

Introduction

Co-operation and Working Together (CAWT), the cross border health and social care partnership operating in the Ireland / Northern Ireland border region, appreciates this opportunity to contribute to the 'Review of the Balance of Competences' (Government Review of the Balance of Competences between the UK and the European Union) by the Department of Business, Innovation and Skills (UK).

In relation to cross border work, the CAWT partnership facilitates the health services to work together in the border region of Ireland/Northern Ireland, for the benefit of local populations. The CAWT partnership was established in 1992, with the aim of improving the health and social well-being of residents located along the border region of Northern Ireland and the Republic of Ireland. Its conception arose from a mutual recognition that, in addition to possessing a common demographic profile, the region in both jurisdictions share specific challenges, including relative long distances from large urban centres and is characterised by more peripheral areas. Within health and social care, it was felt that these challenges could be best tackled through identifying and exploiting opportunities to work together, in order to improve the health and social well-being of the border populations.

The CAWT partners are:

- Public Health Agency in Northern Ireland
- Health and Social Care Board in Northern Ireland
- Health Service Executive (HSE) in the Republic of Ireland
- Southern Health and Social Care Trust in Northern Ireland
- Western Health and Social Care Trust in Northern Ireland

The CAWT partnership provides an overarching framework for the planning, management and implementation of cross border health care across the entire border region of Ireland /Northern Ireland. By bringing all the players together from the statutory health and social care services, CAWT has been able to pursue a co-ordinated and strategic focus and at the same time ensure work undertaken complements national Government and Health Department priorities.

The CAWT territory embraces the whole of the land boundary between the Republic of Ireland and Northern Ireland, accounts for twenty five percent of the total area of the island of Ireland and has a population of 1.6 million. CAWT has a long history of overseeing EU structural funds for cross border health and social care activities. Currently CAWT (on behalf of the Department of Health, Social Services, Public Safety in Northern Ireland and the Department of Health in the Republic of Ireland) is implementing the European Union INTERREG IVA Priority 2, Theme 1: *Co-operation*

for a sustainable cross-border region/Collaboration. Under this measure the CAWT partners are delivering a suite of 12 projects, which enable people to have better access to quality health and social care services, as well as promoting and protecting health and well-being and reducing health inequalities.

CAWT has provided input into a selection of questions posed by this Review in areas where it has specific expertise. CAWT is responding as a partnership of six statutory organisations operating in the border region of Ireland/Northern Ireland.

Responses to specific questions

6. To what extent should the funds be targeted at less developed areas and disadvantaged groups of society rather than being available as sources of investment for economic development across all areas?

While there have been significant advances in Health and Social Care in recent years and people are living longer, it is clear that the health and wellbeing gap between affluent and disadvantaged groups has widened. There is considerable evidence that the more socially and economically advantaged people are, the better their health. According to Marmot Review into Health Inequalities (2010): *‘People with higher socioeconomic position in society have a greater array of life chances and more opportunities to lead a flourishing life. They also have better health. The two are linked: the more favoured people are, socially and economically, the better their health.’* So economic prosperity and health inequalities are inextricably linked. The Review also states that *‘Economic growth without reducing relative inequality will not reduce health inequalities. The economic growth of the last 30 years has not narrowed income inequalities.’* According to the Review reducing health inequalities will require action on six policy objectives:

- Give every child the best start in life
- Enable all children young people and adults to maximise their capabilities and have control over their lives
- **Create fair employment and good work for all**
- **Ensure healthy standard of living for all**
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

This is reinforced by *‘Europe 2020, the European Union’s ten-year growth strategy.’* This strategy highlights that to support growth that is smarter, more sustainable and more inclusive, five key targets have been set for the EU to achieve by the end of the decade. These cover employment; education; research and innovation; **social inclusion and poverty reduction**; and climate/energy.

The European Platform against Poverty and Social Exclusion initiative wishes *‘to ensure social and territorial cohesion such that the benefits of growth and jobs are widely shared across the European Union and people experiencing poverty and*

social exclusion are enabled to live in dignity and take an active part in society.' It further states that *'Achieving by 2020 the 75% employment rate target for both women and men set for the Union would represent the single biggest contribution to lifting 20 million Europeans out of poverty.'*

To support this cohesion/regional policy, the European Union has the overall goal of promoting economic prosperity and social cohesion throughout the entire EU territory. By focusing on disadvantaged areas and groups, the EU is supporting the 'balancing out' of disparities so that there is more equality, socially and economically, across all member states. This supports the policy objective of *'creating fair employment and good work for all'* and *'ensuring a healthy standard of living for all.'*

So economic development, which has a focus on less developed areas is to be welcomed. Therefore CAWT would be in favour of policies which ensure that a substantial portion of funds should be targeted at less developed areas and disadvantaged groups in society. CAWT also appreciates that broader economic progress and growth at a EU/ member state / regional level will bring benefits more widely but requires a complementary targeted focus on disadvantaged groups and areas in order to ensure the benefits are more fairly distributed.

7. How effective in your view is accountability and financial management of the funds outlined in the paper? What further steps if any might be taken to provide increased assurance for EU taxpayers?

The EU needs to ensure it is striking the right balance between accountability and financial management of the funds and stimulating innovative solutions to the challenges the various funds are seeking to address. There is a general view that the verification process for the current EU funds is about 'spending £10 to save a £1' in terms of the level of scrutiny of expenditure and associated procurement procedures which have already been through an audit and quality assurance process via a statutory organisation in the first place. Level of assurance should be taken from these initial audit and quality assurance processes as opposed to scrutinising the entire process.

8. What are the main barriers to accessing EU funds? What might be done to overcome these?

The perception of every increasing bureaucracy in applying, accessing and accounting for how EU funds are spent is a barrier to accessing EU funds. So, any progress that can be made in reducing the amount of bureaucracy required should result in more numerous and successful funding bids. There needs to be recognition of the various types of sectors which may apply for EU funding and a level of customisation of the rules for specific sectors allowed. This recognition that different sectors operate within different financial and regulatory frameworks and aligning EU funding rules more closely to the different sectors would be helpful. The 'one size fits all approach' creates difficulties and reduces the opportunities for developing

innovative and creative solutions to challenges in different sectors. The different interpretations of the EU funding rules by the member states' managing authorities should be more closely examined i.e. are all member states and sectors interpreting the EU funding rules equally? The perception is that this is not the case.

9. What practical steps could be taken to reduce the administrative burdens in getting funding from EU programmes?

The high level of bureaucracy and the relatively long time for project assessment and approval creates difficulties and inefficiencies. Reductions in administrative burdens would enable more efficient and effective project start-up and implementation. In practice this could involve:

- More project development support to be available to project applicants
- Providing sufficient notice of calls for applications
- Speeding up the decision making process for project approvals/rejections
- More use of sector specific experts in the approval process when technical applications are being discussed.
- Broader application of unit costs which should be agreed at the outset
- Application of same rules and regulations throughout the lifetime of the programme, with no changes once projects have been approved and are operational.
- Ensure all of the guidance and regulations associated with EU programmes are easily accessible to all applicants.

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