

Northern Ireland Assembly Disability Monitor



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**Centre on Human Rights for
People with Disabilities**

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A Last Week's Assembly Business

Private Members' Business

Assisted Suicide

Jeffrey Donaldson (DUP) begged to move “that this Assembly notes the verdict in the Purdy case and the decision by the Director of Public Prosecutions in Northern Ireland to issue guidance on assisted suicide; and states its opposition to any attempt to legalise assisted suicide.”

The background to the issue of assisted suicide is based on the recent developments that occurred in the House of Lords, where a case was brought by Debbie Purdy, who sought clarification on the circumstances in which prosecutions might be brought in cases that involve assisted suicide. As a result of the observations that were made by the Law Lords in that case, it was necessary for the Public Prosecution Service (PPS) here and the Crown Prosecution Service (CPS) in England and Wales to publish interim guidance for the courts or anyone else on the circumstances in which prosecutions might be brought in cases of assisted suicide. The Director of Public Prosecutions in Northern Ireland issued his interim guidance on 23 September and launched a consultation process on the subject.

Jeffrey Donaldson is unequivocally opposed to the legalisation of assisted suicide or euthanasia in the United Kingdom. In his view human life is valuable and ought to be valued, not just the young, people who we regard as productive or the able-bodied in our society but all human life.

According to Jeffrey Donaldson, Baroness Warnock, a leading member of the House of Lords, said that people with dementia, waste people's lives and the resources of the National Health Service. In her view, people with dementia are a drain on the resources of the National Health Service, and their lives are wasting away. She believes, therefore, that they almost have a duty to die. In Jeffrey Donaldson's opinion Baroness Warnock's attitude is appalling. If human life can be terminated when it becomes too difficult and if some people are considered better off dead, how will society

determine which lives are proper candidates for termination and which are not? How will we prevent the principle that certain lives can be terminated becoming a rule that they should be terminated?

In Jeffrey Donaldson's opinion acute human suffering should not be dealt with by disposing of the person facing that suffering. We all recognise that there is acute human suffering. We all recognise what individuals and families have to go through when the health of a loved one deteriorates or when someone has a lifelong condition that limits his or her well-being and enjoyment of life. However, Jeffrey Donaldson does not believe that the answer is the legalisation of suicide, assisted suicide or the premature termination of life.

In Jeffrey Donaldson's opinion the pro-euthanasia lobby features a vocal minority of independently minded and articulate patients who want to control the time and manner of their death. However, the vast majority of those seeking to access legally assisted suicide do not fit into that category. Rather, they are the most vulnerable members of society: elderly people; terminally ill people; incapacitated people; and depressed people. Those people often feel uncertain about whether their lives are worth living and fear becoming a burden to others. We all have experience of older people who wrongly regard themselves as a being a burden on others. If assisted suicide were legal, many would feel that they had a duty to request an early death, especially if it were offered by their physician as a possible therapeutic option. Some people would face the added risk of coercion by others who might stand to gain financially or otherwise from their death.

Jeffrey Donaldson claims medical professionals are opposed to euthanasia. The British Medical Association (BMA) is opposed to both physician-assisted suicide and euthanasia. It believes that ongoing improvements in palliative care allow people to die with dignity. The BMA argues that there are limits to what patients should be able to choose if their choice will inevitably impact on other people.

Lord Joffe's Assisted Dying for the Terminally Ill Bill was opposed by the Royal College of Physicians, the Royal College of General Practitioners, the Royal College of Psychiatrists, the Royal College of

Nursing, the Royal College of Anaesthetists, the Association for Palliative Medicine of Great Britain and Ireland and the British Geriatrics Society. In Jeffrey Donaldson's eyes that represented a very powerful coalition of opposition from the medical profession to the legalisation of assisted suicide.

Jeffrey Donaldson believes the UK is a world leader in the provision of specialist palliative care, helping patients and their families to cope with the physical symptoms and the emotional distress of advanced illness. He wants the UK to continue to strengthen the level of care that is provided to older people.

Jeffrey Donaldson turned to considering the experiences of the few countries that have legalised assisted suicide. The Netherlands formally legalised voluntary euthanasia and physician-assisted suicide in 2002. The practice of involuntary euthanasia is now well established in that country, with 546 deaths in 2005 as a result of lethal drugs not explicitly requested by the patient. In the state of Oregon, in the United States, physician-assisted suicide was legalised in 1997. In Jeffrey Donaldson's opinion that law has led to patients "doctor shopping" for willing practitioners, using doctors who have minimal knowledge of the patients' pasts and who may be ideologically disposed to fulfil the patients' requests for a premature end to their lives. That is not a road that Jeffrey Donaldson wants Northern Ireland to travel.

Martina Anderson (Sinn Fein) feels there should be a genuine and open debate on this issue to allow an informed opinion to be reached, and she voiced concerned that the motion requires us to adopt a position on assisted suicide before such a debate has taken place.

Martina Anderson does not believe that the decision by the DPP to issue guidance on assisted suicides represents an attempt to move towards legalisation. Rather, that decision is the legal outworking of the Debbie Purdy case. Martina Anderson feels there is no doubt that the House of Lords ruling on the Purdy case was significant and a turning point for the law on assisted suicide, but she questions whether it represents an inevitable step towards the legalisation of assisted suicide, as this motion seems to suggest. Martina Anderson does not believe that it is as black and white as that.

The Law Lords found that it would be a breach of Debbie Purdy's human rights for her not to know whether her husband would be prosecuted for accompanying her to the Swiss clinic where she wishes to die. The Director of Public Prosecutions was, therefore, required to issue a policy setting out when those in such a position can expect to face prosecution. According to Martina Anderson we are now seeing those guidelines being issued: we are not seeing assisted suicide being legalised.

Martina Anderson believes there needs to be room for compassion within the law. In her view we, as a society, need to ask ourselves what good it would do to jail Debbie Purdy's husband for 14 years for helping her to fulfil her wishes. We need to tackle such questions, not only in this Chamber but across society, by having an open and frank debate. As a result Sinn Féin tabled an amendment to the motion, calling on the Executive to conduct an inquiry into the implications of the Purdy case and the DPP decision and to report the findings back to the Assembly. However, Sinn Féin's amendment was rejected.

In Martina Anderson's opinion the Assembly must not adopt a knee-jerk reaction on assisted suicide; it is far too important for that. By not having the necessary conversations and not exploring all the possible ramifications, she feels the Assembly fail to do justice to those, such as Debbie Purdy, who find themselves in tragic situations. For those reasons, Sinn Féin will abstain on the vote.

Danny Kennedy (UUP) stated assisted suicide is not the act of an individual; it involves others, including family members and those in the medical profession. Furthermore, the legalisation of assisted suicide would involve the sanctioning of the act by society as a whole. Therefore, he feels it is important not to regard the issue as one of respecting the rights of individuals. It is not about me and my rights; it is about us and our obligations to one another in society.

It is Danny Kennedy's strong belief that, in the context of a terminal illness, the legalisation of assisted suicide could radically undermine those relationships. A family has a responsibility to love and to comfort during terminal illness, and central to a medical professional's vocation is the duty to do no harm. Both callings are challenged and

undermined by the notion that a family member or medical professional can facilitate assisted suicide.

The present debate in the UK flows from the decision that the Law Lords made a relatively short time after Parliament had spoken definitively against suicide. Danny Kennedy believes that is not how the law in the United Kingdom or anywhere should be made. The courts exist to interpret law, not to make it. In his opinion we should rethink our approach to, and investment in, palliative care. That should be a defining characteristic of what it means to be a caring society that cherishes the most vulnerable.

Carmel Hanna (SDLP) stated the SDLP has sympathy with the intent of the motion. However, she noted the guidelines do not and cannot decriminalise assisted suicide, which is still illegal under the Suicide Act 1961. She welcomed the fact that no advance guarantees will be given about whether to prosecute in individual cases.

In Carmel Hanna's opinion the 1961 Suicide Act gave the final say to the DPP about whether there should be prosecutions. She accepted that prosecutors have to exercise discretion in their decisions and assess whether a prosecution will pass the public interest test. It is clear from the DPP's paper that charges are more likely if the victim is under 18 or mentally ill, or if the suspect stood to gain, financially or otherwise, from the death of the person in question. It seems likely that serial assistors will be prosecuted, as will members of groups such as Dignitas, whose main purpose is to facilitate suicide.

Carmel Hanna voiced four main concerns about the guidelines. First, they apply at home and abroad, so they apply to people who travel to Switzerland. They also encompass suicide by the seriously ill as well as the terminally ill. By the seriously ill, she meant a person who may suffer from a severe and incurable physical disability or a severe degenerative physical condition from which there appears to be no recovery, but who may not be terminally ill. The term "seriously ill" covers a wide range of medical conditions, including chronic heart disease and most kinds of physical disability. However, the way the guidelines are written suggests that the lives of a whole group of people who are seriously ill or disabled are less deserving of the protection of the law than others.

Secondly, she is concerned that the prosecution of spouses, partners, close friends or family members is envisaged as being less likely than the prosecution of others. There is a danger that that could give the green light to assistance from close relatives or friends, who, in many cases, may be those who stand to gain personally from the death of the person in question.

Thirdly, she is concerned that the discretion of prosecutors will be accepted as the norm rather than the exception. Carmel Hanna stated nobody elected the DPP.

Fourthly, this Assembly has often debated the issue of suicide, particularly among young people and in urban and rural areas of economic and social deprivation. Recently, there were a reported 30 suicides in the North in one month. Although Northern Ireland has a suicide prevention strategy, she is concerned that those guidelines could inadvertently contribute to sending out the message that although we have policies for combating suicide among the young and other vulnerable groups, assisted suicide, in other cases, could be acceptable.

Carmel Hanna does not minimise the distress of families and friends. However, she feels there must be consistency. In relation to the issue of unbearable physical pain for the terminally ill, there have been tremendous advances in palliative care in recent years. There is also much more emotional and practical support that is given by dedicated professionals to family and patients. We should devote more resources to help to find cures.

Carmel Hanna outlined that the SDLP's fundamental ethos is grounded on civil and human rights, and the most important right of all is the right to life. The SDLP outlook has been shaped irrevocably by the terrible conflict that the North has had to endure for more than three decades. A primary purpose of the law in any ordered society is to protect human life. In the past, the unique value of human life has too often been disregarded. The SDLP's belief that the right to life is paramount will certainly inform our response to the motion.

David Ford (Alliance) speaking in a purely personal capacity stated that the key element is to ensure that guidelines are in place to meet

those difficult circumstances with compassion while protecting the vulnerable. He does not doubt that in some places where assisted suicide has been legalised, the pressure builds up and assisted suicide becomes the assumed outcome and not just an option for those who wish to choose it. He believes that the Assembly should oppose absolutely people's being pressurised in that direction. Therefore, he agrees with the opposition of the Members who tabled the motion to any question of legalising suicide in our society.

David Ford believes that the reality is that as a society we may or may not resource acute hospital services well. We do not, as a society and in general, resource community care and palliative care nearly as well as we should.

In relation to the DPP's guidelines, David Ford, stated that those guidelines make it clear that the process for prosecuting assisted suicide cases is exactly the same as that for any other criminal case. First, there is the evidential test, which, in itself, may not be entirely clear. That is the situation in the Purdy case. Secondly, the public interest is tested. David Ford believes that the guidelines are a reasonable attempt to recognise that there will be a small number of extremely difficult circumstances in which prosecution will probably not be in the public interest.

David Ford feels there are difficulties with how guidelines might be applied on the issue of whether prosecution is in the public interest that must be discussed, not just by lawyers and doctors but by wider society, of which the Assembly are representatives. With that caveat in mind, he accepted what the proposer of the motion has said, but this debate should not be the end of the matter.

Iris Robinson (DUP) believes society has a duty of care to the sick and vulnerable, especially the aged population. Therefore, the guidelines recently published by the Director of Public Prosecutions are worrying. The law should uphold the sanctity of life, without any equivocation. She called on the Minister of Health to do his utmost to improve palliative care services for the terminally ill and those who are suffering great pain.

Iris Robinson welcomed the fact that the new guidelines do not provide guarantees against prosecution. She wanted clarification as to what was meant by the suggestion that the guidelines will provide people with enough information to make informed decisions.

While the guidelines have not changed the law, Iris Robinson is worried that they give people something on which to fall back should they help someone to end their life. That position should be clarified.

For Iris Robinson it is worrying that the Director of Public Prosecutions suggested that having the guidelines written down could lead to people helping their loved ones to take their own life in due course.

Iris Robinson feels the Assembly must oppose any move to introduce to the United Kingdom any form of law that permits a person to help to take someone else's life. She is morally opposed to any such legal idea, which throws up many challenges. If such a law were passed, what would constitute murder? Anyone who takes someone else's life in cold blood could claim that they were asked to by that individual. That scenario is particularly relevant to the elderly or physically disabled.

In Iris Robinson's opinion assisted suicide also throws up many social issues. If we get too old or too sick, will we face pressure to take our own lives, as a result of the fear that we will be a burden on our family and friends? Furthermore, any move to legalise assisted suicide will put those in the medical profession under extreme strain, for, on entering the service, members of that profession take an oath to save and preserve human life.

John O'Dowd (Sinn Fein) noted members do not have the answers to all the questions raised. Many questions on the subject remain unanswered. That is why Sinn Fein abstained from voting on the motion.

In Sinn Fein's view, the Assembly needs to begin a debate on the subject of assisted suicide and allow all sections of society to be heard on this most sensitive subject. It is about how loved ones wish to deal with illness and becoming old and infirm. That is what we are talking about: people who find that someone with whom they have

spent their life and whom they love deeply has reached a stage where he or she can no longer continue because of illness or infirmity.

The Purdy case highlights many of those issues. Some of those who ask for assisted suicide have strong mental capabilities but that there are others in a similar position who cannot make such a decision for themselves. Those are the people whom must be protected.

John O'Dowd questions whether introducing assisted suicide will open a door to many other things. We all want to avoid that and to ensure that those who have reached such a decision are not treated badly or abused by close relatives or friends who are motivated by the prospect of financial gain. He also asked if the Assembly talk openly about or legislate to allow assisted suicide, would it damage all the energetic work and campaigning that the Assembly have put into that other aspect of suicide, namely, its prevention. Does that open up a new debate? Does it legitimise suicide?

In saying that, John O'Dowd is not saying that anyone has committed a crime or, a sin for taking their own life. No one knows what pushes that final trigger in someone's head when they decide to take their own life, and he will not sit in judgment on anyone on that issue. In addition, John O'Dowd questioned whether assisted suicide means that suicide would become more frequent.

John O'Dowd feels that the Assembly needs to ensure that, following today's debate, it must be opened up to the public forum; that, in six months or a year, the Assembly returns to an informed and sensitive debate on the subject of assisted suicide; and that it is approached with open minds.

Jim Wells (DUP) believes that life starts at conception and ends at a natural death and that the only being who can or should control that is God. Therefore, there should be no question of any change in the legislation in Northern Ireland on this important subject; just as the Abortion Act 1967 should never be introduced in Northern Ireland. That legislation may be imperfect, confusing and difficult to interpret but it has worked — it has acted as an impediment to abortion, as the present legislation clearly acts as an impediment to assisted suicide.

Jim Wells emphasized that the initial prognosis can be wrong. A very serious diagnosis can be made and natural healing or the skills of surgeons, the situation can be turned round. He is extremely worried that a right to die could become a duty to die. There is precedence for that. We have often heard in the courts about elderly people who were pressurised by their families to change their wills.

According to Jim Wells Northern Ireland is well served by the present arrangements.

Danny Kinahan (UUP) states that the DPP's decision to issue guidance is an effort to simplify the issue so that we will understand the rules; it is not an attempt to legalise assisted suicide. The Assembly needs to look into the matter in more detail. There will be rare occasions on which we will need the guidelines. Northern Ireland needs better care and debate, but Danny Kinahan urged the Assembly to think of those people who are suffering complete and utter agony. He feels that if they are prevented from finding a release from that agony, the Assembly are no better than the Gestapo. The issue is not about rights; it is about freedom. It is about the freedom of choice for a very small minority. Danny Kinahan emphasized that rare cases will arise, and those individuals should not condemn everyone by misreading the guidelines. Choice is a bedrock of society, and the motion is too dogmatic. Danny Kinahan does not support the motion, and agrees that the Assembly should have further debate.

Alban Maginness (SDLP) who comes from a constituency that is labouring under the horror of many suicides, particularly among young people. He is worried about the sort of message that the Assembly's arguments on assisted suicide send to young people who are suffering under stress. He is uncomfortable with some aspects of the interim guidelines. The public interest factors against prosecution for assisted suicide sit uncomfortably with those who are opposed to assisted suicide becoming permissible under the law. It is made clear that there will be no change in the law and that it is not the intention of the guidelines to make such a change.

Alban Maginness questions how anyone can come to the conclusion that the victim had a clear, settled and informed wish to commit

suicide. He claims that “wholly” motivated, as opposed to “partly” motivated by compassion is difficult to define. With the sixth guideline requiring that “the suspect was the spouse, partner or a close relative or a close personal friend of the victim, within the context of a long-term and supportive relationship”, he questions whether this really assists determining whether a prosecution should be brought.

Alban Maginness encouraged the public to air their views on assisted suicide. He is of the opinion that although the guidelines will not change the law, they could muddle it. In his opinion the law entrenches certain values, and, when the law is changed, those values are undermined. He has a strong belief in the right to life. He concluded that if the law remains unchanged, the criminal offence of assisting suicide is a certainty.

David McNarry (UUP), who believes in the right to life, questions whether the guidelines provide for this right.

Sue Ramsey (Sinn Fein) believes that any decision made by any Government should have an input from the community and politicians should encourage people to get involved in the consultation exercise. She stresses that the key message from all Members is that the Assembly must ensure that the most vulnerable are protected, no matter what. She stressed the importance of the Executive to be involved in the Consultation which will run from 16 December and the final policy to be published in spring 2010. There should also be input from the Health Minister and Health Committee.

Sue Ramsey claims that carers who look after loved ones are sorely underfunded, and they are not getting the proper care package or the financial support that they need. She feels that issue must be looked at and that any decision that is made should be sensitive to the needs of the families affected. In addition, she believes that it is a matter of personal conscience.

Alex Easton (DUP) supported the motion. He noted the American cases of Barbara Wagner and Randy Stroup who were offered funding for assisted suicide instead of medical treatment. For Alex Easton these cases highlighted that the Assembly must be ever vigilant to ensure that vulnerable people in society are not pushed

around, cajoled or bullied into the termination of their lives because they are led to believe that, due to their life-limiting illness, they are a drain on society's financial resources and that their care is some sort of affliction and burden that their loved ones have to bear. He noted that the British Medical Association remains opposed to doctors taking a role in any form of assisted dying. He questioned what the situation would be for a person with depression who seeks assisted suicide. He concluded that life is sacred and only God can decide when life ends.

David Ford (Alliance) noted that the guidelines made it absolutely clear that a case that involved any question of a psychiatric illness would tend to result in prosecution.

Lord Morrow (DUP) supports the motion. It would be a sad day for Northern Ireland if assisted suicide were legalised and legislated for here. He did state that a degree of sensitivity must be exercised when challenging the topic.

He expressed concern at the fact that if assisted suicide was introduced the two doctors that are required to assess the situation only need to be registered, which means they could be qualified for as little as a year and would not be required to have any specialised background on the patient's condition or illness. Therefore, in Lord Morrow's opinion, the criteria for assisted suicide are fundamentally flawed and fall far short of the core of the Hippocratic oath and society's duty to care.

Jim Wells (DUP) claimed that the Abortion Act 1967 led to the deaths of seven million unborn children. He used this as an example to back his claim that the same danger would arise with potential legislation on assisted suicide.

Lord Morrow finished by stating that further debate on the issue was required. He also stated that there is a comparison and frightening closeness between euthanasia and assisted suicide. In that regard, he strongly supported the motion.

Alex Attwood (SDLP) is satisfied that the new guidelines will be clarified or strengthened in order to address those concerns. He stated that Northern Ireland had three choices. First, the Assembly

can pass laws that create absolute offences, whereby anybody who assists a suicide will be prosecuted and appear before a judge, in which case a judge will have the discretion to decide what penalties are laid down, which could end up being a minimum penalty. Even an absolute or conditional discharge for assisted suicide may not help public confidence or move public debate forward. Secondly, the Assembly can do precisely what happens now; namely, the PPS, consistent with the law that governs the matter in Northern Ireland, should develop the tightest possible guidelines to legislate against any possible abuse in assisted suicide cases. Thirdly, after the devolution of policing and justice powers, the Assembly could legislate on the matter, creating the context, guidelines and certainty for assisted suicide to reflect views in the Assembly and public opinion in the North.

Jim Shannon (DUP) noted that the Royal College of Nursing now takes an officially neutral stance on the issue, but the British Medical Association and the Academy of Medical Royal Colleges continue to oppose assisted dying. The most recent and comprehensive survey of doctors in the UK shows a large majority of medical professionals against it. He believes that the Assembly's response should not be to encourage and help people along that route but to offer care, support and a listening ear. He fears that if assisted suicide were to be legalised in one case it would open the flood gates causing the exception to become the rule.

Simon Hamilton (DUP) fears not for the people who are clear in their views and espouse them articulately, but for the wide number of others, the vulnerable in our society. In his opinion, if Northern Ireland moves to a situation in which assisted suicide is legal or a blind eye is turned to it, it raises the question of what happens to the elderly, those with dementia, those who are very ill or even those who are depressed. Allied to that, he raised questions of what about the individuals who exert a malign influence on those vulnerable people for their own benefit, perhaps even for material benefit. What is done to protect those vulnerable people?

Simon Hamilton noted the views of Baroness Campbell of Surbiton. She suffers from spinal muscular atrophy and is confined to a wheelchair. She has said that she could meet, in many ways, the

criteria for assisted suicide that people are putting forward. She does not want to see the law changed to allow for assisted suicide, particularly for disabled people.

He believes that the safeguards that could be put in place to prevent abuse if assisted suicide were legalised are worthless. He used statistics from places that have already legalised assisted suicide as an example. For example, in Holland, 546 deaths in 2005 came about as a result of lethal drugs being prescribed but not at the request of the individuals who committed assisted suicide. In Oregon, in the United States, there are cases of “doctor-shopping”. In 2008, 50% of cases of assisted suicide in that state involved individuals who had been with their doctor for less than eight weeks. Therefore, Simon Hamilton feels people are finding doctors who are sympathetic to the idea of assisted suicide and who know nothing of the patient’s circumstances, illness or condition. He further highlighted that there are also famous cases concerning the Dignitas clinic in Switzerland. A lot of people do not realise that that clinic is under investigation on several counts, including accusations of malpractice, of profiteering from death and, dangerously, of assisting a depressed man to kill himself. The evidence from around the world is not, as one Member said, that such cases will be rare. Many ongoing cases have possible malpractice and wrongdoing connected with them.

Simon Hamilton concluded by emphasizing that the widespread, almost universal, medical opposition to assisted suicide is something that cannot be ignored. Nor can the Assembly ignore the fact that not a single group that works with the terminally ill or the elderly supports the introduction of assisted suicide. Assisted suicide is not an easy way out. It should not be viewed by the House or by any other legislature as an easy option to deal with a difficult issue.

It was resolved that “that this Assembly notes the verdict in the Purdy case and the decision by the Director of Public Prosecutions in Northern Ireland to issue guidance on assisted suicide; and states its opposition to any attempt to legalise assisted suicide.”

Oral Answers to Questions

Health, Social Services and Public Safety

Myalgic Encephalomyelitis

Paul Maskey (Sinn Fein) asked the Minister of Health, Social Services and Public Safety where ME patients are currently being treated, following the closure of the clinic at Belfast City Hospital. (AQO 187/10)

Alex Attwood (SDLP) asked the Minister of Health, Social Services and Public Safety what alternative arrangements will be made for ME patients following the closure of the only treatment facility at Windsor House. (AQO 190/10)

The Minister of Health, Social Services and Public Safety: Answered the two questions together. The clinic at Belfast City Hospital was provided on a voluntary basis by a consultant psychiatrist who had a personal interest in chronic fatigue syndrome. In the 12 months up to July 2009, 16 patients were seen at that clinic. The consultant concerned has retired recently, and in preparation for his retirement, no new referrals have been accepted since July. The occupational therapy element of the service, however, is continuing for existing patients.

The Minister met representatives of the Northern Ireland ME Association recently to hear their concerns at first hand. The Minister understands that patients do not want a psychiatric-led clinic in Belfast; rather, they want a consultant-led service that is based in a neurology department. He asked his officials, in association with the Regional Health and Social Care Board, the Belfast Trust and patient representatives, to examine how access to the services that ME sufferers require might be improved. An initial meeting involving those key stakeholders will be held in the next few weeks.

Paul Maskey noted that the Minister said that a meeting with other key stakeholders will take place in the next few weeks. Is there any prospect of proposals coming out of that meeting? If so, when does he think that will happen?

The Minister of Health, Social Services and Public Safety: A couple of other things are under way. First, a neurology review is examining the policy that was laid down in 2002, and secondly, a physical and sensory disability strategy will go out for consultation shortly. Those will have a bearing on how we address ME.

In effect, ME sufferers have access to the full range of services that are laid out by the Health Service, and that is available to them in consultation with their GPs. However, at the meeting with stakeholders, including the board and the trust, it is important that we look at ways of going forward and of addressing patient need.

In response to the Minister's initial answer, Alex Attwood welcomed that the Minister, like the World Health Organization, acknowledged that ME is a neurological condition and should be treated in that context, rather than the way in which it was treated at Windsor House, which is a psychiatric-based facility. He understands that the Minister has received recommendations, further to a health assessment, for shared services on the island of Ireland that will address a range of conditions. Neither the North nor the South alone has the critical mass to provide treatment on that basis, but together they do. Given the number of people who have been diagnosed and who are awaiting treatment, Alex Attwood asked whether the Minister agreed that a better co-ordination of services and facilities on the island would develop a better service generally for those patients.

The Minister of Health, Social Services and Public Safety responded by stating that he was not aware of any all-Ireland proposal; he is looking at the needs of patients in Northern Ireland. The Health, Social Services and Public Safety Department are guided by the National Institute for Health and Clinical Excellence (NICE) guidelines, which were published in 2007 and which the Department endorsed in a circular that was issued in January 2008. The guidelines recommend, for example, that there should be individualised programmes for patients with ME. The issue is about addressing that need. There are about 7,000 ME sufferers in Northern Ireland, and their symptoms range from mild and moderate to severe. The cause of ME is unknown, and there is no known cure for it.

The Health, Social Services and Public Safety Department are looking at best practice in other areas. The Department is seeking to ensure that sufferers have access to the required services and, in common with NICE guidelines, a neurology-based service rather than a psychology-based service. The service was in Windsor House, at Belfast City Hospital, and was led by a consultant psychiatrist who had a particular interest in the condition. It was carried out on a voluntary basis and the consultant is about to retire.

The Minister feels the best thing to do now is to meet stakeholders. He will take account of the neurology review, which is coming forward, and the physical and sensory disability strategy, the consultation on which will be put out shortly. That consultation period is an opportunity for others to provide their input. There are a number of things that we can bring together to see what steps can be taken in managing what is a very difficult and complex condition.

Jim Shannon (DUP) entered the debate by highlighting the fact that many ME patients have asked their elected representatives to consider whether a specialist ME adviser could be designated for one of the hospitals. Jim Shannon asked whether the Minister had considered designating a specialist ME adviser for one of the hospitals in the Province to address that issue.

The Minister of Health, Social Services and Public Safety responded by stating that he will listen to what comes out of the meeting with the stakeholders, the trust and the Department, and what comes out of the physical and sensory disability strategy and the neurology review. We will look to find a way forward that corresponds with NICE guidelines. No doubt it can be teased out whether to have one ME centre in Northern Ireland or to use the services that are available throughout the health and social care framework to create a system in Northern Ireland that is signposted by GPs.

Kieran McCarthy (Alliance) highlighted that some 7,000 patients have had nowhere to go since July. He asked whether the Minister thought that something more urgent could have taken place before now. He noted that the Assembly are only now talking about starting to meet people.

The Minister of Health, Social Services and Public Safety explained that the clinic was run on a voluntary basis by a consultant who had a particular interest in ME. Dr Scott worked as a consultant psychiatrist in Windsor House at Belfast City Hospital. He took on 16 patients a year, which is a very small number compared to the number of people in Northern Ireland who have ME.

The Minister further stated that Kieran McCarthy said that ME patients had nowhere to go. That is not true. Patients have the whole health and social care system to address their needs, and it does so. ME sufferers say that there needs to be a more co-ordinated approach, and that is what he is looking at to get through the steps that he has outlined in previous answers.

Ministerial Statement

Public Expenditure 2009-2010: September Monitoring

Simon Hamilton (DUP) noted that the Minister referred to the allocation of £20 million for housing in the June monitoring round, and he will recall the condition that was placed on that allocation, which was that a further £20 million would be released immediately by the Department for Social Development for Egan contracts. Does the Minister share my concern that the Minister for Social Development has confirmed that only £8 million has been released to date? Does he also share my worry that, although the Minister for Social Development has taken the £20 million for capital expenditure, she has not kept up her end of the bargain?

The Minister of Finance and Personnel: Simon Hamilton is correct: when the Minister made a statement on the June monitoring round it was made clear that there was a clear condition that the £20 million for capital investment that was made available to the Minister for Social Development was in respect of disability adaptations and housing renovation grants. There was a clear condition that, with capital expenditure on a sounder footing, the Minister for Social Development would immediately release the same amount of additional current expenditure to the Egan contracts. That is contained in the Executive minutes and is on record in the Assembly. Indeed, her argument for doing so at that stage was that maintenance

projects and contracts had a high multiplier effect, employed a much higher degree of local labour and could help in regenerating the construction industry in local areas. The construction industry, the public and the Assembly have expressed an ongoing interest in the matter, and the Minister of Finance and Personnel will be asking the Minister for Social Development to tell the Executive how much money she has released to the Egan projects, and will be seeking an assurance that the full £20 million will be released by the end of the year. It is not only the multiplier effect that that will have on the construction industry that is involved; there is also the improvement in the quality and stock of homes.

B This Week's Assembly Business

Wednesday 21 October 2009

Joint Committee for Education and Health, Social Services and Public Safety

1. Presentation by the Northern Ireland association for Mental Health on their report 'A Flourishing Society'

Witnesses

Prof Alan Ferguson, Chief Executive, Northern Ireland Association for Mental Health

Dr Gerry Leavey, Research Director, Northern Ireland Association for Mental Health

Mr Graham Logan, Policy Development manager, Northern Ireland Association for Mental Health

C Written Answers to Questions, Week ending 16 September 2009

EDUCATION

Children Being Statemented

Roy Beggs (UUP) asked the Minister of Education, pursuant to AQW 423/10, to outline the reasons for the diverging trends in relation to the number of children being statemented in each of the Education and Library Board areas. (AQW 969/10)

Minister of Education: The Chief Executives (CEs) of the Education and Library Boards (ELBs) have advised that over the past few years ELBs have been extending the range of special educational needs (SEN) provision for children across all five stages of the Code of Practice on the Identification and Assessment of Special Educational Needs (COP). This has resulted in more support being provided to pupils at an earlier stage without the need for statutory assessment, leading generally to a decline in the number of children who have received statements of special educational need at Stage 5 of the COP.

The number of children who have received statements of SEN is therefore not necessarily a direct reflection of the number of children who have either received or are receiving additional SEN provision at all stages of the COP.

As part of the process of converging practices and protocols within the ELBs ahead of the transfer of responsibilities to the new Education and Skills Authority (ESA) on 1 January 2010, the Belfast Education and Library Board (BELB) has taken action in relation to the number of children who would have been receiving Board support for SEN without holding a statement of SEN. Many of these children have now been assessed and will have received a statement of SEN. It is for this reason that the statistics for the BELB show a slight increase in children holding statements of SEN.

The increase in the number of children with statements in the Southern Education and Library Board area in the 2007/2008 academic year includes a higher than average number of statements ratified by the Children and Young Persons Committee of the Board and issued in September 2007. The figures for 2007/2008 also include numbers of statements formalised and issued during July and August 2008 thus falling into the same academic year whereas in the 2006/2007 year there were no statements issued during the summer months.

HEALTH, SOCIAL SERVICES AND PUBLIC SAFETY

Diabetic Framework

Jim Shannon (DUP) asked the Minister of Health, Social Services and Public Safety when he will set up a Diabetic Framework similar to that in other parts of the UK. (AQW 908/10)

Minister of Health, Social Services and Public Safety: In June 2003 the Department published a framework for diabetes services in Northern Ireland developed by a joint CREST/Diabetes UK Taskforce, which echoed similar initiatives in England, Wales and Scotland.

All of these frameworks set similar standards across the UK in prevention and early detection, care, monitoring and treatment, specific groups, planning and managing services and implementation.

The CREST/Diabetes UK Taskforce envisaged that a 5-10 year programme would be needed to implement the recommendations of the framework and my Department continues to monitor progress on its implementation.

The Health, Social Services and Public Safety Department is also developing a series of Service Frameworks which set out explicit standards for health and social care. A Service Framework for Cardiovascular Health and Wellbeing was launched in June 2009. The Cardiovascular Service Framework includes 3 standards relating to diabetes which will have a positive impact on the diagnosis of the condition and on the treatment and management of people with diabetes to prevent the onset of complications.

It is anticipated that further areas for service framework development will be taken forward next year. These will be selected from the remaining priority areas identified and evaluated by the Department. Diabetes is one of the priority areas for consideration.

Crest Report

Jim Shannon (DUP) asked the Minister of Health, Social Services and Public Safety why the Crest report, carried out in conjunction with Diabetes UK, has not had its strategy formulated. (AQW 909/10)

Minister of Health, Social Services and Public Safety: The CREST/Diabetes UK Taskforce report, which was published in 2003, contained recommendations covering a wide range of areas including prevention, early detection, treatment and the need to target vulnerable groups. The Taskforce envisaged that a 5-10 year programme would be needed to implement the framework and groups were established at local and regional level to take forward the implementation of the framework.

A wide range of measures have been put in place regionally and locally to address the recommendations in the report. Various Departmental strategies have reinforced the health promotion message in preventing diabetes and in slowing down the onset of the complications that may arise from diabetes and on foot of the Taskforce report an additional £3m has been invested in community-based specialist diabetic nurses, podiatrists and dieticians to improve services for people with diabetes.

Diabetes UK

Jim Shannon (DUP) asked the Minister of Health, Social Services and Public Safety if he will meet with Diabetes UK to agree targets, a strategy and procedures to improve care for people diagnosed with diabetes. (AQW 910/10)

Minister of Health, Social Services and Public Safety: A service framework for cardiovascular health and well being was launched in June 2009. Diabetes UK (NI) was fully involved in the development of the framework which contains 3 standards specifically aimed at people with diabetes – the need for accurate diagnosis, annual

review of the patient's condition and access to structured patient education programmes.

Officials from Diabetes UK (NI) have also held discussions with officials from my Department to discuss how the diabetes policy agenda should be taken forward.

Muckamore Abbey Hospital

Mitchel McLaughlin (Sinn Fein) asked the Minister of Health, Social Services and Public Safety how many patients from Muckamore Abbey Hospital have been resettled into the community in the last twelve months. (AQW 919/10)

Minister of Health, Social Services and Public Safety: During the twelve month period 1 September 2008 to 31 August 2009 twenty long stay patients were resettled, or commenced resettlement, into the community, from Muckamore Abbey Hospital.

Muckamore Abbey Hospital

Mitchel McLaughlin (Sinn Fein) asked the Minister of Health, Social Services and Public Safety if his Department has a discharge management plan in place for patients who are due to be discharged from Muckamore Abbey Hospital. (AQW 920/10)

Minister of Health, Social Services and Public Safety: The provision of services, including preparation and planning for discharge from learning disability hospitals, is the responsibility of Health and Social Care Trusts (Trusts) in Northern Ireland.

Trusts advise that the needs of individuals are assessed by hospital and community staff working together with patients and families/carers, as appropriate. Every person due to be discharged from Muckamore Abbey Hospital will participate in the development of a person-centred discharge plan which details the wishes and needs of the individual and how their plan will be managed in their new home.

Aspergers and Autism

Mitchel McLaughlin (Sinn Fein) asked the Minister of Health, Social Services and Public Safety what support services are available through the Northern Health and Social Care Trust for people diagnosed with Aspergers or Autism in the South Antrim constituency. (AQW 921/10)

Minister of Health, Social Services and Public Safety: Due to the complexity of needs of people diagnosed with an Autism Spectrum Disorder (ASD) and/or Asperger Syndrome, a range of services may be required by children and adults and, numerous teams and professionals in the Northern Health and Social Care Trust provide such services. A range of core and support services are available to children and adults in the South Antrim areas based on assessed need. These services can include: Child Development Clinic and Autism Diagnostic Service; involvement of Allied Health Professionals which includes Occupational therapy and Social Work services. In addition to being supported by the Multi Disciplinary Learning Disability Teams and the Community Mental Health Teams, adults with Asperger Syndrome or autism can access a range of day care services and respite provision.

An ASD Co-ordinator has also been appointed in the last year, tasked with assessing and improving services available to both children and adults in all parts of the Trust. This Co-ordinator is a member of the Regional ASD Network which will be progressing the implementation of the ASD Strategic Action Plan.

M.E.

Alex Easton (DUP) asked the Minister of Health, Social Services and Public Safety how many doctors currently specialize in M.E. (AQW 944/10)

Minister of Health, Social Services and Public Safety: According to the Health & Social Care Trusts, there are currently no doctors that specialise in M.E. People suffering from this very debilitating condition continue to have access to appropriate care and treatment, ranging from primary and community care to specialist regional neurology services, depending on their assessed individual needs.

Epilepsy

Barry McElduff (Sinn Fein) asked the Minister of Health, Social Services and Public Safety to detail (i) the support services available for people diagnosed with epilepsy in the Western Health and Social Care Trust area; and (ii) the relevant officers who have responsibility for delivering these services. (AQW 957/10)

Minister of Health, Social Services and Public Safety: In common with epilepsy sufferers elsewhere in Northern Ireland, much of the care and support required by this patient group will be provided by General Practitioners in primary care.

In the Western Trust area, patients with epilepsy requiring consultant care are seen by either the resident neurologist in Altnagelvin hospital or at general neurology clinics across the Trust area.

A Belfast based neurologist, with a subspecialist interest in epilepsy, provides a weekly general neurology clinic at Altnagelvin. Another Belfast based neurologist provides 2 general neurology clinics per month in the Tyrone County Hospital and the Erne Hospital and provides a weekly telelink to both hospitals specifically for epilepsy patients.

In addition an epilepsy nurse specialist provides a monthly review clinic at both the Tyrone County Hospital and the Erne hospital and also carries out domiciliary visits.

The Trust also provides a range of services such as domiciliary care and day care services as made be required following an assessment of an individual's specific health and social care needs.

Staff Employed in Day-Care Settings

Thomas Buchanan (DUP) asked the Minister of Health, Social Services and Public Safety how many staff are employed in day care settings in each Health and Social Care Trust area. (AQW 1036/10)

Minister of Health, Social Services and Public Safety: The requested information is provided in the table below in respect of all HSC staff employed in statutory facilities.

Current staff employed in day care settings¹ in HSC Trusts

HSC Trust	Headcount	WTE ²
Belfast	1,045	843.1
Northern	703	313.3
South Eastern	398	293.8
Southern	342	240.4
Western	395	326.3

Source: Health & Social Care Trusts

Notes:

1 Day care settings include day centres, adult centres, special schools and resource centres that do not provide 24 hour care.

2 WTE= whole-time equivalent

Staff Employed in Day-Care Settings

Thomas Buchanan (DUP) asked the Minister of Health, Social Services and Public Safety how many staff employed in day-care settings were absent on sick leave during each quarter of the last financial year, in each Health and Social Care Trust. (AQW 1054/10)

Minister of Health, Social Services and Public Safety: Information relating to sickness absence levels in HSC Trusts is published bi-annually on the Departmental website at www.dhsspsni.gov.uk/index/hrd/wpu/wpu-monitoring.htm . The information is presented across terms and conditions groups rather than specific to particular settings.

Day-Care

Thomas Buchanan (DUP) asked the Minister of Health, Social Services and Public Safety (i) how many people with a learning disability in each Health and Social Care Trust area were unable to attend day-care because of staff being absent on sick leave during

the past twelve months; and (ii) how many of these people were offered alternative services. (AQW 1056/10)

Minister of Health, Social Services and Public Safety: Within the Belfast, Northern and Southern Health and Social Care Trusts no clients were unable to attend day care due to staff being on sick leave.

Within the South Eastern Health and Social Care Trust 128 clients were unable to attend Day Care because of staff sick leave over the past 12 months, however 108 of these received an alternative service. In most instances clients missed only one or two days.

In the Western Health and Social Care Trust one client's access to day care has been affected by staff sickness, and an alternative service was not available for a 6 day period.

M.E.

Thomas Buchanan (DUP) asked the Minister of Health, Social Services and Public Safety what services are available for patients diagnosed with M.E. in each Health and Social Care Trust. (AQW 1059/10)

Minister of Health, Social Services and Public Safety: The Minister has been advised that in each Trust area care for the vast majority of patients with ME or Chronic Fatigue Syndrome is provided and coordinated by GPs. There is a range of treatment and support options available in Northern Ireland including community care and support, specialist regional neurology services and mental health services. Patients may also be referred to specialists outside Northern Ireland where this is considered clinically appropriate.

Mixed Sex Residential Homes

Iris Robinson (DUP) asked the Minister of Health, Social Services and Public Safety to outline his Department's policy on mixed sex residential homes for people with learning difficulties and mental health conditions. (AQW 1093/10)

Minister of Health, Social Services and Public Safety: The Departments policy on mixed sex residential homes for all people is to comply with the relevant Northern Ireland Residential Care Home and Nursing Home Regulations. These Regulations contain provisions as to how homes are conducted, in particular with regard to residents' privacy, dignity, sex and disability.

All residential and nursing homes must be registered with the Regulation and Quality Improvement Authority (RQIA) in accordance with statutory requirements and must comply with the relevant regulations and standards.

M.E.

Thomas Buchanan (DUP) asked the Minister of Health, Social Services and Public Safety how many people are currently have M.E. in each Health and Social Care Trust area. (AQW 1133/10)

Minister of Health, Social Services and Public Safety: Information is not available on the number of people who currently have M.E.

Front Line Services

Mickey Brady (Sinn Fein) asked the Minister of Health, Social Services and Public Safety what measures he has introduced to ensure Social Services have the resources to deliver front line services, such as Meals on Wheels. (AQW 1188/10)

Minister of Health, Social Services and Public Safety: Within the increasingly stretched resources at the disposal of my Department, care is taken to ensure that all Social Services, including Meals on Wheels, receive an appropriate share of available funds.

In the period 2007/08 to 2008/09 planned expenditure on all personal social services rose by £52.1m (8%) in Northern Ireland. More than half of the total 2008/09 social services expenditure was used for care of the elderly population to allow them to remain within a community setting including the provision of Meals on Wheels services.

Meals on Wheels

Mickey Brady (Sinn Fein) asked the Minister of Health, Social Services and Public Safety to outline the criteria for older people to qualify for the Meals on Wheels service. (AQW 1189/10)

Minister of Health, Social Services and Public Safety: Meals on Wheels services are provided for vulnerable people who are unable to prepare a meal for themselves or to obtain a cooked meal from another source, and who without the service would be nutritionally at risk. This is determined by individual needs assessments carried out by the HSC Trusts.

Autistic Spectrum Disorder Strategic Plan

Martina Anderson (Sinn Fein) asked the Minister of Health, Social Services and Public Safety (i) for an update on the Autistic Spectrum Disorder Strategic Plan as it relates to adults; and (ii) how these measures will be funded. (AQW 1191/10)

Minister of Health, Social Services and Public Safety: The Autism Spectrum Disorder (ASD) Strategic Action Plan was published in June 2009, to improve services to both children and adults affected by autism spectrum disorder. To ensure that the actions are implemented as effectively and efficiently as possible the multi disciplinary, multi agency multi Regional ASD Network (RASDN) is over seeing the implementation of the Action Plan. Whilst the implementation of the action plan is in the early stages, good progress is being made as the Network continues to promote a "whole life" approach to service improvement for children and adults, which recognises the importance of early intervention, provision of integrated health and social care services and linkage with education, employment, housing, leisure and benefits

To underscore the implementation of the action plan an additional £2.02m has been secured for investment in health and social care services to improve services to people of all ages affected by autism.

Chronic Fatigue Syndrome Clinic

Michelle O'Neill (Sinn Fein) asked the Minister of Health, Social Services and Public Safety to explain why no consultation took place with patients, or patient charities, prior to the closure of the Chronic Fatigue Syndrome clinic in Belfast City Hospital. (AQW 1350/10)

Minister of Health, Social Services and Public Safety: In relation to ME/CFS services at Belfast City Hospital, the Belfast Health and Social Care Trust have advised that the clinic was being provided purely on a voluntary basis by a consultant psychiatrist with a special interest in ME/CFS. However, the consultant concerned has recently retired and in preparation for his retirement, no new referrals were accepted from July. The Occupational Therapy element of this service is however continuing for existing patients.

The Trust did not consult patients with respect to this decision as the clinic in question was not a commissioned service and therefore was not funded by the HSC Board

Chronic Fatigue Syndrome Clinic

Michelle O'Neill (Sinn Fein) asked the Minister of Health, Social Services and Public Safety why the recently closed Chronic Fatigue Syndrome clinic in Belfast City Hospital was not adequately funded. (AQW 1421/10)

Minister of Health, Social Services and Public Safety: The Chronic Fatigue Syndrome clinic at Belfast City Hospital was provided by a consultant psychiatrist with a personal interest in chronic fatigue on a voluntary basis. In the 12 months to July 2009, 16 patients were seen at the clinic. The consultant concerned has recently retired and in preparation for his retirement, no new referrals have been accepted from July. The Occupational Therapy element of this service is however continuing for existing patients.

You will appreciate that in determining the allocation of resources for specific services it is for the Health and Social Care Board to assess demand and to decide what services should be provided and how they should be delivered. The clinic in question was not a

commissioned service and was therefore not funded by the HSC Board.

Mental Health Care for Older Persons: East Belfast

Naomi Long (Alliance) asked the Minister of Health, Social Services and Public Safety what action he has taken to provide individual care plans and social activities for older people with mental health and learning disabilities, particularly those over 65 years, as promised by the Belfast Health and Social Care Trust following the closure of the mental health day centre provision in East Belfast. (AQO 196/10)

Minister of Health, Social Services and Public Safety: It is a statutory requirement that service providers assess the health and care needs of individuals, and provide appropriate services.

The clients who formerly attended the mental health day centre in East Belfast have a range of healthcare needs including mental health conditions, learning disability, physical disability and sensory impairment. My Department has written to Belfast Trust asking the Trust to review the individual needs of those clients who have been temporarily placed in Everton Day centre.

Attention Deficit Disorder

David Ford (Alliance) asked the Minister of Health, Social Services and Public Safety for his assessment of the provision of services for young people with Attention Deficit Disorder. (AQO 199/10)

Minister of Health, Social Services and Public Safety: Younger children with Attention Deficit Disorder are treated in the community by paediatric services. Older children are treated by child and adolescent mental health services. An additional £1m provided in 2007/08 to enhance child and adolescent mental health teams is now re-current.

Earlier this year my Department endorsed NICE guidelines on the diagnosis and management of ADHD in children, young people and Adults and these will apply to local services.

In addition to statutory services, my Department also provides core funding for NI-ADD, a voluntary organisation which provides a range of services and support to these children and their families.

Muscular Dystrophy

Lord Browne (DUP) asked the Minister of Health, Social Services and Public Safety what plans are in place to improve services for patients with muscular dystrophy in Northern Ireland, following Lord Walton's report on services for patients in the United Kingdom. (AQO 201/10)

Minister of Health, Social Services and Public Safety: The Minister is fully committed to providing appropriate care for all people with a disability in Northern Ireland, including those with Muscular Dystrophy. I welcome the Walton Report, and will wish to consider it in detail as my Department continues to develop services for people with a disability. It should be recognised that Health is a devolved matter in Northern Ireland, however, my Department is currently developing a Physical and Sensory Disability Strategy, which will shape the future strategic direction of physical and sensory disability services in Northern Ireland.

Moreover, in recognition of public interest in the provision of specialist neurology services, I recently commissioned the Health and Social Care Board to undertake a full and comprehensive evaluation of the implementation of the recommendations contained in the 2002 Review of Adult Neurology Services. In parallel with this process, my officials are reviewing the continued relevance of the Review's recommendations in light of any professional or other guidance which has issued since their publication. The Walton Report will be fully considered as part of this evaluation and will help inform the future provision of services.

SOCIAL DEVELOPMENT

Incapacity Benefit Branch

George Savage (UUP) asked the Minister for Social Development how many active cases are currently being dealt with by the Incapacity Benefit Branch. (AQW 1011/10)

Minister for Social Development: As at the end of August 2009, 101,129 people were claiming Incapacity Benefit. This includes both claims where an amount of Incapacity Benefit is in payment or where National Insurance credits only are being awarded.

Incapacity Benefit Branch

George Savage (UUP) asked the Minister for Social Development to provide details of any backlog within the Incapacity Benefit Branch, including the reasons for this backlog. (AQW 1014/10)

Minister for Social Development: There is currently no backlog in the processing and delivery of work in Incapacity Benefit Branch. The outstanding work is within acceptable levels.

Incapacity Benefit Claim

George Savage (UUP) asked the Minister for Social Development for the average time taken to process an Incapacity Benefit claim. (AQW 1124/10)

Minister for Social Development: Following the introduction of ESA from 27 October 08, new claims to IB are only accepted where the claim links back to a previous IB claim (known as a linking claim). Whilst there is no longer a Public Service Agreement target set for processing Incapacity Benefit claims, the actual average clearance time for an IB claim is still monitored. The average clearance time for a claim to Incapacity Benefit (IB) is 20.4 days. This figure relates to the month of August 2009, which is the last month for which there are full figures available.

Incapacity Benefit Branch

George Savage (UUP) asked the Minister for Social Development to provide a breakdown of the annual budget for the Incapacity Benefit Branch. (AQW 1127/10)

Minister for Social Development: The allocated budget for Incapacity Benefits Branch for 2009/10 is currently £6,149,000. A breakdown of this allocation is provided in the table below.

Business Area	Budget
Programme Salary costs	£6,051,000
General Administrative Expenditure	£98,000
Total	£6,149,000

Incapacity Benefit Branch

George Savage (UUP) asked the Minister for Social Development if there is a dedicated call handling section in the Incapacity Benefit Branch. (AQW 1154/10)

Minister for Social Development: There is no dedicated call handling section within Incapacity Benefit Branch. Telephone duties are carried out by processing staff as they regularly have to contact customers and other operational business areas to progress claims.

Incapacity Benefit Branch

George Savage (UUP) asked the Minister for Social Development how many staff within the Incapacity Benefit Branch are tasked on a daily basis with tackling benefit fraud. (AQW 1158/10)

Minister for Social Development: Incapacity Benefits Branch has three trained Fraud Liaison Officers. In addition to this, fraud awareness is delivered to operational staff in the branch on an annual basis and all staff are aware of their responsibility to report any incidences of suspected fraud to a Fraud Liaison Officer.

Blind and Partially Sighted People

Jim Shannon (DUP) asked the Minister for Social Development, given that 90% of blind and partially sighted people do not secure their full benefit entitlement, what steps her Department is taking to ensure they receive their full entitlement. (AQW 1182/10)

Minister for Social Development: The Minister is committed to ensuring that everyone gets the benefit to which they are entitled. In

this case I understand that the percentage reference originates from Action for Blind People, quoting an RNIB statistic from 2002. Since then much work has been done to increase the uptake of benefit across all customer groups.

Social Security Agency staff, as part of day to day business, provide a range of services to ensure that all people are advised of their potential entitlement to benefits. These include:

- Outreach services
- Promotional activity
- Departmental website
- Network of local and centralised offices.
- Publication of leaflets.

Copies of documents and leaflets are available in Braille, audio tape or large print on request.

Recently, the Agency introduced a Benefit Adviser Service through the NI Direct web site. It provides a benefit calculator with information on 27 benefits/credits/allowances and a Calculation and Comparison Service for 11 benefits. This service is available to both working age and older people and can be accessed anonymously by individuals or advice organisations with internet access.

Since 2005 the Agency has delivered Benefit Uptake Programmes to increase awareness and uptake of social security benefits. These Programmes targeted older people, families, people with disabilities and those with caring responsibilities. As a result, almost 350,000 letters and leaflets have been sent out and an additional £27 million of annual benefit has been generated.

While the Agency has not targeted blind or partially sighted people in particular through its benefit uptake activities, I would point out that they may have been selected through the normal process of identifying vulnerable customers to be contacted through the Programmes. The 2009/10 benefit uptake activities include offering

full benefit assessments to 25,000 people as well as extending the Agency's outreach provision.