of the two previous programmes, a third group of health and social care staff have undertaken the cross border Patient Safety Programme. This unique training programme, brings together senior managers and clinicians from hospitals and services on both sides of the border, to focus on best practice in patient safety and to apply the learning in local health facilities. To date 52 people have participated in this specialised programme which is a collaboration involving HSC Safety Forum, HSE's Quality and Safety Directorate and the Royal College of Physicians of Ireland.



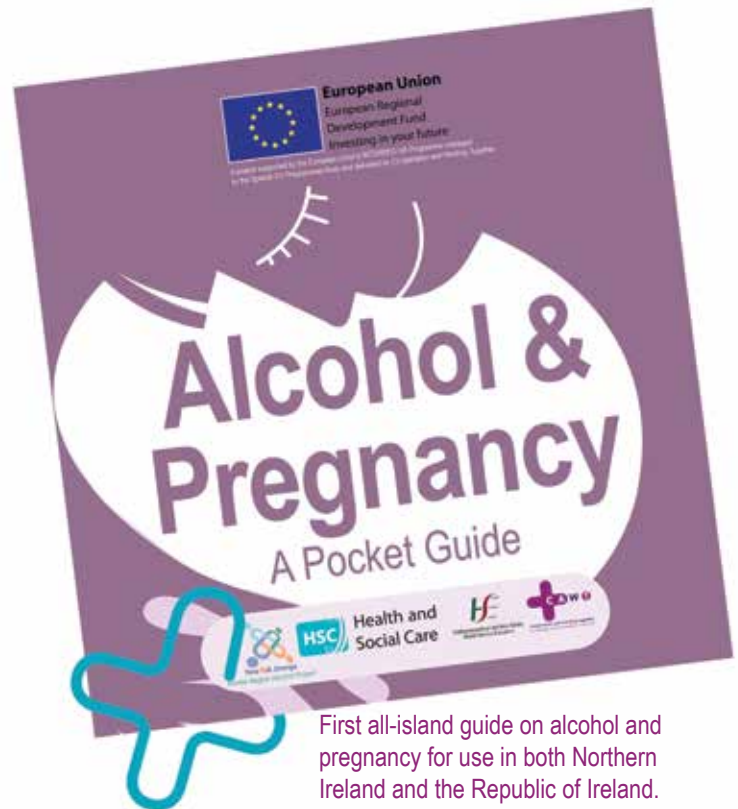
This project has developed entirely new sexual health services and also provided additional clinics in the eligible area for EU funding. Additional sexual health/GUM clinics were established in Derry/Londonderry and Newry. New sexual health/GUM clinics have been opened in Letterkenny, Monaghan, Dundalk and Drogheda. Multidisciplinary teams are providing a comprehensive service for people concerned about sexually transmitted infections and their sexual health in general. These clinics are proving to be popular and offer the full range of specialist diagnostic, preventative, treatment and advisory services in the area of sexually transmitted infections (STIs). Due to their success, these services have been sustained beyond the EU funding period, thus enabling people

'Time IVA Change' Cross Border Region Alcohol Project

living in the catchment areas to have better local access to expert advice and treatment, allowing earlier intervention and treatment of STIs and ultimately reducing healthcare costs at a later stage.



An independent assessment carried out by consultants, has found that the new sexual health clinics are providing excellent services, based upon the feedback from those who have accessed them. For example, in a patient survey across all the new clinics set-up, 98% of respondents rated the clinic as either 'very good' or 'good.' Also in the survey, 93.6% of patients stated that their appointment was convenient for them and 85.9% of respondents stated that the opening hours of the clinic were either 'good' or 'very good.' This is further reinforced as all new and additional services created have been mainstreamed immediately after the EU funding period.



First all-island guide on alcohol and pregnancy for use in both Northern Ireland and the Republic of Ireland.

The 'Time IVA Change' Border Region Alcohol project arose out of recognition that alcohol abuse is a common problem in the border region and that joint and sustainable action is required to tackle it. The project was delivered through a community partnership between the health and social services in the border region and the agencies and organisations who deal with the effects of alcohol harm on individuals, families and whole communities. The project piloted new ways of working to prevent people progressing to the stage where alcohol becomes a serious harm factor for them and their families and comprised three main elements: Firstly, specialist early intervention services were developed and

Preventing and Managing Childhood Obesity - 'UP4IT'

delivered. Secondly, the Strengthening Families Programme, an intervention programme for families in crisis, was offered to families in target areas. The third aspect is Community Mobilisation which involved the project initiating and supporting a community - based approach to tackling and responding to alcohol related problems at local level. The NW based Alcohol Forum and Derry Healthy Cities were contracted to deliver the Community Mobilisation aspects.



The Strengthening Families Programme is designed to increase resilience and reduce risk factors for alcohol and substance misuse. The programme is intended to intervene early and thus reduce the risks of parental alcohol consumption to children. This internationally renowned programme was successfully piloted in the Western Health and Social Care Trust area of Northern Ireland with support from Derry Healthy Cities. The Strengthening Families Programme was delivered to 49 families and involved 214 individual family members. The project also provided training to 94 staff in the WHSCT region to deliver the Strengthening Families Programme. This successful initiative, in which the learning from Ireland has transferred to Northern Ireland, has resulted in the Strengthening Families Programme being mainstreamed by the Public Health Agency in the Western Area of Northern Ireland.



The 'UP4IT!' project was established to address the increasing levels of childhood obesity. Two distinct programmes were developed and implemented in the border region. The 'Healthy Lifestyle' Programme aimed to prevent obesity by targeting families with a child under 5 years who were encountering weight problems. The 'Making a Difference' Programme was delivered to overweight/obese children aged 8 to 11 and their families to help them manage their weight. In total 415 families from the border counties of Northern Ireland and Ireland participated in one of the two 'UP4IT!' obesity programmes. Both programmes were delivered through a partnership of local community, voluntary, early childhood and statutory organisations in four pilot sites, one per CAWT partner area. The lead service providers in the four pilot areas were: The Old Library Trust (WHSCT area), Letterkenny Youth & Family

Citizenship for people with Disabilities

Service (HSE West area), Early Years (SHSCT area) and Border Counties Childhood Network (HSE Dublin North East area). A cross border Obesity Learning Network was established by the service providers to share knowledge, good practice and experiences regarding the delivery of the project.



The project appointed the Northern Ireland Centre for Food and Health at the University of Ulster to complete an analysis of the data collected from participants over the course of the programme. This provided an expert and reliable analysis of the project's impacts, which enabled a definitive review of its effectiveness. The data collected from the prevention programme shows that participants increased both the quantity of healthy food consumed and amount of exercise undertaken and reduced their intake of unhealthy food. Based upon data and feedback collected and analysed for both the prevention and management programme, the project has impacted on the health and wellbeing of participants, both in terms of attitudes and habits as well as Body Mass Index (BMI) reduction. In Northern Ireland, the Public Health Agency has extended the programmes after the EU funding phase, whilst they develop their longer term plans. So, the learning, successes and challenges of the project continue to influence policy and practice decision making.



The Partners in the Change a Little Change a Lot Accessibility Awards pictured at the final awards ceremony.

The aim of the Citizenship Project was to provide genuine opportunities for people with disabilities to access meaningful and purposeful day opportunities outside of traditional day care environments, which meet their interests and helps them to achieve their goals in life. Participants in the Day Opportunities service were enabled to access a variety of social, leisure, education and employment opportunities, thus facilitating genuine citizenship for people with disabilities based on enhanced choice and access. A range of service models were utilised, including health and social care staff, as well as external service providers such as Disability Action, Mencap and RehabCare, directly delivering services to clients. Secondly, the Community Awareness Programme was delivered as a focused cross border pilot project in the Strabane and Donegal Council area, whereby local communities were supported to make their services more

Development of Eating Disorder Services

accessible to people with a disability. Furthermore, a range of community-based organisations were contracted to deliver services under the Community Awareness Programme including Derg Valley Advocacy Network, Raphoe Family Resource Centre, Mencap, Northern Ireland Union of Supported Employment, Adapt and Disability Action.



Day Opportunities Service participants were supported to enable them to access community resources. Typically support was provided by an array of people including family and friends; service provider organisations, both statutory and non statutory; employers; work / training colleagues; community volunteers and paid employees. A significant achievement of the programme is that the service increased the independence, confidence and social activity of participants. Evaluation surveys indicate that 74% of 143 respondents had increased confidence after their participation while 65% had improved general wellbeing.

Overall the Citizenship Project has improved the mental and social wellbeing of the participants, many of whom live in rural areas. Whilst the approach taken by the project from the beginning complemented the strategic direction for disability services in both jurisdictions, this project has accelerated the pace of change, provided evidence of successful approaches and models of good practice.

The Project's focus has been on the development of early stage therapeutic services for people suffering from mild to moderate eating disorders through the provision of eating disorder therapists in the border region. A total of 12 posts were created and specialist therapy for patients was provided in primary care and community settings. Three eating disorder therapist posts were created in each of the four CAWT partner areas (HSE West, HSE Dublin North East, Southern Health and Social Care Trust and Western Health and Social Care Trust). The therapists also co-ordinated awareness raising activities to encourage better understanding of eating disorder conditions and the supports available.



Prior to the project's establishment, there were no services available within the CAWT region specifically for people in the early stages of an eating disorder. Research shows that the sooner a person receives treatment for an eating disorder, the greater their chance of making a full recovery. Therefore, early detection of eating disorders will result in better outcomes. The CAWT Eating Disorder Services project identified the need for specialist early intervention to reduce the number of people becoming more severely ill, resulting in more intensive interventions and longer recovery times from illness. Based upon data collected to date, the project has improved the health and wellbeing of clients. The Project Board members from the four CAWT areas are actively working to maintain and integrate the services developed by the project within their organisations after the EU funding phase.

Improving Outcomes for Children



The need for an outcomes-based approach to service planning has been recognised internationally and in the policy framework of both jurisdictions. The project aimed to encourage policy makers, service providers, planners and practitioners to work together with local communities, particularly in areas of deprivation with the aim of meeting the needs of children and young people more effectively. To

deliver the project, four multi-agency planning groups were established in the border region (South Armagh, Fermanagh, Cavan and South West Donegal) through which local agencies and communities were supported to plan services in a collaborative way, for children in their locality. In addition, a website www.outcomesforchildren.org and a framework for integrated planning was developed to assist agencies to carry out outcomes-based planning in their day-to-day work.



The Outcomes for Children project successfully implemented a model for collaborative, integrated planning for outcomes for children in the border area. The project's work has helped to influence and support both the Children and Young People's Strategic Partnership (CYPSP) in Northern Ireland, as well informing the Department of Children and Youth Affairs (DCYA) on their information gathering and presenting. The small grants provided to local communities through the project resulted in 1,540 children participating in a range of health and social well-being activities delivered through the Locality Planning Groups. Up to 25 community-based groups and activities received small grants ranging from €500 to €4,500. Activities funded included youth based activities to promote physical, mental and social well-being for children and young people, delivery of programmes to support parents and families, delivery of training to service providers and the engagement and participation of families in the planning and delivery of services.

Support for Older People



Surveys found that 84% of those who received telecare services through the Older People's project strongly agreed that the service had increased their sense of independence and made them feel safer in their own home. There is solid evidence that the project also helped to reduce social isolation amongst older people who participated in social support activities, as beneficiaries reported a range of positive impacts including improved self-confidence, increased independence and improvements in physical and mental well-being. The types of social support initiatives ranged from 'Befriending' and 'Good Morning' services to small grants awarded to older people's groups, health information sessions, social and volunteer car initiatives and information and signposting services. Both the Dundalk-based 'Good Morning Louth' telephone service and the Men's Shed initiative in Armagh, have managed to maintain and develop their services by successfully securing alternative funding and support after the EU funding phase. Significantly, in 2013, after the EU funding phase, the Armagh Men's Shed secured Big Lottery funding for five years totalling £373,000 to develop the initial pilot project, which has since grown from strength to strength.

The overall aim of the Support for Older People Project has been to provide services which will address the physical, emotional and social needs of older people, enabling them to live independently within their own communities. The project is also providing assistive technologies to older people within their homes. The project is aimed at people aged 50 plus years, with a particular emphasis on over 75 year olds, the frail elderly and those with dementia. The Older People's project created four multi-agency local planning groups to identify the needs of older people in their area and plan services with the support of project support workers. The cross border areas in which the project delivered social support activity included Louth and Newry; Armagh and Monaghan; Fermanagh, Leitrim and West Cavan; Tyrone and Donegal. The social supports aspect of the project has been completed and some of the successful initiatives are continuing with alternative support.

'Turning the Curve' Autism Support Project



Young people from Sligo and Donegal pictured at the 'Turning the Curve' Autism project celebration event in Sligo.

The project provided support to families with children and young people with Autism Spectrum Disorder (ASD). Young people with ASD, aged from 11 to 19 years, received a variety of practical supports depending on needs. This has included assistance with moving from full time education into adulthood, training or employment. The project also focused on improving the social and communication skills of the young people through a variety of local community-based activities and group programmes. The project created a new service by adopting a holistic approach to supporting children and young people with ASD and their families / carers. This family-focused approach enabled the project to address gaps in service provision on both sides of the border. A wide range of community and voluntary organisations supported the project at various stages.



During the project development phase, Project Board members were clear that they wanted to try a new approach and that this EU investment would enable them to 'think outside the box' in supporting children and young people with an

Autism Spectrum Disorder (ASD) and their families and carers. The unique aspect of the project was the provision of an integrated service, individually tailored to the needs of the child or young person, in the form of a transition plan. A Transition Officer developed the transition plan in partnership with the child or young person and their family or carers and then provided the support to ensure that the plan was implemented. This process typically involved a wide range of public sector and community and voluntary organisations providing social and training opportunities to the young people. Feedback from parents indicate a high level of satisfaction with the new service. Aspects such as the focused support and the group and summer scheme activity provided by the project, all contributed to the development of social skills and stimulated the creation of friendships between the participating children and young people. The project's success has ensured a high level of mainstreaming and integration of the new services into core ASD provision.

Cross Border Workforce Mobility



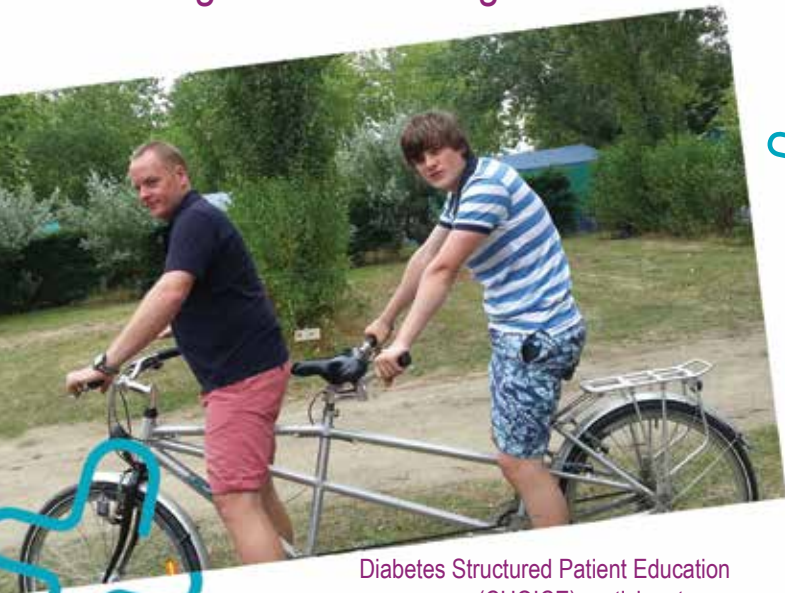
Ciaran Cannon TD, Minister for Training and Skills presenting CAWT representatives with the 'Excellence in Coaching Award,' from the Association of Coaching, at the Irish Institute of Training and Development's National Training Awards 2014.

The Cross Border Workforce Mobility Project was established to develop and implement practical initiatives to enhance the skills of Health and Social Care staff with a view to improving service delivery in both jurisdictions and to promote increased workforce mobility across the CAWT area. There were three elements to this project: The 'Coaching and Mentoring' initiative strengthened leadership and management capacity and facilitated sharing of knowledge both within and between organisations in both jurisdictions. The 'Social Worker Leadership' aspect enhanced the leadership skills of social work team leaders. The project also further developed and standardised Manual Handling training across the CAWT partner organisations.



Winning the 'Excellence in Coaching Award,' from the Association of Coaching, at the Irish Institute of Training and Development's National Training Awards 2014 was a highpoint for the project. The CAWT partner organisations: the HSE, the Southern Health and Social Care Trust and the Western Health and Social Care Trust jointly received this prestigious Award for the collaborative 'Connect' Coaching network project. The key aspects which contributed to the judging panel's decision to select the project included the innovative cross border element, the significant scale of the project and the inclusion of the mentor and supervisor roles which ensures the quality and future sustainability of the coach network. Indeed, this network of coaches is viewed as a valuable learning resource, which continues to support the considerable organisational change underway in the health services in both jurisdictions.

Tackling Diabetes in 'High Risk' Clients



Diabetes Structured Patient Education programme (CHOICE) participant Jenson Cannon (right) from Co. Antrim with his dad Alvin.



The Pre-Pregnancy Care strand of the project has, to date, supported 392 women to plan their pregnancy in order to achieve the best possible outcome for mother and baby through attendance at the clinics. In addition, through the CHOICE Structured Education Programme, 3,276 children, young people and their families / carers have been provided with the skills and knowledge to help them to manage their condition. While the project is not scheduled to complete until March 2015, the project is impacting positively on the health and wellbeing of both client groups. This includes reduced blood sugar levels for women attending Pre-Pregnancy Care clinics and better blood sugar levels and improved quality of life for those who attended the CHOICE Structured Education Programme. The data obtained so far indicates that the Pre-Pregnancy Care clinics are increasing the likelihood of a participant having a healthy pregnancy and achieving the best possible outcomes for themselves and their child. These positive outcomes have influenced the decision to mainstream the Pre-Pregnancy Care strand of the project within all Trust areas of Northern Ireland and also within the HSE Dublin North East area.

This project is engaging in two high-risk clinical areas in diabetes: Improving pregnancy outcomes for women with diabetes and the delivery of a structured education programme called 'CHOICE' to children and young people with diabetes. Both programmes aim to help people with diabetes manage their condition more effectively and have been rolled out across the full eligible area for EU INTERREG IVA funding: Northern Ireland and the border areas of the Republic of Ireland. The programmes are being delivered in local health facilities. The Pre-Pregnancy Care service for women with diabetes aims to help women with diabetes to plan a pregnancy in order to achieve the best possible outcome for mother and baby. The CHOICE programme, which was originally developed by Dr David Chaney, aims to give children, young people and their families / carers, the skills and knowledge they need to manage their diabetes and to discuss practical daily aspects of their condition.



All-ireland Chief Nursing Officers' Conference held in Dublin in Dec 2014.



Governance of the CAWT Partnership



Pictured at the Citizenship for People with Disabilities cross border best practice event are (left to right): Lisa Blackery Prince, Disability Action and Jacqueline Laird, Day Opportunities Service participant.

Governance of the CAWT Partnership

The Ballyconnell Agreement, first signed in July 1992, sets out the principles through which the CAWT Partnership operates. The CAWT Partnership is a unique arrangement, whereby five statutory organisations from two jurisdictions have formally signed up to collaborate for the benefit of their resident populations. As the Partnership has grown and developed, so too has the governance, accountability and reporting arrangements. Therefore governance has been enhanced and strengthened as the Partnership has evolved. CAWT has an agreed process for specific situations in order that each of the CAWT Partners can be assured that decisions made and activities undertaken are consistent with their own organisation's governance arrangements.

CAWT has a particular responsibility for maximising opportunities for cross border activity and securing financial assistance from the European Union that would bring added value and extra resources to the health and social care sector. The Ministers for Health in both jurisdictions appointed CAWT to be the Delivery Agent for the health and wellbeing measures of both the previous EU INTERREG IIIA programme and the current EU INTERREG IVA programme. The CAWT partners have agreed to a shared liability arrangement in terms of the management of this funding. It also means that the risks and responsibilities are shared equally among the CAWT partners, embedding the principle that anything progressed by one partner on behalf of the others becomes the shared responsibility of all.

The governance structures for the CAWT Partnership are the CAWT Management Board, the CAWT Secretariat, the CAWT Development Centre and the Corporate Support Groups. In addition, the cross border Project Boards direct the individual EU INTERREG IVA funded projects to ensure that each delivers on its aims and objectives and to identify and manage risk. The Project Boards report to the CAWT Secretariat and CAWT Management Board via the CAWT Development Centre. A number of other key structures provide crucial support to the CAWT Partnership.

The CAWT Management Board

The CAWT Management Board provides overall guidance to the Secretariat, the Development Centre, and ultimately the individual cross border projects. The Management Board is responsible for strategic direction and also monitors and evaluates progress. The Management Board met four times during 2014 and held their AGM in February.

The CAWT Secretariat

The CAWT Secretariat members enable the implementation of the decisions of the Management Board. Senior management representatives, who comprise the Secretariat, regularly meet to review progress and to resolve issues and challenges in developing and delivering cross border activity. The Secretariat members met five times during 2014 and also participated in other meetings and teleconferences linked to CAWT's cross border activity.

CAWT Development Centre

The CAWT Development Centre brings a focused, professional approach to planning and managing cross border health and social care. The staff team provide specialist support

in the areas of cross border strategic development and operational guidance. Practical support is also provided in the areas of project management, procurement, HR, finance, communications and publicity. Having a dedicated central cross border health and social care unit has been vital to progress to date. The 11- member staff team has significant experience of developing and supporting cross border health and social care activity and also in applying for and successfully implementing EU funded and other cross border projects. Team members contribute to consultations, research studies, provide expert information, make presentations and participate in and organise events as requested by stakeholders and funders.

When managing cross border projects, CAWT is required to administer them in accordance with the criteria set out by the funding bodies, such as the Special EU Programmes Body and the Departments of Health in both jurisdictions and also meet the standards required by the CAWT Partner organisations. Over the last 23 years, the CAWT Development Centre has gained considerable expertise in successfully managing EU funds, which has strengthened and expanded cross border linkages and activities within health and social care.



Pictured at the signing of the Memorandum of Understanding between the two Ambulance Services (left to right): Bill Forbes, National Ambulance Service; Tom Daly, CAWT / HSE; Liam McIvor, Northern Ireland Ambulance Service; Colm Shannon, North South Ministerial Council; Martin Dunne, National Ambulance Service; Bernie McCrory, CAWT and Billy Newton, Northern Ireland Ambulance Service.



Participants in the cross border humanitarian response course held in the United Nations Training School Ireland in the Curragh camp in Co. Kildare.

Strategy Groups

The six cross border Strategy Groups: Acute Hospital Services, Children's Services, Disability, Mental Health, Primary Care and Older People and Population Health, represent the spectrum of health and social care services. During the year the Strategy Groups have been meeting on a regular basis in order to identify priorities for the new EU Programmes 2014 to 2020. Comprising senior health and social care managers, the Strategy Groups are devoting substantial time to identifying the needs of their populations and devising collaborative cross border solutions to fill gaps in service provision and pilot new ways of working. The projects being developed by the Strategy Groups are focused on cross border solutions, adding value to health and social care, supporting current policy and practice, and bringing social and economic benefits to local border communities within both jurisdictions.

Corporate Support Groups

The CAWT Partnership is reliant upon the expertise of the Corporate Support Groups, which enable CAWT cross border projects to operate smoothly and efficiently. These Groups include Finance, Procurement and Contracts, Human Resources, Recruitment and Communications and have representation from the HSE Dublin North East and HSE West, the Southern and Western Health and Social Care Trusts, the Health and Social Care Board and the Business Services Organisation.

As members of these Corporate Support Groups, senior health and social care staff provide the CAWT Partnership with professional support and guidance, thus contributing to effective governance. Members generally meet or teleconference on a regular basis within their Group. Group members also respond to requests for advice and guidance in relation to their professional area and link with CAWT Development Centre specialist staff in the areas of finance, HR, communications and procurement.



Financial Overview

Southern Health and Social Care Trust staff and participants at the CAWT Turning the Curve celebration event in Armagh.

EU INTERREG IVA Programmes

Overall £24/€30 million euros of EU INTERREG IVA funding has been allocated for the implementation of the 12-project Programme, 'Putting Patients, Clients and Families First.' In 2013, an additional amount of £1,073,877 was allocated to the programme as a result of exchange rate differences within the overall programme and due to additional funding becoming available. A detailed review was undertaken in 2014 of each project's budget requirements based on planned activity and Table 1 details the amount allocated to each project.

Table 1 – Allocation of EU INTERREG IV Funding by Project (as at Dec 2014)

Project	Budget (£)	Percentage Allocation (%)
Time IVA Change Border Region Alcohol Project	1,613,887	6.4%
Acute Hospital Services	7,896,486	31.5%
Eating Disorders	2,045,000	8.2%
Turning the Curve Autism Project	1,369,423	5.5%
Improving Children's Outcomes	621,562	2.5%
Citizenship for People with Disabilities	2,407,045	9.6%
Diabetes	2,301,730	9.2%
Cross Border Workforce Mobility	708,397	2.8%
Obesity	923,300	3.7%
Older People	1,933,495	7.7%
Sexual Health Services	1,519,317	6.0%
Promoting Social Inclusion and Tackling Health Inequalities	1,734,235	6.9%
TOTAL	£25,073,877	100%

Total EU INTERREG IVA project expenditure claimed up to 31 December 2014 is summarised in Table 2. As spend is incurred by the CAWT Partnership organisations to deliver the EU INTERREG IVA projects, claims are submitted to the Special EU Programmes Body for reimbursement. Progress in achieving expenditure is outlined in Table 2.

Table 2 – Project Expenditure Claimed to 31 Dec 2014

Project	Total Project Budget (£)	Expenditure claimed by 31 Dec 2014 (£)	Percentage claimed (%)
Time IVA Change Border Region Alcohol Project	1,613,887	1,579,146	97.9%
Acute Hospital Services	7,896,486	6,072,550	76.9%
Eating Disorders	2,045,000	1,803,961	88.2%
Turning the Curve Autism Project	1,369,423	1,362,593	99.5%
Improving Children's Outcomes	621,562	611,727	98.4%
Citizenship for People with Disabilities	2,407,045	2,368,646	98.4%
Diabetes	2,301,730	1,986,217	86.3%
Cross Border Workforce Mobility	708,397	694,175	98%
Obesity	923,300	923,299	100%
Older People	1,933,495	1,682,747	87%
Sexual Health Services	1,519,317	1,487,488	97.9%
Promoting Social Inclusion and Tackling Health Inequalities	1,734,235	1,704,776	98.3%
TOTAL	£25,073,877	£22,277,325	88.8%

CAWT Development Centre

The Departments of Health in both jurisdictions have allocated the CAWT Development Centre funding to their respective agencies. Thus, the HSE in the Republic of Ireland and the Health and Social Care Board in Northern Ireland, route this funding to the CAWT Development Centre, with equal contributions made by both on an annual basis. The Health and Social Care Board is the CAWT partner organisation that currently facilitates administration of payroll and non-pay services for the CAWT Development Centre. Table 3 contains an analysis of CAWT Development Centre expenditure up to 31 March 2014.

Table 3 - CAWT Development Centre Expenditure up to 31 March 2014

	Budget for year ending 31 March 2014 (£)	Actual for year ending 31 March 2014 (£)
Capital costs		
Plant and equipment	3,500	4,265
	£3,500	£4,265
Staff costs		
Senior Management	344,643	340,834
Functional support and administration	145,139	155,763
	£489,782	£496,597
Running costs		
General Administration	11,000	12,963
Travel and subsistence	21,600	10,371
Training and development	4,000	2,407
Printing and stationery	4,000	5,460
Conferences (Organised by the CAWT Development Centre)	35,000	27,265
Rent and rates	2,712	2,647
Management Board meetings	4,500	769
Marketing and publicity	3,000	5,239
Cross border project development activities	8,906	21,728
	£94,718	£88,849
TOTAL	£588,000	£589,711

I confirm that the above financial information provided is accurate.

Bernie McCrory
Chief Officer, CAWT

Bernie McCrory (Mrs)

Tom Daly
Director General, CAWT

Tom Daly

31 December 2014



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

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