



ANNUAL REPORT 2002

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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 wellbeing of their resident populations. This agreement was revised in 1998 to take account of the purchaser/provider split when the Northern Ireland Health and Social Services Boards were reorganised into Commissioner Boards, and Provider Trusts were established as separate statutory organisations. The agreement was again revised in 2003 to take account of the changes to the CAWT organisation, including the establishment of a Joint Executive, and issues arising from wider North-South workings.

Co-operation and Working Together (CAWT) covers the whole of the land boundary between the Republic of Ireland and the United Kingdom and comprises a population of one million. The four CAWT boards share common demographic features and common problems in terms of rural isolation, infrastructure, population trends and unemployment.

The primary objectives for CAWT are:

- to improve the health and social wellbeing of its resident population;
- to identify opportunities for co-operation in the planning and provision of services;
- to assist border areas in overcoming the special development problems arising from their relative isolation in national economies and within the European Union as a whole;
- to involve other public sector bodies in joint initiatives where this would help fulfil common primary objectives; and
- to exploit opportunities for joint working or sharing of resources where these would be of mutual advantage.

FOREWORD

by Mr Paul Robinson, Director General of CAWT and Chief Executive Officer of the North Eastern Health Board

Welcome to our Annual Report for 2002. I am especially pleased to present this report as it marks the year in which CAWT celebrated its 10th birthday.

CAWT has come a long way in those years since that first gathering in Ballyconnell on 10th July 1992 and it was appropriate that we invited former Chief Executives and Chairpersons to attend the signing of the amended and updated Ballyconnell Agreement in the Slieve Russell Hotel (birthplace of CAWT) this year to mark that event.

On that occasion as on many others I, as Director General, felt it appropriate to pay tribute to those people who had the commitment, courage and foresight to come together all those years ago. It was a bold step particularly in the political climate of that time, which we are all glad to recognise has changed considerably for the better.

It has proved worthwhile and ten years on I believe we have made and are going to continue to make a real contribution to the health and social well being of the border population.

This has been possible, of course, due to the commitment and dedication of staff involved in cross border working, particularly those within the sub-groups. Numerous strong alliances have been forged between the partner Boards and Trusts by people who already have extremely heavy work loads but who are committed to the aim of improving the health and social well being of the border population.

In 2002 we launched one of the most important pieces of work that CAWT has ever produced. The CAWT Population Health Profile, details of which can be found later in this Annual Report, was the result of a collaborative effort by the four Public Health Departments. For the first time comprehensive health and social care information is available on the CAWT area as a

region. This Health Profile will help direct our efforts in the future as we begin to operationalise our new strategic plan across the full range of programmes of care.

The Principal Executive Officer and myself were pleased to present on behalf of CAWT to the North South Ministerial Council's Health Sectoral Meeting in Armagh City on 28th June. Both Ministers for Health, the Permanent Secretary, DHSSPS; the Secretary General, DOHC and other senior officials from the two Departments of Health were present.

We outlined progress on the evaluation recommendations, the Strategic Plan, highlighted the GP Out of Hours Study and the Population Health Profile and looked at North South and European Developments.

I also took the opportunity to stress the fact that CAWT as a body does not have independent statutory existence, but is a partnership oriented towards collaborative working rather than a policy-making organisation.

There was much interest from those at the meeting and one senior official was heard to say, "CAWT is punching above its weight".

I was also happy to attend with fellow CAWT Chief Executive Mr Colm Donaghy, another meeting in Armagh towards the end of the year. At this meeting senior staff from both Departments of Health and CAWT representatives discussed the feasibility of CAWT project managing a number of the developments which have emanated from the three North South groups. This could prove to be a significant agenda for CAWT in the future and we hope that it will move forward in the coming year.

The CAWT Management Board had a number of presentations made to them during the year including ones on the DHSSPS Priorities for Action 2002/2003 and the South's new Health Strategy, Quality and Fairness; A Health System For You.

We also had a presentation in May on the Department of Health and Children's Primary

Care Strategy – Primary Care, A New Direction which is a key component of the South's strategy. This preceded the launch of the CAWT Out of Hours Feasibility study and Operational Plan in June 2002. This initiative as well as being of significance to the border population will contribute to the implementation of both Departments of Health Strategic Plans.

We responded to a number of major initiatives, which were out for consultation including DHSSPS Developing Better Services.

Work has continued at sub-group level and for me one of the most interesting things has been the developing strategic partnership between Craigavon and Monaghan General Hospitals. This has resulted in patients travelling from the North to the South for elective surgery for hernias, patients travelling from South to North to the mobile cath lab and staff travelling in both directions for training and professional development in the Medical Technical Officer training initiative. This is very much CAWT in Action and has been greatly facilitated by the Secretariat members and the Executive Officer.

Finally, I would like to pay tribute to the long standing members of the CAWT Management Board who retired earlier this year. Dr Hugh Dolan former Chairperson of the NEHB was one of the longest serving members of CAWT and his presence at Management Board meetings is greatly missed.

Brendan Cunningham took early retirement from his post as Chief Executive of the Southern Health and Social Services Board. He has contributed much to CAWT over the years; he took a keen interest in the Public Health sub-group and was influential in the development of the earlier mentioned health profile. We wish him all the very best for a happy and healthy future.

My gratitude as always goes to my fellow Chief Executives and the CAWT Secretariat for their commitment and support over the past year and to the staff of the CAWT Resource Unit for their valuable support and assistance throughout the year.

PROGRESSING THE PARTNERSHIP

by Frances McReynolds, Principal Executive Officer

Co-operation and Working Together's strong partnership continued to flourish during 2002 thanks to the continued commitment and support of staff from the four Boards and seven Trusts as they worked to improve the health and social well being of the population living in the border area. 2002 was primarily a year of consolidating the work of the last ten years and it also saw the commencing of the forward planning required for the next cycle.

This planning process was influenced by the independent evaluation of CAWT which was carried out by the Centre for Cross Border Studies and published in February 2001 and by the second CAWT Strategic Plan which was endorsed by the Management Board in May 2001. Service Development Proposals worked up by the sub-groups during 2002 were considered by the Secretariat and detailed discussions took place with regard to aims, objectives, outputs/deliverables and value for money for each proposal. The final list of initiatives was then taken to the Management Board in September 2002 for final ratification.

This work is detailed in the CAWT Business Plan which will be launched early in 2003. It contains an ambitious workload for the future but one that we are confident we can deliver on. Implementing the Business Plan would be difficult without funding and we were delighted when earlier this year both Ministers supported the case for selecting CAWT as the vehicle by which Interreg IIIA Health and Well Being-Priority 3 Measure 2 will be implemented.

CAWT was also successful in attracting funding under Peace II Measure 5.2 for a number of pieces of work relating to research on suicide, cognitive therapy training, the needs of those who care for people with a mental illness and the feasibility of further cross border community services. We look forward to getting these off the ground in 2003 and thank those who worked hard on the applications during this year.

Ever mindful of the need to improve our ICT support to the sub groups and to look at ways in which the CAWT Resource Unit could move towards a culture of online communications, we were delighted to welcome Mark Jenkins as CAWT ICT Officer in October of this year. Mark will work closely with the ICT Sub group and will have overall responsibility for developing the CAWT website. This website will be one of CAWT's most important tools in improving communications between partner organisations in 2003.

Judith Doherty, formerly Executive Officer between the North Eastern and Southern Health and Social Services Boards, moved to the West and took up post with the North Western and Western Health and Social Services Boards. Judith will continue to support the Primary Care, ICT and Mental Health briefs which she had been developing and in addition will develop the work between Letterkenny and Altnagelvin hospitals.

The human resources agenda gathered pace in 2002. There was a growing recognition that if we are to successfully deliver our strategic and business plans then we must address and develop a human resources strategy which would invest in training and education and devise and implement best practice employment policies and procedures.

The Directors of Human Resources met to consider fundamental principles around cross border recruitment and also to identify a mechanism which would allow posts to be recruited. A contract was established between CAWT and Westcare Business Services for nine months to evaluate jobs, support sub-groups in drawing up job descriptions and facilitate a more co-ordinated approach to the recruitment of staff.

Work continued within the other sub-groups particularly in relation to the preparation of service development proposals. This ground work will be the key to the expansion of cross border developments which are outlined in the business plan. The initiatives include work on

accident prevention in the workplace, health impact assessments, and the role of community pharmacists in relation to diabetes, oral health work, support for carers of those with a learning disability, mental health promotion, smoking cessation and cross border fostering protocols as well as the development of a range of cross border acute services.

We also continued throughout the year to build relationships with organisations throughout Ireland and in other parts of Europe. CAWT was invited to become a member of a working party set up by HOPE, the Standing Committee of the Hospitals of the European Union. This working party is currently drawing up an inventory of cross border co-operation involving hospitals across borders all over Europe, the results of which will be presented at a conference in Luxembourg next year. We have much to

contribute and learn from other parts of Europe and look forward to developing these links in the forthcoming months.

We met during the year with representatives from the Special European Union Programmes Body, the North South Ministerial Council, the Institute of Public Health, the Centre for Cross Border Studies, as well as a range of other statutory and voluntary organisations and will build on these partnerships throughout 2003.

Finally, I want to thank the Director General for his direction and guidance over the last year and acknowledge the enthusiastic support and commitment of the Secretariat and the CAWT Finance Manager, Frances McLaughlin. As always, Teresa Pattas the Office Manager, ably supported by Martina Moore have done a sterling job in ensuring that everything runs smoothly.

POPULATION HEALTH PROFILE OF THE CAWT REGION

The Population Health Profile of the CAWT region was presented to the CAWT Management Board on 22nd February, 2002, marking the culmination of six months of intense activity by the working group. The profile was well received by the Management Board and all those present agreed that it warranted a formal launch. Dr Henrietta Campbell, Chief Medical Officer, DHSSPS in Northern Ireland and her counterpart, Dr Jim Kiely, Chief Medical Officer from the Department of Health and Children in the Republic of Ireland jointly launched the Population Health Profile on 6th June 2002 in the Killyhevlin Hotel, Enniskillen.

The document has certainly not spent time lying on the shelf. Members of the working group have presented the main findings and recommendations of the population health profile to a range of audiences including: each of the four Health Boards, Primary Care professionals at a workshop organised by the CAWT Primary Care subgroup and the Border Regional Authority.

The Health Profile made eight recommendations. Already we can see action arising from some of these, which is most encouraging. For example, lack of comparable lifestyle data between Northern Ireland and the Republic of Ireland left us with no option but to recommend a lifestyle report for the CAWT region. The timely launch of the second SLAN survey in the Republic of Ireland provided an opportunity for CAWT to liaise with the Health Promotion Agency (NI) and Health Promotion Unit of the Department of Health and Children to extend an abbreviated

version of the SLAN survey to Northern Ireland. The Health Promotion Agency organised the fieldwork for the renamed Health and Lifestyle Survey 2002 and the final database is being compiled. This now provides us with comparable lifestyle information covering the whole of Ireland. In 2003 we plan to produce a report about the lifestyle of residents of the CAWT region, using this data to compare the CAWT region with Northern Ireland, the Republic of Ireland and the rest of Ireland. This information should help to tailor future programmes targeted at lifestyle and health behaviours to the specific needs of CAWT region residents.

The Population Health Profile of the CAWT region is also being used by some of the sub-groups within CAWT. The Primary Care Sub-group convened a workshop to develop a primary care strategy for the CAWT region. The Population Health Profile was presented at this workshop and helped to set the scene for discussion. The Health Promotion Sub-group has also used information from the profile in developing further bids for taking forward the issue of teenage pregnancy and births to teenage mothers.

While the Population Health Profile of the CAWT region has proved a useful publication for many professionals in the region, the working group benefited from the experience of learning and working together. Each member developed a valuable cross-border and inter-board dimension to their work and made many friends and future contacts, once again showing the importance of co-operation and working together.

PRIMARY CARE

The past year has seen the establishment of the new Primary Care Steering Group under the Chairmanship of Martin Bradley, Director of Health Care/Chief Nurse, WHSSB. Four sub-committees have also been established covering pharmacy, nursing, general practice and dental services.

The main focus over this period has been to consider the development of an overarching primary care strategy and a series of workshops, culminating in a major event in June 2002, were organised to bring together the various strands of the strategy. This will now be further consulted upon and developed in the next twelve months.

The Pharmacy Group has been moving forward with a proposal to improve the management of type two diabetic patients through community pharmacists, to improve public awareness of type two diabetes and to identify undiagnosed patients and those at risk.

In addition, significant work has been taken forward by the Medical GP Group looking at Out of Hours arrangements and areas of potential co-operation north and south of the border. In June 2001 CAWT commissioned a study to be carried out by the University of Ulster and the National University of Ireland, Galway, to examine the issues necessary for consideration before cross border Out of Hours arrangements could take place. This feasibility study was completed December 2002.

The research revealed that approximately 70,000 of the one million inhabitants in the CAWT region are closer to G.P. Out of Hours services in the opposite jurisdiction. The report also highlighted that over 70% of this population lived in areas that can be classed as socially deprived. If a patient were free to travel across the border to see a GP out-of-hours travel distance, depending on location, would be considerably reduced.

A number of detailed legislative, financial and practical issues have been raised in the feasibility study. It is also clear that the implementation of a cross-border service would require considerable organisation and

preparation. However, research and subsequent analysis suggests that the introduction of a cross border G.P. Out of Hours service is indeed feasible. Based on this report's recommendations, CAWT is now in a position to develop a pilot scheme, which will be implemented for a trial period.

CAWT believes that such a service has tremendous potential to improve access to health care for inhabitants of the border region. One of its many strengths lies in the fact is that it adopts a locality-based approach to needs assessment and service delivery. Indeed this venture might be seen as a first stage in the wider development of improving regional access to services regardless of jurisdiction.

Within the Nursing Group several workshops were held to identify the main priorities for nursing development within the primary care sector and a proposal has now been developed for a range of projects to address the needs of patients suffering from cardiovascular disease. The significant contribution of nursing in areas of cardiac rehabilitation and the management of heart failure should be acknowledged, and further development of this service shall be given particular attention not least by the delivery of some enhanced services over the next six months.

The Oral Health Sub-group, set up with seed funding from CAWT, has met several times over the year. Several working groups have been formed to enhance professional capacity in the two small dental communities in the North West Health Board and Western Health and Social Services Board. These groups have been working on the following areas of common interest;

- School screening
- Epidemiology
- Special needs
- Training - including training for the professions complementary to dentistry

- Health and Safety
- Oral Health Promotion
- Public Health - specifically looking at the issue of Fluoride and
- Fluoridation

Aims and objectives have been set out for each of the above areas, and the groups have delivered a number of products which are brought by the lead of each group to the subgroup on a bi-annual basis. A collaborative workshop, attended by the chief dental officers from Scotland and the South and North of Ireland, was set up by the screening and epidemiology working-group and a screening group in Scotland in an attempt to widen the ability to collect and collate comparable information on school dental screening and surveys. This work, although initiated under CAWT, has continued because of developing relationships.

The CAWT Sub-group have spent quite some time this year writing a development proposal for further CAWT funding to develop baseline information on the oral and general health of a fluoridated and non-fluoridated population with different service delivery mechanisms within the WHSSB & NWHB. We look forward

to being successful in securing this funding so that the work already started can be continued and developed, not only regionally but also nationally and internationally.

During the year the sub-group was asked to present their work to the annual conference of public health dentists in Athlone. This was a tremendous opportunity to share our project with a wider audience. Moreover, it witnessed the formulation of a partnership between the Western Health and Social Services Board and the North Eastern Health Board in a General Anaesthetic delivery service, and the reconstitution of an All Ireland Oral Health Managers Group.

The UK Public Health Association runs an annual conference. The 2003 conference has the theme of partnerships. An abstract entitled "Maximising professional capacity in a border region" was submitted and accepted for an oral presentation at this conference. The presentation will highlight the work that the subgroup has been able to carry out under the banner of CAWT and the long-term spin offs of the initial funding.

The sub-group looks forward to the incoming year being as busy and productive as previous years.

HEALTH PROMOTION

The Health Promotion Sub-group of CAWT has had a busy year, looking back over the achievements and lessons learned from the past in order to effectively plan and develop initiatives and programmes for the future.

THE WAY WE WORK

The sub-group took time in the early part of the year to revise its principles and practices of working and developed a Modus Operandi. This short paper: -

- Consolidated our previously agreed aims
- Confirmed membership and arrangements for meetings
- Affirmed principles of working

In particular we affirmed our commitment to working in partnership with other sub-groups of CAWT to ensure joined up working. We also committed ourselves to working with strategic, regional and local agencies, organisations and groups to ensure our work has relevance at all levels.

To ensure effective use of time, the sub-group undertook video-conferencing training and hope to perfect this technique in the future to reduce travel and meeting time.

WHAT HAVE WE ACHIEVED?

The sub-group has submitted four projects to CAWT for consideration for funding.

- 'Steering to Safety' is a four Board project designed to assess and develop a partnership approach to tackling the rates of death and injury from road traffic accidents within the region.

- 'Good Health Information' is a communications focused project which seeks to identify, promote, share and make accessible, examples of good practice in health promotion and well being on the Internet.
- 'Tackling Health Inequalities through "Smoking Cessation Interventions in Pregnancy" : A Focus on Disadvantages and Young Women', seeks to identify with service providers and users, particularly the target groups identified, issues in relation to smoking cessation for them. An intervention phase would then be designed and implemented.
- 'Tackling Teenage Pregnancy' is a project focusing on working with young people to identify and address sexual health issues for them.

We recognise that the CAWT Secretariat are considering commonality between all projects submitted from sub-groups and that it is likely that the Good Health Information project will be submitted into an overall communication / Internet portfolio.

WHO HAS BEEN INVOLVED?

We have benefited from inputs during the year on the Cross Border Women's Health Strategy, an up-date on the CAWT Population Health Profile and regular updates from the CAWT Resource Unit. We are sorry to have to say good-bye to two of our members who are leaving their respective Boards to take up new positions outside the CAWT region. Dr Louise Doherty, Specialist Registrar in Public Health from NWHB left the sub-group in August and Ms Paula O'Boyle, Health Promotion Commissioner, Western Health and Social Services board left in September. We will all miss their presence in the sub-group and wish them every happiness in their new posts.

ACUTE SERVICES

During 2002 two major developments led to increased co-operation in Acute Services, between the **North Eastern Health Board** and the **Southern Health & Social Services Board**. This emerging strategic partnership between **Craigavon Area Hospital** and **Monaghan General Hospital** currently involves patients travelling both from South to North and from North to South for treatment under two separate initiatives.

a) Mobile Catheterisation Laboratory at Craigavon Area Hospital

Patients from NEHB who required angiograms this year travelled North to the mobile catheterisation laboratory, which provided services on a fortnightly basis at Craigavon. Benefits have included improved accessibility, thereby increasing the chance of more appropriate and timely referral, and also considerably reduced travel times for patients who would have previously been treated in Dublin. The shared arrangement has also meant the retention of cardiology services at a local level for both populations.

b) Elective Surgery in Monaghan General Hospital

For the first time under the auspices of CAWT, patients travelled from North to South for elective surgery at Monaghan General Hospital. The initiative, which has run on a pilot basis since June 2002, has enabled patients waiting for hernia operations in SHSSB, to travel to Monaghan for treatment. This service resulted in an immediate and continuing reduction in SHSSB waiting lists, promoted the sharing of resources and expertise in the border region and avoided the need for patients to travel to places such as Glasgow.

Patient response to both initiatives has been very positive. While CAWT has had a role in encouraging and facilitating these initiatives, praise must also be given to the consultants, planners, managers and other staff who have worked to put these ideas into practice for the benefit of patients.

ALTNAGELVIN / LETTERKENNY PARTNERSHIP

This partnership continued to make significant progress in 2002. The group met regularly during the year and consequently the major areas for co-operation previously identified in the feasibility study have all been advanced.

Neo-natal services

During the year a service agreement was signed between the two hospitals that allowed the proposed implementation of cross-border neo-natal services to proceed. This valuable service provides access for premature babies referred from Letterkenny to the neo-natal intensive care unit in Altnagelvin Hospital. A formal review of the service provision will take place in 2003.

Breast Care

Discussions are on-going regarding the possible provision of breast screening for Donegal women by the Northern Ireland Breast Screening Services.

Cardiac Catheterisation Services

Negotiations regarding the provision of Cardiac Catheterisation services for Donegal patients in Altnagelvin Hospital are at an advanced stage and should be concluded in early 2003.

Oral Maxillo Facial Surgery Services

The NWHB is currently reviewing this service to identify the future need and the levels of provision both within and outside the Board's area. This is being considered within the backdrop of on-going discussions with Altnagelvin Hospital. It is planned that significant development will take place in 2003.

Memorandum of Understanding

A Memorandum of Understanding, governing the growing relationship between the two hospitals was also drafted during the year. Its overall aim is to enhance the quality of existing services and to improve access to these services on behalf of the resident populations of the North Western and Western Board areas through collaborative working

between Letterkenny and Altnagelvin Hospitals. We believe that this accord offers the resident population of these areas more benefits than could be achieved by the health boards working in isolation. In fact, as the above examples show, we have much to gain from practical co-operation.

Executive Officer

The NWHB and WHSSB have jointly appointed an Executive Officer with a particular remit to push forward the Altnagelvin / Letterkenny partnership agenda.

LEARNING DISABILITY

The main focus of the Learning Disability Sub-group during 2002 was the identification of further areas for joint co-operation and the working up of service development proposals in order to prompt increased shared development of learning disability services in border areas.

The first service development proposal has two very distinct elements. It aims to develop common approaches in the areas of personal relationships, sexuality and self protection for vulnerable adults. The sub-group identified these issues as being of paramount importance to those people with a learning disability whether they live in a residential setting or independently.

The second element of the proposal took a different approach in that it proposed to examine the health status and support service requirements of carers of people with a learning disability in four interface sites along the border. This element will tie in with work being done by the Mental Health Sub-group which will look at the needs of carers of those with mental health problems. Both initiatives will provide CAWT with further information to allow it to target specific support services for carers on a cross border needs-led basis in the future.

The second Service Development Proposal which the Learning Disability Sub group was pleased to sponsor was a joint proposal from

Armagh and Dungannon Health and Social Services Trust and a voluntary group, New Horizons. This also has two very distinct elements. The first part looks at vocational assessments for people with a learning disability whose needs may not be easily identified through traditional employment-led occupational assessments. The second part aims to equip those with a learning disability with the necessary work and life skills in the areas of independent travel and catering.

We were delighted when the CAWT Management Board ratified both proposals and we look forward to funding being accessed for them to allow both developments to get off the ground in 2003.

The CAWT Management Board also had a presentation in September 2002 entitled Crossing the Line. This research, carried out by the Praxis Care Group, aimed to provide recommendations for future development of learning disability day services in three cross border areas of Ireland. It also looked at some of the difficulties and the advantages of cross border co-operation. The Management Board have asked the sub-group to consider this report, particularly in relation to our Service Development Proposals and to suggest ways that the recommendations might be taken forward.

Operationally, co-operation between Boards and Trusts continues to represent a positive outcome of relationships developed under the CAWT 'umbrella'. Two concrete examples are:

1. On-going shared day-care activities between a group in Emyvale, Co. Monaghan and a Day Centre in Aughnacloy, Co. Tyrone, and
2. A research paper which examined attitudes towards the formal sharing of mainstream services on a cross-border basis.

Finally, there have been changes within the membership of the Learning Disability Sub-group and it is our intention early in the New Year to look, as the other CAWT sub-groups have done, as to how we are constituted, and develop our terms of reference.

FAMILY & CHILD CARE

Arising from one of two projects carried out by the Sub-group with E.U. Peace 1 funding, an excellent resource manual was prepared under the title of *'Protecting children with disabilities from abuse: teaching resources for use with adolescents'*. While this has already been made available to key personnel, particularly in the education field in all four Boards areas, it was decided to have it printed and widely disseminated. This document will be published and circulated early in 2003.

In last year's report there was reference to a cross border workshop in June 2001 involving key childcare staff in each Board area. At this workshop, considerable interest and enthusiasm was expressed in cross border collaboration, and a number of interest areas were identified. During the past year the Sub-group have been trying to develop a number of projects in response to the range of ideas suggested. To this end the group needs to expand its membership, and each Board representative has been seeking to enlist one additional member within their area. This process has not yet been completed and the group would stress the importance of additional membership to spread the workload and to ensure that the group is fully representative of constituent agencies.

One of the interest areas identified in 2001 was Maternal Depression, which is a significant and inadequately recognised problem. Following consultation with the CAWT Secretariat it was agreed that any project on this area would be best pursued in conjunction with the Mental Health Sub-group.

Two other areas of collaboration have been identified and, with encouragement from the Secretariat, have been submitted for funding.

The first comes under the title *'A New Chance: a cross border feasibility study, consultation and project design on the development of high support foster care for young people with challenging behaviours and complex needs'*. This is a major problem area affecting child care services in each of the Board areas with a growing shortage of suitable placements for these children. The project is designed to address pressures both North and South of

the Border in both residential and family placements services. It is intended that the project will identify best practice and come up with one or more model schemes which Boards and Trusts could develop. A seminar was held in June 2002 in Monaghan involving directors, managers and family placement staff in the four Board areas, to which Meg Lindsay a child care consultant based in Glasgow was invited. She has specific experience in this area and has agreed to act as consultant for the project. Considerable enthusiasm was expressed by those present for the project and a recognition that this is a major area of development need and core business for each of the Boards. The sub-group has recently been notified that the CAWT Management Board have approved their initiative and work has already commenced to progress the project.

A second proposal arose out of contact between staff from the Western and Southern Health and Social Services Boards involved in Children's Services Planning and Information and Planning staff in the two Boards in the Republic. A proposal to develop collaboration between the four Boards was also developed and submitted to the Interreg III programme. The project *'Cross border partnership for needs assessment and a planning framework for services for children and young people'* would look at the benefits of sharing experience and expertise in relation to needs assessment, information and planning. This project has also been approved and considerable work will be required to take it forward over the next two years.

Finally, the group has identified a proposal to hold a cross border workshop for practitioners and managers in residential child care settings. There are many areas of common interest including: recruitment and retention of staff, gradings, qualifications and training, advancing best professional practice in the care of children, meeting the individual needs of children in multi-purpose settings and issues of management and control. The sub-group plans to hold a workshop around these issues during the first 6 months of 2003.

PUBLIC HEALTH

2002 saw the launch of the Public Health Profile of the population of the CAWT region. This was developed by a small group from public health in the four boards under the Chairperson-ship of Dr Anne Marie Telford. Details of the recommendations can be found in the article entitled the Population Health Profile of the CAWT Region earlier in the report. At the formal launch in Enniskillen the Director General of CAWT noted that the document was truly "information for action" and was in fact one of the most important pieces of work ever launched by CAWT.

Discussions also took place in order to identify other areas for further working. As a result of a workshop held in 2001 on communicable disease control, a service development proposal was submitted which aims to develop cross border plans and policies for a variety of infectious diseases and other related health protection issues. In addition, the four Directors of Public Health saw the area of health impact assessments as being an important one for CAWT to develop and again a proposal was submitted in conjunction with the Institute of Public Health to develop capacity and establish a network of cross border health impact assessment practitioners. Both these projects were approved by CAWT Management Board and funding is being sought from Interreg III to implement them.

The Directors of Public Health debated the feasibility of establishing a public health network for CAWT and it was decided that it would be useful in 2003 to bring together health practitioners for an initial meeting. This would raise the CAWT profile and allow people to mention their natural connections.

Time was also spent on considering the possible development of a structured training programme for Public Health Practitioners in the CAWT region and it was agreed that further work could happen in this area.

The Public Health Sub-group also shared reports and publications from their respective Boards and updated each other on various strategies which have been produced or which are under development. These included the

DOHC Strategy on Suicide, which is under development in the South.

MENTAL HEALTH

During 2002 the CAWT Mental Health Sub-group endeavoured to build upon the opinions and advice given at the cross border mental health services seminar held in Enniskillen in October 2001. The seminar, which was multi disciplinary, identified several activity areas possessing real potential for improved benefit through cross border working. The immediate challenge this year was to commence the process of transforming this potential into viable proposals which would improve health and health services, be sustainable and make good economic sense on a mutual basis.

Drawing from the seminar the sub-group set out three immediate priorities:

- To explore the feasibility of a cross border project to promote good mental health in the border area with special focus on young people.
- To establish a directory of mental health staff in the four board areas which would be available on the CAWT web site.
- To plan a further seminar/conference which would have regard to specific issues raised in earlier consultations.

This initial work programme aspires to advance practical cross border action in mental health, facilitate on-going networking, information sharing and cross fertilisation of ideas and maintain developmental impetus for the longer term through a continuing consultative process.

During the year the sub-group prepared a mission statement, agreed its aims and objectives and set out basic guidelines for practical operational working. This foundational work will help the sub-group maintain consistent vision and clear focus in its current and future activities and will contribute to efficiency in time and effort.

When considering the feasibility of the project to promote good mental health in the border area positive and productive consultation was held with the CAWT Health Promotion Sub-group. It is intended to maintain this valuable liaison and to establish effective working relationships with other sub-groups where practicable.

In September Ms Eithne O'Sullivan, North Western Health Board representative, transferred from the mental health service and consequently left the sub-group. We extend sincere thanks to Eithne for her excellent work and welcome new representative Mr John Hayes.

This newly formed Mental Health Sub-group appreciates the good will and encouragement received during the year. We acknowledge, in particular, the support of Mr Paul Robinson, Director General, Frances McReynolds and Frances McLaughlin of the CAWT Secretariat and most especially the invaluable contribution of Judith Doherty, Executive Officer. We are also mindful that the sub-group's on-going programme of work has been indicated by all who participated in our conference in October, 2001. It is the sub-group's intention to continue to foster and draw from such essential sources of advice and guidance in the coming years.

INFORMATION & COMMUNICATION TECHNOLOGY

The CAWT ICT Sub-group met a number of times during the year, but often these meetings were for a specific purpose rather than for the general exchange of information. This year was a particularly busy one, as we went out to tender for the CAWT website, developed a CAWT I.C.T. Strategy and expanded the group to include representation from the Trusts in W.H.S.S.B. and S.H.S.S.B. The support and guidance of Judith Doherty, who was appointed last year as CAWT Executive Officer with a remit which included

ICT, was invaluable to this work.

Website Development

As an organisation, CAWT has developed significantly in recent years and the need to improve internal and external communication led to the decision to design a comprehensive CAWT website to include all aspects of its work. It was agreed that an external organisation should be contracted to carry out the graphic design of the website, complete all relevant programming, implement the site and host it in the future. A specification for the site was developed and tenders were sought from interested companies. The group carried out an extensive evaluation of companies and Biznet, who have developed many public and private sector sites, have been awarded the contract.

Work on the site could not commence until an ICT Officer was appointed to the CAWT Resource Unit. This person, in conjunction with selected service providers will take responsibility for the planning and implementation of the website. They will also take responsibility for its subsequent maintenance. This will involve training and supporting other CAWT Sub-groups in the use of ICT to enable them to contribute to, maintain and enhance their sections of the website. It will also be necessary to work with the CAWT Secretariat and ICT Sub-group to develop website protocols. The ICT Sub-group welcome the appointment of Mark Jenkins, who took up the post of CAWT ICT Officer on 28th October 2002.

CAWT ICT Strategy

Following the publication of the CAWT Strategic Plan (2001 – 2004), the need for an ICT Strategy to underpin this work became evident. ICT has a pivotal role to play in achieving CAWT's objectives. This role is envisioned as an enabling infrastructure to support CAWT's strategic plan, strengthen communications and enhance individual initiatives undertaken. To kick-start the development of the ICT Strategy, the group

HUMAN RESOURCES

used a Rapid Strategy Development workshop facilitated by Cathy Mullan. The afternoon proved to be challenging, fun and very productive as it gave the bones of a strategy. A writing group was then formed to put flesh on the bones. A draft strategy has now been completed and the group hopes to present this document, which describes the strategic direction for the development of ICT in the CAWT organisation for the period 2002 – 2005, to the Management Board in the near future.

Increased Representation – Boards & Trusts

It became apparent during the year that it was necessary to re-examine the structure of the group, in particular the lack of representation from the Trusts in WHSSB and SHSSB. Approval was sought through the CAWT Secretariat to invite Trust representation onto the group. We are very pleased to welcome an additional seven members from the Trusts to the group. We feel that their contribution will be critical in developing a balanced and informed strategic direction for our work.

Future Plans

The ICT Strategy will provide a focus for the continuing work of the ICT Sub-group. Among our priorities for 2003 are:

- The development and launch of the CAWT website,
- A publicity campaign to promote the website
- A training programme in website use and maintenance for CAWT sub-group members.
- The development of ICT standards for use by CAWT, including data security and confidentiality policies as well as guidelines for the use of ICT in CAWT projects
- The promotion of ICT so that ICT considerations become an integral part of all CAWT project definition documents.

The Human Resources Sub-Group continues to support the implementation of CAWT's Strategic and Business Plans. The CAWT Directors of Human Resources have begun to consider a strategy which will invest in training and education, devise and implement best practice employment policies and procedures, look at the balance between work-home life, establish performance management and encourage a partnership approach. They have also worked up service development proposals in order to initiate further work on issues of cross border mobility of the work force, and management development and training for service providers.

The success of the service development proposals across the range of CAWT activity has meant that some 30 posts are being created to work in projects supported with European funding. In order to facilitate this process the Directors of Human Resources established a number of fundamental principles to support the recruitment of staff.

- New posts would be trawled internally within the CAWT Boards and Trusts.
- Appointees would be seconded and their contracts would be held with their current employer.
- When appointed, underlying terms and conditions would remain the same.

The Sub-group also established a contract between CAWT and Westcare Business Services, a support agency based in WHSSB, who would evaluate posts and support Sub-groups in co-ordinating the recruitment process.

A key issue for any organisation is to examine the training and development needs of its employees. Under the auspices of the Human Resources Sub-group, the Management and Learning Development Managers from the border Health Boards came together to identify suitable training initiatives. They subsequently met on several occasions and planned a series of developments in response to the deficits and common issues identified by health and social care professionals themselves.

An important area, which has been of concern to the sub-group, has been the constraints to cross border working as identified in the Altnagelvin/Letterkenny Partnership Project. The Directors were also supportive of the CAWT response to the North South Ministerial Council's Study of Obstacles to Mobility Report, which amongst other things drew attention to the inability of professionally trained staff to move easily between the North and South. This has seriously inhibited joint appointments, staff rotations, placements and cross cover. The need for maximum co-operation with regard to the recognition of professional qualifications and administrative issues around the comparable grading of staff, conditions of employment, job descriptions and pay scales were also highlighted.

A method for dealing with these constraints, together with a framework for looking at all Human Resources cross border issues, has been put forward in a Service Development Proposal submitted to the Management Board.

COMMUNICATION

The Communications Sub-group was set up in May 2001. It comprises public relations/communication personnel from the four Health Boards and seven Trusts involved in CAWT, working collaboratively to promote the work of CAWT and improve internal and external communications.

The sub-group's first objective was to develop a communication strategy for CAWT. Using the Rapid Strategy Development technique the Sub-group participated in a half-day workshop in June 2001 to identify the communication needs of CAWT and to develop the first rough draft of the strategy. Feedback from all the workshops was brought together and a small writing group, involving members from the North and South, met on several occasions to further develop the strategy and an action plan. Following consultation with the CAWT Secretariat and other sub-group chairs, the final strategy was presented to the CAWT Management Board at their meeting in

February and received their approval and endorsement.

The strategy has three main themes:

- **External communication**, and the need to increase the understanding and awareness of CAWT and cross border working to a wider audience – local, regional, national and international;
- **Internal communication**, and the need to improve communication between the various elements of the CAWT organisation; and
- **Information communication technology**, and the need to fully exploit existing and new channels of communication.

The overriding aim of the strategy, however, is to ensure CAWT communicates effectively with its target groups the purpose, role and achievements of CAWT and secures optimum involvement in, and ownership of, the CAWT agenda.

The successful implementation of the strategy will rely heavily on the support and active participation of everyone who has an interest and involvement in CAWT and in particular of those within the other CAWT sub-groups. However, in order to drive the strategy and prioritise its action plan, the sub-group stressed the need for the appointment of a full-time Communications Co-ordinator. In 2000/01, the benefits of assigning a dedicated post to this role, albeit for a short period of time, was evident in the establishment of the Communications Sub-group as it set about co-ordinating the development of the communications strategy and in progressing a number of initiatives to improve internal and external communications. The sub-group was delighted, therefore, that funding was secured by CAWT to appoint a full-time Communications Co-ordinator. The sub-group has been involved in the recruitment process for the post and it is hoped that an appointment will be made in late 2002. The sub-group also welcome the appointment of an ICT Officer, whose primary objective will be to support the development of the CAWT website.



CAWT Management Board



Director General signs rev

2002 IN



CAWT Secretariat Past & Present



Launch of the GP Out of Hours Feasibility Study



Launch of the GP Out of Hours Feasibility Study



signed Ballyconnell Agreement

COLOUR



Past CAWT Management Board



CAWT Resource Unit Staff



*Population Health
CAWT Region*



Mental Health Seminar

The Communications Co-ordinator will support the work of the sub-group, and we look forward to working with the successful applicant in moving forward the strategy and implementing its action plan during 2003.

FINANCE MATTERS

Almost all of the £5.5m EU Peace and Reconciliation funding which had been allocated to CAWT projects had been spent by September 2001, with only £24,000 approximately remaining to be spent in December 2001 and reported in the year to 30th September 2002. Final monitoring returns and claims have been made to the funding Departments and the balance of funds due to CAWT is expected to be paid over as soon as the Peace 1 programme has been formally closed.

The planned independent examination of

project expenditure incurred in the Republic of Ireland was carried out during 2002.

The following tables provide details of the funding received and the expenditure incurred in respect of EU SSPPR funded projects for the year ended 30th September 2002, 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.

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. The impact of this is identified in the reconciliation of recharges across jurisdictions shown after the summary of expenditure table.

SUMMARY EXPENDITURE AND EU SSPR FUNDING TO 30th SEPTEMBER 2002

N. IRELAND

PROJECT	YEAR ENDED 30/9/02			CUMULATIVE TO 30/9/02		
	Expenditure £	EU SSPR £	Surp/Deficit £	Expenditure £	EU SSPR £	Surp/Deficit £
CAWT Support Unit Phase 1	0	0	0	106955	110500	3545
CAWT Support Unit Phase 2	52	0	52	333070	269941	-63129
Community Childhood Accident Project Phase 1	0	0	0	201501	152000	-49501
Community Childhood Accident Project Phase 2	0	0	0	115457	128739	13282
Flexi-Worker Scheme	0	0	0	37500	37500	0
Protecting Children with a Disability	0	0	0	111000	55500	-55500
Parenting Initiatives	0	0	0	26011	69500	43489
Primary Care in Border Areas Phase 1	8043	0	-8043	237336	237336	0
Primary Care in Border Areas Phase 2	12993	0	-12993	361567	361567	0
Improving Health in Border Regions	0	0	0	236963	233333	-3630
Improving Health in Border Regions Phase 2	0	0	0	137847	107500	-30347
Ambulance Training	0	0	0	146921	167000	20079
CAWT Acute Services Project	0	0	0	47519	25000	-22519
Melvin Mental Health Partnership	0	0	0	226571	226571	0
Cognitive Therapy Services Training	0	0	0	82472	82472	0
AGH/Letterkenny Hospital Project	0	0	0	31000	31000	0
Letterkenny/BCH Cancer Services	4439	0	-4439	95300	95300	0
TOTAL	25423	0	-25423	2534990	2390759	-144231

REPUBLIC OF IRELAND

PROJECT	YEAR ENDED 30/9/02			CUMULATIVE TO 30/9/02		
	Expenditure £	EU SSPR £	Surp/Deficit £	Expenditure £	EU SSPR £	Surp/Deficit £
CAWT Support Unit Phase 1	0	0	0	114045	110500	-3545
CAWT Support Unit Phase 2	0	4789	4789	160299	234839	74540
Community Childhood Accident Project Phase 1	0	0	0	102499	149424	46925
Community Childhood Accident Project Phase 2	-2577	0	2577	75350	64206	-11144
Flexi-Worker Scheme	0	0	0	37500	36698	-802
Protecting Children with a Disability	0	0	0	0	55500	55500
Parenting Initiatives	0	2102	2102	113114	57903	-55211
Primary Care in Border Areas Phase 1	0	3049	3049	422664	422664	0
Primary Care in Border Areas Phase 2	0	2951	2951	279495	246507	-32988
Improving Health in Border Regions	0	0	0	200495	204125	3630
Improving Health in Border Regions Phase 2	0	53500	53500	75956	103088	27132
Ambulance Training	0	0	0	197079	155477	-41602
CAWT Acute Services Project	0	0	0	0	22470	22470
Melvin Mental Health Partnership	0	0	0	235393	189596	-45797
Cognitive Therapy Services Training	0	0	0	59245	49064	-10181
AGH/Letterkenny Hospital Project	0	0	0	34832	34832	0
Letterkenny/BCH Cancer Services	0	16499	16499	524345	524345	0
Drugs Awareness Project	0	0	0	133333	127782	-5551
Community Youth Programme	0	0	0	219000	181091	-37909
TOTAL	-2577	82890	85467	2984644	2970111	-14533

SUMMARY EXPENDITURE AND EU SSPPR FUNDING TO 30th SEPTEMBER 2002

N IRELAND AND REPUBLIC OF IRELAND

PROJECT	YEAR ENDED 30/9/02			CUMULATIVE TO 30/9/02		
	Expenditure	EU SSPPR	Surp/Deficit	Expenditure	EU SSPPR	Surp/Deficit
	£	£	£	£	£	£
CAWT Support Unit Phase 1	0	0	0	221000	221000	0
CAWT Support Unit Phase 2	-52	4789	4841	493369	504780	11411
Community Childhood Accident Project Phase 1	0	0	0	304000	301424	-2576
Community Childhood Accident Project Phase 2	-2577	0	2577	190807	192945	2138
Flexi-Worker Scheme	0	0	0	75000	74198	-802
Protecting Children with a Disability	0	0	0	111000	111000	0
Parenting Initiatives	0	2102	2102	139125	127403	-11722
Primary Care in Border Areas Phase 1	8043	3049	-4994	660000	660000	0
Primary Care in Border Areas Phase 2	12993	2951	-10042	641062	608074	-32988
Improving Health in Border Regions	0	0	0	437458	437458	0
Improving Health in Border Regions Phase 2	0	53500	53500	213803	210588	-3215
Ambulance Training	0	0	0	344000	322477	-21523
CAWT Acute Services Project	0	0	0	47519	47470	-49
Melvin Mental Health Partnership	0	0	0	461964	416167	-45797
Cognitive Therapy Services Training	0	0	0	141717	131536	-10181
AGH/Letterkenny Hospital Project	0	0	0	65832	65832	0
Letterkenny/BCH Cancer Services	4439	16499	12060	619645	619645	0
Drugs Awareness Project	0	0	0	133333	127782	-5551
Community Youth Programme	0	0	0	219000	181091	-37909
TOTAL	22846	82890	60044	5519634	5360870	-158764

RECONCILIATION OF RECHARGES DUE ACROSS JURISDICTIONS

N. Ireland Expenditure over N.Ireland Funding	144231
Total recharge to Republic of Ireland re Projects	144231
ROI expenditure over ROI funding	-14533
Less funding owed to projects from DFA	196801
Net cost of recharges from N Ireland	182268
Currency differential	-38037
Total recharge from N Ireland re Projects.	144231

TABLE 1**CAWT SUPPORT UNIT PHASE 1 EU13 / PR665 ERDF**

	Y.E. 30.09.02 £	Cum. 30.09.02 £
N. Ireland		
Expenditure	0	106955
EU SSPPR	0	110500
Surplus/Deficit	0	3545
Republic of Ireland		
Expenditure	0	114045
EU SSPPR	0	110500
Surplus/Deficit	0	-3545
Total		
Expenditure	0	221000
EU SSPPR	0	221000
Surplus/Deficit	0	0

TABLE 2**CAWT SUPPORT UNIT PHASE 2 EU113 / PR665 ERDF**

	Y.E. 30.09.02 £	Cum. 30.09.02 £
N. Ireland		
Expenditure	-52	333070
EU SSPPR	0	269941
Surplus/Deficit	52	-63129
Republic of Ireland		
Expenditure	0	160299
EU SSPPR	4789	234839
Surplus/Deficit	4789	74540
Total		
Expenditure	-52	493369
EU SSPPR	4789	504780
Surplus/Deficit	4841	11411

TABLE 3

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

	Y.E. 30.09.02 £	Cum. 30.09.02 £
N. Ireland		
Expenditure	0	201501
EU SSPPR	0	152000
Surplus/Deficit	0	-49501
Republic of Ireland		
Expenditure	0	102499
EU SSPPR	0	149424
Surplus/Deficit	0	46925
Total		
Expenditure	0	304000
EU SSPPR	0	301424
Surplus/Deficit	0	-2576

TABLE 4

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

	Y.E. 30.09.02 £	Cum. 30.09.02 £
N. Ireland		
Expenditure	0	115457
EU SSPPR	0	128739
Surplus/Deficit	0	13282
Republic of Ireland		
Expenditure	-2577	75350
EU SSPPR	0	64206
Surplus/Deficit	2577	-11144
Total		
Expenditure	-2577	190807
EU SSPPR	0	192945
Surplus/Deficit	2577	2138

TABLE 5**PROTECTING CHILDREN WITH A DISABILITY EU8 / PR 668 ERDF**

	Y.E. 30.09.02 £	Cum. 30.09.02 £
N. Ireland		
Expenditure	0	111000
EU SSPPR	0	55500
Surplus/Deficit	0	-55500
Republic of Ireland		
Expenditure	0	0
EU SSPPR	0	55500
Surplus/Deficit	0	55500
Total		
Expenditure	0	111000
EU SSPPR	0	111000
Surplus/Deficit	0	0

TABLE 6**PARENTING INITIATIVES EU10 / PR666 ESF**

	Y.E. 30.09.02 £	Cum. 30.09.02 £
N. Ireland		
Expenditure	0	26011
EU SSPPR	0	69500
Surplus/Deficit	0	43489
Republic of Ireland		
Expenditure	0	113114
EU SSPPR	2102	57903
Surplus/Deficit	2102	-55211
Total		
Expenditure	0	139125
EU SSPPR	2102	127403
Surplus/Deficit	2102	-11722

TABLE 7

PRIMARY CARE IN BORDER AREAS EU68 / PR 1344 ERDF/ESF

	Y.E. 30.09.02 £	Cum. 30.09.02 £
N. Ireland		
Expenditure	8043	237336
EU SSPPR	0	237336
Surplus/Deficit	-8043	0
Republic of Ireland		
Expenditure	0	422664
EU SSPPR	3049	422664
Surplus/Deficit	3049	0
Total		
Expenditure	8043	660000
EU SSPPR	3049	660000
Surplus/Deficit	-4994	0

TABLE 8

PRIMARY CARE IN BORDER AREAS PHASE 2 EU168 / PR 1344 ERDF/ESF

	Y.E. 30.09.02 £	Cum. 30.09.02 £
N. Ireland		
Expenditure	12993	361567
EU SSPPR	0	361567
Surplus/Deficit	-12993	0
Republic of Ireland		
Expenditure	0	279495
EU SSPPR	2951	246507
Surplus/Deficit	2951	-32988
Total		
Expenditure	12993	641062
EU SSPPR	2951	608074
Surplus/Deficit	-10042	-32988

TABLE 9

IMPROVING HEALTH IN BORDER REGIONS EU65 /PR210 ERDF

	Y.E. 30.09.02 £	Cum. 30.09.02 £
N. Ireland		
Expenditure	0	236963
EU SSPPR	0	233333
Surplus/Deficit	0	-3630
Republic of Ireland		
Expenditure	0	200495
EU SSPPR	0	204125
Surplus/Deficit	0	3630
Total		
Expenditure	0	437458
EU SSPPR	0	437458
Surplus/Deficit	0	0

TABLE 10

IMPROVING HEALTH IN BORDER REGIONS PHASE 2 EU165 ERDF/ESF

	Y.E. 30.09.02 £	Cum. 30.09.02 £
N. Ireland		
Expenditure	0	137847
EU SSPPR	0	107500
Surplus/Deficit	0	-30347
Republic of Ireland		
Expenditure	0	75956
EU SSPPR	53500	103088
Surplus/Deficit	53500	27132
Total		
Expenditure	0	213803
EU SSPPR	53500	210588
Surplus/Deficit	53500	-3215

**TABLE 11****AMBULANCE TRAINING EU51 / PR853 ESF/ERDF**

	Y.E. 30.09.02 £	Cum. 30.09.02 £
N. Ireland		
Expenditure	0	146921
EU SSPPR	0	167000
Surplus/Deficit	0	20079
Republic of Ireland		
Expenditure	0	197079
EU SSPPR	0	155477
Surplus/Deficit	0	-41602
Total		
Expenditure	0	344000
EU SSPPR	0	322477
Surplus/Deficit	0	-21523

TABLE 12**CAWTAS EU161 ESF**

	Y.E. 30.09.02 £	Cum. 30.09.02 £
N. Ireland		
Expenditure	0	47519
EU SSPPR	0	25000
Surplus/Deficit	0	-22519
Republic of Ireland		
Expenditure	0	0
EU SSPPR	0	22470
Surplus/Deficit	0	22470
Total		
Expenditure	0	47519
EU SSPPR	0	47470
Surplus/Deficit	0	-49

TABLE 13**MELVIN MENTAL HEALTH PARTNERSHIP EU 114 ESF**

	Y.E. 30.09.02 £	Cum. 30.09.02 £
N. Ireland		
Expenditure	0	226571
EU SSPPR	0	226571
Surplus/Deficit	0	0
Republic of Ireland		
Expenditure	0	235393
EU SSPPR	0	189596
Surplus/Deficit	0	-45797
Total		
Expenditure	0	461964
EU SSPPR	0	416167
Surplus/Deficit	0	-45797

TABLE 14**COGNITIVE THERAPY SERVICES TRAINING EU 167 ESF/ERDF**

	Y.E. 30.09.02 £	Cum. 30.09.02 £
N. Ireland		
Expenditure	0	82472
EU SSPPR	0	82472
Surplus/Deficit	0	0
Republic of Ireland		
Expenditure	0	59245
EU SSPPR	0	49064
Surplus/Deficit	0	-10181
Total		
Expenditure	0	141717
EU SSPPR	0	131536
Surplus/Deficit	0	-10181

TABLE 15

AGH/LETTERKENNY HOSPITAL PROJECT EU 160 ERDF

	Y.E. 30.09.02 £	Cum. 30.09.02 £
N. Ireland		
Expenditure	0	31000
EU SSPPR	0	31000
Surplus/Deficit	0	0
Republic of Ireland		
Expenditure	0	34832
EU SSPPR	0	34832
Surplus/Deficit	0	0
Total		
Expenditure	0	65832
EU SSPPR	0	65832
Surplus/Deficit	0	0

TABLE 16

LETTERKENNY/BCH CANCER SERVICES PROJECT EU 118 ERDF

	Y.E. 30.09.02 £	Cum. 30.09.02 £
N. Ireland		
Expenditure	4439	95300
EU SSPPR	0	95300
Surplus/Deficit	-4439	0
Republic of Ireland		
Expenditure	0	524345
EU SSPPR	16499	524345
Surplus/Deficit	16499	0
Total		
Expenditure	4439	619645
EU SSPPR	16499	619645
Surplus/Deficit	12060	0

TABLE 17**FLEXI-WORKER SCHEME EU11 / PR 664 ESF**

	Y.E. 30.09.02 £	Cum. 30.09.02 £
N. Ireland		
Expenditure	0	37500
EU SSPPR	0	37500
Surplus/Deficit	0	0
Republic of Ireland		
Expenditure	0	37500
EU SSPPR	0	36698
Surplus/Deficit	0	-802
Total		
Expenditure	0	75000
EU SSPPR	0	74198
Surplus/Deficit	0	-802

TABLE 18**DRUGS AWARENESS EU62 ESF**

	Y.E. 30.09.02 £	Cum. 30.09.02 £
Republic of Ireland		
Expenditure	0	133333
EU SSPPR	0	127782
Surplus/Deficit	0	-5551

TABLE 19**COMMUNITY YOUTH PROGRAMME EU14 ESF**

	Y.E. 30.09.01 £	Cum. 30.09.01 £
Republic of Ireland		
Expenditure	0	219000
EU SSPPR	0	181091
Surplus/Deficit	0	-37909



APPENDIX 1

The Ballyconnell Agreement

(Revised 9th October, 1998 and 20th September 2002)

The Ballyconnell Agreement was made on 10th July 1992 between the North Eastern Health Board and the North Western Health Board in the Republic of Ireland and the Southern Health and Social Services

Board and the Western Health and Social Services Board in Northern Ireland. It is reviewed at each Annual General Meeting of Co-operation and Working Together which is the cross border body

1. The agreement now includes the original four Boards, together with Craigavon Area, Craigavon and Banbridge Community, Newry and Mourne, Armagh and Dungannon, Altmagelvin Hospitals, Sperrin Lakeland and Foyle Health and Social Services Trusts. The Board areas embrace the whole of the land boundary between the Republic of Ireland and Northern Ireland. Between them they comprise a population of over one million, 21% of the island and some 25% of the land area.
2. Health Boards in the Republic of Ireland and Health and Social Services Boards and Trusts in Northern Ireland all have as their primary aim the improvement of health and social well-being of their resident populations. In the European context they are unique in providing an integrated range of health and personal social services.
3. The four Boards and the seven Trusts will pursue opportunities for co-operation by looking beyond their own Board boundary when planning and providing services and by offering direct support and encouragement to work being undertaken on a cross border basis. This co-operation seeks to overcome the special development problems of the border population arising from its relative isolation both geographically and within national economies and within the European Community as a whole.
4. CAWT will seek to avail of the opportunities for joint working and financial assistance from the European Commission and other sources in furtherance of its aims to improve health and social well-being. CAWT will promote Government and European awareness and support for this Agreement.
5. The Chairpersons and Chief Officers of the four Boards, together with one nominated Trust Chairperson and one nominated Trust Chief Executive, will form the Management Board of CAWT. This will be the main policy and decision making forum and will meet at least three times each year, overseeing the strategic direction and operational plans, and will monitor and evaluate progress.
6. Every second year, at the AGM, a Director General will be appointed, or re-appointed from the Chief Officers on the Management Board. The normal term of office will be two years. The Director General will chair meetings of the Management Board, summon meetings of the Joint Executive, represent CAWT where appropriate and oversee the work of the Principal Executive Officer and Secretariat in implementing the decisions of the Management Board and Joint Executive.
7. A Joint Executive will comprise the Chief Officers on the Management Board, together with the Secretariat (one Senior Officer, nominated by their Chief Executive from each of the four Boards).
- 7.1 The Joint Executive will report to the Management Board and will have such powers as have been properly devolved to it by minuted resolution of the Management Board. It may carry out its business by meeting, videoconferencing or teleconferencing, which will be organised by the Director General in conjunction with the Principal Executive Officer.

created by the Agreement. Such reviews resulted in revisions to the Agreement in October 1998 and September 2002, although the revised versions must always be read in conjunction with the original document.

7.2 Chief Officers, if unavailable to attend the Joint Executive meetings, may be represented by their duly appointed deputy.

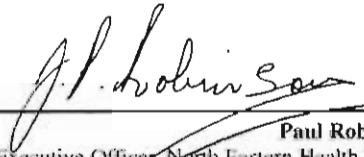
8. The Secretariat will bring their own experience and talents, together with the interests of the Boards they represent and will work closely to explore the potential for cross-border co-operation across all Programmes of Care. They will implement the decisions of the Management Board and the operational decisions of the Joint Executive.


9. All three groups will be supported by a Corporate Services Structure headed by a Principal Executive Officer who will report directly to the Director General.


9.1 The Corporate Services Structure will drive the implementation of the strategic and operational plans, provide financial monitoring and advice, develop creative ideas, build contacts and create networks.

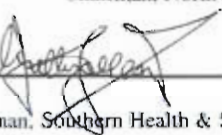
10. A meeting in the spring of each year will review the Agreement, take stock and assess progress. The Secretariat will produce an Annual Report for approval of the Management Board.


11. The Management Board re-affirms its commitment to the ethos and integrity of the original Ballyconnell Agreement of July 1992.

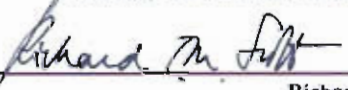
Signed: 
Paul Robinson
Chief Executive Officer, North Eastern Health Board
Director General CAWT

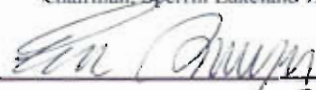
Signed: 
John Bradley
Chairman, Western Health & Social Services Board

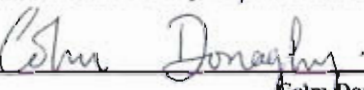
Signed: 
Declan Breathnach
Chairman, North Eastern Health Board

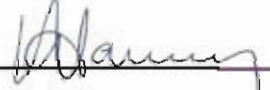
Signed: 
William Gillespie
Chairman, Southern Health & Social Services Board

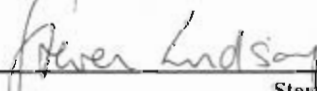
Signed: 
Bernard McGuinness
Chairman, North Western Health Board

Signed: 
Richard Scott
Chairman, Sperrin Lakeland H&SC Trust

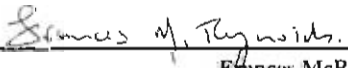
Signed: 
Eric Bowyer
Chief Executive, Newry & Mourne H&SS Trust

Signed: 
Colm Donaghy
Chief Executive, Southern Health & Social Services Board

Signed: 
Pat Harvey
Chief Executive Officer, North Western Health Board

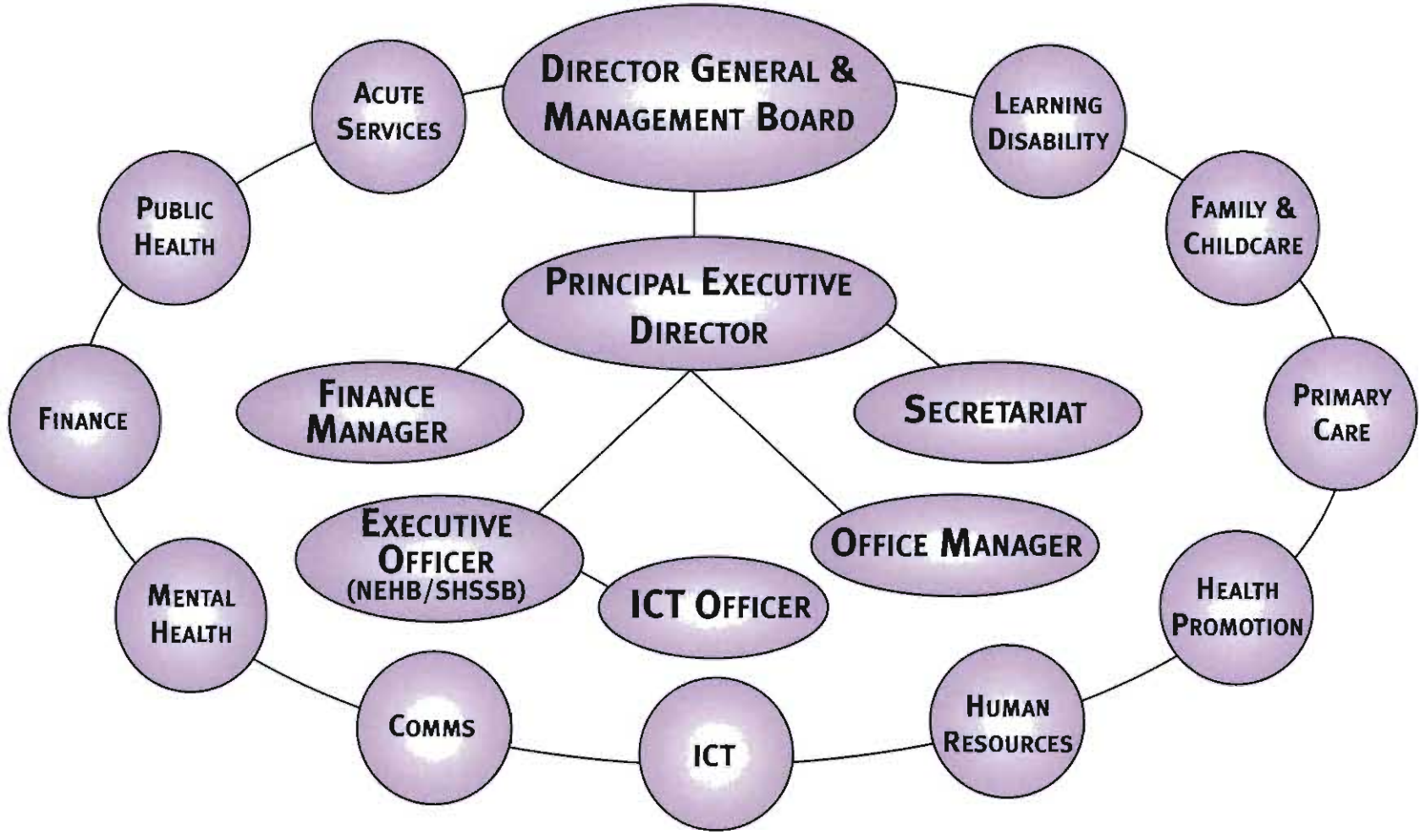
Signed: 
Steven Lindsay
Chief Executive, Western Health & Social Services Board

Date: 3rd December 2002

Witness: 
Frances McReynolds
Principal Executive Officer, CAWT

APPENDIX 2

CAWT ORGANISATIONAL PROFILE



THE CAWT MANAGEMENT BOARD AT 31st DECEMBER 2002

Mr Paul Robinson
Chief Executive Officer, North Eastern Health Board

Mr Eric Bowyer
Chief Executive, Newry and Mourne Health & Social Services Trust

Mr John Bradley
Chairman, Western Health and Social Services Board

Councillor Bernard McGuinness
Chairman, North Western Health Board

Mr Colm Donaghy
Chief Executive, Southern Health and Social Services Board

Councillor Declan Breathnach
Chairman, North Eastern Health Board

Mr William Gillespie
Chairman, Southern Health and Social Services Board

Mr Pat Harvey
Chief Executive Officer, North Western Health Board

Mr Steven Lindsay
Chief Executive, Western Health and Social Services Board

Mr Richard Scott
Chairman, Sperrin Lakeland Health and Social Care Trust



co-operation and working together

for health gain and social well being in border areas



CAWT Resource Unit
Administration Offices,
Gransha Park,
Clooney Road,
L/Derry,
BT47 6TF

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Fax: 028 7186 5193