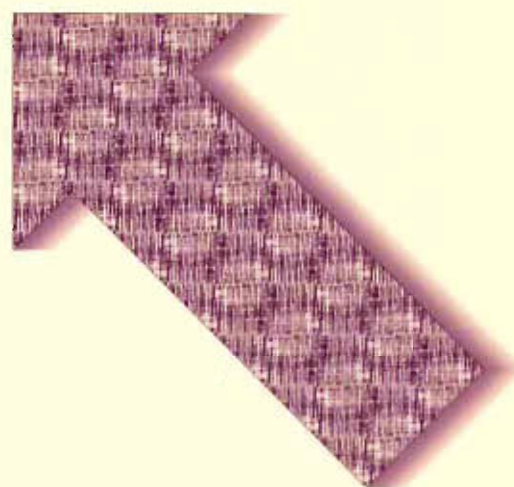
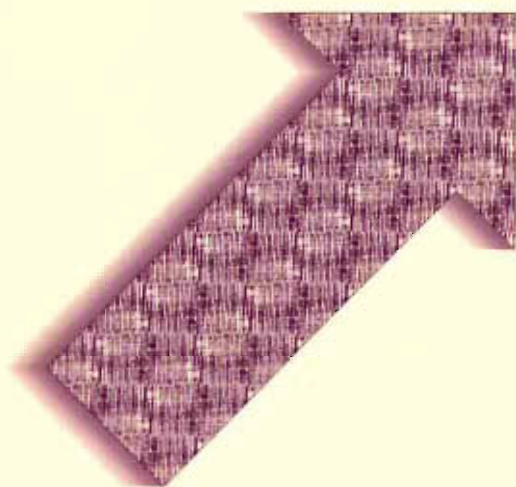


**Co-Operation and Working Together  
for Health Gain and Social Well Being**



**CAWT ANNUAL REPORT 1999**

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## FOREWORD

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In my Foreword to the 1998 CAWT Annual Report I rather tentatively explored what I called the "opportunities and challenges" presented by the new political landscape being formed as a result of the Good Friday Agreement.

The final months of the Millennium were a period of intense political development on both sides of the border, culminating in the establishment of an Assembly in N Ireland and the launch of a number of cross border bodies.

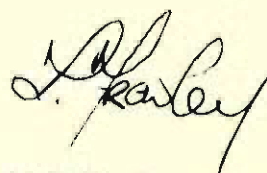
The principles of co-operation and collaboration embodied in the Agreement and underpinning the new relationships which are developing between N Ireland and the Republic of Ireland are not new to those of us who have been involved in the work of CAWT since its inception in 1992. Indeed, I have to say with all humility that the original Ballyconnell Agreement made in July 1992 (updated in October 1998 and included here as Appendix 1) was founded on the strong commitment of Health and Social Care Agencies on both sides of the border to exploit opportunities for co-operation in the planning and provision of services which would improve the health and social wellbeing of their resident populations.

The years since 1992 have seen CAWT grow in confidence to a point where I believe it serves as a model of co-operation. The effectiveness of CAWT as a vehicle for relevant and practical co-operation in the field of health and social care has been recognised by Governments in both jurisdictions.

The 1999 Annual Report provides clear evidence that CAWT continues to develop and the year has seen significant progress across a wide range of Programmes and Projects, many of which are described in this Report.

In Primary Care, in Acute Services, in Ambulance Services and indeed across the full range of health and social care services, professionals are developing a level of mutual trust and professional synergy which I believe will secure a very healthy future for CAWT into the new Millennium.

Finally, on a personal note, 1999 saw the departure of one of the founding fathers of CAWT. Donal O'Shea has joined the Eastern Regional Health Authority in Dublin as its Chief Executive and has therefore stood down from the CAWT Management Board. He was a great friend to me over the years and played a very influential role in the establishment of CAWT and in ensuring that it developed over the years to meet new challenges and new opportunities.



Mr TJ Frawley  
Director General of CAWT  
and General Manager WHSSB



## BACKGROUND

In July 1992, the North Eastern and North Western Health Boards in the Republic of Ireland and the Southern and Western Health and Social Services Boards in Northern Ireland entered into a formal agreement known as the Ballyconnell Agreement (See Appendix 1) to co-operate in improving the health and social well-being of their resident populations. These four Boards cover the whole of the land boundary between the Republic of Ireland and the United Kingdom and between them they comprise a population of one million.

They share common demographic features and common problems in terms of rural isolation, infrastructure, population trends and unemployment. There is frequent cross border traffic and in some cases, services provided in a consumer's natural hinterland are provided by the neighbouring member state on an agency basis.

The primary objectives for co-operation and working together (CAWT) were identified as:

- the improvement of health and social well-being of their resident population;
- the exploitation of opportunities for co-operation in the planning and provision of services;
- the take up of funding which may be available from the European Union or other third parties;
- the involvement of other public sector bodies in joint initiatives where this would help fulfil their primary objectives;
- to assist border areas in overcoming the special development problems arising from their relative isolation in national economies and within the European Union as a whole, through the promotion of Government and European Union awareness of and support for this process; and
- the exploitation of all opportunities for joint working or sharing of resources where these would be of mutual advantage.

Official endorsement for the CAWT process has been given at a national level by both Ministers for Health and Departments of Health, in Northern Ireland and the Republic of Ireland.

### THE FUTURE IN CONTEXT

1999 was a year of endings and new beginnings. The obvious among these were the end of the old and start of the new Millennium, the end of the political vacuum in Northern Ireland and the beginning of a new process. For CAWT, while the changes were not so dramatic we also saw some endings and beginnings in terms of projects, personnel involved and CAWT corporate acceptability.

In terms of projects and people, we said farewell to the following:

1. Drugs Awareness Project
  - Roisin McBride (NWHB)
  - Monica McCrory (NEHB)
2. Ambulance Project
  - Tom Horwell (NEHB)
  - Hugh O'Neill (NWHB)

At management level we said farewell to one of our founding fathers, Mr Donal O'Shea, CEO. Also to our first CAWT executive officer, Eithne O'Sullivan.

In terms of CAWT's corporate acceptability, CAWT was actively involved with other cross border organisations in discussions on future plans for development of the border region.

As we say goodbye to the nineties, it would be remiss not to express our appreciation to all of the staff and organisations who contributed to our partnership and achievements. To our staff in the early days, who fostered and promoted co-operation at a time when the troubles were still very active. To more recent times when we all together maintained our focus on the

disciplined expansion of cross border health services at a time of mushrooming cross border partnerships and increasing funding. Our thanks also to the Departments of Health and Children, Health and Social Services and Foreign Affairs who have given us enormous support.

As we look to "the new page", we do so with confidence and enthusiasm. Our groundwork in Emergency, Acute and Primary Care Services will be fundamental to the potential extensive and expansive cross border developments envisaged in the new Millennium. The relationship building, joint training and bilateral co-ordination fostered within the care groups is a solid basis on which to "grow" these areas. Our relationships with all other cross border partners will be fundamental to our joint endeavours for the border region.

Our main challenge for the new Millennium is to respond positively and proactively to our changed environment while still keeping true to our fundamental aim of co-operation and working together for the health and social gain of the CAWT populations.

On a personal note as I sign off as CAWT Executive Officer, I extend my thanks to everyone for their endeavours and co-operations and wish the new Executive Officer, Frances McReynolds well.

Eithne O'Sullivan  
Outgoing Executive Officer



## PRIMARY CARE

The primary care sub-group was very busy during 1999, using the SSPPR funded project 'Developing Primary Care Across Borders and Boundaries' as a focal point for their efforts. The project, formally established in 1998, aims to improve primary care services for people resident in border areas by enhancing the quality of care provided, levels of communication/teamworking and standards of facilities available to deliver services.

Originally the project represented a bilateral partnership between the WHSSB and the NWHB. Since June 1999 all four health boards have been incorporated into the project and work will continue to progress on this basis. The project actively encourages cross border, multi-disciplinary models of working and promotes inter-agency partnerships to ensure quality of care provided is maximised.

During the first five months of 1999 the project team focused on completing the action centred research programme initiated during 1998. This phase of the project (phase 2) was very successful and details of work undertaken and available for reference is shown in Table 1. The research conducted and models developed through phase 2 provided an excellent framework for developing primary care in border areas and the wider CAWT region. Phase 3 (June 1999 - June 2000) takes the initiatives a step further and facilitates wider implementation throughout the CAWT area.

### IDENTIFYING HEALTH AND SOCIAL CARE NEEDS

Identification of health and social care needs of cross border isolated communities and examining ways in which authorities can work together to improve care for people is also a major aim of the project in phase 3. An extensive health needs assessment will be conducted within the area of Belcoo and Blacklion using a community development

model of implementation. A partnership has been established with the University of Ulster (Coleraine) and the National University of Ireland (Maynooth) to conduct the study. There has been a tremendous response from both communities in the area regarding the study and a working group has been established, incorporating the local community, health and social care professionals working in the area and local community organisations, to guide the research process. It is anticipated that the study will be completed by June 2000 and recommendations made regarding how to improve services for these communities on an individual, inter-agency and cross border basis.

### CONTINUED SUPPORT

The level of support and encouragement for the project from primary care professionals and staff working within the CAWT area is significant. A high percentage of GPs, community pharmacists, community nurses, practice managers and support staff have taken part in initiatives and benefited from their experiences. Projects initiated are based on suggestions and ideas put forward by people directly with communities who are often best placed to recognise opportunities for primary care development which will have a direct impact on the day to day lives of people they serve. This bottom up approach is complemented by the guidance of the external project assurance team which ensures that work undertaken fits into the overall strategic framework of both Governments.

During the year 2,000 the primary care project will be working hard to complete phase 3 of the project and ensure all objectives of the project are achieved. Discussions are currently ongoing regarding future levels of co-operation and targets for action. It is hoped that the feasibility of cross border out of hour arrangements, for GP services, can be assessed and models for development tested.



# TABLE 1

## DETAILS OF WORK PERFORMED OR IN PROGRESS BY THE PRIMARY CARE SUB-GROUP

|                               | Phase 2 (April 98 - May 99)   | Phase 3 (June 99 - June 2000)   |
|-------------------------------|---|---|
| <b>Practice Organisation</b>  | <ul style="list-style-type: none"> <li>Assessment of skills required by practice managers</li> <li>Training courses to meet these needs</li> <li>Teambuilding sessions in five sites.</li> <li>Promotion of patient participation.</li> </ul>   | <ul style="list-style-type: none"> <li>Deliver NVQ Level 3 admin programme to candidates located within isolated practices across the CAWT region.</li> <li>Develop practice manager support networks within each Board and across Boards where appropriate.</li> </ul>   |
| <b>Information Technology</b> | <ul style="list-style-type: none"> <li>Creation of a website for CAWT.</li> <li>Provide IT training for primary care professionals.</li> <li>Develop a desk top E-Mail solution for GP Practices.</li> </ul>  | <ul style="list-style-type: none"> <li>Roll out the desk-top solution to 10 sites in all four Boards.</li> <li>Train an IT officer in each Board to facilitate wider implementation.</li> <li>Maintain and develop the CAWT primary care website.</li> <li>Co-ordinate an IT training programme for isolated practices and professionals.</li> </ul>  |
| <b>Services Development</b>   | <ul style="list-style-type: none"> <li>Survey the roles and training needs of community nurses.</li> <li>Establish a cross border primary care nursing group.</li> <li>Promote education and training within a cross border framework for all community nurses.</li> <li>Collate and disseminate protocols used in primary care.</li> <li>Raise awareness of the contribution of nurses to the community development agenda.</li> </ul> | <ul style="list-style-type: none"> <li>Facilitate a training programme, on a multi-disciplinary basis, to improve coronary heart disease and the management of depression within primary care.</li> <li>Co-ordinate common training needs from the research gained in phase 2.</li> <li>Facilitate the sharing of expertise and good practice across borders through staff rotation programmes for community nurses.</li> </ul>                                   |
| <b>Community Pharmacy</b>     | <ul style="list-style-type: none"> <li>Establish a cross border community pharmacy working group to assess the feasibility of joint working</li> <li>Pilot studies on head lice and the management of asthma within community pharmacy.</li> </ul>  | <ul style="list-style-type: none"> <li>Develop and implement an action plan for cross border working within community pharmacy under the following themes:                         <ul style="list-style-type: none"> <li>Health promotion</li> <li>Education</li> <li>Public perception</li> <li>Pharmaceutical care</li> </ul> </li> <li>Raise the profile of community pharmacy with other members of the primary care team and the general public.</li> </ul> |
| <b>Facilities Development</b> | <ul style="list-style-type: none"> <li>Improve the standards of facilities available for primary care professionals within the CAWT region.</li> </ul>  | <ul style="list-style-type: none"> <li>Improve the standards of facilities available for primary care professionals within the CAWT region.</li> </ul>  |
| <b>Other</b>                  |   | <ul style="list-style-type: none"> <li>Assess health and social care needs of a 'cross border' population and make formal recommendations for improving services on an individual, joint Board and inter-agency basis.</li> </ul>   |

## HEALTH PROMOTION

1999 has continued to be a year of growth and development for the Health Promotion Group. Significant inroads were made towards the goals which the group had set themselves and detailed in their Service Plan. Overall they are pleased with their impact and achievements to date.

### ACCIDENT AND PREVENTION

The main focus in relation to this issue continued to be the Community Childhood Accident Prevention Project (CCAPP). This research project was set up with funding from the Peace and Reconciliation SSPPR Programme to test an approach to home accident prevention targeted at social classes four & five in all four health board areas. The basis of the project is the involvement of trained peer educators to do safety education work with families of children under five years of age who live in areas of disadvantage.

In last year's Annual Report it was noted that in Donegal the two year evaluation had provided evidence of changes in knowledge and safety behaviour as a result of the project.

In May 1999, a full two year follow up evaluation of the work carried out in Newry and Drogheda sites was undertaken. This is currently being analysed and the results will be presented at the World Accident Prevention Conference in Delhi in February 2000. A small scale analysis of the attendance at the Accident & Emergency Department in Our Lady of Lourdes hospital in Drogheda will also give an indication of the effect of the project on injury experience whilst research into the new L/Derry site will reveal what parents' perceptions and views are about the scheme in that area.

All of these results will inform decisions which will be made early in 2000 on how each Health Board can best use the existing project to meet their service needs in the longer term. The full

Evaluation Report will also be available at that stage.

### MENTAL HEALTH PROMOTION

There have been two major pieces of work under the heading of Mental Health Promotion.

- a. The continuation of the Young Men and Positive Mental Health Project
- b. Support for the Promoting Mental Health in the Workplace Conference.

### YOUNG MEN AND POSITIVE MENTAL HEALTH PROJECT

This project aims to encourage positive mental health and reduce the suicide rate amongst men aged 15-30 years living in the Finn Derg Valley area. It is a two year "action research project" and while the first year was dedicated to research the second year is looking at implementing and evaluating interventions. The project is funded by Peace and Reconciliation monies and is led by two partners from the voluntary sector - The Northern Ireland Association for Mental Health and the Mental Health Association for Ireland in conjunction with the North West Health Board and the Western Health & Social Services Board.

Since the research findings for Year One were presented and discussed in April 1999, work has progressed in several areas.

- Two post primary schools on each side of the border were contacted and principals agreed to timetable a mental health module for fourth year students for one term. Training for teachers and outside facilitators was held on September 30th and October 1st.
- An information evening took place and the findings of the research have been fed back to the community. In addition a leaflet has



been printed giving details of the project and a press release has gone out to local papers.

- Further initiatives are ongoing and these interventions will be evaluated. It is hoped that the project which combines the elements of research, education and collective action essential to action research will play a key role in shaping future service delivery.

### **PROMOTING MENTAL HEALTH IN THE WORKPLACE CONFERENCE**

A very successful conference was held in the Ballymascalon Hotel, Dundalk on the 11th November. The overall aim of the conference was to enhance mental health in the workplace. Conference delegates from a range of organisations including Health Boards, other public sector bodies and voluntary agencies had an opportunity to hear about workplace mental health promotion issues from an organisational and human resource perspective. In workshops, participants looked at ways of coping with stress, of managing bullying and of developing a mental health policy within the workplace setting.

### **DRUG EDUCATION**

#### **Clearing the Air - Smoking in Young People**

Another very successful conference entitled Clearing the Air – Smoking in Young People was held in Bundoran on October 7th. Organised in conjunction with the Irish and Ulster Cancer Foundations, the conference addressed the key issues of advertising, gender, social inequalities, policies, availability and cessation. Doctor Henrietta Campbell, Chief Medical Officer for Northern Ireland and Owen Metcalfe, Chief Education Officer with the Health Promotion Unit in Dublin presented clear overviews on the problems of smoking in young people on both sides of the border. Professor Gerard Hastings, Director of the Centre for Social Marketing at Strathclyde, criticised the methods used by the

tobacco industry in its targeting of young people, while the second keynote speaker, Professor Hein De Vries from Maastricht University examined some of the broader social issues which impact on smoking such as social class, the influence of parents and siblings and educational achievement.

Ray Darcy, a well known RTE personality led a debate amongst young people from the surrounding areas on their perceptions of smoking and the influences on them. The day overall was found to be very thought provoking and stimulating. A report of the proceedings will be available shortly.

### **Teams Continue to Meet**

Members of the Southern and Western Drugs Co-ordinating teams have continued to meet with their counterparts from the North Western and North Eastern Health Boards to exchange information, develop new materials and debate the latest updates and drug developments, and resources. They came together for a very successful event on 12 October in Monaghan, when they had an opportunity to examine effective models of interventions and debate the latest evidence on harm reduction.

### **OTHER INITIATIVES**

The CAWT Health Promotion group has been committed to establishing effective approaches to evidence based Health Promotion interventions in previous years. This year they looked at smoking cessation methods and the findings will help focus service developments in that area. The members also continued throughout the year to exchange information on conferences, training events, new resources and other developments happening within each of their board areas. They look forward to the new millennium under the guidance of a new Chairperson and with several new group members on board.



## ACUTE SERVICES

1999 has been the most successful year for the development of cross border acute services since the foundation of CAWT. Now all of the four Acute Trusts in N Ireland which border the Irish Republic have ongoing active project groups working with the North Western and North Eastern Health Boards to improve the levels, quality and accessibility of services for their respective communities.

### CRAIGAVON AREA HOSPITAL TRUST/NEHB

Phase 1 of this very successful project was completed in December 1999. Among the major achievements were:

- The development of dermatology services in Monaghan, Dundalk, Newry and Armagh. This included the joint appointment of a dermatology clinician. This development highlighted the willingness of patients to avail of services at the nearest point of delivery irrespective of the border. It also significantly reduced the waiting time for services from one year to approximately three weeks.

### CONFERENCE AND TRAINING EVENTS

Three successful conferences were organised with approximately one thousand staff attending these. Two of the conferences focused on the development of patient care while the third one which was for professionals allied to medicine was conducted by Pam Enderby and had rehabilitation as its theme.

Senior Managers from the Board and the Trust also took part in a very successful management development programme.

### OTHER ACTIVITIES

Other areas of joint working included:

- The development of teleradiology links between Craigavon and Cavan Hospitals.
- Support for the work of the Surgical Club.
- Staff exchanges in the areas of radiology, pathology, renal dialysis and nursing.

In addition, Craigavon Hospital Trust provided emergency CSSD services to Monaghan for a period of two weeks.

### FUTURE DEVELOPMENTS

Phase II of the Project which will include Daisy Hill Hospital in Newry, will commence in January 2000 and will continue to build on existing linkages and to further develop joint working to improve the quality of health and social services for the population of this area and to maximise interactions between both organisations at all levels.

### CAVAN/MONAGHAN, SPERRIN LAKELAND HSST AND SLIGO GENERAL HOSPITALS

A tri-lateral partnership has been established to carry out a feasibility study into co-operation in acute hospital services in the mid border areas of Cavan, Fermanagh, Leitrim and Sligo. The feasibility study is focusing on

- establishing a service profile for the area by identifying the levels of services being provided.
- establishing a health profile which will give details of population, deprivation and mortality levels etc.
- carrying out medical training and education in the area of telecommunications.
- providing nursing in-service education, sharing research, examining clinical audit and supporting nurse leadership education programmes.
- examining the possible integration of emergency planning to provide a regional response for the area.
- sharing resources in the area of pathology, radiology and renal dialysis.



In addition to the study the hospitals within this partnership worked closely and shared their plans for Y2000 while Sligo General Hospital provided back up support for trauma patients from the West Fermanagh area.

### ALTNAGELVIN HSST/ LETTERKENNY GENERAL HOSPITAL

Altnagelvin has met recently with Letterkenny General Hospital on a range of issues. A feasibility study has begun which will identify possible areas for developing new services as well as highlighting further areas for joint co-operation.

The Group will also continue to stimulate greater communication within all levels of the organisations as well as the possible sharing of resources in the areas of training and education, technology, good practice, clinical care patterns and emergency planning responses.

## LEARNING DISABILITY

The major focus of the Learning Disability Sub-Group during the past twelve months was in the areas of Personal Relationships and the Protection of Vulnerable Adults from Abuse. A well-supported and highly successful workshop was attended by some 32 professionals from across the four Boards and included representations from both the statutory and independent sectors. The title of the workshop "Prevention is better than Cure" reflected the sub-group's strongly held view that a proactive programme of personal relationships training must be at the centre of any approach to the protection of adults from abuse.

Following on from the workshop the Learning Disability Sub-Group intends to pursue a programme of work on this subject. The workshop highlighted both the need for further training on a multidisciplinary and cross-agency basis and also the dearth of locally based research. To this end, it is planned that a major cross-border conference be staged during 2000 to build upon the deliberations of the Enniskillen workshop.

Another positive outcome of the workshop was the opportunity offered to staff from the four Boards to network purposefully on a topic of shared importance. It has been suggested that in addition to the planned conference, a series of smaller ventures should be mounted to provide further opportunities to staff, and indeed service users and carers, to network and build meaningful relationships. Topics which have been suggested for such smaller-scale seminars are 'autistic spectrum disorders' and 'the ageing service-user'.

The Learning Disability Group will continue in 2000 to work to meet the challenges posed by the border in terms of co-ordination of their service developments and delivery.

## FAMILY AND CHILD CARE

The Family and Child Care group continued to work closely together during 1999. They concentrated on three projects which are funded under the Special Programme for Peace and Reconciliation – Protecting Children with a Disability, Parenting Initiatives in the Community and the Preventative Community Youth Project.



## PROTECTING CHILDREN WITH A DISABILITY

In the Western Health & Social Services and the North Western Health Boards, teachers have now come together as a group to develop a framework for protecting children with disabilities from sexual abuse.

Training for carers has taken place in the North Western Board in both residential and community settings and an advice booklet for parents is being produced.

In the Southern and North Eastern Health Boards, two main areas of work had been identified at the outset of the project:-

- a. The development of teaching resources for adolescents, involving teaching staff from Special Schools. Some resources have been produced, and more are being developed.
- b. "Awareness raising" for parents and carers with a view to the production of information leaflets/booklets, drawing specifically on the knowledge and skills of parents, and addressing areas of need identified by them. Work is progressing well.

## PARENTING INITIATIVES IN THE COMMUNITY PROJECT

Eleven parenting groups were established across the four pilot sites in this project - South Armagh, North Louth, South Fermanagh and North Leitrim. The parenting education programmes undertaken by these groups were completed and evaluated by the end of June 1999.

Approximately 150 parents have directly benefited from the groups. Additional groups have been set up and commenced during September and October 1999. It is anticipated

that the project will reach 500 parents during its lifetime.

The Development Officer has adopted a community development approach in order that parenting education will be accepted by communities after the project ends.

A wide range of facilitators from the statutory, voluntary and community sectors have been utilized for the project and parents have participated in groups in neighbouring jurisdictions ensuring constant cross-border traffic.

Indepth evaluation and outcome measurement will inform the four Boards on models of best practice and the way forward regarding service delivery.

The Project is also embarking on work with a small number of specialist groups - namely a Fathers' Project in Donegal, a group for parents in greatest need in Dundalk, a long term support group in Roslea and a lone parent group in Manorhamilton.

## PREVENTATIVE COMMUNITY YOUTH PROJECT

The third project which incorporated two pilot youth strategy interventions in the North West Health Board used service providers from Northern Ireland. The first intervention was the Extern West Youth Support programme which brought together twenty two young people aged 10-18 years perceived by referral agencies as being "in need" and at risk of being received into welfare or custodial care. Young people were encouraged to take responsibility for their actions and were empowered to effect positive change in their lives.

An evaluation of the programme has just been completed and feedback from all involved in the programme has been very positive. A cross



border link has been established with Foyle Health & Social Services Trust and this has established information sharing and joint learning between the two authorities. The programme which ends on 31st December 1999 is highly recommended as a cost-effective mainstream option.

The second programme The Partnership Care West Family Support Programme targets families in crisis with children aged 10-18 years. Trained family support workers visit homes twice a week to assist parents in household management and child care. Quarterly reviews are held in family homes with young people, their parents, social workers and family support workers discussing progress and amending the care plans where necessary. Support is provided until the family crisis has passed. The North Western Health Board's Public Health Department is currently evaluating this programme and the results will be published prior to 31st March 2000 when the programme is due to end.

The main focus of the Family and Child Care Group has been on the development of these three projects but they will in the future continue to explore new avenues and build networks and contacts throughout the border area.

## AMBULANCE SERVICE DEVELOPMENTS

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The Ambulance Project between the NEHB and NIAS finished in 1999. It culminated in a major incident exercise in the Cooley Mountains in May 1999, at which a range of cross border observers attended. This cross border observation process has now been extended to other major incidents. A video and report of the exercise and an evaluation report of the project have now been completed.

This project, while successfully achieving its fundamental project objectives also had added value for CAWT in terms of the strategic issues and lessons which it was able to provide within the context of the Northern Ireland Ambulance Service Review.

In addition, the NI Ambulance Review Group has met with NEHB and NWHB to exchange views on the future development of services.

## PUBLIC HEALTH

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The Public Health Group was very active in 1999 in promoting a range of research and development initiatives on health aims of particular relevance to the CAWT region.

The first of these was a 3 year project into the management of patients with breast cancer. The need for structured audit of outputs and outcomes in Breast Cancer management was emphasised in the Calman-Hine and Campbell reports. Lead Clinicians on hospital sites within CAWT have responded very positively to this initiative and formed an audit group from the project. Other initiatives being developed by Public Health personnel include cross border initiatives in pre-hospital emergency care, suicide, traumatic brain injury, and coronary heart disease.

## MENTAL HEALTH

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Cross Border Co-operation in Mental Health continued to expand during 1999. In addition to the Mental Health Promotion Projects outlined heretofore, significant progress was achieved in 2 other areas i.e. cognitive therapy training for nurses from the WHSSB and NWHB and the provision of an outreach

support and employment project in the Melvin area.

The completion and evaluation of these projects in 2000, as well as other developments proposed should have significant strategic impact for Cross Border Mental Health Co-operation.

## CORPORATE SERVICES

### HUMAN RESOURCES

This year the Human Resource Sub Group has reviewed its membership and refocused its work. This work has concentrated on

- strengthening the collaboration between personnel departments and staff of the four Board areas.
- developing a strategic view of developments within the HR field at both Regional and European levels.
- developing and planning a collaborative response to changes which impact on the CAWT partnership.
- supporting the CAWT infrastructure by advising on personnel matters, particularly in developments in legislation and good practice.

Recruitment staff from across the partnership area have been working on the detail of issues surrounding equivalence of qualifications, advertising, application forms, contracts of employment, selection process and induction.

The European legislative framework is placing significant emphasis on health and safety matters and the Working Time Regulations in particular will have major implications for all employers. In light of these developments staff involved in health and safety drawn from across the area have begun working methods and processes for auditing compliance with health, safety and welfare legislation.

### INFORMATION TECHNOLOGY

During 1999, the IT Group continued to concentrate on improving the CAWT internal communications system. They also provided IT support were required to CAWT projects which had an IT dimension.

E-mail which was established in 1997 continued to be perfected and further discussions took place on developing the CAWT website. A student was seconded to do a cost benefit analysis of video conferencing and her report will be due early in 2000.

A cost effective communication system is essential for the CAWT region given its size and the IT group will continue to look at ways of ensuring easier communication between partners during 2000.





Pictured at Cross Border Education Fair organised by the CAWT Primary Care Project are Michael Dunne, North-West In-service Education Consortium talking to Altnagelvin Hospital nurse Anne Bradley (far left) and Terri Connelly, NWHB Public Health Nurse Centre.



ce Education Co

nurses, Midw

seway



Staff from Lisnaskea Health Centre who took part in the teambuilding pilot organised by the CAWT Primary Care Group during 1999. The pilot was nominated as one of the three finalists in the 1999 Doctor Awards - Category "Primary Care Management Award".



Pictured at the Clearing the Air Smoking Conference in Bundoran are (L-R) Ms Maura McNally, NWHB, Mr Owen Metalfe, Health Education Unit, Dr Henrietta Campbell, DHSS, Mr Tom Frawley, Director General CAWT, Prof. Hein DeVries, Masstricht University and Mr Chris Fitzgerald, Health Education Unit.

R & I  
NHSS



## FINANCIAL MANAGEMENT AND CONTROL

CAWT has been successful in attracting EU Peace and Reconciliation funding totalling £5.35m for cross border projects promoting the health and social well being of people in the CAWT region.

For each project a Project Manager is identified with responsibility to progress the project, manage resources, report on progress to CAWT and ensure the project meets its objectives. A Finance Officer in one of the participating Boards and/or Trusts is named as the "dedicated finance support" with responsibility to develop a master budget and gather on a quarterly basis the figures and documentary evidence as to spending, and forward figures to the CAWT Finance/Project Manager.

During the 1999-year, the CAWT Finance/Project Manager and the Finance Forum continued to work to manage and control these EU SSPPR funds. The Finance Forum met on four occasions to consider the performance of projects from both a financial and a management perspective, and presented formal progress reports to the CAWT Management Board.

Detailed quarterly financial and progress reports and claims for funding were also presented to the funding departments in both jurisdictions, ie the DHSS in Northern Ireland and the DFA in the Republic of Ireland.

During the 1999 year the Head of Internal Audit Services of the Southern Health and Services Board carried out an Audit of CAWTs financial arrangements on behalf of the CAWT Finance Forum, and his opinion was that the financial arrangements provided adequate controls.

DHSS(NI) Internal Audit carried out a detailed examination of payments in connection with the Support Unit Project and the Community Childhood Accident Prevention Project and no irregularities were reported.

The following tables and summaries provide details of the funding received and the expenditure incurred in respect of EU SSPPR funded projects for the year ended 30th September 1999, and cumulatively to that date. The surpluses and deficits shown arise mainly due to timing differences in the way that expenditure is incurred and the way it is reimbursed.

Generally projects funded from the ESF element of Peace and Reconciliation funds are reimbursed annually on the basis of fifty per cent of the year's budgeted expenditure on commencement of the project, with the next thirty per cent being advanced after the first fifty per cent has been spent, and the final twenty percent on receipt of a claim and report on the full years' activities.

Projects, or parts of projects, funded from the ERDF element of Peace and Reconciliation funds are reimbursed quarterly in arrears.

Projects are generally funded on a fifty-fifty basis from the two jurisdictions, i.e. Northern Ireland and the Republic of Ireland, but expenditure is rarely incurred on this basis. This is also part of the reason for elements of the surpluses and deficits arising on the projects, as shown in the tables below.

Consequently there is a need for cross charging across jurisdictions to address this net funding imbalance on projects in total. This will be implemented towards the end of the funding period to minimise the number of transactions necessary.

Two projects, the Drug Awareness Project and the Community Youth Project, have been funded in the Republic of Ireland only.

## SUMMARY EXPENDITURE AND EU SSPPR FUNDING TO 30TH SEPTEMBER 1999

### N IRELAND

#### PROJECT

| PROJECT                                       | YEAR ENDED 30/9/99 |               |                   | CUMULATIVE TO 30/9/99 |                |                   |
|---|--------------------|---------------|-------------------|-----------------------|----------------|-------------------|
|   | Expenditure<br>£   | EU SSPPR<br>£ | Surp/Deficit<br>£ | Expenditure<br>£      | EU SSPPR<br>£  | Surp/Deficit<br>£ |
| CAWT Support Unit Phase 1                     | 0                  | 0             | 0                 | 106955                | 110500         | 3545              |
| CAWT Support Unit Phase 2                     | 52217              | 113576        | 61359             | 91086                 | 113576         | 22490             |
| Communnity Childhood Accident Project Phase 1 | 833                | 17751         | 16918             | 201501                | 152000         | -49501            |
| Communnity Childhood Accident Project Phase 2 | 84451              | 98023         | 13572             | 84451                 | 98023          | 13572             |
| Flexi-Worker Scheme                           | 1611               | 0             | -1611             | 37500                 | 37500          | 0                 |
| Protecting Childred with a Disability         | 49785              | 34664         | -15121            | 68423                 | 34664          | -33759            |
| Parenting Initiatives                         | 11242              | 35346         | 24104             | 11242                 | 35346          | 24104             |
| Primary Care in Border Areas Phase 1          | 159733             | 58244         | -101489           | 219285                | 92714          | -126571           |
| Primary Care in Border Areas Phase 2          | 45613              | 0             | -45613            | 45613                 | 0              | -45613            |
| Improving Health in Border Regions            | 98228              | 182655        | 84427             | 134183                | 194661         | 60478             |
| Ambulance Training                            | 102254             | 145821        | 43567             | 146921                | 167000         | 20079             |
| CAWT Acute Services Project                   | 13238              | 9932          | -3306             | 13238                 | 9932           | -3306             |
| Melvin Mental Health Partnership              | 6626               | 0             | -6626             | 6626                  | 0              | -6626             |
| Cognitive Therapy Services Training           | 27297              | 0             | -27297            | 27297                 | 0              | -27297            |
| <b>TOTAL</b>                                  | <b>653128</b>      | <b>696012</b> | <b>42884</b>      | <b>1194321</b>        | <b>1045916</b> | <b>-148405</b>    |

### REPUBLIC OF IRELAND

#### PROJECT

| PROJECT                                       | YEAR ENDED 30/9/99 |               |                   | CUMULATIVE TO 30/9/99 |                |                   |
|---|--------------------|---------------|-------------------|-----------------------|----------------|-------------------|
|   | Expenditure<br>£   | EU SSPPR<br>£ | Surp/Deficit<br>£ | Expenditure<br>£      | EU SSPPR<br>£  | Surp/Deficit<br>£ |
| CAWT Support Unit Phase 1                     | 0                  | 0             | 0                 | 114045                | 110500         | -3545             |
| CAWT Support Unit Phase 2                     | 85032              | 87140         | 2108              | 121527                | 87140          | -34387            |
| Communnity Childhood Accident Project Phase 1 | 2613               | 15385         | 12772             | 102499                | 140733         | 38234             |
| Communnity Childhood Accident Project Phase 2 | 54019              | 38432         | -15587            | 54019                 | 38432          | -15587            |
| Flexi-Worker Scheme                           | 16950              | 8818          | -8132             | 37500                 | 34862          | -2638             |
| Protecting Childred with a Disability         | 0                  | 24982         | 24982             | 0                     | 27815          | 27815             |
| Parenting Initiatives                         | 35865              | 15391         | -20474            | 47865                 | 36579          | -11286            |
| Primary Care in Border Areas Phase 1          | 5717               | 115429        | 109712            | 5717                  | 133090         | 127373            |
| Primary Care in Border Areas Phase 2          | 0                  | 0             | 0                 | 0                     | 0              | 0                 |
| Improving Health in Border Regions            | 128920             | 117910        | -11010            | 169318                | 132954         | -36364            |
| Ambulance Training                            | 153340             | 64580         | -88760            | 197079                | 144685         | -52394            |
| CAWT Acute Services Project                   | 0                  | 14045         | 14045             | 0                     | 14045          | 14045             |
| Melvin Mental Health Partnership              | 0                  | 0             | 0                 | 0                     | 0              | 0                 |
| Cognitive Therapy Services Training           | 0                  | 0             | 0                 | 0                     | 0              | 0                 |
| Drugs Awareness Project                       | 61143              | 19726         | -41417            | 127574                | 106666         | -20908            |
| Community Youth Programme                     | 119024             | 32805         | -86219            | 139524                | 111508         | -28016            |
| <b>TOTAL</b>                                  | <b>662623</b>      | <b>554643</b> | <b>-107980</b>    | <b>1116667</b>        | <b>1119009</b> | <b>2342</b>       |



## SUMMARY EXPENDITURE AND EU SSPPR FUNDING TO 30TH SEPTEMBER 1999

### N IRELAND AND REPUBLIC OF IRELAND

| PROJECT                                       | YEAR ENDED 30/9/99 |                |                   | CUMULATIVE TO 30/9/99 |                |                   |
|---|--------------------|----------------|-------------------|-----------------------|----------------|-------------------|
|   | Expenditure<br>£   | EU SSPPR<br>£  | Surp/Deficit<br>£ | Expenditure<br>£      | EU SSPPR<br>£  | Surp/Deficit<br>£ |
| CAWT Support Unit Phase 1                     | 0                  | 0              | 0                 | 221000                | 221000         | -0                |
| CAWT Support Unit Phase 2                     | 137249             | 200716         | 63467             | 212613                | 200716         | -11897            |
| Communnity Childhood Accident Project Phase 1 | 3446               | 33136          | 29690             | 304000                | 292733         | -11267            |
| Communnity Childhood Accident Project Phase 2 | 138470             | 136455         | -2015             | 138470                | 136455         | -2015             |
| Flexi-Worker Scheme                           | 18561              | 8818           | -9743             | 75000                 | 72362          | -2638             |
| Protecting Childred with a Disability         | 49785              | 59646          | 9861              | 68423                 | 62479          | -5944             |
| Parenting Initiatives                         | 47107              | 50737          | 3630              | 59107                 | 71925          | 12818             |
| Primary Care in Border Areas Phase 1          | 165450             | 173673         | 8223              | 225002                | 225804         | 802               |
| Primary Care in Border Areas Phase 2          | 45613              | 0              | -45613            | 45613                 | 0              | -45613            |
| Improving Health in Border Regions            | 227148             | 300565         | 73417             | 303501                | 327615         | 24114             |
| Ambulance Training                            | 255594             | 210401         | -45193            | 344000                | 311685         | -32315            |
| CAWT Acute Services Project                   | 13238              | 23977          | 10739             | 13238                 | 23977          | 10739             |
| Melvin Mental Health Partnership              | 6626               | 0              | -6626             | 6626                  | 0              | -6626             |
| Cognitive Therapy Services Training           | 27297              | 0              | -27297            | 27297                 | 0              | -27297            |
| Drugs Awareness Project                       | 61143              | 19726          | -41417            | 127574                | 106666         | -20908            |
| Community Youth Programme                     | 119024             | 32805          | -86219            | 139524                | 111508         | -28016            |
| <b>TOTAL</b>                                  | <b>1315751</b>     | <b>1250655</b> | <b>-65096</b>     | <b>2310988</b>        | <b>2164925</b> | <b>-146063</b>    |

**TABLE 1****CAWT SUPPORT UNIT PHASE 1: EU 13 / PR 665 ERDF**

|                            | YE 30/09/99 (£) | Cum 30/09/99 (£) |
|----------------------------|-----------------|------------------|
| <b>N IRELAND</b>           |                 |                  |
| Expenditure                | 0               | 106.955          |
| EU SSPPR                   | 0               | 110.500          |
| Surplus/Deficit            | 0               | 3.545            |
| <b>REPUBLIC OF IRELAND</b> |                 |                  |
| Expenditure                | 0               | 114.045          |
| EU SSPPR                   | 0               | 110.500          |
| Surplus/Deficit            | 0               | (3.545)          |
| <b>TOTAL</b>               |                 |                  |
| Expenditure                | 0               | 221.000          |
| EU/SSPPR                   | 0               | 221.000          |
| Surplus/Deficit            | 0               | 0                |

**TABLE 2****CAWT SUPPORT UNIT PHASE 2: EU 113 / PR 665 ERDF**

|                            | YE 30/09/99 (£) | Cum 30/09/99 (£) |
|----------------------------|-----------------|------------------|
| <b>N IRELAND</b>           |                 |                  |
| Expenditure                | 52.217          | 91.086           |
| EU SSPPR                   | 113.576         | 113.576          |
| Surplus/Deficit            | 61.359          | 22.490           |
| <b>REPUBLIC OF IRELAND</b> |                 |                  |
| Expenditure                | 85.032          | 121.527          |
| EU SSPPR                   | 87.140          | 87.140           |
| Surplus/Deficit            | 2.108           | (34.387)         |
| <b>TOTAL</b>               |                 |                  |
| Expenditure                | 137.249         | 212.613          |
| EU/SSPPR                   | 200.716         | 200.716          |
| Surplus/Deficit            | 63.467          | (11.897)         |



## TABLE 3

### COMMUNITY CHILDHOOD ACCIDENT PROJECT PHASE 1: EU 1 / PR 596 ESF

|                            | YE 30/09/99 (£) | Cum 30/09/99 (£) |
|----------------------------|-----------------|------------------|
| <b>N IRELAND</b>           |                 |                  |
| Expenditure                | 833             | 201,501          |
| EU SSPPR                   | 17,751          | 152,000          |
| Surplus/Deficit            | 16,918          | (49,501)         |
| <b>REPUBLIC OF IRELAND</b> |                 |                  |
| Expenditure                | 2,613           | 102,499          |
| EU SSPPR                   | 15,385          | 140,733          |
| Surplus/Deficit            | 12,772          | 38,234           |
| <b>TOTAL</b>               |                 |                  |
| Expenditure                | 3,446           | 304,000          |
| EU/SSPPR                   | 33,136          | 292,733          |
| Surplus/Deficit            | 29,690          | (11,267)         |

## TABLE 4

### COMMUNITY CHILDHOOD ACCIDENT PROJECT PHASE 2: EU 101 / PR 596 ESF

|                            | YE 30/09/99 (£) | Cum 30/09/99 (£) |
|----------------------------|-----------------|------------------|
| <b>N IRELAND</b>           |                 |                  |
| Expenditure                | 84,451          | 84,451           |
| EU SSPPR                   | 98,023          | 98,023           |
| Surplus/Deficit            | 13,572          | 13,572           |
| <b>REPUBLIC OF IRELAND</b> |                 |                  |
| Expenditure                | 54,019          | 54,019           |
| EU SSPPR                   | 38,432          | 38,432           |
| Surplus/Deficit            | (15,587)        | (15,587)         |
| <b>TOTAL</b>               |                 |                  |
| Expenditure                | 138,470         | 138,470          |
| EU/SSPPR                   | 136,455         | 136,455          |
| Surplus/Deficit            | (2,015)         | (2,015)          |

## TABLE 5

### FLEXI-WORKER SCHEME: EU 11/PR 664 ESF

|                            | YE 30/09/99 (£) | Cum 30/09/99 (£) |
|----------------------------|-----------------|------------------|
| <b>N IRELAND</b>           |                 |                  |
| Expenditure                | 1,611           | 37,500           |
| EU SSPPR                   | 0               | 37,500           |
| Surplus/Deficit            | (1,611)         | 0                |
| <b>REPUBLIC OF IRELAND</b> |                 |                  |
| Expenditure                | 16,950          | 37,500           |
| EU SSPPR                   | 8,818           | 34,862           |
| Surplus/Deficit            | (8,132)         | (2,638)          |
| <b>TOTAL</b>               |                 |                  |
| Expenditure                | 18,561          | 75,000           |
| EU/SSPPR                   | 8,818           | 72,362           |
| Surplus/Deficit            | (9,743)         | (2,638)          |

## TABLE 6

### PROTECTING CHILDREN WITH A DISABILITY: EU 8/PR 668 ERDF

|                            | YE 30/09/99 (£) | Cum 30/09/99 (£) |
|----------------------------|-----------------|------------------|
| <b>N IRELAND</b>           |                 |                  |
| Expenditure                | 49,785          | 68,423           |
| EU SSPPR                   | 34,664          | 34,664           |
| Surplus/Deficit            | (15,121)        | (33,759)         |
| <b>REPUBLIC OF IRELAND</b> |                 |                  |
| Expenditure                | 0               | 0                |
| EU SSPPR                   | 24,982          | 27,815           |
| Surplus/Deficit            | 24,982          | 27,815           |
| <b>TOTAL</b>               |                 |                  |
| Expenditure                | 49,785          | 68,423           |
| EU/SSPPR                   | 59,646          | 62,479           |
| Surplus/Deficit            | 9,861           | (5,944)          |

Note 1



## TABLE 7

### PARENTING INITIATIVES: EU 10/PR 666 ESF

|                            | YE 30/09/99 (£) | Cum 30/09/99 (£) |
|----------------------------|-----------------|------------------|
| <b>N IRELAND</b>           |                 |                  |
| Expenditure                | 11,242          | 11,242           |
| EU SSPPR                   | 35,346          | 35,346           |
| Surplus/Deficit            | 24,104          | 24,104           |
| <b>REPUBLIC OF IRELAND</b> |                 |                  |
| Expenditure                | 35,865          | 47,865           |
| EU SSPPR                   | 15,391          | 36,579           |
| Surplus/Deficit            | (20,474)        | (11,286)         |
| <b>TOTAL</b>               |                 |                  |
| Expenditure                | 47,107          | 59,107           |
| EU/SSPPR                   | 50,737          | 71,925           |
| Surplus/Deficit            | 3,630           | 12,818           |

Note 2

## TABLE 8

### PRIMARY CARE IN BORDER AREAS: EU 68/PR 1344 ERDF

|                            | YE 30/09/99 (£) | Cum 30/09/99 (£) |
|----------------------------|-----------------|------------------|
| <b>N IRELAND</b>           |                 |                  |
| Expenditure                | 159,733         | 219,285          |
| EU SSPPR                   | 58,244          | 92,714           |
| Surplus/Deficit            | (101,489)       | (126,571)        |
| <b>REPUBLIC OF IRELAND</b> |                 |                  |
| Expenditure                | 5,717           | 5,717            |
| EU SSPPR                   | 115,429         | 133,090          |
| Surplus/Deficit            | 109,712         | 127,373          |
| <b>TOTAL</b>               |                 |                  |
| Expenditure                | 165,450         | 225,002          |
| EU/SSPPR                   | 173,673         | 225,804          |
| Surplus/Deficit            | 8,223           | 802              |

Note 3

## TABLE 9

### PRIMARY CARE IN BORDER AREAS – PHASE 2: EU 168/PR 1344 ERDF

|                            | YE 30/09/99 (£) | Cum 30/09/99 (£) |
|----------------------------|-----------------|------------------|
| <b>N IRELAND</b>           |                 |                  |
| Expenditure                | 45,613          | 45,613           |
| EU SSPPR                   | 0               | 0                |
| Surplus/Deficit            | (45,613)        | (45,613)         |
| <b>REPUBLIC OF IRELAND</b> |                 |                  |
| Expenditure                | 0               | 0                |
| EU SSPPR                   | 0               | 0                |
| Surplus/Deficit            | 0               | 0                |
| <b>TOTAL</b>               |                 |                  |
| Expenditure                | 45,613          | 45,613           |
| EU/SSPPR                   | 0               | 0                |
| Surplus/Deficit            | (45,613)        | (45,613)         |

## TABLE 10

### IMPROVING HEALTH IN BORDER REGIONS: EU 65/PR 210 ERDF

|                            | YE 30/09/99 (£) | Cum 30/09/99 (£) |
|----------------------------|-----------------|------------------|
| <b>N IRELAND</b>           |                 |                  |
| Expenditure                | 98,228          | 134,183          |
| EU SSPPR                   | 182,655         | 194,661          |
| Surplus/Deficit            | 84,427          | 60,478           |
| <b>REPUBLIC OF IRELAND</b> |                 |                  |
| Expenditure                | 128,920         | 169,318          |
| EU SSPPR                   | 117,910         | 132,954          |
| Surplus/Deficit            | (11,010)        | (36,364)         |
| <b>TOTAL</b>               |                 |                  |
| Expenditure                | 227,148         | 303,501          |
| EU/SSPPR                   | 300,565         | 327,615          |
| Surplus/Deficit            | 73,417          | 24,114           |



## TABLE 11

### AMBULANCE TRAINING: EU 51/PR 853 ESF/ERDF

|                            | YE 30/09/99 (£) | Cum 30/09/99 (£) |
|----------------------------|-----------------|------------------|
| <b>N IRELAND</b>           |                 |                  |
| Expenditure                | 102,254         | 146,921          |
| EU SSPPR                   | 145,821         | 167,000          |
| Surplus/Deficit            | 43,567          | 20,079           |
| <b>REPUBLIC OF IRELAND</b> |                 |                  |
| Expenditure                | 153,340         | 197,079          |
| EU SSPPR                   | 64,580          | 144,685          |
| Surplus/Deficit            | (88,760)        | (52,394)         |
| <b>TOTAL</b>               |                 |                  |
| Expenditure                | 255,594         | 344,000          |
| EU/SSPPR                   | 210,401         | 311,685          |
| Surplus/Deficit            | (45,193)        | (32,315)         |

## TABLE 12

### CAWTAS: EU 161 ESF

|                            | YE 30/09/99 (£) | Cum 30/09/99 (£) |
|----------------------------|-----------------|------------------|
| <b>N IRELAND</b>           |                 |                  |
| Expenditure                | 13,238          | 13,238           |
| EU SSPPR                   | 9,932           | 9,932            |
| Surplus/Deficit            | (3,306)         | (3,306)          |
| <b>REPUBLIC OF IRELAND</b> |                 |                  |
| Expenditure                | 0               | 0                |
| EU SSPPR                   | 14,045          | 14,045           |
| Surplus/Deficit            | 14,045          | 14,045           |
| <b>TOTAL</b>               |                 |                  |
| Expenditure                | 13,238          | 13,238           |
| EU/SSPPR                   | 23,977          | 23,977           |
| Surplus/Deficit            | 10,739          | 10,739           |

## TABLE 13

### MELVIN MENTAL HEALTH PARTNERSHIP EU: 114 ESF

|                            | YE 30/09/99 (£) | Cum 30/09/99 (£) |
|----------------------------|-----------------|------------------|
| <b>N IRELAND</b>           |                 |                  |
| Expenditure                | 6,626           | 6,626            |
| EU SSPPR                   | 0               | 0                |
| Surplus/Deficit            | (6,626)         | (6,626)          |
| <b>REPUBLIC OF IRELAND</b> |                 |                  |
| Expenditure                | 0               | 0                |
| EU SSPPR                   | 0               | 0                |
| Surplus/Deficit            | 0               | 0                |
| <b>TOTAL</b>               |                 |                  |
| Expenditure                | 6,626           | 6,626            |
| EU/SSPPR                   | 0               | 0                |
| Surplus/Deficit            | (6,626)         | (6,626)          |

## TABLE 14

### COGNITIVE THERAPY SERVICES TRAINING: EU 167 ESF/ERDF

|                            | YE 30/09/99 (£) | Cum 30/09/99 (£) |
|----------------------------|-----------------|------------------|
| <b>N IRELAND</b>           |                 |                  |
| Expenditure                | 27,297          | 27,297           |
| EU SSPPR                   | 0               | 0                |
| Surplus/Deficit            | (27,297)        | (27,297)         |
| <b>REPUBLIC OF IRELAND</b> |                 |                  |
| Expenditure                | 0               | 0                |
| EU SSPPR                   | 0               | 0                |
| Surplus/Deficit            | 0               | 0                |
| <b>TOTAL</b>               |                 |                  |
| Expenditure                | 27,297          | 27,297           |
| EU/SSPPR                   | 0               | 0                |
| Surplus/Deficit            | (27,297)        | (27,297)         |



## TABLE 15

### DRUGS AWARENESS: EU 62 ESF

|                            | YE 30/09/99 (£) | Cum 30/09/99 (£) |
|----------------------------|-----------------|------------------|
| <b>REPUBLIC OF IRELAND</b> |                 |                  |
| Expenditure                | 61,143          | 127,574          |
| EU SSPPR                   | 19,726          | 106,666          |
| Surplus/Deficit            | (41,417)        | (20,908)         |

## TABLE 16

### COMMUNITY YOUTH PROGRAMME: EU 14 ESF

|                            | YE 30/09/99 (£) | Cum 30/09/99 (£) |
|----------------------------|-----------------|------------------|
| <b>REPUBLIC OF IRELAND</b> |                 |                  |
| Expenditure                | 119,024         | 139,524          |
| EU SSPPR                   | 32,805          | 111,508          |
| Surplus/Deficit            | (86,219)        | (28,016)         |

### NOTES TO THE TABLES

- Note 1:** Expenditure on this project is being incurred mainly in Northern Ireland due to the outcome of the recruitment process for the project co-ordinators. The project however is being implemented across the four Boards.
- Note 2:** The majority of expenditure on this project is being incurred in the Republic of Ireland due the outcome of the recruitment process for the project co-ordinator. The project however is being implemented across the four Boards.
- Note 3:** Revenue expenditure on this project is being incurred mainly in Northern Ireland. The Republic of Ireland element of this project is a capital project and expenditure on this will be completed during the year 2000.

## APPENDIX I

### THE BALLYCONNELL AGREEMENT 9 OCTOBER 1998

The Ballyconnell Agreement was made in July 1992 between the NEHB and NWHB in the Republic of Ireland and the SHSSB and WHSSB in Northern Ireland. It is reviewed at each CAWT Annual General Meeting and has been revised since 1992 to take account of relevant changes to CAWTs operation. It is now being revised to take account of the Purchaser/Provider split within Northern Ireland, where the Northern Ireland Health and Social Services Boards have been reorganised into Commissioner Boards and Provider Trusts which now exist as separate statutory agencies within the original functional areas of the WHSSB and SHSSB. This agreement will continue to be revised in the context of the reorganisation of Health Service structures.

1. This agreement is made between the North Eastern and North Western Health Boards in the Republic of Ireland, and the Southern and Western Health and Social Services Boards and the Craigavon Area, Craigavon and Banbridge Community, Newry and Mourne, Armagh and Dungannon, Altnagelvin Hospitals, Sperrin Lakeland and Foyle Health and Social Services Trusts in Northern Ireland. The four Board areas embrace the whole of the land boundary between the Republic and the United Kingdom. Between them they comprise a population of one million, 21% of that of the island and some 25% of the land area.
2. Health Boards in the Republic and the Health and Social Services Boards and Trusts in Northern Ireland have as their primary aim the improvement of the health and social well-being of their resident populations. In the European context they are unique in covering almost the entire range of health and personal social services.
3. The four Boards and seven Trusts are anxious to exploit opportunities for co-operation in the planning and provision of services which will improve the health and social well-being of their resident populations and to take advantage of funding which may be available from the European Union or other parties. They would also wish to involve other public sector bodies in joint initiatives where this would fulfill their primary objective.
4. The Boards and Trusts are particularly conscious of the desire of the British and Irish Governments, and of the European Commission, to promote such co-operation and to assist border areas in overcoming the special development problems arising from their relative isolation within national economies and within the Union as a whole. The Boards and Trusts will therefore promote Government and European Union (EU) awareness and support for this agreement.
5. The opportunities which exist for co-operation will not be limited to those where the EU or third party funding may be available, and the Boards and Trusts will explore all opportunities for joint working and the sharing resources where these are of mutual advantage.
6. Within the European context, there are various aspects of Commission policy where opportunities exist for joint working and financial assistance. It is considered that there are many opportunities for joint working which will be of mutual benefit and which will come within the ambit of EU directives.
7. It is agreed that the Chief Officers and Chairpersons of the four Boards and one nominated and agreed Chief Executive



Officer and one Chairperson to represent the Trusts will meet as a Management Board at quarterly intervals to consider proposals for joint working, to receive reports on existing projects and to review the extent and effectiveness of collaborative working arrangements.

8. A joint Secretariat comprises two officers nominated by the Boards and Trusts in Northern Ireland (one each for the Southern and Western Health and Social Services Board areas) and two officers nominated by the Boards in the Republic of Ireland (one each for the North Western and North Eastern Boards). The Secretariat is led by an Executive Officer appointed by CAWT. CAWT is also supported by finance/project expertise and a corporate services structure as agreed by the Management Board. The Secretariat will also take forward agreed projects. The Secretariat will be expected to develop a detailed knowledge of EU structures and legislation. It must also be familiar with the structures and responsibilities of both Government policies for the development of services and for the encouragement of co-operation and joint service provision. Members will also be expected to develop a knowledge of other funding opportunities.

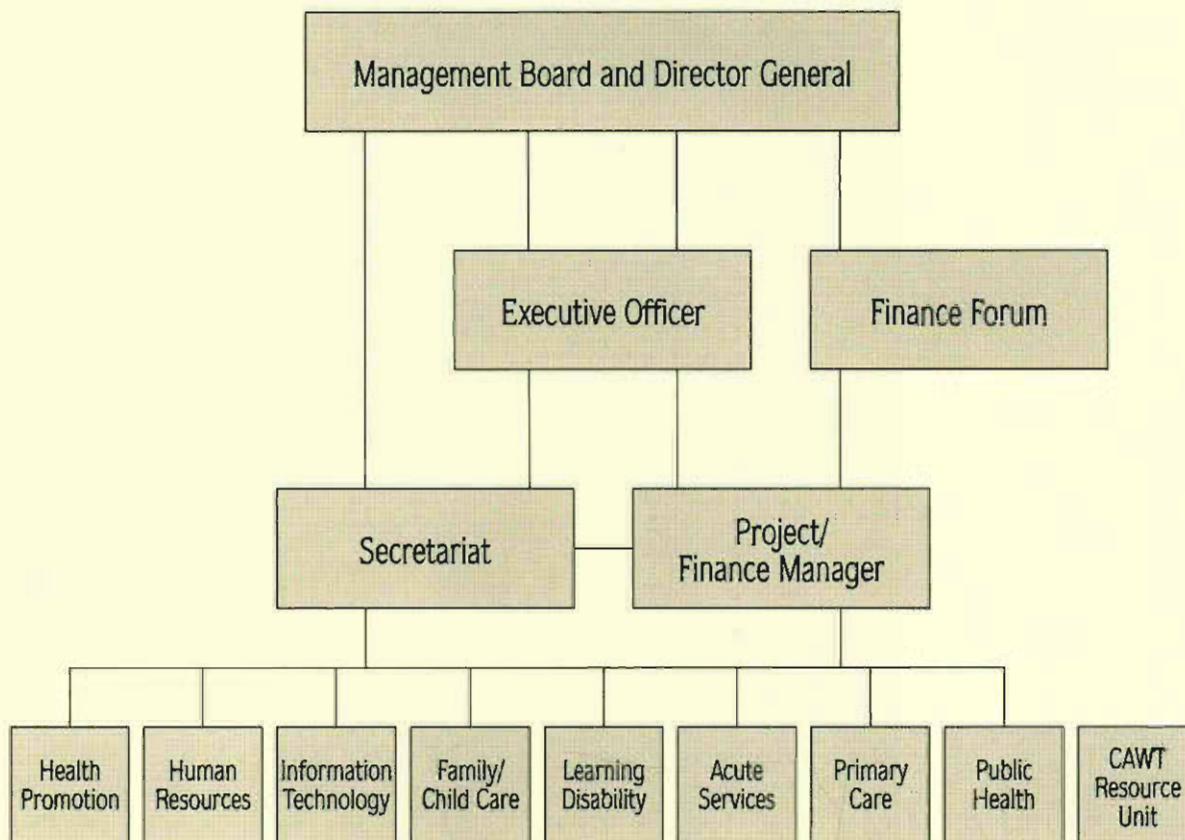
9. Officers appointed to the Secretariat will be required to understand and contribute to the longer term development of services and improvement of the health and social status of the catchment population. Where the Secretariat finds it necessary or appropriate, it can draw on other resources within the Boards or elsewhere, it may also recommend the appointment of ad hoc groups to investigate, develop proposals and take forward particular areas of work. The Secretariat will report to each meeting of the Management Board.

10. A spring meeting will be held each year to review the Agreement, take stock and assess progress. An Annual Report will be produced each Summer by the Secretariat, for approval of the Management Board.

11. Every second year, at the spring meeting, a Director General will be appointed or re-appointed from the Chief Officers on the Management Board. The term of office for the Director General will be two years.

## APPENDIX II

### CO-OPERATION AND WORKING TOGETHER: ORGANISATIONAL PROFILE



Projects, Training Events, Conferences, Information Exchanges



## NOTES

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## NOTES

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## NOTES

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## **THE CAWT MANAGEMENT BOARD AT DECEMBER 1999**

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**MR ERIC BOWYER**

Chief Executive, Newry & Mourne Trust

**MR BRENDAN CUNNINGHAM**

Chief Executive, Southern Health & Social Services Board

**DR HUGH DOLAN**

Chairman, North Eastern Health Board

**MR TOM FRAWLEY**

General Manager, Western Health & Social Services Board

**MR WILLIAM GILLESPIE**

Chairman, Southern Health & Social Services Board

**MR PAT HARVEY**

Chief Executive Officer, North Western Health Board

**COUNCILLOR BERNARD MCGLINCHY**

Chairman, North Western Health Board

**MR DONAL O'SHEA**

Chief Executive Officer, North Eastern Health Board  
(up to September 1999)

**MR RICHARD SCOTT**

Chairman, Sperrin Lakeland Trust

**MR ROBERT TOLAND**

Chairman, Western Health & Social Services Board