IMPACT EVALUATION

Interreg VA – Priority Axis 4
Health & Social Care

Assessment of the impact of the COVID-19 pandemic on PA4 projects

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t33 Srl - www.t33.it
via Calatafimi 1, 60121 Ancona (Italy)
Tel.+39 071 9715460 - Fax +39 0719715461
E-mail: info@t33.it

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Acronyms

ADHD: Attention Deficit Hyperactivity Disorder

AF: Application Form

AIR: Annual Implementation Report

BSO PaLS: Business Services Organisation – Procurement and Logistics Service

CBC: Cross-Border Cooperation

CBCN: Cross Border Community Networks

ETC: European Territorial Cooperation

EU: European Union

HBS: Health Business Services

HSC: Health and Social Care Trust

HSE: Health Service Executive

NHS: National Health Service

NI: Northern Ireland

NSPCC: National Society for the Prevention of Cruelty to Children

PA: Priority Axis

PP: Project Partner

PPE: Personal Protective equipment

RoI: Republic of Ireland

SEUPB: Special EU Programmes Body

WHSCT: Western Health & Social Care Trust

UK: United Kingdom

KEY FINDINGS

Impact of COVID-19

Programme response to the COVID-19 crisis

- The SEUPB moved quickly and smoothly to provide general guidance and assistance to projects to tackle the unprecedented circumstances brought about by the outbreak of COVID-19 and the related restrictive measures.
- The tailor-made response to the specific needs of PA4 projects has proven very useful and has been praised by beneficiaries, with special regard to the flexibility provided by the programme authorities in terms of movement of funds between budget lines, timelines and deployment of the emergency payment scheme. There is a broad consensus on the efficiency and speed of the SEUPB reaction in providing the support needed, facilitated by good two-way communication.

Recommendation

- Should lockdowns and other restrictive measures continue throughout the winter with potential negative effects for projects, the CRII/CRII+ options should be considered for possible future use, with special regard to the possibility to modify rules related to the eligibility of expenditure for operations impacted by COVID-19 and those for 'fostering crisis response capacities' in case projects will need to further adjust their activities in the next months.

Projects response to the crisis

The questionnaires submitted to PA4 projects provided relevant information on the impact of COVID-19 on project activity, the capacity of projects to adapt and their continued ability to deliver, the role of projects in responding to the emergency and the added value provided by cross-border cooperation in this context. The analysis of replies, follow-up questions and interviews with staff from six projects allows a positive picture to be drawn, in particular in the following aspects:

- COVID-19 mostly affected the organisation and running of events and training activity, which had to be cancelled and transferred online, as well as the ability to engage with target groups face-to-face.
- Despite the undoubtedly challenging times faced by the projects, there is a broad consensus expressed by project leaders on the ability of the projects to meet the planned activities specified in the Letters of Offer. All projects expect to be able to deliver the activity in full unless new restrictions hamper their ability to continue their activities.
- The capacity of PA4 projects to alter and adapt their plans has enabled them to meet the needs of the targeted population in the border area, regardless of the limited capacity of people and goods to move across the territory.
- The adaptation measures mainly reflect a shift in the way products and services are delivered to beneficiaries, without altering the main goal pursued by the projects. This translated mainly in the delivery of activities through online platforms and telephone in most cases, thus avoiding face-to-face contact.
- This shift did not come without issues as projects address social and health care challenges where contact with people plays a crucial role for effective delivery of health care services.
- Projects contributed to the frontline response to the emergency in two ways: by redeploying staff in those streams or departments more in need and by providing new services though the project to meet the new needs of the population (e.g. mental health support). With regard to the new services delivered, projects showed a remarkable capacity to work in synergy with local actors committed to supporting communities as well as to make their knowledge and experience more widely available.
- The collaboration between the statutory, community and voluntary sector has enabled a more co-ordinated and effective response to the emergency at community level, e.g. to encourage a greater adoption of digital technologies, to provide PPE or to keep project participants engaged throughout the lockdown.
- These success stories were possible thanks to the presence of territorial care networks that work close to citizens allowing for a prompt identification of the needs of the population. The same intervention logic of the projects reflects how a community-based health care system can be a solution in the context of the pandemic.

Relevance of project strategies in the changing context

- The project intervention logic and their objectives were confirmed as continuing to be relevant despite the pandemic, as the latter did not call into question any of the needs originally targeted by the projects. In some cases, the pandemic has exacerbated certain needs leading to an increase in the demand of services by certain target groups.
- Rather than increasing the demand of specific healthcare needs, the pandemic uncovered the need, in specific circumstances, to provide health care services using different delivery models.
- Overall, all the PA4 projects financed by the Interreg V-A programme not only fully contribute to their original objectives but are also an active part of the community response to tackle new needs in a changing context.

New trends in the management and delivery of health care services: preliminary evidence from projects

Key findings

- The COVID-19 pandemic has generated significant clinical innovation and ways of working, with many of the changes delivered at a pace not previously considered possible. Early findings indicate that changes and innovation fall into four main categories: Digitisation of services; Flexibility of the workforce, new working patterns and redeployment; New ways of working across organisational boundaries; Person-centred care.
- Cross-border cooperation projects have contributed to and been impacted by these shifts that have resulted from the crisis. They now focus even more significantly on health prevention and promotion, support to the most vulnerable in the community, on new ways of delivering emergency acute services and mental health services and on collaboration across the health care system(s).

Contribution of a future programme to the recovery

Key findings

- There is a strong consensus on the potential of a future programme to contribute to the post-COVID-19 recovery of the area.
- From a project perspective, under a future cooperation programme additional effort should be placed upon greater cross-border integration across communities, more opportunities for non-statutory agencies to participate and greater adaptability to changing circumstances.

1 PURPOSE AND STRUCTURE OF THE REPORT

The purpose of this evaluation report is to provide an in-depth analysis of the impact of COVID-19 emergency on projects financed under Priority Axis (PA) 4 of the Interreg V-A Ireland-Northern Ireland- Scotland programme, as well as their ability to adapt to the changing circumstances and to continue delivering the foreseen outputs. The main objectives of the report are:

- To assess the support provided by the programme to PA4 projects, both through general and tailored measures.
- To assess the projects' ability to deliver and adapt their activities to the new circumstances, as well as to provide an overview of their involvement in front line emergency activity.
- To illustrate the added value of cross-border cooperation in responding to the crisis.
- To investigate the relevance of project intervention logic in the changing context, the alignment of projects to new trends in the demand and delivery of health care services.
- To provide insight into lessons learnt and potential improvements that can guide the design of future interventions in the health care sector in the area.

With this premise, the report is structured around two main chapters:

Chapter 3 presents the programme and project response to the COVID-19 emergency. For the latter, an overview of the implications of the emergency for projects is provided as well as the adaptation measures taken that allowed them to continue their original workplans but also to cover new emerging needs. A reflection on the contribution of projects to the new trends in the delivery of health care services enables insights to be developed in relation to designing future health and social care interventions in the cooperation area.

Chapter 4 illustrates the progress of the programme in terms of financial absorption, progress of output indicators (project level) and of the result indicator (for PA4).

Annex I provides project overviews that provide a more in-depth illustration of the experience of 5 projects (Acute Service, CoH-Sync, iRecovery, MACE and mPower).

Annex II presents the structure of the questionnaires sent to project leaders, which represent the main data source for drafting this report.

2 METHODOLOGICAL APPROACH

The evaluation team combined qualitative methods, such as questionnaires, interviews and case studies, with the quantitative data analysis of the available programme monitoring data.

In order to involve projects leaders, the evaluation team prepared a questionnaire (see Annex II), agreed with the SEUPB, which was sent via e-mail to the ten project leaders in August 2020, filled in and sent back by 18 September 2020. Following the completion of the questionnaires, the evaluators contacted some of the projects leaders (CAWT for the Acute, CoH-Sync, iRecovery and MACE projects; NHS Scotland for mPower) to discuss specific matters emerging from their answers but also to have a more in-depth understanding of the projects and to elaborate case studies.

Aware of the busy and difficult time for the projects, the follow-up phase took the form of a second written questionnaire for the CAWT-led projects, whilst only the interview to NHS Scotland was conducted via videoconference. This follow-up phase (November 2020) was also meant to take into account the possible implications of the second COVID-19 surge as well as of the new restriction measures introduced in the jurisdictions covered by the programme.

In parallel to the questionnaires and interviews, a desk analysis was carried out on the material directly transmitted by the programme and by project leaders. Project websites were also consulted to get more up to date information on project activities.

The SEUPB staff (one MA programme officer, one JS case officer and one JS manager) were also involved through an interview to gather information on the specific operational measures taken as a result of the emergency but also their points of view on project responses.

3 IMPACT OF COVID-19

3.1 PROGRAMME RESPONSE TO THE COVID-19 CRISIS

Key findings

- The SEUPB moved quickly and smoothly to provide general guidance and assistance to projects to tackle the unprecedented circumstances brought about by the outbreak of COVID-19 and the related restrictive measures.
- The tailor-made response to the specific needs of PA4 projects has proven very useful and has been praised by beneficiaries, with special regard to the flexibility provided by the programme authorities in terms of movement of funds between budget lines, timelines and deployment of the emergency payment scheme. There is a broad consensus on the efficiency and speed of the SEUPB reaction in providing the support needed, facilitated by good two-way communication.

Recommendation

- Should lockdowns and other restrictive measures continue throughout the winter with potential negative effects for projects, the CRII/CRII+ options should be considered for possible future use, with special regard to the possibility to modify rules related to the eligibility of expenditure for operations impacted by COVID-19 and those for 'fostering crisis response capacities' in case projects will need to further adjust their activities in the next months.

The interview with the SEUPB MA and JS officers in November 2020 as well as the desk analysis of relevant documents allowed information and insight regarding the Programme response to the COVID-19 emergency to be collected. The following paragraphs aim to provide an overview on the immediate response of the programme and the guidance provided to all projects; the tailor-made response to tackle the specific needs of each project; the existence and possible future use of flexibility measures provided by the European Commission (CRII/CRII+).

3.1.1 Immediate response and guidance to projects

Box 1 Lockdown and restriction measures in the jurisdictions covered by the Programme.

Republic of Ireland

Lockdown	Timeline	Length
Early measures	12th March to 27th March	11 days
Full lockdown	27th March to 10th April	15 days
Lockdown extension	April 10th to 5th May	3 weeks
Restrictions eased	5th May to 7 August	2 months
Regional restrictions (Laois, Offalay and Kildare)	7th August to 31st August	4 weeks
Level 1	15th September	

Level III – Dublin	18th September – 9th October	3 weeks
Level III – Donegal	25th September – 16th October	3 weeks
Level V – the entire country	16th October – 1st December	6 weeks

Northern Ireland and Scotland

Lockdown	Timeline	Length
Full lockdown	28th March to 15th April	3 weeks and half
Lockdown extension	15th April to 9th May	3 weeks and half
Restrictions eased	14th May	About 4 months
New restrictions	Mid-September	About 1 month
Tightened restrictions	16th October - 13th November	4 weeks

In the early stages of the COVID-19 pandemic (end of March 2020), the SEUPB reached out to its beneficiaries by providing information and assistance to all projects to cope with the unprecedented circumstances, with special regard to the restrictive lockdown measures. In the first instance, the SEUPB provided a guidance information note[1] shared via social media channels, web site and e-mails to all funded projects. The guidance applied to both the PEACE and Interreg V-A programmes with the aim of assisting funded projects in the delivery of activities in the short term, but also supporting their long-term recovery.

The key measures made available to funded projects were:

- Adaptation to enable remote implementation of project activities, where applicable;
- Changes to timelines, targets and funding amounts. Where possible, these changes referred to action specifically taken to continue activity within the principles of the programme Formal changes to Letters of Offer are not yet guaranteed as they are awaiting the approval by the Steering Committee.
- Flexibility around output achievement (e.g. some recommendations for cancelled/postponed events or meetings have been issued, such as carrying out the meeting by other means, seeking reimbursement in line with contractual terms etc.).
- Flexibilities regarding Simplified Cost Options (SCO), available under the PEACE IV Programme only.
- Requests to access national furlough schemes for project employees, in order to protect EU funding for future delivery.
- Emergency payment scheme for 80% of the amount of the payment claims submitted in order to help projects continue to operate and deliver activities. Under emergency arrangements, claims could be submitted without the full information normally required of projects, with verification delayed until a later date (also the narrative element of the progress reports is not required for those claims submitted under the emergency arrangements)

3.1.2 Tailored support to projects

Whilst the initial guidance and measures put in place were meant to be generic, the SEUPB has since been operating on a case-by-case basis to address the specific and different needs identified by projects. The table below summarises the type of support requested by projects and considered by the programme authorities. Most projects engaged with the SEUPB to secure permission to adapt elements of their projects to reduce the impact of COVID-19 restrictions. In particular, flexibility in relation to project delivery timescales was

[1] Available at this link.

requested specifically to extend project end dates where lockdown restrictions had led to delays in delivery. Flexibility to move funds between budget lines was agreed for four projects (Acute, CHITIN, CoH-Sync and iRecovery). While the majority of the requests did not imply any cost extension, two projects (CHITIN and Changing Lives) asked for additional financial resources. The Changing Lives project wanted to establish a sustainability plan for the end of the project, while the CHITIN project requested a cost extension for the delivery of constituent trials whose cost increased due to COVID-19 (purchase of PPE and extension of staff contracts). According to the interviews with the project officers, these requests were rejected, as allocating additional resources at this stage of programme implementation could potentially lead to overcommitment for the programme and this would need to be negotiated with the relevant Government departments. According to the Steering Committee papers from July 2020, the programme has reached an overall commitment of 97.2%.

Lastly, the SEUPB made an emergency payment scheme available to projects potentially facing cashflow issues (not only the ones under PA4). The functioning of such a scheme is similar to the pre-payments mechanism that the programme normally allows for organisations with limited financial capacity, which allows reimbursement of expenditure not yet subjected to first level control. This responded to the fact that mobility restrictions prevented project employees from accessing workplaces where supporting information was being stored. The emergency mechanism, as previously mentioned, enabled beneficiaries to promptly receive 80% of the amount of any claim submitted and to finalise checks at a later date. Four projects had benefitted it from this measure: Need to Talk, Onside, Changing Lives and mPower. In this regard, project lead partners found this flexibility very helpful and effective in the continuation of project activities.

Table 1 Support requested by projects to face COVID-19 implications.

Type of support requested	Projects	Unmet needs
Cost extension	CHITIN, Changing Lives	Additional resources for sustainability plan (Changing Lives) and increased cost of trials (Chitin).
Flexibility to move funds between budget lines	Acute service, CHITIN, CoH-Sync, iRecovery,	-
Flexibility in relation to timelines	Changing Lives, CHITIN, CoH-Sync, iRecovery, MACE, mPower*	-
Emergency payment scheme	Need to Talk, ONSIDE, Changing Lives, mPower*	-

Source: e-mail questionnaires

*still under consideration by the programme authorities

In general, there is a broad consensus on the efficiency and speed of the SEUPB reaction in providing the support needed, facilitated by a good two-way communication. For instance, CAWT-managed projects, through the CAWT Development Centre, have submitted monthly reports to the SEUPB on progress with a particular emphasis on the impact of the COVID-19 pandemic. These frequently updates to the programme authorities on the projects' ability to deliver their output targets as expressed in the Letter of Offer, has facilitated agreement on practical solutions.

In terms of support to enable and facilitate project delivery, project leaders stated that flexibility in terms of moving funds across budget lines was of greatest importance in addressing the changing needs within the project context. This measure, as stated by many lead partners, will help avoid any risk of underspend compared to forecasts for end 2020.

Moreover, the MA and the JS project officers stated that, health projects in particular have shown a great ability to react to these unprecedented times, adapting smartly to the changing circumstances and

demonstrating innovative and creative ways to deliver their activities. Generally, it should be noted that the impact of COVID-19 was not as severe for the Interreg V-A programme as it was for the PEACE programme, where many project activities could not be transferred online and thus experienced significant restrictions to their delivery. It has also been observed how projects could smartly adapt to the new circumstances, showing very innovative and creative ways to deliver their activities.

3.1.3 Use of flexibility measures offered by the European Commission (CRII/CRII+)

In April 2020, the European Commission (EC) launched two packages of measures: the Coronavirus Response Investment Initiative (CRII) and the Coronavirus Response Investment Initiative Plus (CRII+) to mobilise 2014-2020 ESI Funds to face the crisis across EU Member States and regions.

Through the revision of the Common Provision Regulation (EU Reg. 1303/2013) and the ERDF regulation (EU Reg. 1301/2013), the CRII and CRII+ packages provide flexibility for the use of existing, unspent resources through redirecting them where they are most needed. In particular, the CRII has allowed:

- EUR 8 billion of immediate liquidity (using unspent ESI funding related to 2019).
- The introduction of new types of investments necessary to strengthen the crisis response capacities of healthcare services (modification of investment priorities under Thematic Objective 1[2]).
- Flexibility in the application of EU spending rules.
- Extension of the scope of the EU Solidarity Fund.
- Extension of expenditure for 'operations for fostering crisis response capacities' (eligible retroactively as of 10 February 2020).

Furthermore, the CRII+ has provided the possibility to:

- Transfer unallocated EU funding between funds (ERDF, ESF, CF) and between categories of regions.
- Have flexibility in terms of thematic concentration.
- Increase the co-financing rate to 100% for expenses incurred in 2020-2021 allowing Member States to benefit from full financing.
- Increase pre-financing rates to allow cash flow.

At the time of drafting this report, the SEUPB has not requested the use of any of the aforementioned options. It should be noted, however, that the uncertainties related to the 'second wave' of COVID-19 throughout Europe and the new restriction measures in place as of October/November 2020 could potentially lead to new difficulties at programme and project level and to unforeseen needs for flexibility and adjustment.

Should lockdowns and other restriction measures continue throughout the winter with potential negative effects for projects, the CRII/CRII+ options should be considered for a possible future use, with special regard to the possibility to modify rules related to the eligibility of expenditure for operations impacted by COVID-

[2] Article 5 (1) (b) is replaced by the following : "*(b) promoting business investment in R&I, developing links and synergies between enterprises, research and development centres and the higher education sector, in particular promoting investment in product and service development, technology transfer, social innovation, eco-innovation, public service applications, demand stimulation, networking, clusters and open innovation through smart specialisation, and supporting technological and applied research, pilot lines, early product validation actions, advanced manufacturing capabilities and first production, in particular in key enabling technologies and diffusion of general purpose technologies as well as fostering investment necessary for strengthening the crisis response capacities in health services*"

19 and those for 'fostering crisis response capacities' in case projects will need to further adjust their activities in the next months.

3.2 PROJECT RESPONSE TO THE CRISIS

Key findings

The questionnaires submitted to PA4 projects provided relevant information on the impact of COVID-19 on project activity, the capacity of projects to adapt and their continued ability to deliver, the role of projects in responding to the emergency and the added value provided by cross-border cooperation in this context. The analysis of replies, follow-up questions and interviews with staff from six projects allows a positive picture to be drawn, in particular in the following aspects:

- COVID-19 mostly affected the organisation and running of events and training activity, which had to be cancelled and transferred online, as well as the ability to engage with target groups face-to-face.
- Despite the undoubtedly challenging times faced by the projects, there is a broad consensus expressed by project leaders on the ability of the projects to meet the planned activities specified in the Letters of Offer. All projects expect to be able to deliver the activity in full unless new restrictions hamper their ability to continue their activities.
- The capacity of PA4 projects to alter and adapt their plans has enabled them to meet the needs of the targeted population in the border area, regardless of the limited capacity of people and goods to move across the territory.
- The adaptation measures mainly reflect a shift in the way products and services are delivered to beneficiaries, without altering the main goal pursued by the projects. This translated mainly in the delivery of activities through online platforms and telephone in most cases, thus avoiding face-to-face contact.
- This shift did not come without issues as projects address social and health care challenges where contact with people plays a crucial role for effective delivery of health care services.
- Projects contributed to the frontline response to the emergency in two ways: by redeploying staff in those streams or departments more in need and by providing new services though the project to meet the new needs of the population (e.g. mental health support). With regard to the new services delivered, projects showed a remarkable capacity to work in synergy with local actors committed to supporting communities as well as to make their knowledge and experience more widely available.
- The collaboration between the statutory, community and voluntary sector has enabled a more co-ordinated and effective response to the emergency at community level, e.g. to encourage a greater adoption of digital technologies, to provide PPE or to keep project participants engaged throughout the lockdown.
- These success stories were possible thanks to the presence of territorial care networks that work close to citizens allowing for a prompt identification of the needs of the population. The same intervention logic of the projects reflects how a community-based health care system can be a solution in the context of the pandemic.

This chapter illustrates the project response to the crisis and the actions taken by project partners to ensure their activities could continue to be delivered so as to achieve the expected project results. It provides an

overview of the impact of COVID-19 on project implementation, the adaptation measures introduced and the factors enabling the delivery of project health care services in the targeted area.

3.2.1 COVID-19 impact on project implementation

Following consultation with project leaders through the e-mail questionnaire, the types of effect directly generated by the COVID-19 pandemic which affected project implementation are outlined below.

Table 2 Impacts of COVID-19 on PA4 projects

COVID-19 direct impacts on projects	iRecovery	CoH-Sync	MACE	Acute	mPower	CHITIN	Need to Talk	Changing Lives	ONSIDE	iSimpaty
Cancellation of group training, events, travel	x	x	x	x	x	x	x	x	x	
Delays in completing procurement processes	x		x	x	x					
Reduced ability to engage target groups	x	x		x		x	x	x	x	
Increased cost for delivering project outputs						x				
Difficulties in collecting data					x	x				
Impossibility to deliver activities						x				

Source: *e-mail questionnaire to PA4 projects*

The replies to the questionnaire indicate that all the events, training sessions and meetings were cancelled during the lockdown and, where possible, reorganised in an online format. According to the project leaders, this caused a loss also in terms of opportunities for promotion and networking (e.g. Need to Talk project), perceived as crucial to raise people's awareness of the health care services offered by the projects. Beyond the undoubtedly important occasions for networking, some projects suffered from the impossibility to meet patients and, thus, to deliver face-to-face assistance (e.g. CHITIN). Only in few cases, when face-to-face service delivery was necessary did the projects' health professionals meet patients in person, and then only in compliance with social distancing rules. This led in some cases to a reduction in the number of treated patients in some areas, as in the case of the Acute Services project where only a few patients, compared to the those planned, could be accepted in the outpatient clinics. Other projects experienced similar difficulties. The iRecovery project in particular, could not achieve the target beneficiary numbers related to the three mental health and well-being hubs (see the project factsheet in Annex I for more details). The CoH-Sync project, similarly, experienced shortfalls in the number of full health and well-being plans delivered which impacted on the project's ability to engage with the full number of target groups foreseen. Moreover, the CHITIN project, which expected to deliver peer-led walking interventions in post-primary schools, could not reach students due to school closures. Need to Talk and Changing Lives stated that the COVID-19 emergency increased the difficulties in engaging communities, requiring staff to put more effort in utilising existing contacts and networks to identify vulnerable families.

Some projects (iRecovery, Acute, mPower and ONSIDE) accumulated delays in purchasing equipment and recruiting professionals. mPower, in particular, faced difficulties in recruiting health professionals as the public procurement staff were concentrated in the purchase of essential equipment (e.g. PPE). The MACE project experienced some delays in the recruitment process of one project coordinator due to project decision makers being unavailable because of the workload caused by the emergency.

The CHITIN project, which seems to have been heavily impacted by the crisis due to the increased costs associated with trial delivery (e.g. extending staff contracts and PPE provisions), had to sacrifice centrally coordinated activities in support of trials (network-wide events). Moreover, some of the planned trials were forced to cease participant recruitment activities as a result of the increased pressure on primary and secondary care and general practice.

Difficulties in collecting data has been observed in particular by two projects: mPower and CHITIN. This reflects the difficulties in visiting, assisting and interacting with patients and vulnerable populations in person. This required the revision of the methodology for collecting data, representing an issue in those cases where the move to online and telephone appointment were not feasible.
A very early effect (compared to when the pandemic reached the European shores) was experienced by the ONSIDE project, as the supplier of digital equipment, selected through procurement exercise, was from Wuhan (China), where the factory was already in lockdown since January. The equipment in question was not delivered until mid-May 2020 leading to a considerable delay which pushed the project leader to undertake a contingency planning process and revise the project methodology.

3.2.2 Project ability to deliver in full and other risks

Despite the undoubtedly challenging times faced by the projects, there is a broad consensus expressed by the project leaders on the ability of the projects to meet the planned activity and outputs specified in the Letter of Offer. The matrix below provides an overview of the replies of project leaders with regard to the ability to deliver the foreseen activities (fully or partially), stay within the original budget and reach the level of spending foreseen by the end of 2020.

Table 3 Projects ability in delivering expected outputs.

Project ability to deliver	iRecovery	CoH-Sync	MACE	Acute	mPower	CHITIN	Need to Talk	Changing Lives	ONSIDE	iSimpaty
Deliver the activities:										
▪ fully	x	x	x	x			x		x	
▪ only partially					x	x		x		
Stay within the budget	x	x	x	x	x	x		x	x	
Reach spending target		x	x	x	x	x		x	x	

In terms of foreseen activities, projects showed notable abilities in advancing with their workplan: most of them were able to make up the delays caused by the emergency and fully deliver products and services. For instance, the Acute project expects to deliver all the outputs foreseen, even though the reduction in the number of patients assisted in some areas to maintain social distancing will require the lengthening of some services (particularly the Vascular stream) to reach the numbers of beneficiaries targeted by the project. Only three projects had to reduce, at some extent, their activities. The Changing Lives project has been impacted in relation to the elaboration of its sustainability plans. Being in its final year, partners were working with the Department of Health and the Statutory Health Services to develop a scaling up plan, until they were forced to stall the work due to COVID-19. CHITIN anticipates that all the outputs (11 trials and associated training of Health and Social Care structures) will be delivered with some variations in the required timeframe, except for some secondary activities, such as network-wide events, which were cancelled. COVID-19 exacerbated

an already existing delay in the delivery of the Shared Learning work package in the mPower project and the recovery of all the activities is still in doubt.

Reaching the spending target for 2020 as defined in their Letter of Offer seems not to represent an issue for most of the projects, except for iRecovery, for which the spending may be delayed, and the Need to Talk project, which is likely to have under- rather than overspent, due to the lack of costs associated with running face-to-face events (e.g. travel, subsistence, venue and accommodation costs etc).

The overview just presented refers to a situation updated to September 2020, which at the date of the present report, we know has further changed due to the new restrictions measures recently introduced in the different territorial contexts. Projects are aware of the unpredictable nature of the COVID-19 situation and of the necessity to operate within an uncertain climate in which public health guidance and local/regional government advice must be heeded. Thus, in the light of recent developments, it is expected that all the project activities will require further adaptation to meet public health guidelines, particularly in relation to social distancing. Some projects have already adapted to severe public health guidelines required during the first emergency and are therefore able to continue with their approach which are suitable for all levels of local and national restriction.

3.2.3 Adaptation measures

As stated in the previous chapter, projects have proven to be particularly adaptive and resilient in reacting to the emergency since the very early stages of the COVID-19 outbreak. From the consultation with the project leaders, it emerged that the adaptation measures mainly refer to a change in the way products and services are delivered to beneficiaries, without the main goal pursued by the projects being questioned or changed. This shift did not come without issues as projects address social and health care challenges where contact with people plays a crucial role for the effective delivery of healthcare services.

The table below shows how the shifts in the delivery model caused by the restrictions took shape among projects. All projects increased the use of social media and online platforms and turned their delivery models digital. New innovative ways of promoting services and informing that projects have been introduced and new services reflecting the new population needs have been developed. The shift towards digital delivery models occurred in relation both to training initiatives for medical practitioners and the groups of population targeted by the projects (children, elderly people, people living with sight loss etc…). Despite the fact that most of the projects were digitally conscious, the digitalisation transition occurred at a pace that required additional effort. Project partners had to adapt the contents of their information/training sessions to better suit online delivery. This was possible by introducing interactive activities, visual and more 'readable' elements (infographics and films) or breaking up the content into smaller pieces. The COVID-19 pandemic has reinforced the need to enable specific groups of population to connect with others and with services by digital means. This is particularly true for people with disabilities and the elderly.

Whilst digitalisation concerns affected all the projects, some other changes in delivery models were observed, in particular, in two projects. The Acute Services project had to transfer some community-based services (the unscheduled stream) to Acute Hospitals sites where public health guidelines could be more easily followed compared to a community setting (e.g. Community Cardiac Services). The CHITIN project, which supports health intervention research trials, had to review their protocols and methodology to ensure trial delivery teams and participants could continue to deliver the trials in a safe manner. Moreover, in the context of the Student Psychological Intervention Initiatives aimed at determining whether a web-based intervention is

effective in moderating levels of anxiety and depression, the project decided to modify the study and survey of the participants to determine the impact of the COVID-19 on their mental health (by using a WHO validated survey). This change also allowed to gather reliable data on the current mental health conditions faced by students.

Table 4 Changes in project delivery models due to the pandemic

		Delivery model		
Project	**Target group**	**Before COVID-19**	→	**Post COVID-19**
iRecovery	People with mental health issues	Courses both in classroom settings and also online	→	Well-being courses to the public using online platforms
CoH-Sync	People with mental health issues	Locality-based hubs to help people in their communities	→	Review telephone conversations, online support
Acute	People affected by acute disease (vascular, dermatology and urology)	Unscheduled care delivered in community settings	→	Telephone appointments, photo-triages, transfer of services to hospital sites
mPower	Older people		→	Digitalisation of services, working with smaller groups
MACE	Vulnerable children and family	Face-to face training and practitioner toolkit	→	Social media and online platform to deliver interventions
CHITIN	Older people People with acute diseases People with disabilities Children	Network for delivering health intervention research trials	→	Changed methodology to ensure participants could continue the trials in a safe manner
Need to Talk	People affected by sight loss	Face-to-face meeting and counselling	→	All services delivered online in the short term
Changing Lives	Children with behavioural difficulties	Direct contacts with schools, community centres, libraries Groups programmes for parents	→	Individual telephone appointments, online sessions, content adaptation
ONSIDE	People with disabilities	Face-to-face activity, group engagement for addressing social isolation	→	On-line community services, social media platforms to put out positive and supportive infographics, one-to-one face to face support to individuals
iSimpathy	Older People		→	Move to online event

3.2.4 Project response to the emergency: staff redeployed and new services

Projects contributed to the frontline response to the emergency in two ways: by redeploying staff in those streams or departments more in need and by providing new services to meet the new needs of the population. Table 5 illustrates the reaction of projects to the emergency through staff commitment in the frontline and through new 'COVID-tailored' activities.

Concerning the former, the commitment of part of the project staff in the response to the emergency was expected as the partnerships are mostly formed by public health care providers, legally in charge of ensuring health care provision.

In the mPower project, some staff were redeployed to undertake other activities, albeit still aligned to the project goals: staff in Ireland joined the national eHealth team to scale-up the implementation of Video Enabled Consultations; staff in Northern Ireland supported their social work teams and COVID helplines in identifying citizens who could benefit from the wellbeing plans of the project. In Scotland, there was a common achievement in upgrading care homes with new equipment to connect with families who were otherwise barred from entering.

The CHITIN project moved three managers belonging to the HSC R&D Division of the Public Health Agency (PHA, project leader), specifically the Senior Industry Liaison Manager, the Evaluation and Monitoring Officer and Communications manager, on account of their respective expertise to assist the PHA in its emergency response for a limited time period.

With regard to the new services delivered, projects showed a remarkable capacity to work in synergy with local actors committed to supporting the community as well as to make their knowledge and experience available to create new kinds of assistance. The MACE and CoH-Sync projects supported local voluntary community efforts in the delivery of warm meals, food parcels and prescriptions. iRecovery developed an online programme addressing many topics related to Covid-19 such as Mindfulness and Relaxation, Tips for Anxiety during Covid-19 and The Covid Toolbox. Courses were devised and delivered directly by people with experience in the mental health sector, alongside professionals with experience and knowledge.

MACE supported the COVID-19 community response, in particular for children and families, through the completion of Intake Assessments. In particular, MACE staff members carried out the initial assessment of referrals coming into the Social Work Department to determine if there was a need for Social Work Intervention which could take the form of child protection/welfare or an intervention from another service.

Table 5 Projects response to the COVID-19 emergency (where applicable)

	Response to the COVID-19 emergency	
Project	**Staff redeployed**	**New services delivered**
iRecovery	One Recovery College Coordinator was redeployed to frontline HSE mental health services.	Online programme addressing COVID-19 related topics (anxiety and mental issues)
CoH-Sync	-	Support to local voluntary community efforts in the delivery of warm meals, food parcels, prescriptions.
Acute Services	Nurses within Phototherapy were redeployed to e.g. contact tracing for a short period of time.	-
mPower	Staff were redeployed to support national work teams.	-
MACE	-	Delivery of food parcels Intake assessment for determining needs for the social work department.
CHITIN	3 managers of the HSC redeployed to assist PHA in the emergency response	-
Need to Talk	-	-

	Response to the COVID-19 emergency	
Project	**Staff redeployed**	**New services delivered**
Changing Lives	Some of the team in Scotland (NHS Highland) were redeployed.	-

3.2.5 Cooperation added value and lessons learnt by projects

The added value of cross-border cooperation is broadly recognised by beneficiaries as valuable to face these unprecedented times. In the framework of the impact evaluation of PA4 projects in 2018, their added value had been already observed and considered as a key factor enabling joint solutions for health care challenges in the programme area. Partnerships were built on existing and successful collaboration structures (as in CAWT) as well as on new relationships. In both cases, projects have provided new evidence on their contribution to respond to the emergency and to take the necessary adaptation measures. Projects were committed not only to securing their outputs and achieving their targets, but they also directly contributed to increasing social solidarity and community efforts to help the most vulnerable, providing practical support (food, advice, medicine etc.) and engendering wider empathy for those experiencing social exclusion.
iRecovery partners stated that the collaboration between the statutory, community and voluntary sector has enabled a more co-ordinated and effective response to the emergency at community level. They worked with community partners and citizens to encourage a greater adoption of digital technologies, thereby reducing digital exclusion among target groups. The Acute project, for example, could help within Acute hospital settings, even outside their own jurisdiction, with the provision of PPE helping to smoothly resolve urgent acute issues for the hospitals involved, which would not have been possible without cross-border connections.

These success stories were possible thanks to the presence of territorial care networks working close to citizens and allowing for a prompt identification of the needs of the population. The same intervention logic of the projects demonstrates how a community-based health care system can provide relevant and effective solutions in the context of the pandemic. This enables an early agreement on adaptation plans and a swift uptake of actions. For example, within four weeks of the jurisdictions (RoI and NI in particular) going into lockdown, the iRecovery project staff with experience in mental health were retrained to deliver mental health and well-being courses to the public using online platforms. The benefit of sharing knowledge and experience among partners from different regions was significant at a time when what happens in one area can easily produce impacts in others and interconnections are fundamental. Some lessons learnt reported by projects include:

- The importance of the timely consideration of impact and of achieving an early agreement on adaptions to be made with all stakeholders and funders.
- Not assuming that everything can be converted into a ‘digital’ activity merely by changing the channel in which it is delivered.
- Clear communication is key to smoother changes.
- Building in additional time as tasks inevitably take longer.
- Reimagining and piloting new ways of working before rolling out.

3.3 RELEVANCE OF THE PROJECTS STRATEGIES IN THE CHANGING CONTEXT

Key findings

- The project intervention logic and their objectives were confirmed as continuing to be relevant despite the pandemic, as the latter did not call into question any of the needs originally targeted by the projects. In some cases, the pandemic has exacerbated certain needs leading to an increase in the demand of services by certain target groups.
- Rather than increasing the demand of specific healthcare needs, the pandemic uncovered the need, in specific circumstances, to provide health care services using different delivery models.
- Overall, all the PA4 projects financed by the Interreg V-A programme not only fully contribute to their original objectives but are also an active part of the community response to tackle new needs in a

The coronavirus pandemic has led to significant repercussions in many aspects of people's lives including human and social cost, economic loss and public finances. COVID-19 has significantly changed the context in which policy actions take place and led to the questioning of their relevance in light of new needs emerging across communities and territories. In other terms, challenges considered important until very recently may no longer be relevant today, or, on the contrary, they might have acquired even more relevance. In the latter scenario, additional efforts are required to effectively meet the needs of the population.

When dealing with health care, the risk of needs turning irrelevant is very low and it is rather more likely to see particular issues exacerbated. In the context of the Interreg V-A Ireland-Northern Ireland- Scotland programme, a change in the overall strategy for the provision of health and social care seems not to be necessary, with most of the projects implementing activities which simultaneously contribute to the pursuit of their original objectives and support for managing the emergency.

In the framework of the consultation of PA4 project leaders, projects have been asked if the specific challenges and needs justifying their actions were the same as before COVID-19, or if they changed as a result. The table below illustrates their replies with the intent of providing evidence on the potential impact of the programme intervention not only towards the foreseen objectives but also in the light of the recovery of the cooperation area from the crisis.

Table 6 Projects strategies and their level of relevance in the changing circumstances

			Relevance of the strategy	
Project	**Main target groups**	**Project objective**	**Initial needs**	**Potential COVID-19 needs**
iRecovery	People with mental health issues	Provide mental health and well-being support to local communities.	Confirmed	Higher demand from main target group
CoH-Sync	People with mental health issues	Provide health and well-being support to local communities.	Confirmed	Higher demand from main target group
Acute	People affected by acute disease (vascular, dermatology and urology)	Increase acute episodes of care to patients in the border area.	Confirmed	Higher relevance of alternative health care delivery models

			Relevance of the strategy	
Project	**Main target groups**	**Project objective**	**Initial needs**	**Potential COVID-19 needs**
mPower	Older people	Enable older people to live safely and independently in their own homes.	Confirmed	Higher demand from main target group
MACE	Vulnerable children and family.	Intervene early and provide nurturing to families at risk.	Confirmed	Higher demand from main target group
CHITIN	People with mental health issues People with acute diseases People with disabilities Children	Develop infrastructure and deliver Healthcare Intervention Trials to prevent and cure illness.	Confirmed	Higher relevance for main target groups
Need to Talk	People affected by sight loss	Support adults and young people affected by sight loss to improve their lives.	Confirmed	Higher relevance of alternative health care delivery models
Changing Lives	Children with behavioural difficulties	Support vulnerable families with children affected by ADHD.	Confirmed	Higher demand from main target group
ONSIDE	People with disabilities	Promote, protect and uphold the rights of disabled people.	Confirmed	Higher demand from main target group
iSimpathy	Older People	Ensure optimal and sustainable use of medications for multiple morbidity.	Confirmed	Higher relevance of alternative health care delivery models

The projects' intervention logic and objectives are confirmed as the pandemic did not question any of the needs targeted by the projects. In some cases, the pandemic has exacerbated certain needs leading to an increase in the demand for services by certain target groups.

This is particularly true for those projects committed to improving the quality of life for people affected by mental health issues. Projects handling this challenge (iRecovery, CoH-Sync and CHITIN) were quickly aware of the negative effects of the lockdown and restrictive measures on the wellbeing of these groups, and more widely, and recognised the need to tackle the risk of an increased level of anxiety and depression compared to usual levels.

Additional support has been important also for people with disabilities or behavioural difficulties. The Changing Lives project reported, for instance, that families with children affected by behavioural disorders had to face additional challenges as a direct result of being forced to stay at home with limited possibilities of an outlet (e.g. to get out and run off excess energy).

In some cases, rather than increasing the demand for specific healthcare needs, the pandemic uncovered the need to be able to provide health care services using different delivery models. The Acute project, which aims to assist patients affected by acute diseases, did not experience any rise in the number of acute episodes in the territories but reviewed its delivery model resulting in the increased use of technology to assist patients (photo-triage, telephone consultations etc.). This allowed the project to ensure continuity of service and to

ease pressure on the health care system in the cooperation area. Similarly, the relevance of the strategy for the new COVID-19-related needs can be observed for the interventions intended to enable older people to live safely and independently in their own homes (mPower and iSimpathy). The needs of the elderly in terms of self-management and autonomy became more relevant with the pandemic, with digital exclusion representing a critical barrier in the access to health care assistance.

Overall, all the PA4 projects financed by the Interreg V-A programme not only fully contribute to their original objectives but are also an active part of the cross-border community response to tackle new needs in a changing context. This factor is likely to successfully contribute to the recovery of the programme area.

3.4 NEW TRENDS IN THE MANAGEMENT AND DELIVERY OF HEALTH CARE SERVICES: PRELIMINARY EVIDENCE FROM PROJECTS

Key findings

- The COVID-19 pandemic has generated significant clinical innovation and ways of working, with many of the changes delivered at a pace not previously considered possible. Early findings indicate that changes and innovation fall into four main categories: Digitisation of services; Flexibility of the workforce, new working patterns and redeployment; New ways of working across organisational boundaries; Person-centred care.
- Cross-border cooperation projects have contributed to and been impacted by these shifts that have resulted from the crisis. They now focus even more significantly on health prevention and promotion, support to the most vulnerable in the community, on new ways of delivering emergency acute services and mental health services and on collaboration across the health care system(s).

As outlined in the paragraphs above, projects have not only been able to continue delivering health care services, albeit with some difficulties, but also to address new challenges resulting from the pandemic and to support communities in the management of the emergency.

In general, the response to the COVID-19 pandemic has seen significant changes in how health and social care services are delivered and used, and, in this sense, the health projects financed by the Interreg V-A programme are fully aligned with the new trends and contribute significantly to the process of redesign of health care services in the cooperation area.

According to a recent paper published by NHS England[3], the COVID-19 pandemic has generated significant clinical innovation and new ways of working across the national health system in the UK, with many of the changes delivered at a pace not previously considered possible. Early findings indicate that changes and innovation fall into four main categories:

- Digitisation of some services with remote clinical interaction and diagnostics/ testing, remote staff training/ education, and remote monitoring.
- Flexibility of the workforce with changes in the roles, new working patterns and redeployment.

https://www.nhs.uk/NHSEngland/keogh-review/Documents/quick-guides/Quick-Guide-discharge-to-access.pdf

- Service integration covering new ways of working across organisational boundaries, including new referral pathways, integrated commissioning, improved clinical pathways, increased data sharing across organisations.
- Person-centred care including patient-supported selfcare, empowerment, choice, monitoring and education.

Cross-border cooperation projects have contributed to and been impacted by these shifts that have resulted from the crisis. They now focus even more significantly on health prevention and promotion, support to the most vulnerable in the community, on new ways of delivering emergency acute services and mental health services and on collaboration across the health care system(s).

From the project perspective, cross-border health and social care has been an important aspect of the response to and management of the COVID-19 pandemic. In the Republic of Ireland and Northern Ireland, for instance, both Health Ministers and government officials have liaised in relation to managing the pandemic on the island, an aspect which has enhanced cross-border and all-island networks and relationships.
The table below aims to illustrate the relationships between the above-mentioned new trends observed in the management and delivery of healthcare system at national level and the experience of PA4 projects in the cross-border area.

Table 7 Projects contribution to new trends in the management and delivery of health care

New trends		Project contributions
Digitalisation of services	→	• More virtual and online engagement and less face-to-face and group meetings in a physical location.
Flexibility of the workforce	→	• Staff redeployed in those sectors/departments/activities more in need of reinforcement in terms of human capital.
Service integration	→	• More sharing of information on research and good practice for mutual benefit. • Increased scope for co-operation on procurement, funding and use of high-technology equipment. • Mutual support (for instance in the ambulance service) and joint training in relation to emergency planning and multi-sector responses. • More sharing of emergency admissions on a cross border basis where hospitals are under pressure and also working together to provide more care in the community and home. • New ways to plan, manage and operationalise cross-border services, taking into account social distancing and other restrictions. • More collaboration on the delivery of services and sharing of knowledge, expertise and resources to maximise impact and achieve economies of scale.

New trends		Project contributions
Person-centred care	→	• Increased awareness on how health conditions (mental health issues, weakly independent elderly, disabled etc.) make people more vulnerable. • More attention to disease prevention through community network support and remote self-monitoring and management tools. • More awareness to tackle inequalities through better community organisation to support vulnerable people at home and through joint working between public and voluntary organisations.

3.5 CONTRIBUTION OF A FUTURE PROGRAMME TO THE RECOVERY

Key findings

- There is a strong consensus on the potential of a future programme to contribute to the post-COVID-19 recovery of the area.
- From a project perspective, under a future cooperation programme additional effort should be placed upon greater cross-border integration across communities, more opportunities for non-statutory agencies to participate and greater adaptability to changing circumstances.

The pandemic has brought into sharp focus both the strengths and vulnerabilities of the current health care system and provided strong evidence on how the communities have been able to react in these unprecedented times by developing new ways of working and delivering services, both virtually and by way of practical interventions. In light of the positive experience in the framework of the Interreg programme reported by the projects during the pandemic, there is a strong consensus on the potential of the programme to deal with the post-COVID-19 reality and the return to 'normality'. However, in the design of a future programme a number of priorities should be considered according to the surveyed projects.

More community-based approach

There is a need to focus on capturing the lessons and innovation from the response to COVID-19, to expand existing cross-border relationships and services to maximise economies of scale through a cross-border integrated approach across communities. the INTERREG VA programme successfully promotes a community-based approach when delivering health care services and has represented an important enabling factor in the areas' response to the pandemic.

The intervention logic of the projects are built on relationships between public health care providers and the community and voluntary sector, which are more likely to generate 'on the ground' impacts for communities. Building cohesive and resilient healthy communities is fundamental to a vibrant economy, which will be particularly relevant in the aftermath of the COVID-19 pandemic. Poor health and social care outcomes are experienced mostly in areas of high deprivation; therefore, the health and social care system must focus on these areas and on tackling health inequalities on a cross-border basis.

More inclusion

Promoting an increasingly community-based approach also requires making the programme more accessible to non-statutory agencies to enable their inclusion. A future programme could provide additional funding to organisations capable of filling the gaps and deficits in services for more vulnerable families and households (as the ones with people with disabilities, for instance). Greater assistance should be provided to organisations new to EU funding and cross-border collaboration in the application stage and procedures around payments should be simplified to make the programme more accessible to non-profit organisations.

More adaptability

Focusing on activities that can enable a more flexible and adaptable digitally connected society would be beneficial. All citizens need to be digitally included in preparation for the next health crisis, to enable safe contact with health care providers which avoids un-necessary contact and travel and hence exposure. Issues around the digital divide were also observed in the cooperation area, indicating that interventions that could facilitate connectivity would be very helpful to those who experience isolation, especially for more vulnerable groups such as disabled people, the elderly population etc.
A future programme should also "embrace the ambiguity the world is living now" and evolve and learn from the changing context. Programmes need to be adaptable and flexible in how, where and when projects deliver their outcomes, focusing on desired benefits rather than the numbers quantifying progress.

4 PROGRESS TOWARDS EXPECTED RESULTS

4.1 FINANCIAL PROGRESS

If we look at the financial state of play of PA4, the programme has made significant progress in budgetary terms compared to 2018 (year of the first impact evaluation report). The certified expenditure increased significantly to an average 17% among all projects, compared to 7% in 2018. Each project launched financial processes except iSimpathy, which has only recently started its activities (November 2020). On the other hand, there is only one project which has spent more than 50% of its budget - the Changing Lives Initiative (52%). All other projects have to date used significantly less than 50% of the totally allocated budget. There are several projects with certified expenditure below 10% (e.g. iSimpathy, ONSIDE, i-Recover, MACE). The largest projects in financial terms, mPower and Acute Services with around EUR 10 million euro allocated to each, have spent 24% and 16% of available budget respectively.

Table 8 Financial absorption of projects under PA4

Project	Total allocation	Certified expenditure	% absorption
MACE	€5,010,240	€438,650	9%
Need to Talk	€1,942,365	€414,302	21%
mPower	€10,072,778	€2,384,997	24%
i-Recover	€7,614,750	€689,902	9%
CHITIN	€8,841,667	€1,509,613	17%
Changing Lives	€3,023,143	€1,571,318	52%
Acute Services	€9,985,220	€1,586,318	16%
CoH-Sync	€5,010,370	€1,221,058	24%
ONSIDE	€5,557,509	€199,571	4%
CoH-Sync Plus	€3,703,181	€1,221,058	33%
iSIMPATHY	€3,520,671	€0	0%
Total PA 4	**€64,281,894**	**€11,236,788**	**17%**

Source: data provided by the SEUPB (31 May 2020)

As outlined in Chapter 3, all project leaders surveyed in August and September 2020 confirmed their ability to reach the level of spending foreseen by the end of 2020 despite the pandemic. This information, however, does not take into account the new lockdowns in place since October 2020.

In terms of the control process, we can observe that, compared to the total expenditures submitted by beneficiaries, the projects have certified 64% of expenditure with only 2% of expenditure disallowed (rejected). Acute has the highest amount of disallowed finances €201,537, while the average disallowed amount is €31,696.

Table 9 Controls state of play per project

Project	Declared	Disallowed	% disallowed	Certified/declared
MACE	€728,245	€167.82	0%	60%
Need to Talk	€615,189	€16,614	3%	67%
i-Recovery	€1,263,377	€4,683	0.4%	55%
Changing Lives	€1,909,033	€37,712	2%	82%

Project	Declared	Disallowed	% disallowed	Certified/declared
Acute	€3,141,885	€201,537	6%	50%
CHITIN	€2,709,524	€26,787	1%	56%
ONSIDE	€608,574	€1,764	0.3%	33%
mPower:	€2,443,698	€23,835	1%	98%
CoH-Sync	€2,183,774	€3,857	0.2%	56%
iSIMPATHY	€2,246	-	0%	0%
Total	€15,605,550	€316,960	2%	64%

Source: data provided by the SEUPB (31 May 2020)

4.2 PROGRESS AGAINST OUTPUT TARGETS

The delivery of foreseen outputs has improved in comparison to the year 2018. The figures below refer to data provided by the JS in November 2020 including the output progress up to 30 September 2020. The figures correspond to the most recent update provided to the PMC, where the JS were asked to rate progress of output achievement on a scale of: Green (G) meaning that the indicator was on track to achieve its target; and Amber (A) meaning the JS is aware of issues and actively working to address them. The only indicators identified by the JS as currently at a significant level of risk relate to indicators 4.116 and 4.117 to be delivered by the project MACE. This corresponds to the information collected through the questionnaires to project leaders, where only MACE reported a risk of not being able to achieve the expected output targets. The JS is due to receive a revised project plan and budget from the MACE lead partner at the beginning of 2021 to be reviewed by the Steering Committee.

Compared to the First Impact evaluation report (2018), improvements have been observed in the delivery of cross-border infrastructure to support clients with mental illness (ID 4.114), where the programme target had been reached, and in the establishment of cross-border frameworks to improve the utilisation of human, physical and financial resources (ID 4.118) where projects achieved 75% of the target set at programme level.

In terms of specialist trainings (ID 4.122), projects are advancing at a good pace: 1,006 learning initiatives were organised in 2018 increasing to 1,675 by 30 September 2020, which are very close to the cumulative targets set by the projects (1,380) but still far removed from the target at programme level (3,800).

Still no progress is recorded in terms of early interventions with vulnerable families (ID 4.116), e-health research and evaluation mechanisms for e-health and m-health solutions (ID 4.124) and infrastructures and health care intervention trials to prevent and cure illness (ID 4.123).

Table 10 Level of achievement of output indicators

ID	Output indicator	Achieved in 2018	Achieved by 30/09/2020	Final CP target (2023)	% progress against CP target
4.110	Develop new cross-border area interventions to support positive health and wellbeing and the prevention of ill health	8	8 (G)	12	67%
4.112	Develop new cross-border area community support services to support disabled people who are socially isolated (including the use of	0	2 (G)	2	100%

ID	Output indicator	Achieved in 2018	Achieved by 30/09/2020	Final CP target (2023)	% progress against CP target
	web based information outlining community assets)				
4.114	Develop a new cross-border area community and voluntary sector infrastructure to support clients who have recovered from mental illness (including utilisation of e-health e.g. patient records and support services)	0	1 (G)	1	100%
4.116	Develop and implement new border area frameworks for early intervention with vulnerable families	0	0 (A)	2	0%
4.118	Establish cross-border frameworks, for scheduled and unscheduled care streams, to improve utilisation of scarce human, physical and financial resources	0	3 (G)	4	75%
4.122	Specialist training and development programmes for cross-border area health and social care providers	1,006	1,675 (G)	3,800	44%
4.123	Develop infrastructure and deliver cross-border area health care intervention trials for novel but unproven healthcare interventions to prevent and cure illness	0	0 (G)	10	0%
4.124	E-health research and evaluation mechanism for the evaluation of e-health and m-health solution	0	0 (G)	1	0%

Source: data provided by the SEUPB (30 September 2020)

4.3 PROGRAMME RESULT INDICATOR

The programme result indicator measures the number of episodes of health, community and social care delivered on a cross-border basis. By 2020 the programme reported the achievement of 3,611 cases of cross-border service delivered which is less than half of the total target for 2023 (9,000 episodes per annum) and also below the baseline value of 2014 amounting to 4,700 episodes. There is no data available for previous years and no evidence as to the reason for this shortfall.

Table 11 Result indicator PA4

ID	Indicator	Measurement unit	Baseline value (2014)	Target value (2023)	2019 Total
4.1.A	The number of episodes of health, community and social care delivered on a cross-border basis	Episodes per annum	4,700	9,000	3,611

Source: data provided by the SEUPB (AIR 2019)

4.4 PROGRESS TOWARD PROJECT RESULTS

This section presents the progress of direct result indicators namely those indicators that, following the approach used in the evaluation carried out in 2018, aim to measure the short-term effects and the direct benefits of the interventions upon target groups. As in section 4.2, the figures below refer to data provided by the JS in November 2020 including the output progress up to 30 September 2020 and correspond to the most recent update provided to the PMC.

Overall, the collective progress of projects funded to date towards achieving the overall programme targets has significantly improved compared to 2018. However, the progress of most indicators is currently at less than 50% of the targets except for the number of patients benefiting from care streams (4.119) where achievements have reached 59% of the total programme target. Two indicators present progress below 15%: 488 beneficiaries had been supported by new initiatives for disabled people (ID 4.113) against the target of 4000 foreseen by the programme (corresponding to 12% progress) and 208 patients have been identified and assessed 'at risk' (ID 4.121) against the 2500 planned at programme level (8% progress).

Table 12 Level of achievement of project results indicators

ID	Output indicator	Achieved in 2018	Achieved by 30/09/2020[4]	Final CP target (2023)	% progress against CP target
4.111	Beneficiaries supported by new cross-border area initiatives for positive health and wellbeing and the prevention of ill health	2,554	6,055 (G)	15,000	40%
4.113	Beneficiaries supported by new cross-border area initiatives for disabled people of all ages who are socially isolated	227	488 (G)	4,000	12%
4.115	Cross-border area clients in receipt of mental illness recovery services	240	2,603 (G)	8,000	33%
4.117	Vulnerable families in receipt of an intervention	529	1,464 (A)	5,000	29%
4.119	Patients benefitting from scheduled and unscheduled care streams	2,642	8,795 (G)	15,000	59%
4.120	Patients availing of e-health interventions to support	349	908 (G)	4,500	20%

[4] The JS were asked to rate progress of output achievement on a scale of: Green (G) meaning that the indicator was on track to achieve its targets; and Amber (A) meaning the JS is aware of issues and actively working to address them.

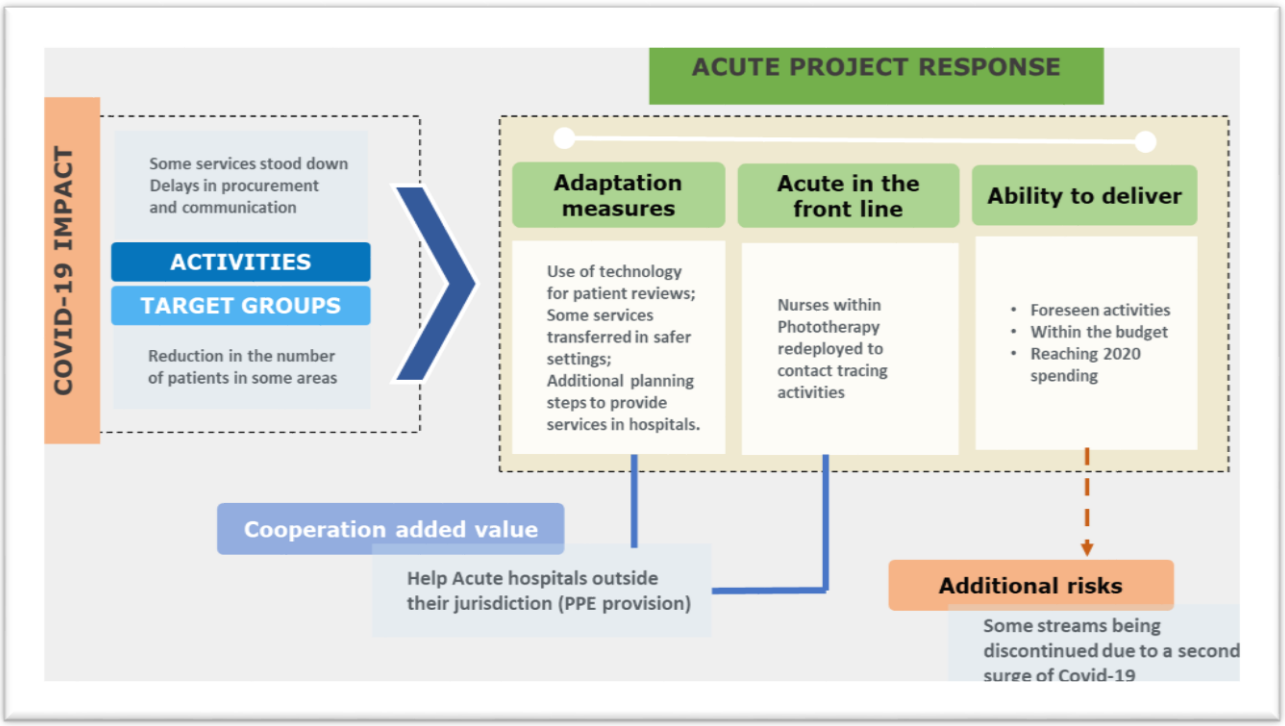
ID	Output indicator	Achieved in 2018	Achieved by 30/09/2020[4]	Final CP target (2023)	% progress against CP target
	independent living in caring communities				
4.121	A shared cross-border framework and service for the identification, assessment and referral of patients identified as 'at risk'	181	208 (G)	2,500	8%

Source: data provided by the SEUPB (30 September 2020)

Annex I – Case studies reports

ACUTE SERVICES

The INTERREG VA Acute Project aims to increase the number of acute episodes of care, on a cross-border basis, to patients, through improved/reformed service delivery in both scheduled and unscheduled care. The project focuses on Vascular, Dermatology and Urology services for scheduled care and five different areas within unscheduled care; Community Paramedics, Community Cardiac Investigations, Reform of A&E/ED within 3 Acute hospitals, Direct Access Unit/Clinical Decision Unit and Community Respiratory services.



COVID-19 IMPACT ON PROJECT IMPLEMENTATION

Due to the social distancing required during the COVID-19 pandemic, the service delivery model of the project has changed in some areas, using technology to review patients and for consultations where possible. When face-to-face service delivery is necessary, the established protocols are being followed by health professionals and this has resulted in a small reduction in the number of patients in some areas to maintain social distancing e.g. fewer patients in Outpatient clinics. This may require extending the time length of some streams (particularly the Vascular strand) for a very short period of time, in order to enable the full set of results foreseen to be delivered.

Training is now being provided to participants on-line where possible and this is being reviewed on an on-going basis to ensure all training objectives are being met.

Some other impacts include delays in procurement and communications e.g. completing tenders for capital items, launching services etc. as procurement staff have in some areas been redeployed and hence there are reduced personnel numbers available in these specialist areas.

ACUTE SERVICES PROJECT RESPONSE

Adaptation measures

The impact of COVID-19 on the project's ability to deliver in full the outputs specified in the Letter of Offer to date has been minimised due to the early, proactive actions taken by the project staff with the support of the Project Board and SEUPB.

The situation within the Acute setting is under constant review and although new delivery models have been implemented for some services, further adaptations may be required in the future. Examples of adaptations introduced by the project are:

- Use of the technology to review patients and for consultations where possible;
- Training provided to participants on-line where possible, with a continuous review to ensure all training objectives are being met;
- Photo-triage for Dermatology introduced on a small scale in HSE (RoI);
- Transfer of some community-based services or unscheduled care e.g. Community Cardiac Services to Acute Hospital sites where public health guidelines could more easily be followed by patients and staff between April and May 2020. . Since June 2020, all community services have resumed services in a community setting.

With the onset of the COVID-19 pandemic, all acute hospital services, including cross-border services require additional planning measures to operate within current health service / public health guidelines in both jurisdictions. This include the need to:

1. Ensure patients are not Covid positive prior to their hospital appointment and / or intervention
2. Transfer the information over the border to the Consultant prior to procedures / operations taking place.
3. Communicate new information to patients regarding attendance at outpatients, review, home visit etc e.g. patients must phone when they arrive on site so patient flow of patients can be managed in a social distancing way as per policy. Patient reviews are now at times carried out using the telephone if a face to face review is not deemed necessary

For example, in order to continue to provide the cross-border Vascular service, patients from the Republic of Ireland had to follow the NI guidelines on testing prior to presenting themselves for surgery in NI regardless of the RoI policy.

- Communication staff in the partner areas have been developing innovative ways of promoting new services, informing the public of project work etc and these will be rolled out in the autumn. In addition to providing updates on the project via the CAWT website and the 'CAWT in Action' newsletter, the project began to use social media as the main means of communicating during the first wave of the pandemic. Furthermore, the project is in the process of developing a short film in order to support the launch of the

Dermatology phototherapy services in Letterkenny University Hospital. This approach replaces the traditional physical gathering of local media photographers typically invited to attend in person. In addition, the project is preparing a written piece for the media which will be hopefully be published and uploaded to a range of media platforms. The CAWT website has been updated continuously throughout the first wave of the crisis indicating the progress up to July 2020.

Acute project in the front line of the emergency

The Acute project committed some staff members to activities directly addressing the pandemic.

Some procurement staff were redeployed (which consequently reduced personnel numbers available in these specialist areas) and a small number of nurses within Phototherapy moved, for a short period of time, to frontline health service work supporting contact tracing. As the phototherapy service requires patients to attend in person, this service was discontinued for 2 months while others continued to see/treat patients, albeit in different ways in order to adhere to public health guidelines.

Cooperation added value

The collaboration and co-operation had proved to be very useful within the Acute hospital setting. Partners have been able to help all Acute hospitals, even outside their own jurisdiction with the provision of PPE for example. This collaboration would not have existed without the cross-border connections. This co-operation resolved urgent acute issues smoothly for the hospitals involved. A shared adaptation of technological approaches to some areas within the Acute project has ensured some aspects, particularly procurement and training, has been able to continue during the crisis.

The importance of prompt consideration of the impacts and achieving early agreement on the adaptions to be made with all stakeholders and funders was essential during the COVID-19 pandemic. All partners will need to continue to be flexible and responsive to the changing circumstances, which are likely to continue for the foreseeable future. Despite the challenges faced, the Acute Project has shown how flexible, responsive, innovative and adaptable health care professionals can be in a time of crisis.

Additional risks

The COVID-19 situation is quite unpredictable and the project has been continuing to operate within an uncertain climate in which public health guidance and local and regional government advice must be followed. All activities of the project, whilst continuing, will require adaption to meet public health guidelines, particularly in relation to social distancing. All possible measures have been taken to reduce and or mitigate risks to the project.

The biggest challenge and concern for the project is the next surge of Covid-19 and whether that could lead to more services delivered under the project being temporarily discontinued. Should the situation deteriorate in relation to COVID-19, then the project will have to consider the impact and propose changes accordingly, for subsequent agreement by the Project Board and in consultation with SEUPB.

New restrictions: what next?

In the light of the new restrictions introduced from September 2020, project activity has been adapted in order to continue to provide services within the Acute Hospital Services Project.

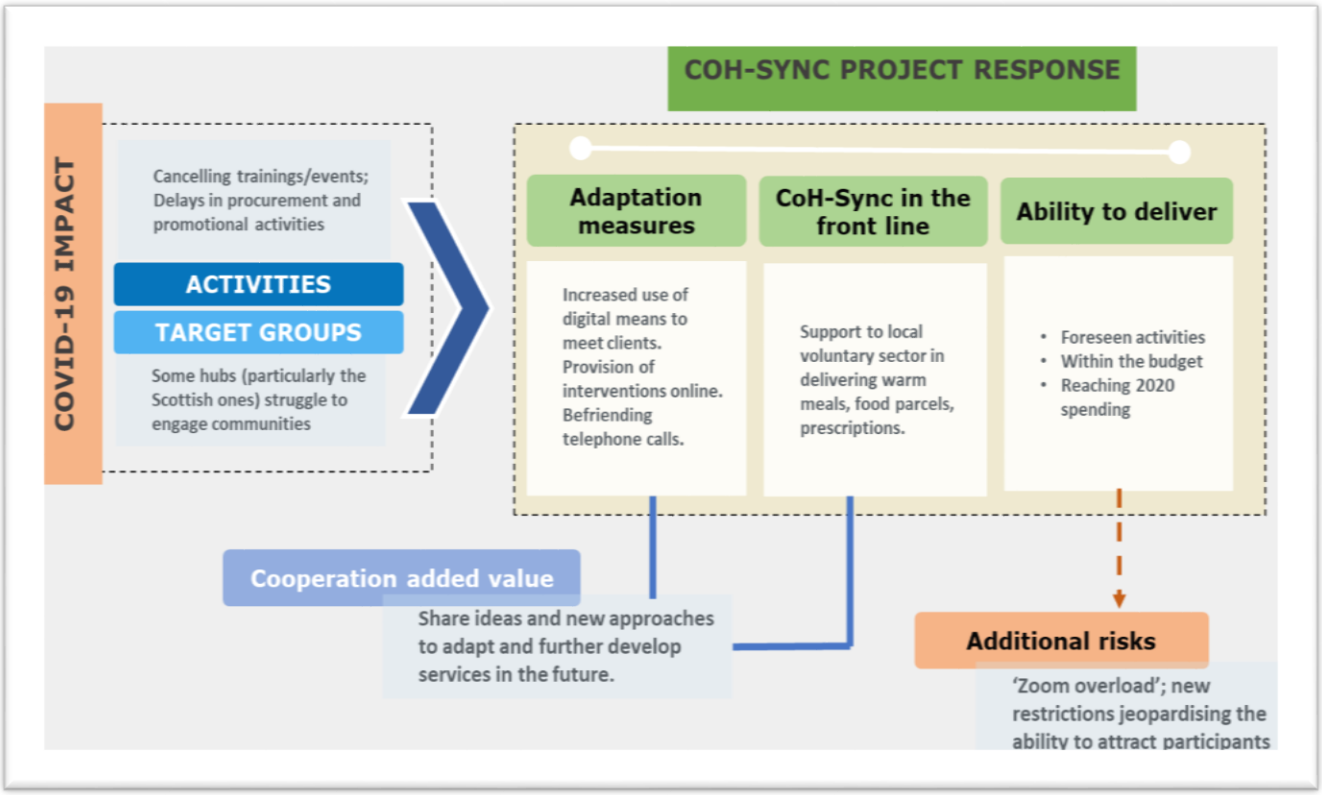
Under the dermatology stream, photo-triage technology is being utilised for Dermatology appointments. Outpatient appointments have been redesigned to take social distancing for patients attending face-to-face appointments into account. Telephone consultations are being used to review patients if deemed appropriate. These changes are likely to stay in place for some time to come.

Only services that require hands on interventions from a health care professional may be stalled. However, health professionals are learning to 'live' with Covid in their practise introducing new cleaning regimes, using additional PPE etc that allow services to be continued despite the threat of Covid 19.

The CAWT Acute Hospital Services Project has a Risk Log which it uses to monitor and manage risks graded by red, amber and green. The Project Board review the Risk Log at all meetings to determine changes to either the risk/ impact or countermeasures. The COVID-19 pandemic is a high risk for the project and with COVID-19 rates having returned to high levels again in the programme area in recent weeks, it is possible that some strands of the project may be paused until the crisis is under control. This will be closely monitored and managed by the Project Board.

COH-SYNC

[This project, Community Health Sync (CoH Sync), has eight locality-based Hubs providing health and well-being support in their local communities in the border region of Ireland/Northern Ireland and the eligible area of Scotland. The Hubs are providing support to citizens in areas such as physical activity, mental health, nutrition, smoking and alcohol, aiming to reduce the incidence of long term /chronic illness among the adult population.]



COVID-19 IMPACT ON PROJECT IMPLEMENTATION

The main impact on the project has been the cancelation of all group training/events and one to one client meetings. All 8 health and well-being hubs expressed their concerns about their ability to achieve their target beneficiary numbers: '*With the Health Facilitators working very closely with the public and a large number of groups, we are potentially looking at people not attending programmes / programmes being cancelled therefore reducing the contact that we will have with the participants.*

Some other impacts include delays in completing a tender for merchandise/promotional material and in carrying out the quality assurance checks of health and well-being plans and the cancellation of key meetings. All such activities and meetings have been rescheduled.

One of the project partners, the WHSCT (Western Health & Social Care Trust), requested assistance from 2 CoH-Sync project workers staff for 3 days per week, for an agreed timeframe to support community mobilisation efforts which linked directly to the CoH-Sync project objectives. Both project workers continued to work on their specific CoH-Sync project roles during that time.

SEUPB provided the flexibility for those hubs who may not be able to achieve all of their target completed Health and Well-being plan numbers because of COVID-19 by giving permission to use a temporary measure consisting of the provision of specific COVID19 support. The total number of requests/forms submitted to receive support to 31st August 2020 were considered in order to rank each hub in terms of the effect of the restrictions (see table 11 below). Based on the numbers of beneficiaries declared by each Hub, the Scottish Hubs have been impacted significantly more than the Northern Ireland and Republic of Ireland Hubs.

Table 13 Hubs most impacted by the pandemic, determined by the number of forms submitted towards achievement of quarterly targets to 31st August 2020

Hub Number and Location	N. of COVID forms submitted	Rank number
1. Letterkenny and North Donegal (RoI)	104	3
2. Ballyshannon and South Donegal (RoI)	66	5
3. Cavan & Monaghan (RoI)	95	4
4. Strabane and Derry (NI)	0	8
5. Fermanagh – Enniskillen (NI)	9	7
6. Dungannon – Armagh (NI)	38	6
7. Dumfries-Nithsdale (Scotland)	183	2
8. Stranraer –Wigtownshire (Scotland)	352	1

Source: data provided by Project Lead Partner

All of the Hubs expressed similar reasons as to why and how the Covid–19 restrictions affected them. This included:

- being unable to meet with clients face-to-face to complete or start Health and Well-being Plans due to public health guidelines;
- suspension of face to face classes and interventions to keep within public health guidelines;
- time required by the Hubs to develop on-line approaches to client engagement and provision of interventions;
- closure of community facilities so difficult to recruit new participants and to source suitable interventions;
- closure of further and higher-level colleges so difficult to access clients from the education sector;
- general concern and worry about Covid-19, fear of the unknown and changing of priorities during the initial chaos of the first wave of the pandemic leading to less time to focus on CoH-Sync;
- a significant number of people in the community have been asked by their GP / Health professional to 'Shield' during the Covid-19 pandemic. This means such people had to follow stricter 'stay at home' rules to protect themselves from Covid-19;
- some Community Health Facilitators have underlying health conditions and had to 'Shield' during the first wave of Covid-19; and
- inconsistent and unreliable WIFI connection in rural communities, which impacted on access to online courses delivered by community partners.

As noted above, the two Scottish Hubs have been the most impacted by Covid-19. One possible reason might be that they have also experienced very high staff turnover rates and vacancies during and before the pandemic period. Additionally some NHS Dumfries and Galloway staff involved in the CoH-Sync project have had to take on extra duties associated with 'Test and Protect' - Scotland's approach to preventing the spread of

coronavirus in the community. Hubs based in the Republic of Ireland were all impacted significantly but not as severely as the Scottish Hubs

Generally, based on the numbers of the requests of Covid-19 support declared by each CoH-Sync Hub, whilst, the Northern Ireland based Hubs were the most resilient in dealing with the impact of the pandemic on the CoH-Sync Health and Well-being Plans and process. Whereas the Strabane and Derry Hub continued to deliver all targeted numbers of completed Health and Well-being Plans throughout the pandemic.

All Northern Ireland and Republic of Ireland Hubs have reverted to the full Health and Well-being Plan and process as of 1st September 2020. The two Scottish Hubs received permission from the SEUPB to continue to deliver Covid-19 support to beneficiaries due to the continued negative impact of the pandemic in that area specifically.

COH-SYNC PROJECT RESPONSE

Adaptation measures

The impact of COVID-19 on the project's ability to deliver in full the outputs specified in the Letter of Offer to date has been minimised due to the early, proactive actions taken by the project staff with the support of the Project Board and SEUPB.

Shortfalls in the number of full health and well-being plans have been made up with an adapted approach to support COVID 19 community interventions as agreed in advance with the Special EU Programmes Body (SEUPB). The project has continued to recruit clients using the agreed adapted processes and continues to develop personalised health and well-being plans and support behaviour change interventions.

All Project staff continue to work on their specific project roles, albeit while ensuring that support continued to be provided in a safe way and adhering to social distancing rules. The Hubs have made efforts to adapt to the needs of individuals and communities during the period of the COVID-19 lockdown and have continued to effectively deliver health and well-being plans, along with one to one support to clients. Examples of some measures taken include:

- Increased use of social media and online platforms, such as Zoom and Facebook to meet with clients and undertake health and well-being plans
- Increased provision of interventions and support on-line / virtually.
- Befriending telephone calls to people advised to shield and thus supporting them to feel less isolated and detached from society,
- Design of bespoke online interventions to ensure that the project continues to meet the needs of the local population.

CoH-Sync project in the front line of the emergency

The project extended its services to support local voluntary community efforts in the delivery of warm meals, food parcels, prescriptions and support phone and video calls to the most vulnerable in the community. Its

commitment shows the great community spirit and determination to ensure that on one was left isolated or alone.

From the reporting perspective, the project prepared a template, then devised and approved by the Project Board and SEUPB, for use by Hubs when submitting evidence of the Covid-19 pandemic supports/ interventions by the CoH-Sync Hubs. This template did not replace the need to deliver CoH-Sync Health and Well-being Plans. Rather, where Hubs had tried and, because of Covid-19 restrictions, were unable to complete full Health and Well-being Plans, this template could be used in those situations to make up the missing total number of Plans in a particular quarter. Hubs were requested to strive to achieve the contracted number of completed Health and Well-being Plans for their Hub at the end of May 2020 and end August 2020 where possible.

Cooperation added value

The collaboration and co-operation, particularly between the statutory, community and voluntary sector has enabled a more co-ordinated and effective response to the emergency at community level. Because of the pandemic, the CoH-Sync (and other CAWT EU INTERREG VA funded projects) have worked with community partners and citizens to encourage a greater adoption of digital/on-line technologies. Support is being given to local people to enable them to participate in online programmes, thereby reducing digital exclusion among target groups.

The importance of the timely consideration of the impacts and achieving early agreement on the adaptions to be made with all stakeholders and funders was stressed. All partners will need to continue to be flexible and responsive to the changing circumstances, which are likely to continue for the foreseeable future. The CoH-Sync Project Officers will continue to collaborate to actively share ideas, new approaches and relevant activities among all Hubs. This is in recognition that it is especially important now more than ever for Hubs to exchange ideas and share the lessons learned about what in-house courses, supports, services and/or programmes have worked well, how they could be replicated, adapted, and/or developed further in the future.

Additional risks

The biggest challenge and concern for the project will be the ability to continue to attract sufficient numbers of new participants. All possible measures have been taken by the project partners to reduce/mitigate risks to the project as previously described. Should the situation change or deteriorate in relation to COVID-19 then the project will have to consider the impact and propose changes accordingly for agreement by the Project Board and in consultation with SEUPB. As the pandemic continues, there is a risk that participants are suffering from 'Zoom overload' due to the volume of information/interventions which are being targeted at them and they will disengage from this medium of communication.

New restrictions: what next?

In recent weeks, further local restrictions followed by national Covid-19 restrictions came into force and are still in place in all jurisdictions. According to the lead partner, all hubs have made huge efforts to meet the beneficiary targets set. Despite the challenges faced by Covid-19, the CoH-Sync Hubs have shown how responsive, innovative and adaptable they can be in a time of crisis. For example, all hubs have designed bespoke online interventions to ensure that the project continues to meet the needs of the local population and have adapted the ways in which they work to maintain delivery of CoH-Sync.

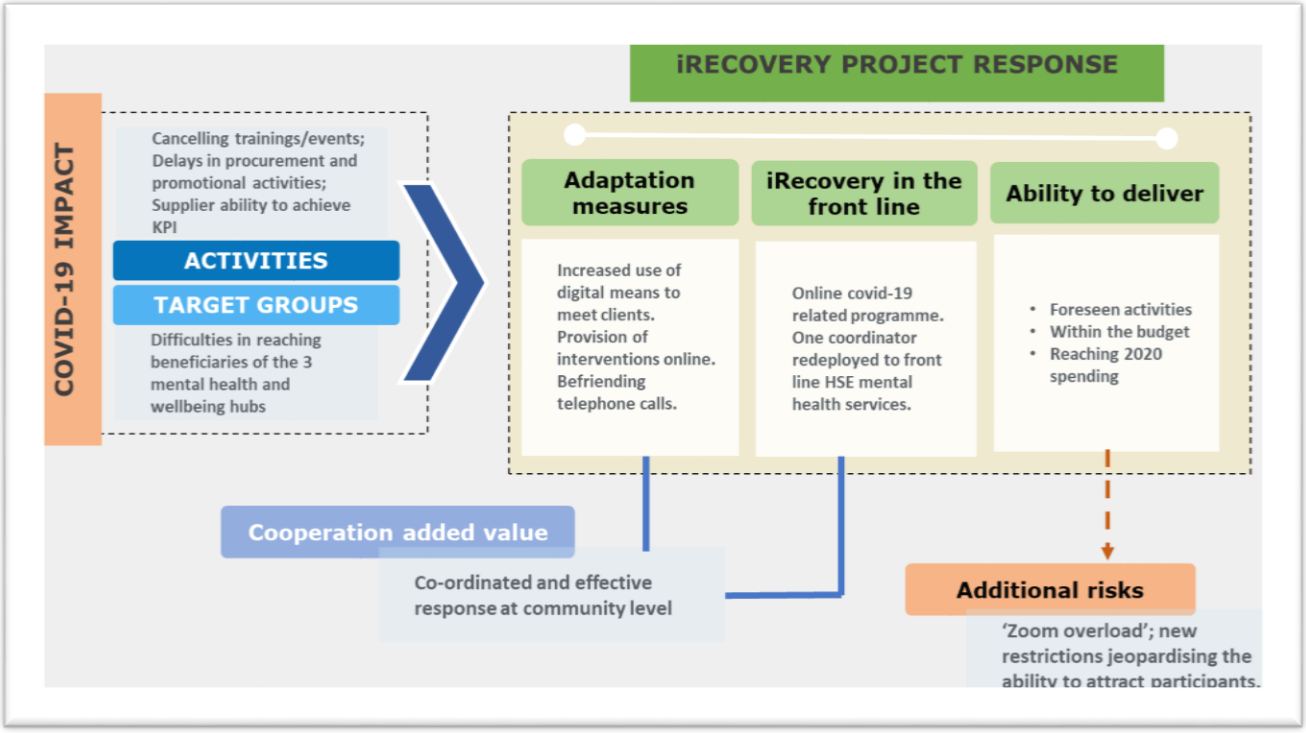
The 8 Hubs have already completed project adaptations in the light of the most severe public health guidelines during the 1st Covid-19 emergency crisis and are continuing with these adapted approaches which are suitable for all levels of local and national Covid-19 restrictions. So, as noted earlier, the CoH-Sync Hubs been proactive and innovative during this pandemic and are open to new approaches to client recruitment and client intervention delivery.

At a project level, the CoH-Sync Project Officers who link with the Hubs are particularly mindful of the ongoing challenges faced by the Hubs and are being as supportive as possible. For example, in order to build the capacity of the Hubs and the Community Health Facilitators who are responsible for client engagement, new training has been developed that broadens the types of interventions offered to clients. This includes an accredited 'Chair-based Activity' training course and a 'Chi-me' training course, and once completed early in 2021, 13 Community Health Facilitators (CHFs) from across all 8 Hubs will achieve two OCNNI (Open College Network Northern Ireland) Level 2 nationally recognised qualifications for this training. This means they can deliver this training either online or face-to-face as circumstances allow. The project is committed to continue to identify suitable quality training for Hub CHFs that can help to build capacity and improve sustainability.

Some concerns from the lead partner regarding the capacity to engage people as actively electronically / online in the medium to longer term, as the technology, which is replacing a lot of 'face-to-face' support/classroom sessions, might become less enjoyable/ attractive to individuals in the future. Some participants have suggested it is acceptable as a temporary solution in an emergency but as social beings, people enjoy and therefore respond better to face-to-face contact. Some anecdotal feedback has indicated that in the future, post pandemic, some clients would like the option of both online and physical classes. The online option means that clients can access Hub interventions outside of their own locality in another Hub area / jurisdictions, which helps to further cross border networks and linkages.

IRECOVERY

[The Innovation Recovery project has three cross-border locality-based Hubs providing mental health and well-being support in their local communities across 12 counties in the border region of Ireland/Northern Ireland. The Hubs are providing support to citizens to improve their mental health and well-being.]



COVID-19 IMPACT ON PROJECT IMPLEMENTATION

The main impact on the project has been the cancelation of all group training/events and one to one client meetings. All 3 mental health and well-being hubs expressed their concerns about their ability to achieve their target beneficiary numbers.

Some other impacts include delays in completing tenders for training, in carrying out quality assurance checks of individual learning plans and the cancellation of key meetings. All such activities and meetings have been rescheduled.

Furthermore, the COVID-19 pandemic impacted on the ability of some project suppliers to achieve their performance target (the KPIs - Key Performance Indicators) as identified in the HSE contract. In this regard, the project asked the SEUPB for flexibility to introduce some delivery adaptations which were in line with the expected project outcomes. For example, the key supplier was Erne East Partnership, who was unable to deliver face-to-face meetings and co-production sessions at the start of the pandemic, because the majority of the community and voluntary groups involved were not operating as usual and were initially not set up to work online.

iRECOVERY PROJECT RESPONSE

Adaptation measures

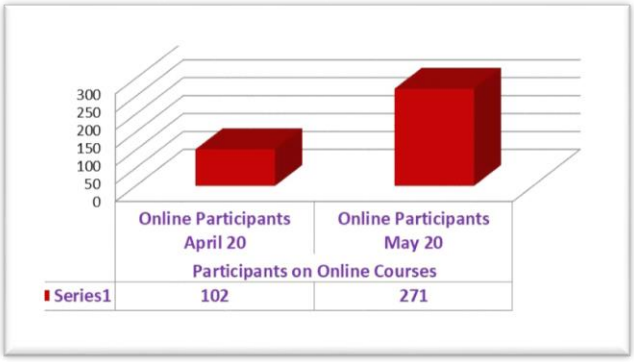
Measures have been put in place by the project to mitigate against the aforementioned impacts and staff have changed how information required for enrolment forms and individual learning plans is captured (as approved by SEUPB). Staff have delivered live sessions of mental health and wellbeing courses online via Zoom.
With regard to suppliers' inability to achieve their performance target, permission was sought from SEUPB to adapt the KPIs for the period that was affected by the Covid-19 pandemic. The adapted KPIs included a telephone and social media befriending service, a volunteer delivery service and a telephone helpline and referral service to people who had mental ill health. The adapted delivery was very successful and fits with the objectives of the Innovation Recovery project in empowering and enabling people and communities to take greater control over their own mental and emotional wellbeing. It also represented an adjustment of services to more adequately meet the changing needs of people who were confined to their homes and required new and flexible supports to maintain good mental health and / or to prevent the further deterioration of their mental health.

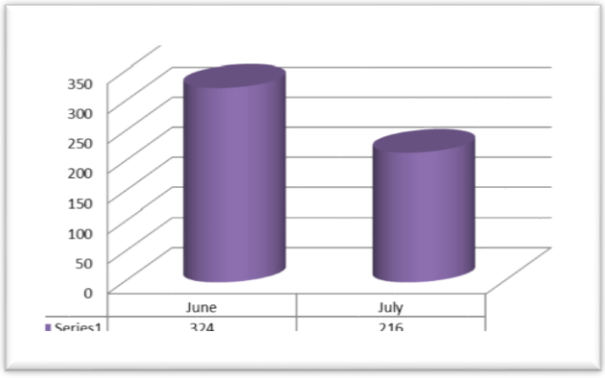
All project staff continue to work on their specific project roles, whilst adhering to social distancing rules. The staff have made efforts to adapt to the needs of individuals and communities during the period of the COVID-19 lockdown. The staff continued to effectively deliver mental health and well-being plans along with one to one support to clients. They not only adapted their services but also extended service and supports on offer during the height of the COVID-19 pandemic and there are many examples of this great community spirit and determination to ensure that no one was left isolated or alone. Examples of some measures taken include:

- Increased use of social media and online platforms, such as Zoom to meet with clients and undertake mental health and well-being plans.
- Increased provision of training on-line / virtually.
- Design of bespoke online courses to ensure that the project continues to meet the needs of participants.

The projects had undertaken monitoring activities regarding the level of participation in the online training and meetings and some figures and numbers are displayed in the pictures below.

Figure 1 Total number of participants in online courses, months: April, May, June and July 2020.





Source: beneficiary report provided by the iRecovery project leader (31 August 2020)

The iRecovery project in the front line of the emergency

During the Covid-19 lockdown, the Innovation Recovery Team developed a menu of online programmes of 45 courses to ensure that access to mental health and wellbeing training continued despite the restrictions. The programmes were launched since mid-April and delivered via Zoom and include courses addressing many topics that are relevant in the context of Covid-19 such as Mindfulness and Relaxation, Tips for Anxiety during Covid-19 and The Covid Toolbox. Courses are devised and delivered by people with their own experience of mental health issues, alongside those with professional experience and knowledge. Very positive feedback has been received on many courses from targeted users of this service. One individual said the courses were her lifeline throughout lockdown. The Innovation Recovery project team have also introduced a weekly online coffee morning to reach out to individuals who may be having difficulty or feeling lonely.
A new Virtual Learning Management system is currently being procured. This will allow clients to take part in online training using alternative tools to Zoom. The online training will be interactive and allow the client to complete courses at a time that suits them. This system will support a balance between live sessions on Zoom and online, interactive courses. As soon as it is safe to do so and in line with public health guidelines, face-to-face courses will resume as it is clear that many people are missing the connection of physically meeting up with people. Moreover, Erne East Contract has been adapted (as approved by SEUPB) to allow staff to work in the community sector providing befriending service. 180 Telephone/Social media calls were made weekly throughout May and follow up support was given. Erne East are dealing with 32 specific referrals in relation to supporting people with serious mental health issues. Permission had been granted by SEUPB to continue with this adapted approach during the current phase of restrictions / until government guidance changes.

Beyond the additional services, the project supported the management of the emergency by redeploying one Recovery Coordinator to front line HSE mental health services, at the request of the HSE. During the period of redeployment to front line, the staff member was paid from a separate HSE Covid-19 cost centre, so the staff member's salary for that period of redeployment will not be claimed for through the project.

Cooperation added value

The collaboration and co-operation, particularly between the statutory, community and voluntary sector has enabled a more co-ordinated and effective response to the emergency at community level. Because of the pandemic, the Innovation Recovery (and other CAWT projects) have worked with community partners and citizens to encourage a greater adoption of digital/on-line technologies. Support is being given to local people to enable them to participate in online programmes, thereby reducing digital exclusion among target groups.
The importance of assessing the need (for both staff with lived experience of mental health and clients) and taking action swiftly were invaluable. Within 4 weeks of the country going into lockdown, staff who have their own experience of mental health were retrained to deliver mental health and well-being courses to the public using online platforms. Achieving early agreement on the adaptions to be made with all stakeholders and funders was also critical. All partners will need to continue to be flexible and responsive to the changing circumstances, which are likely to continue for the foreseeable future. Despite the challenges faced, the Innovation Recovery project team have shown how resilient, flexible, responsive, innovative and adaptable that they can be in a time of crisis.

Additional risks

The biggest challenge and concern for the project will be the ability to continue to attract sufficient numbers of new participants. All possible measures have already been taken to reduce / mitigate risks to the project as previously described. Should the situation change or deteriorate in relation to COVID-19 then the project will

have to consider the impact and propose changes accordingly for agreement by the Project Board and in consultation with SEUPB. As the pandemic continues, there is a risk that participants are suffering from 'Zoom overload' due to the volume of information/interventions which are being targeted at them and they will disengage from this medium of communication.

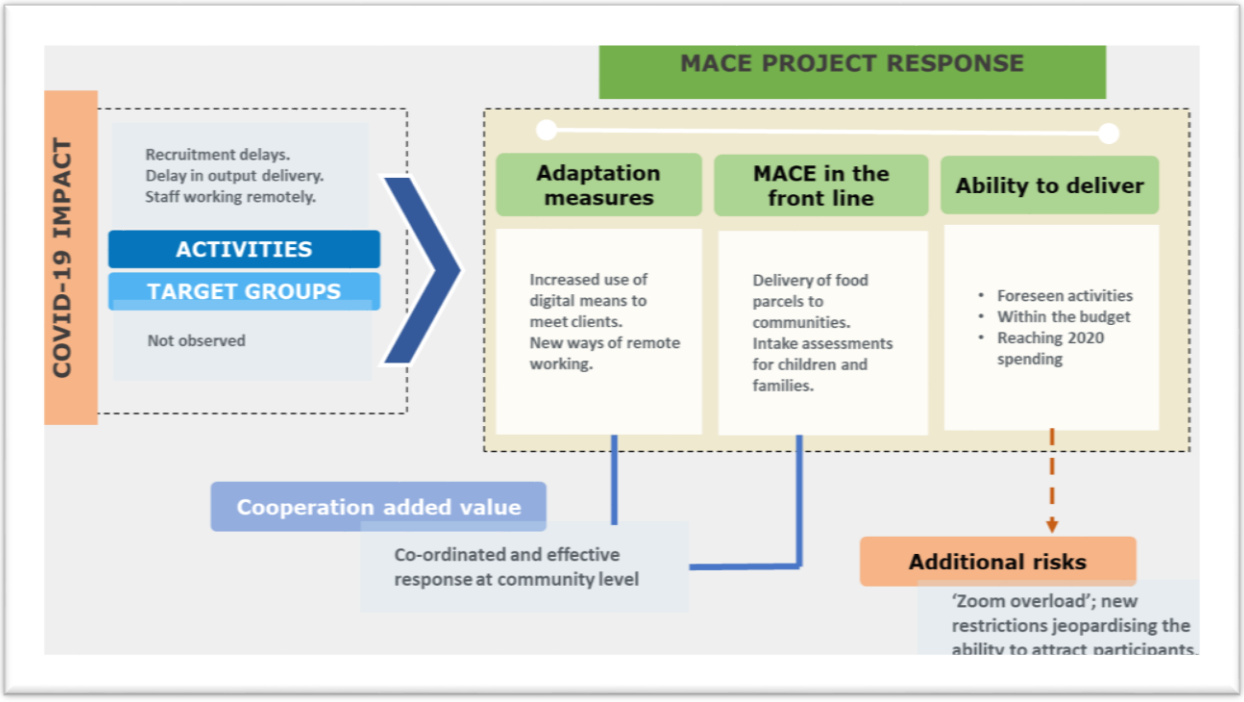
New restrictions: what next?

iRecovery project is planning to deliver online training for the foreseeable future in line with public health guidelines. However, it is becoming increasingly difficult to reach out to new clients who are perhaps not familiar with online learning. There is a definite trend in the uptake of courses and it appears that for many clients the online programmes are a maintenance tool for managing their mental health. Online courses are run daily and often the same individuals attend these courses. At the beginning of lockdown approximately 30% of clients were new to the courses. This reduced to 20% two months into online delivery.

It is difficult to mitigate against Zoom overload given that so many people are working from home and not able to attend classes in their areas. The Innovation Recovery project team are actively looking at new ways of working and recruiting new clients through colleges, schools, parents and community & voluntary groups. In addition to delivering online courses that are open to everyone, the project team are taking a targeted approach, using local knowledge of key stressors in the communities and responding to the local needs through educational courses. The project team are constantly adapting course material to meet the needs of client groups.

MACE

The project aims to transform the lives of vulnerable children and their families who are most at risk from a range of challenges and difficulties in their lives, by identifying, intervening early and providing nurturing and support within their own homes and communities on a cross border basis. The project is being managed jointly by the CAWT Partnership and TUSLA (the Child and Family Agency).



COVID-19 IMPACT ON PROJECT IMPLEMENTATION

As result of the COVID-19 pandemic, projects coordinators have continued to support their respective Cross Border Community Networks (CBCN) remotely. Planned information awareness sessions and a large-scale training/engagement event had to be cancelled as a result of COVID 19 as social distancing could not be maintained. The Project Coordinators have explored remote/online options to support implementation of project objectives and activities.

There are 3 key areas highlighted by MACE Project Co-ordinators, where Covid 19 has impacted the most:

- Recruitment Delays. For example, the appointment of one Mace Co-ordinator for Area 4 was delayed due to health and social care project decision makers being unavailable due to COVID work. The project did not make up the delayed time and the post was vacant between 1st March and 24th August 2020. Whilst the COVID crisis impacted on the timescales for filling the vacancy, there were also a number of additional factors such as HR processes that contributed to this delay. It is therefore difficult to identify one particular reason. The interim Project Manager took action to mitigate the impact of the delay by requesting that the other four Project Co-ordinators provide support in Area 4 as required.
- Delay in development of Project Deliverables (Toolkit and Training, Interventions). Whilst there are other contributory factors, the pandemic impact has been significant. For example, HBS (Ire) procurement ceased all procurement support services to CAWT projects as staff were deployed to work on COVID-19 PPE procurement work. Other procurement support secured during the COVID-19 crisis from BSO PaLs (NI) enabled the Toolkit tender to be undertaken during that time. HBS (Ire) procurement prioritised

the Interventions tenders once normal services resumed in July. It should be noted that the project was able to restart the procurement activities with an approximate delay of 6 months.

- Staff working remotely. Staff have been working remotely since 12th March 2020. As a consequence, events organised in all of the CBCN areas were cancelled. These not only included single events but also ongoing training that had been organised between MACE Coordinators and teams within Alternative Care Departments across all the CBCN areas which were targeting Foster Care/Adoption/Psychology Services.

MACE PROJECT RESPONSE

Adaptation measures

All Project staff continue to work on their specific project roles, albeit while adhering to social distancing rules. The CBCN staff met virtually during the first wave of COVID 19 and this continues in the current period. The project has increased its use of social media and online platforms, such as Zoom and Facebook to promote the project and deliver universal interventions.

Co-ordinators adapted a new way of remote working which has enabled them to continue to work with their local partner agencies. For example, a range of webinars, focused on awareness raising, increase professional knowledge of the impact of Adverse Childhood Experiences and trauma informed practice, attachment and the importance of play, trauma and the importance of self-care.

MACE project in front line of the emergency

MACE project supported the Covid-19 community response effort providing direct support to families in their local communities, delivering food parcels and providing telephone support to families. Target groups of such aid were children and families, engaged through the completion of Intake Assessments as part of the Donegal Duty Intake Team and the completion of Emergency Fostering Interim Assessments for the Alternative Care Team in Sligo and Leitrim. This provided an opportunity for Project Co-ordinators to support and work collaboratively with families experiencing adversity, using a trauma informed approach, and to ensure provisions were in place when children's needs could not be met within their family.

Project Co-ordinators facilitate Trauma Informed Cross Border Community Networks of Excellence remotely enabling professionals to share experience and resources on the impact of Covid-19 on families, which is helpful in terms of better understanding how services could be adapted to support families during this time. The Cross-Border Networks of Excellence have also facilitated virtual workshops with inputs from the National Society for the Prevention of Cruelty to Children (NSPCC), HSE Child Psychology Services and WHSCT Domestic Violence Specific Team.

Moreover, one of the MACE staff organised Intake assessments for children and families for supporting the COVID-19 community response. Indeed, in each Social Work Department, there is an Intake/Duty Team which screens all referrals coming into the Department. Some referrals require an initial assessment in order to determine if there is a need for Social Work Intervention which could take the form of child protection/welfare or an intervention from another service. In this regard, one Mace staff member contributed towards making initial contact with services and a client and then recommending ongoing intervention or that the case be closed.

Cooperation added value

The collaboration and co-operation, particularly between the statutory, community and voluntary sector has enabled a more co-ordinated and effective response to the emergency at community level. Because of the pandemic, the MACE (and other CAWT projects) have worked with community partners and citizens to encourage a greater adoption of digital/on-line technologies. Support is being given to local people to enable them to participate in online programmes, thereby reducing digital exclusion among target groups. All partners will need to continue to be flexible and responsive to the changing circumstances, which are likely to continue for the foreseeable future. Despite the challenges faced, the MACE team have shown how flexible, responsive, innovative and adaptable that they can be in a time of crisis.

Additional risks

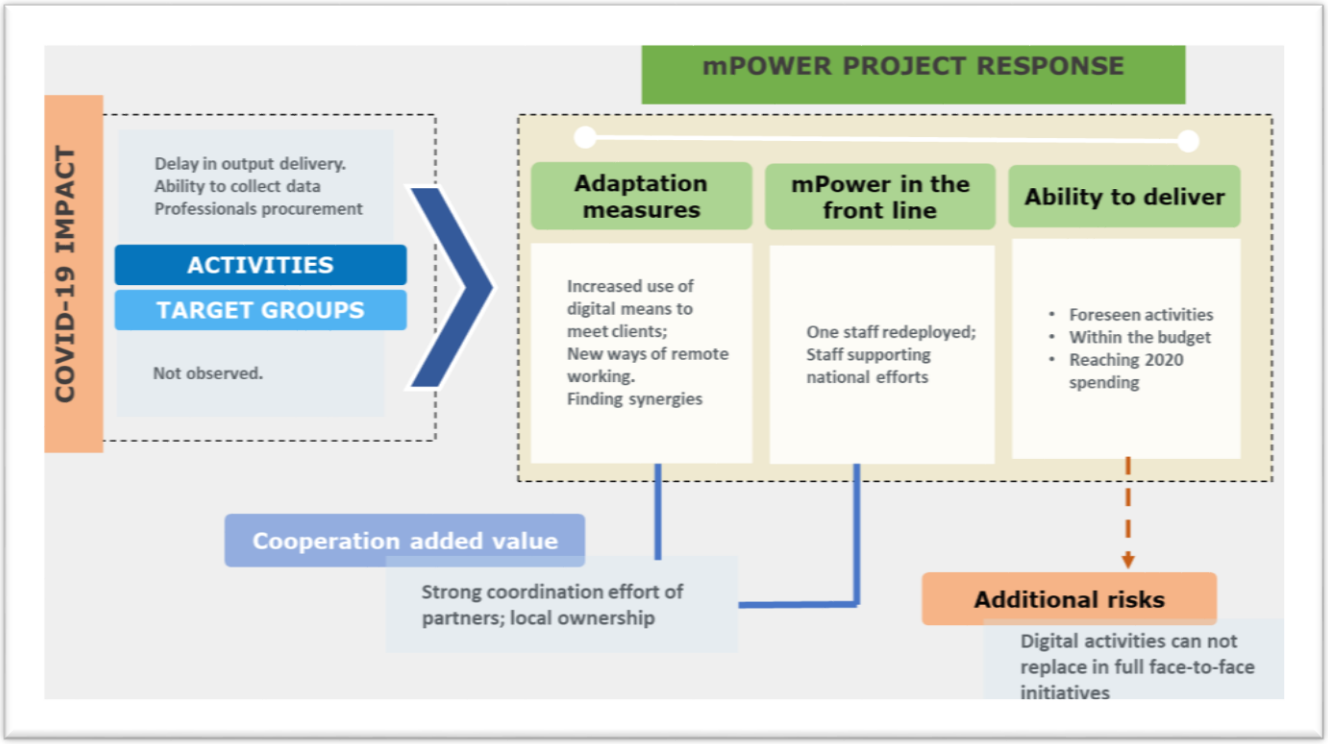
All possible measures have already been taken to reduce / mitigate risks to the project as previously described. Should the situation change or deteriorate in relation to COVID-19 then the project will have to consider the impact and propose changes accordingly for agreement by the Project Board and in consultation with SEUPB. As the pandemic continues, there is a risk that participants are suffering from 'Zoom overload' due to the volume of information/interventions which are being targeted at them and they will disengage from this medium of communication.

New restrictions: what next?

Everything that the MACE project delivers must comply with Public Health guidelines. The MACE project team are delivering interventions to families via Zoom, Pexip Virtual Meeting Room and other electronic media. The recent OJEU procurements also had the tender specification adjusted to include a requirement for providers of interventions to children and families to be able to do so via Zoom or other on-line media which would allow compliance with public health guidance regarding groups. There are some therapeutic interventions which professionals have indicated do not work well via electronic media such as intensive play therapy for severely traumatised children. Professionals in the field would argue that this must be done on a one to one basis in person with the child. The MACE project should deliver its outputs if the requested project extension to early 2023 is approved by SEUPB. SEUPB have advised that a decision on whether the project will continue beyond June 2021 will not be known until November 2020.

MPOWER

[The project aims to stimulate transformation in older people's services in the border counties of the Republic of Ireland, Northern Ireland and Scotland, enabling people to live well, safely and independently in their own homes, supported by a modernised infrastructure for healthy ageing. mPower will champion a preventative approach to care, supporting societal change by empowering more people to self-manage their health and care in the community.]



COVID19 IMPACT ON PROJECT IMPLEMENTATION

Beyond the required adoption of the necessary technology to provide health care to communities, mPower project had been impacted by the pandemic in three additional ways:

- Exacerbation of an already existing delay in the development of the Shared Learning work package (which received additional funding in September 2019). This represents a crucial element of the project aimed to transfer knowledge and expertise, effectively build relationships, identify challenges and opportunities and support long-terms sustainability;
- Reduced ability to collect the necessary data and evidence due to the impossibility of holding face-to-face meetings, problematic follow-up of the project and evaluation of outputs and deliverables.
- Reduced access to procurement of professional who were concentrated on the procurement of essential equipment
- Some difference in the delivery of outputs in terms of outcome, scope and their geographical distribution due to 'lockdown fluctuations'.

mPOWER PROJECT RESPONSE

Adaptation measures

The project is currently discussing a potential budget re-allocation and an extension of the timeline with the programming authorities.

Although face to face interventions with beneficiaries were prescribed, technology channels were able to replicate the intervention in many instances. With regard to the Shared Learning work package, the project has made efforts to adapt the contents and objectives to a virtual format but also to find a way to avoid ceasing initiatives completely.

The project teams adapted and supported the needs of their community and employee organisations during the crisis, whilst maintaining alignment with the project objectives. The adoption of technology in health and care settings has greatly increased as the crisis necessitated a quick scale-up.

The project staff are trying to plan further in advance, use technology and be flexible and also looking more actively to develop synergies. For instance in the framework of the Shared learning package, rather than organising a brand new conference/festival with the same audience on the same topics, the project is seeking to establish connections with other projects, such as iSimpathy that are facing similar challenges (for instance social prescribing).

mPower project in front line of the emergency

With the exception of one member of staff for a three-week period all project staff were able to remain in their roles, provide COVID-19 responses where practical, and contribute to the outcomes of the project. With the support of the managing authority, the project was able to ensure any temporary change to roles were time limited and remained in alignment to the outcomes of the project.

Staff in Ireland joined the national eHealth team to scale-up implementation of Video Enabled Consultations. Staff in Northern Ireland supported their social work teams and COVID helplines which helped them to identify citizens who could benefit from the wellbeing plans from the project. In Scotland there was a common achievement in upskilling care homes with equipment to connect to family who were otherwise 'barred'. Almost all activity has either contributed to targets directly or enabled pathways for target achievement.

Cooperation added value

From the beginning partners have been invested in and supported to deliver the project locally as they saw fit. According to the lead partner, without local knowledge, local prioritisation and local ownership the project could not deliver. Another important lesson is not to assume that it is possible to convert everything into 'digital' activity merely by changing the channel in which it's delivered. A two-hour workshop, indeed, cannot be replicated exactly online but two sessions of 45 minutes with a mix of listening, talking and collaborating can be just as productive. The project has also accepted local variation within the confines of the objectives and this ownership and adaptability is being rewarded with un-intended benefits.

Additional risks

The obvious risk relates to travel restrictions which limit collaboration, especially face-to-face aspects, which can't be wholly successful replaced by video. Another notable risk relates to the capacity of staff in health, care and voluntary sectors with the new priorities that have emerged from the pandemic situation and limited capacity.

Annex II – Projects questionnaire

Project state of play: pre-COVID-19 crisis

Prior to the COVID-19 crisis, were there any obstacles hindering the implementation of your project?

Implications of the COVID-19 crisis for project implementation

Against the background of the ongoing COVID-19 crisis, the aim of this set of questions is to understand the implications COVID-19 is having on your organisation and project. This is in order to:

1. *Identify the needs and risks that projects are facing;*
2. *Identify what support might be required during these unprecedented times*
3. *Ensure projects have considered the implications of the crisis and that appropriate plans have been put in place in response*

It should be noted that there are no right or wrong answers. Information collected will be considered as indicative. No decisions in relation to projects will be taken on the basis of this information without further liaison with project partners.

1. What has been the impact of the COVID-19 on your ability to deliver in full the outputs specified in the Letter of Offer?

2. Looking at the timeline of your project, will it still be feasible to deliver all foreseen activities? If not, which activities have been/will be most affected by the COVID-19 crisis and/or are no longer possible to complete?

3. Do you think that you will be able to deliver your project fully within its current budget? (i.e. has the COVID-19 crisis led to any increase in costs)

4. Do you think that you will be able to reach the level of spending foreseen by the end of 2020? And by the end of your project?

   Yes we anticipate we will spend in accordance with our forecast in 2020 and by the end of the programme.

5. Do you think it will be feasible to make up for any delays experienced during the lockdown?

6. Do you think that the current crisis will jeopardise the expected results of your project? Please explain.

Project capacity in adapting to the changing circumstances

7. What measures have you had to take so far as a consequence of the COVID-19 crisis? (furloughed staff, trading on hold, temporary business closure, etc).

8. Did you ask for support from the programme bodies during the COVID-19 emergency? If yes, on what matter?

9. What kind of support from the Programme would enable you to deliver your project as fully as possible? (For instance, more flexibility in terms of budget, timeline extension)

10. How have you or how do you intend to adapt your activities, target groups or outputs as a result of the crisis? Please describe any measures taken.

11. Do you think that the cooperation established with the partners of your project has enabled a better response to the emergency?

12. Has any partner been directly involved in the response to the emergency, through:

    a) Project staff redeployed to non-project frontline health work, or backfilling non-project posts of others working on the frontline response?

    b) The activities of the project?

    treatment uptake, adherence, delivery, implementation and the overall success of the online intervention.

13. What additional risks are posed to your project due to the crisis? What mitigation measures have you put in place?

14. What lessons/best practice have you learnt when adapting your project to the changing circumstances?

COVID-19 crisis implications for the challenges in the programme area

15. Are the challenges and needs addressed by your project the same as before the COVID-19 crisis or have they changed as a result?

16. To what extent have the restriction measures during the lockdown (e.g. limited movement of people across borders) hampered cooperation between partners? In the event of a new health emergency what factors are key in enabling cooperation in the response?

17. More generally, what kind of implications will this crisis have for the cross-border organisation and management of health care services?

18. How could a future programme contribute to the recovery from the crisis?