

# Northern Ireland Assembly Disability Monitor



**MONDAY 23 NOVEMBER 2009**

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

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## **A Minutes from Committee Meetings, Week Ending 13 November 2009**

**Wednesday 11<sup>th</sup> November 2009**

### **COMMITTEE FOR EDUCATION**

#### **Matters Arising**

The Committee for Education noted correspondence of 9 November 2009 from the Department of Education acknowledging receipt of the National Autistic Society's response to the Department's SEN and Inclusion Consultation and confirmed that it would be considered as part of the overall consultation.

The Committee for Education noted correspondence of 10 November 2009 from the Department of Education acknowledging receipt of Longstone School's response to the Department's SEN and Inclusion Consultation and confirmed that it would be considered as part of the overall consultation.

The Committee for Education noted correspondence of 10 November 2009 from the Department of Education providing an update on the Department's Pupils Emotional Health and Well Being Programme. It was agreed that the Committee would forward the Department's letter to the Northern Ireland Association for Mental Health for information.

#### **Correspondence**

The Committee for Education noted correspondence of 10 November 2009 from the Committee for Employment and Learning seeking the approval of the Committee to write to the Minister of Education regarding issues raised by the Royal National Institute for the Blind. It was agreed that the Committee for Education would forward the Committee for Employment and Learning's letter to the Minister for Education as requested.

## **Presentation from Children with Disabilities Strategic Alliance (CDSA) on the SEN and Inclusion Review Consultation Proposals**

The witnesses were Elaine Conway, Children in Northern Ireland; Heather Larkin, Special Education Needs Advisory Service; Rachel Hogan, Children's Law Centre; Alan Sheeran, National Deaf Children's Society; and Pascal McKeown, Mencap.

The witnesses gave a presentation on the SEN and Inclusion Review Consultation Proposals and answered questions from Members on a number of issues, including:

- whether the Department conducted adequate pre-consultation engagement;
- whether any of the Alliance organisations were involved in the pre-consultation working groups;
- concerns regarding apparent flaws in the Scottish SEN model; what needs to be amended in the current legislation that would enhance and not dilute the legal rights of SEN provision for children;
- the shift in responsibility from Education and Library Boards to Schools;
- the requirement for clarity for the definitions used within the proposals;
- the difference between SEN and Additional Educational Needs; concerns about identification and intervention, and the qualification of teachers to carry out such assessments and decisions on intervention, and whether it raises the potential for professional negligence cases;
- the impact upon the relationship between parents and the school; the absence of authoritative diagnosis;

- concerns regarding a reduction in the statementing of children; what intervention will be available to children with SEN before they start school;
- the level of anxiety that is being created amongst parents; the replacement of statements with Co-ordinated Support Plans;
- examples of the best practice on which the proposals are based, the necessity and support for early intervention;
- whether these policy proposals will have a diminishing effect on the rights of parent and children;
- examples of how the policy proposals are already being 'quietly implemented';
- anecdotal evidence that mainstream schools fear they won't be able to cope with children with severe needs, prompting some parents to move their children into the special school sector;
- the importance of statements as legally enforceable documents; support for the 'Inclusion' agenda;
- difficulties with the labelling of children with 'special' or 'additional' needs and whether they are getting access to appropriate levels of care; the duty to promote equality of opportunity for all children;
- SENDO legislation provision;
- how the new system will be funded;
- reliance on the use of Personal Learning Plans (which have no statutory basis) within schools

The Committee for Education agreed:

- the Committee would request research on the current legal position relating to statements and provision for SEN and how this could be diminished or enhanced by the policy proposals.

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- the Committee would write to CDSA to request any additional information and/or examples of how the SEN and Inclusion policy proposals are already being ‘quietly implemented’.
- the Committee would invite union representatives of teachers to brief the Committee on the SEN and Inclusion Consultation.
- the Committee would write to the Department for further information on the impact the policy proposals may have on SENDO and Disability legislation; data on the number of statements issued prior and post introduction of the policy consultation proposals; to ask whether the Department see any merit in extending the consultation deadline further; and to request that officials provide information on funding for SEN and in particular SEN and Inclusion policy proposals at the Committee’s budget briefing scheduled for 18 November 2009.

## **COMMITTEE FOR EMPLOYMENT AND LEARNING**

### **Briefing from NOW and the Orchardville Society on supported employment opportunities**

Alan Thomson, from the Orchardville Society, and Maeve Monaghan from NOW, briefed the Committee on their partnership delivery to provide employment opportunities for people with learning disabilities. The briefing was followed by a question and answer session.

**Thursday 12<sup>th</sup> November 2009**

## **COMMITTEE FOR HEALTH, SOCIAL SERVICES AND PUBLIC SAFETY**

### **Departmental briefing on mental health legislation.**

Members took evidence from:

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Ms Linda Brown Deputy Secretary, Social Policy Group  
Dr Maura Briscoe Director, Mental Health & Disability Policy  
Ms Christine Smyth Acting Assistant Chief Social Services Officer  
Dr Ian McMaster Medical Officer

A question and answer session ensued. The Chairperson thanked the witnesses for attending.

## **B Last Week's Assembly Business**

### **Oral Answers to Questions**

#### **Health, Social Services and Public Safety**

##### **Disability Strategy**

Daithi McKay (Sinn Fein) asked the Minister of Health, Social Services and Public Safety to outline his Department's disability strategy. (AQO 362/10)

Minister of Health, Social Services and Public Safety: On 2 March, the Minister set out to the House his intention to develop a new disability strategy during 2009-2010. Development work is under way, and the Minister plans to publish a draft strategy for full public consultation by the end of March 2010. The strategy will promote a person-centred approach to treatment, care and support and will cover all age groups. It will not focus on individual disabilities; rather, it will provide a framework for the development of services to assist all people with a physical and/or sensory disability to lead a full and independent life.

Daithi McKay stated that it is unfortunate that the strategy has again been put back. Will the Minister detail the efforts that the Department of Health, Social Services and Public Safety has made to ensure that it consults effectively with the disability sector, particularly the service users, as it develops the strategy?

Minister of Health, Social Services and Public Safety: The Minister is not clear about the aside about the strategy being put back; it certainly has not been. As the Member will be aware, there are a number of disability and neurology strategies, including on the issues of acquired brain injury, sensory impairment, a neurology review, respite, allied health and wheelchairs. This review brings all those issues together. Users and their carers play a key role in all of that, so their input is vital. The consultation will pay due regard to those opinions, as it will pay due regard to the opinions that come forward from all sources.

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Pat Ramsey (SDLP) asked what protocols are in place for written communications for people with visual impairment disabilities? He noted that the Minister has had a number of representations from people with visual impairments who have received letters in small print and on coloured paper and cannot understand them.

Minister of Health, Social Services and Public Safety: Trusts are engaged in ongoing work on the patient administration system to provide information in a form and manner that the patient can readily access. If the GP of a person who is partially sighted informs the trust of that through the patient administration system, the trust can take steps to ensure that contact is made, usually through direct telephone contact and also through the provision of appointment cards in Braille or large print and the transcription of appointments and letters onto an audio CD or cassette. It is vital that, if a patient is having an appointment, for example, they understand the information so that they can be at the appropriate place at the appropriate time.

Kieran McCarthy (Alliance) stated the Minister will be aware of the Mencap campaign, Changing Places. He asked whether the Minister will guarantee the Assembly that he will consider including that in the strategy. He further asked whether the Minister will ensure that Changing Places will be facilitated in the health estates?

Minister of Health, Social Services and Public Safety: Mencap will have access to the consultation process, as will all other organisations, groups and users. Its views will be taken into consideration, as will the views of all other parties that are interested and want to come forward with their input. It would be premature if the Minister were to give guarantees on what the outcome of the strategy will be, but it has some importance in the Department.

Jim Shannon (DUP) asked whether it was the Minister's policy to contact surgeries and clinics to make GPs aware that the facilities that the Minister outlined are available for people who are visually impaired or who have visual problems.

The reason that Jim Shannon brought the matter to the Minister's attention is because a number of people with visual impairment have

contacted him to say that when they have been called to clinics, they have not been made aware — nor, seemingly, are their GPs aware — that those facilities could be delivered to them.

Minister of Health, Social Services and Public Safety: In fact, the onus is on GPs: they have patient lists and, therefore, know which of their patients are partially sighted and require that type of support.

The Minister promised to speak to the Chief Medical Officer. The Department of Health, Social Services and Public Safety will try to ensure that all GPs are informed through the proper channels that they are able to take that step and that, in fact, trusts can be informed.

### **Swine Flu: Vaccination**

Fra McCann (Sinn Fein) asked the Minister of Health, Social Services and Public Safety whether all children identified as having underlying health conditions have received the swine flu vaccination. (AQO 365/10)

Minister of Health, Social Services and Public Safety: The process for identifying and offering the vaccine to all children who have underlying health conditions and who, therefore, fall within the priority group for vaccination is being undertaken by GPs and is ongoing.

An estimated 490,000 vaccines will be available for all the initial priority groups, and it is expected that that process will be completed by mid-December. On 22 and 23 October, approximately 2,500 children who attend special schools for severe learning disability were offered the vaccine. In addition, other children with special needs and underlying physical health conditions who are not in similar special schools have been identified, and their details have been passed to their GPs so that they can be offered the vaccine.

Fra McCann asked a follow up question of whether the Minister had been informed of a rumour that is doing the rounds that the vaccination has had an adverse impact on those who have received

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it? He asked that the Minister explain what action the Department is taking to deal with that rumour.

Minister of Health, Social Services and Public Safety: Fra McCann referred to the adverse impact of rumours doing the rounds. At times, it is difficult to counter rumours, particularly when it is not clear about their source.

The vaccine has been tested by the European Medicines Agency. The Scientific Advisory Group for Emergencies provided the four Health Departments in the home countries with advice on the vaccination, and the Joint Committee on Vaccination and Immunisation gave advice about the priority groups. The Minister is not aware of any adverse impact that the vaccination has had, except for the fact that the injection may leave a person's arm red and sore for a couple of days. That is the only adverse reaction that the Minister is aware of.

The Minister is aware of that type of rumour. The Department of Health, Social Services and Public Safety take steps to get across the message that although swine flu is a mild illness for most people, for a small minority it is much more severe and for a tiny minority it is absolutely catastrophic. It is not known who will find swine flu catastrophic and who will find it mild. The best defence is a vaccination programme, which is what the Department of Health, Social Services and Public Safety are doing, and the vaccinations have started with priority groups.

Iris Robinson (DUP) asked if the Minister will indicate whether he has any figures or feedback on the take-up of the vaccine from schools for children with special needs.

Minister of Health, Social Services and Public Safety: The take-up was high. The Minister cannot give a precise figure, but the Minister is happy to write to the Member with the information. The Minister knows that the take-up from pregnant women has also been high. The Minister will be in a position to report the figures to the House in due course. Indeed, the Minister intends to make a statement on swine flu to the House next week in which the Minister will look to

provide some of that information. However, the Minister will try to provide the Member with the information that she requires.

P J Bradley (SDLP) asked the Minister to give the Assembly an update on the uptake of the vaccine by the designated groups.

Minister of Health, Social Services and Public Safety: The feedback that the Minister has received is that uptake is high. As Members are aware, the priority groups were those aged between six months and 65 years in the current seasonal flu vaccine clinical at risk groups, all pregnant women, household contacts of immunocompromised individuals, and people aged 65 and over in the current seasonal flu vaccine clinical at risk groups. The Department of Health, Social Services and Public Safety added children with special needs to those priority groups, and the Department continues to widen it.

The Department of Health, Social Services and Public Safety anticipate that all those in the at-risk groups will have been offered the vaccine by the middle of December 2009, including front line health and social care workers. The Minister's understanding is that the uptake is high, and that is encouraging. The Minister will look to provide some of this information to the House in a statement next week. The Minister will also write to the Member when the information becomes available to me. However, uptake among pregnant women has been high.

## **Committee Business**

### **Obesity**

Chairperson of the Committee for Health, Social Services and Public Safety begged to move "that this Assembly approves the report of the Committee for Health, Social Services and Public Safety on its inquiry into obesity; and calls on the Minister of Health, Social Services and Public Safety, in liaison with Executive colleagues and relevant bodies, to bring forward a timetable for implementing the recommendations contained in the report."

Obesity is a major global public health problem and, in recent decades, there has been a significant rise in the number of overweight and obese people in many countries. In a number of major developed countries, including the United Kingdom and the USA, obesity rates have doubled in the past 25 years, and that relentless increase is predicted to continue for the decade ahead.

In 2005, the most recent health and social well-being survey in Northern Ireland found that 24% of adults are obese. That is almost a quarter of our population, which is very worrying. Even more worrying is data from the Northern Ireland Child Health System 2004-05, which found that 22% of children are either overweight or obese. However, there are some rays of hope. Updated assessments by public health scientists working for the National Obesity Forum suggest that the anticipated surge in the number of severely overweight children is now levelling off. I certainly hope that that is the case.

Obese children grow up to be obese adults, and they end up suffering chronic diseases such as type 2 diabetes, which robs them of vitality, limbs, eyesight and a long life. I would not wish that future for any child. Nevertheless, unless the trend is reversed, by 2050, Northern Ireland will be a mainly obese society, and the cost of that to the Northern Ireland Budget could be enormous. We already pay £500 million a year to cope with the problem. We have a ticking time bomb, which, if it is not tackled, could overwhelm the Health Service in Northern Ireland, as it could elsewhere in the world.

Many people have no idea that obesity poses such a serious risk. However, it is a condition that seriously shortens life by up to nine years and leads to other conditions such as type 2 diabetes, high blood pressure and osteoarthritis. Indeed, one study has shown that 63% of heart attacks in the Western World are caused by obesity. Not only will the problem have an enormous impact on the health of our population, but it threatens to engulf the entire Health Service and will have a serious impact on society and the economy. Members of the obese generation could have a shorter lifespan than their parents, so there is a job to tackle here and now. The question is how.

Chairperson of the Committee for Health, Social Services and Public Safety then addressed a few of the report's recommendations that may help the Department of Health, Social Services and Public Safety to tackle obesity. In its research, the Committee of Health, Social Services and Public Safety was unable to find an example of a strategy that successfully dealt with the problems of obesity. However, in England, a new approach is being taken that focuses on the population as a whole. That approach is called Healthy Weight, Healthy Lives. It represents the first national population-wide strategy, and, though it is too early to assess its success, the Committee found its approach encouraging.

The reason why the Committee found that approach encouraging is that obesity levels have increased steadily over many years, and the Committee of Health, Social Services and Public Safety believe that it will take a long-term response to reverse that trend. Starting the trend away from obesity will take a shift in the way that the population thinks. It is a shift similar to that which occurred in attitudes to drink-driving and smoking in public places. Those campaigns show that it can be done, and the Committee firmly believes that it must be done.

In Northern Ireland, the Department of Health, Social Services and Public Safety has moved away from its Fit Futures initiative, which focused on tackling obesity in children and young people, to developing a whole life-course approach, similar to the Healthy Weight, Healthy Lives strategy in England.

Kieran McCarthy (Alliance) asked whether the Chairperson of the Committee for Health, Social Services and Public Safety agrees that, already, many primary and secondary schools have embarked on very efficient methods of encouraging young people to steer away from the materials that would make them obese in later life?

The Chairperson of the Committee for Health, Social Services and Public Safety: Much work is being done by schools, but we are still left with the worrying situation of 22% of children being overweight.

In 2012, the London Olympics will be held. The Department of Health, Social Services and Public Safety are told that that will be a shining

example of how to encourage fitness among young people and encourage a reduced intake of salts, sugar and fats. Yet who are the three main sponsors of the London Olympics? They are McDonald's, Coca-Cola and Cadbury. That is some example to set children.

In the Committee of Health, Social Services and Public Safety's report on the strategic direction that the Department of Health, Social Services and Public Safety should take in tackling obesity, the Committee recommends that tackling obesity is not just a matter for the Health Service. The Committee recommended strongly that the new life course strategy be developed in partnership with other Departments, particularly the Department of Education, which refers to Kieran McCarthy's point.

The Department of Education has a critical and central role. Though the Committee of Health, Social Services and Public Safety welcomed the action on nutrition that has been taken in schools, it would like PE to be made compulsory. When the Chairperson of the Health, Social Services and Public Safety Committee was a child, many years ago PE was compulsory. That is no longer the case, and he feels there is a need to return to that basic standard to ensure that at least some part of the curriculum is set aside for physical activity.

The Committee of Health, Social Services and Public Safety also recommends that the funding for the life-course strategy is ring-fenced for at least the first phase of implementation, to ensure that it is not impacted on by other emerging priorities.

Another key issue is the requirement for an immediate audit of the existing obesity-related initiatives. The Committee of Health, Social Services and Public Safety found that there was a plethora of programmes and initiatives on obesity. To some extent, that is good news because it shows that there is an understanding of the seriousness of the issue by a wide variety of agencies, including district councils, workplaces and charities. However, there is no central source of information on what programmes are available or how successful they have been. Therefore, as well as an audit of initiatives and the dissemination of good practice, the Committee recommends that the Regional Health and Social Care Board

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develops a range of evidence-based referral options for use by primary care practitioners.

The Committee of Health, Social Services and Public Safety also asks the Minister to undertake an urgent review of weight management services at all levels for adults and children, including the need for a dedicated obesity clinic and bariatric services for Northern Ireland. Severely obese people often require specialist services, not just in medical terms but with regard to transportation to hospitals, hoists for lifts in and out of bed and special seating. The number of severely obese people is expected to rise by around 5% annually, and bariatric surgery is increasingly used to treat the severely obese. However, there is a lack of funding for bariatric services in Northern Ireland, and it is not commissioned by health boards in the Province. Nevertheless, last year, £1.5 million was made available to allow some 120 people to travel to Great Britain for bariatric surgery. Trusts are looking at how to fund patients to travel to Great Britain, but the Committee is aware that the Department of Health, Social Services and Public Safety has no plans to provide such surgery in Northern Ireland. That is an area that the Committee believes should be reviewed.

The Committee of Health, Social Services and Public Safety is also making recommendations on diet, exercise, healthy eating and food labelling. Diet and exercise are not the whole story, but they are major contributors. Poor dietary habits and decreasing physical activity will become ingrained in much of our population, and it will take a strategic, long-term approach to change that. People are eating and drinking products that are high in saturated fat, sugar and salt. The Committee is glad to see that the Food Standards Agency is working with the industry to reduce the intake of salt and saturated fat, but more needs to be done. The Committee would like continuous pressure to be exerted at national and European level to introduce regulatory controls on the levels of salt and saturated fat in manufactured food. The Committee also recommends that the Food Standards Agency and the Minister consider introducing clear and simple labelling based on the traffic light system in which red illustrates that a food has a high fat, sugar and salt content, amber has medium and green has low.

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The Committee of Health, Social Services and Public Safety also acknowledged that there has been a shift towards larger portions, but academic opinion suggests that there is a link between portion size and weight gain. People seem confused about what a regular portion size is, and the Committee recommends to the Department of Health, Social Services and Public Safety and the Food Standards Agency that they take a serious look at that issue.

As well as diet and healthy eating, exercise is an essential element to tackling obesity. Therefore the Committee of Health, Social Services and Public Safety welcomes anything that encourages exercise, particularly the Department of Culture, Arts and Leisure's draft 10-year strategy for sports and physical recreation. The Committee has concerns about possible delays in implementing the strategy and cannot emphasise strongly enough the need for a strategy to increase physical activity.

At its simplest, obesity can be explained as an imbalance between the amount that we eat and the level of exercise that we take. However, it is not as simple as that. There are many and varied environmental factors, from the accessibility and the marketing of food to transport, planning and other issues, which dissuade from physical exercise. All those issues are referred to as the obesogenic environment. Local government and every Department have a part to play in tackling the obesogenic environment, and the Committee of Health, Social Services and Public Safety urges them to play their part.

There are links between obesity and health inequalities. People on lower incomes tend to buy more fast and processed foods and less healthy food, and, generally, they are less inclined to engage in regular exercise. In other words, research shows that the lifestyle of people on lower incomes is more likely to predispose them to obesity. Research also suggests that women tend to have a higher risk than men of obesity. The Committee of Health, Social Services and Public Safety strongly believes that the Department of Health, Social Services and Public Safety should take account of health inequalities and address the issue of greater obesity in areas of social deprivation.

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The Chairperson of Health, Social Services and Public Safety Committee want to finish on a positive note. Small weight losses produce healthy gains; and research shows that even a modest reduction in weight of 10% can have a significant impact on a patient's health. The Committee of Health, Social Services and Public Safety have been told that a 10% weight loss can reduce one's chances of getting type-2 diabetes and certain forms of cancer by 50%; therefore taking the issue seriously can produce quick gains for the public. The Committee hope that the public will take heed and take heart from the impact that small changes in lifestyle can have on their health.

The Chairperson of Health, Social Services and Public Safety Committee thanked the many groups that provided written and oral evidence to the Committee on this important issue. The Committee was overwhelmed by the response to the trawl for evidence. In particular, the Chairperson thanked Dr Jane Wilde, the chief executive of the Institute of Public Health in Ireland, who made a major contribution by chairing a research event on 19 May, which was one of the most important parts of the Committee's evidence-gathering programme.

This is the first Committee of Health, Social Services and Public Safety's report that the Chairperson had the pleasure of introducing to the Assembly since his appointment, and, having lived with this document for the past four months, he has the greatest pleasure in commending it to the Assembly and recommending its support by the House.

Claire McGill (Sinn Fein) thanked all who were involved in putting the report together. Obesity is a global health problem, and we hear about rising levels of obesity and numbers of overweight people. According to the most recent health and social well-being survey, carried out in 2005, 59% of adults were overweight or obese. That is a fairly high figure.

As far back as 2002, the Department of Health, Social Services and Public Safety's Investing for Health strategy estimated that by 2010, which is just around the corner, the cost of obesity to the Northern

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Ireland economy could exceed £500 million per annum. Whether that happens is a matter of conjecture, but it will soon be 2010, and some Departments, particularly the Department of Health, will be able to assess exactly what obesity is costing the economy. We cannot afford to lose any money foolishly.

What does the Assembly do about obesity? The Committee of Health, Social Services and Public Safety has finished its inquiry. However, it appears that no strategy in any country has been able to deal effectively with the problem. Northern Ireland has had difficulties with its own strategies. The Committee was told that the Fit Futures initiative was, perhaps, not implemented in the way that it should have been and not properly signed off. Claire McGill understood that the Department of Health, Social Services and Public Safety is embarking on a whole life-course strategy, which the Committee fully supports.

A number of Departments need to contribute to solving the obesity issue. The Department of Education is key because of its responsibility for physical education. Claire McGill fully supports the idea of young people doing a minimum of two hours' physical education a week. That has a positive effect on all sorts of issues: mental health, physical health and discipline, which is sometimes overlooked. Strategies from the Department of Culture, Arts and Leisure and the Health Committee also matter.

The Committee of Health, Social Services and Public Safety raised the issue of eating five portions of fruit and vegetables a day. Claire McGill admitted that she was not sure about portion sizes or how much to eat. She raised that issue during a Committee visit to the Food Standards Agency, which outlined exactly what the portions should be. People might consider a small tomato a portion, but the Food Standards Agency said that it was not so easy to eat five portions. It may be more difficult for people who live in the countryside and do not have access to fresh fruit and vegetables in a shop, if they do not grow their own. Therefore, a number of simple actions should come out of the inquiry, and one is to look at that issue.

Another thing that Claire McGill learned about during the inquiry was the obesogenic environment and the need to tackle it. That word refers to a situation in which everything is against a person doing the right thing. The Committee of Health, Social Services and Public Safety discussed what was happening in this Building and what could be done to make it a healthier place. Claire McGill commended the improvements in the canteen. She was not saying that it was bad previously, but there have been improvements in the amount of fruit of vegetables on offer, and fruit is provided at Committee meetings.

Claire McGill concluded that she supported the motion.

Sam Gardiner (UUP) in supporting the motion, drew the Assembly's attention to the fact that 60% of adults and one in five schoolchildren in primary 1 — those aged four and five — are overweight or obese. There is increasing evidence to show that the health impact of obesity is similar to that of smoking more than 10 cigarettes a day. Some people with underlying health conditions are more at risk when they are overweight or obese, most notably those with diabetes.

Anti-obesity drugs are costing the Health Service locally £2 million a year. However, the overall cost to the economy has been estimated at £500 million a year, much of which relates to lost working days. Sam Gardiner has never heard anyone work out the sums, but he often wondered how much the National Health Service would save down the line for every pound spent on reducing obesity, particularly among children. Health spending on obesity in the United States is about \$150 billion a year, and it has also been shown that the health spending on an obese person is \$1,400 a year more than the figure for a person of normal weight.

Much is already being done at a local level. Sam Gardiner is the chairman of the board of governors of two primary schools that run breakfast clubs in order to encourage healthy eating. Children are dropped off at 8.00 am and have breakfast in school, as opposed to them bringing in sweet stuff to eat. The children plant apple trees, carrots, parsnips, beetroot and the like in the school grounds, and they take an amazing interest in a healthier lifestyle. Northern Ireland

is on the right track in trying to overcome the problem. It is a matter of changing attitudes towards food for the long term.

It would be wrong for Members to debate the issue without making reference to the need for greater regulation of the food sector. The big food producers of cereal and the like have a vested interest in selling their products. Recently, however, there have been some horror stories about the contents of some breakfast cereals. Researchers have discovered that a 30 g bowl of Kellogg's cornflakes has more salt than a bag of Walker's ready salted crisps. The food industry is a big player and has huge amounts of advertising revenue at its disposal, and children are particularly vulnerable to advertising.

Any proper childhood anti-obesity strategy must also tackle the vexed issue of food labelling. Only last week, we heard from the Joseph Rowntree Foundation that the levels of childhood poverty in Northern Ireland were more than double those in the rest of the United Kingdom. Childhood poverty and bad diet often go hand in hand.

Although Sam Gardiner welcomes the Committee of Health, Social Services and Public Safety's report, he stressed that it is only the beginning. He reminded the Assembly that a start has been made to tackle this problem in Northern Ireland long after every other part of the country.

Carmel Hanna (SDLP) supported the motion. She paid tribute to Research Services, the previous Clerk to the Committee for Health, Social Services and Public Safety and other staff and the groups who gave evidence to the Committee.

Carmel Hanna stated the extent of obesity in our society is very worrying. The Fit Futures strategy focuses on preventive measures among young people, offering a joined-up policy on physical activity. However, it has not been implemented and, therefore, has not yet yielded many positive results. The strategy must be evidence-based. The Chairperson of the Health Committee referred to Dr Jane Wilde, and those who gave evidence at the session that she chaired spoke strongly about the need for evidence. There must be evidence that we are generating positive results, and the Assembly must ensure

that money spent on health represents effective investment. We can only afford to go with what works.

The strategy must focus not only on promoting healthy lifestyle choices but on those who are not yet obese but are considerably at risk, with a BMI index of between 25 and 29. Research shows that, at that stage, even a small amount of weight loss has health benefits. Weight loss of 10% results in significant changes. What Carmel Hanna was really saying was that moves should be made to try to prevent people from reaching the obese level, because it is dangerous for their health and costs the Health Service a fortune to send them across the water for bariatric procedures.

The report's recommendations are about encouraging people to take more responsibility for their own health and putting support in place to promote good nutrition and exercise. Carmel Hannah highlighted it can be hard to say no to the second piece of cake. It is difficult to change such habits, but the Assembly need to develop a strategy that deals with the issue in the long term so that to be overweight or obese is not considered the norm. Northern Ireland's new Public Health Agency has the lead responsibility for that strategy.

As has been mentioned, the Food Standards Agency has a big role to play in pushing for a clear and uniform labelling system akin to the traffic light system. The FSA must also work with the food industry to address the overload of salt, fat and sugar in foods.

Carmel Hanna believes physical education in schools is essential if the Assembly is to instil early on in children habits that they can incorporate into their lifestyle and carry with them as they get older. That especially applies to young girls, who are sometimes less inclined to take up sports. Most young boys will kick a ball about the place and at least get some exercise that way, but the Assembly needs to think more creatively about ways to encourage more participation, especially from girls. The Assembly should perhaps focus on less competitive sports and other disciplines such as dance, yoga or karate, which reap the health benefits and could bring some fun back into exercising. Primary-school children should also be encouraged to play outside, whether that be in the school yard, the

garden or the park. The Assembly should perhaps consider skipping, tag and other games that we used to play a long time ago.

The health inequality gap means that the wealthier have recourse to much more enticing brands of healthier food. That makes it difficult for people on a very low income who are struggling to feed a family to do so healthily. They may have to resort to cheaper brands that have a much higher sugar and fat content. The health inequality gap really needs to be addressed, because anything that Carmel Hanna ever sees on offer or very cheaply priced in the supermarket is rubbish and contains a great deal of fat, sugar and salt. Supermarkets need to be involved, because they have a social responsibility.

Obesity is one of the biggest challenges facing our health system and accounts for the steep increase in type 2 diabetes and heart disease. It also contributes to high blood pressure and some forms of cancer. The list of those diagnosed with those conditions is getting longer. Dr Ryan, when giving evidence to the Committee of Health, Social Services and Public Safety, said that, when he was training, type 2 diabetes was called maturity onset diabetes, and now he is seeing 18- and 19-year-olds presenting with it. Carmel Hanna was heartened to hear recently that, according to research, the rate of childhood obesity may be beginning to slow in England, after the prediction for obesity levels for 2020 was revised.

Rather than pick up the pieces, the Assembly must work with the community, retailers, schools, the Food Standards Agency, the Public Health Agency and all health professionals to produce an all-encompassing strategy that deals with the root causes of obesity and with prevention and early intervention.

Dr Kieran Deeny (Independent Health Coalition) also supports the motion. Obesity is a societal problem; it is not a disease, but, as the Assembly has heard, it leads to very serious diseases. The Assembly should not medicalise obesity. It needs to be tackled by society as a whole, so we need to take a holistic approach, as has been said already, that involves communities and their representatives, such as politicians and policymakers. The Assembly needs cross-government, cross-departmental involvement, and, as the Committee

Chairperson said — Dr Kieran Deeny agrees with him — education in health.

The consequences of obesity have already been mentioned, and those, of course, are medical.

Obesity has major health implications, and it is left to the Health Service, the Department and healthcare workers to pick up the pieces of that societal epidemic. Type 2 diabetes has already been mentioned, and ischaemic heart disease, hypertension, loco-motor and mobility problems can also result from obesity. The serious mental-health issues that affect people with obesity have not been mentioned, but those are important too.

According to Dr Kieran Deeny obesity decreases life expectancy and lessens the quality of life. Members who read the Committee of Health, Social Services and Public Safety's report will see that its theme is one of positive thinking and finding a positive way to deal with the issue of obesity. The media is important in sending out positive messages, including advertising. We must instil a positive attitude and mindset in people with weight problems. That works much better than creating a negative attitude and mindset. That never works.

A focus on the negative consequences of obesity and other societal problems, such as alcohol abuse and cigarette smoking, never works. It terrifies people, and their behaviours do not change. The Assembly must be positive and focus on the great benefits of more exercise and healthy eating, rather than constantly reminding people that they may die younger. There is a danger of stigmatising obese people. If the Assembly were to start to play the blame game and people were made to feel that they were to blame for their weight problem, that would concern me. Were that to happen, people would be less likely to be motivated to do something about their obesity.

The report contains a number of interesting points, and Dr Kieran Deeny has picked three. Paragraph 82 of the Committee of Health, Social Services and Public Safety's Report mentions the Healthwise scheme, through which appropriate physical activity is prescribed for

individuals in primary care. That should be made available across Northern Ireland.

The need for clear and simple messages was mentioned. Paragraph 114 of the Report makes the point that correct food labelling is essential so that people can make the right health choices, and paragraph 120 calls for clarity on what constitutes five portions of fruit and vegetables a day. The report says that the public should be told exactly what that means, and there is currently much confusion on that issue.

The Chairperson of the Health, Social Services and Public Safety Committee referred to education. Some people say that one hour of physical exercise is needed each day, but schools are required by law to have at least two hours of PE a week. Dr Kieran Deeny stated that of course, we want an educated population, but we do not want an educated and unhealthy population.

Ken Robinson (UUP) asked Dr Kieran Deeny although schools should be encouraged to make time for physical education and they would like to do so, whether there is little point in that if children pass a variety of fast-food outlets at lunchtime or on the way home from school? That negates everything that the school might have preached during the day.

Dr Kieran Deeny responded by taking Ken Robinson's comments on board, but that is no reason for not having the required level of physical activity in school. Obesity is a societal problem, and the fact that children do other things outside school does not mean that what schools do when kids are there is not important.

A community approach must be taken. That happens in France under a project called Ensemble, Prévenons l'Obésité des Enfants (EPODE). It means that together, we can prevent obesity in children. EPODE, which is referenced in the Committee of Health, Social Services and Public Safety's report, takes a holistic approach. It focuses not on obesity but on physical activity and healthy eating, yet its outcomes have a definite impact on obesity. Dr Kieran Deeny urged all Members to support the motion and the Committee's report.

Iris Robinson (DUP) stated that obesity causes great concern, not only in the Health Service, but in other areas of government. She supports the motion on the obesity report and call on the Health Minister to read it and to act on its recommendations.

The Health Service exists to treat and to care for people; it also has a key role in disease prevention. In the long run, disease prevention saves the public service money; more important, it reduces the prevalence of diseases such as cancer, heart conditions and diabetes, which is particularly prevalent in obese people.

Obesity is a ticking time bomb. The Chairperson of the Committee of Health, Social Services and Public Safety also used that terminology. Indeed, the point was made on many occasions in the Committee. During the past 25 years, obesity rates have doubled and continue to rise. In 2005, a health and well-being survey in Northern Ireland found that 59% of adults were either overweight or obese. Worryingly, 22% of children were found to be either overweight or obese. Those figures highlight the problem's seriousness — the figure for children is particularly alarming.

Obesity is generally preventable through healthy eating and regular exercise. However, Iris Robinson noted the submission of the South Eastern Health and Social Care Trust, which suggested that: "obesity should be understood in a wider context than simply a lifestyle choice concerning nutrition or physical activity. Obesity is often combined with issues of mental health, self esteem, isolation, family support and emotional wellbeing."

Iris Robinson claims that demonstrates that the cause of obesity is not necessarily straightforward and can be closely linked to mental health; an issue on which she has long lobbied the Minister in the wake of the Bamford review.

Although the motion focuses on the Health Department, all Departments need to take note because they all have a part to play in reducing obesity. For several years, schools have implemented a healthy-eating strategy, and the Department of Culture, Arts and

Leisure has developed a 10-year strategy for sport and physical recreation in Northern Ireland.

As other Members said, criticism has been levelled at the Minister and the Department of Health, Social Services and Public Safety for not completing the Fit Futures implementation plan, which is aimed at children and young people. Despite being in the public domain since 2007, the plan has not been implemented or formally signed off.

Instead, Northern Ireland has adopted the obesity strategy from the United Kingdom mainland, entitled 'Healthy Weight, Healthy Lives', which was launched in January 2008. The view of respondents who contributed to the report is that that strategy is not necessarily the correct approach because Fit Futures offers: "a vision of joined-up policy on physical activity".

Respondents noted that although they believe that it is a good strategy, little has been done to implement it. Tackling obesity now could save lives as well as money. In the United Kingdom, the 2007 Foresight report entitled 'Tackling Obesity: Future Choices' stated that: "By 2050, 60% of males and 50% of females could be obese."

It also states that by 2050 obesity could add £5.5 billion to the annual cost of the NHS, with wider costs to society and business estimated to be £49.9 billion. There are cost implications not only for our Health Service but for our economy and wider society. The report highlights the comments that were made by the representatives of the Institute of Public Health, who told us that: "The loss of productivity and the costs of care and treatment of obesity and related conditions have serious effects on the economy and threaten to engulf the health service." They went on to say that: "Obesity is estimated to cause 450 deaths per year, £14.2 million in lost productivity and £90 million cost to health and social care."

Iris Robinson concluded by saying that she supported the motion.

Alex Easton (DUP) claimed that if he announced an initiative in the House today that would put £500 million into the Northern Ireland economy every year in these difficult economic times, it would be a

stop-press moment. Headlines would be written on the subject, and it would be a cause of significant celebration. However, is it not the case that the Department of Health, Social Services and Public Safety's Investing for Health strategy informs the Assembly that the outlay for addressing obesity will not only hit that unwelcome target of £500 million but will exceed it? Something must be done. Failure to tackle obesity is simply not an option. Alex Easton does not want to overuse that statement, but it is apt for the matter in question.

Alex Easton endorses the maxim that prevention is better than cure. The problem of obesity is a global one. The report contains two major strands aimed at addressing the problem: prevention and weight management. Alex Easton focused on the cost of obesity, not an economic one but, rather, the health and well-being of our people; the serious and complex health issues that have life-threatening implications.

Alex Easton asked the Assembly to consider for a moment what is next for severely obese patients when lifestyle and drugs interventions have been unsuccessful: surgery. After that come lifelong medical follow-up treatments. It should set alarm bells ringing in the House that, for those who are obese, there is something of a famine of primary and secondary services. For those who are obese but who have not reached a severe enough level, the Assembly need to look to service delivery to see how further weight gain can be reduced.

Alex Easton then turned his attention to finances. He asked whether the reality is that some 50,000 of people in Northern Ireland meet the eligibility criteria for surgery? The cost of surgical treatment and the necessary follow-up per 1,000 patients is between £10 million and £15 million. Multiply that by 50 to get a real sense of the financial implications for our Health Service.

Alex Easton feels the message must go out from the House today that in terms of health a little bit of weight loss goes a long way in terms of health. As other Members said, a weight loss of as little as 10% can deliver a significant improvement in health.

It is impossible to give due regard to a 46-page report that contains some 24 recommendations; therefore Alex Easton highlighted some of them while commending the entirety of the document. He placed PE at the core of redressing the situation. PE is integral to our children's education, and it is important to remember that one in four of our children is overweight or obese. To use an appropriate metaphor, it is time that the Department of Education stepped up to the plate to deliver two hours of compulsory PE a week. Furthermore, to show the Assembly's determination in that regard, let the Assembly utilise the Education and Training Inspectorate to audit the situation.

On a national, and, indeed, European platform, let the Assembly punch at their weight in ensuring adequate controls over salt and saturated fat when manufacturing foods. Although many have heard the message about five portions of fruit and vegetables a day, are we confident that the exact proportions are easily understood? Alex Easton does not think so, so the Assembly needs to clarify the message.

Alex Easton urged employers to join in promoting the healthy lifestyle message, in promoting healthy eating in the workplace, and in asking themselves how they can promote exercise in the workplace. After all, it is an investment in the future of their staff.

Policymakers must likewise look at the considerable effect that obesity has on our society. Is it not time that the Assembly also considers obesity-proofing our policies and include it as a real proofing exercise in all new policies?

Alex Easton feels the Minister must also go further. It falls to him to go beyond merely registering obese patients to raising his horizons to the national level and move to the introduction of quality and outcomes framework points for positive obesity management.

The life course strategy is key to tackling obesity and although I do not underestimate the almost infinite pressure on finite health resources, to deliver that strategy we must put our money where our mouth is by ring-fencing the resources for that, at least for the initial

period of three to five years. Alex Easton believes that will be money well spent.

In conclusion, Alex Easton highlighted the need for professionals in the primary-care sector to have a range of evidence-based referral options provided for them. That is a matter to which the Department and the Regional Health and Social Care Board should apply themselves. They can no longer pay lip service to addressing obesity, because tinkering at the margins will not meet that need. The report goes a long way to being part of the solution to the obesity problem. Alex Easton concluded by stating he supported the motion.

Jim Shannon (DUP) supported the motion, but wished to reflect on another issue as well as obesity; obesity and lifestyle choices, particularly in respect of their links to diabetes.

Jim Shannon highlighted one of the problems with obesity is its link to diabetes. The figures for the number of people with diabetes are horrendous. Some 65,000 adults are diagnosed as having diabetes. Since 2008, the number of cases has increased by 7%, and since 2005, it has increased by some 26%. More than 1,000 children in Northern Ireland have diabetes. Jim Shannon acknowledged that not all diabetics, certainly not those with type 1 diabetes, have the condition because of their eating habits. However, all type 2 diabetics

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The Chairperson of the Committee of Health, Social Services and Public Safety interjected and emphasised that there is absolutely no link between obesity and type 1 diabetes. However, the percentage link between obesity and type 2 diabetes is as high as 80% or 85% and that is clearly the issue. No health choices can influence whether someone develops type 1 diabetes.

Jim Shannon stated that is exactly the point that he made. It is clear that type 2 diabetes is caused by lifestyle choices, stress and anxiety, and by eating and snacking on certain foods.

Jim Shannon felt encouraged by most of the comments about the report, which provides some background information on diabetes.

Prevention now will mean better health and less cost later, and cost is another important factor. Of the NHS's annual budget, which is approximately £400,000 million, 10% is spent on treating people with both types of diabetes. Therefore, he is keen that the Assembly addresses the issue of prevention at an earlier stage so that there will be better health and less cost later. He knows that that is what the Minister and the Assembly want to do.

Jim Shannon claimed that the efficiency framework that is in place is not to the satisfaction of those who are involved in diabetes care. In addition, he does not believe that there is enough effective, structured education about diabetes. Jim Shannon feels the Assembly must address those issues at an early stage to ensure that diabetes does not become a scourge later on. He knows that the Minister is supportive of that principle. Iris Robinson said that obesity is a time bomb, but so is diabetes. The Minister of Health, Social Services and Public Safety has said previously that he wants to prevent the Health Service from being overwhelmed by diabetes within 20 years. Where is the framework to ensure that that happens? The Assembly needs to have that in place and address those issues early on.

Last week, the Public Accounts Committee, of which Jim Shannon is a member, had the opportunity to look at that issue in its discussions about the report on 'The Performance of the Health Service in Northern Ireland'. That report draws attention to practice in Australia, where targets for tackling the prevention of diabetes have been established. Jim Shannon asked why, having acknowledged the importance of targets, the Department of Health, Social Services and Public Safety is not following Australia's good lead. He believes that it should be.

Jim Shannon also believes that a diabetes screening programme is needed. The Department of Health, Social Services and Public Safety's approach is to focus on high-risk groups, but it should be looking beyond that to ensure that the approach is structured and systematic. Although Jim Shannon commends the Committee of Health, Social Services and Public Safety's report and support it in its totality, he asks the Minister and, perhaps, the Committee, which endorses and supports it, to address the scourge of diabetes.

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In the report, Dr Naresh Chada from the Department of Health, Social Services and Public Safety is quoted as saying that: “we could have another 10,000 to 15,000 people with diabetes in Northern Ireland by the early to middle part of the next decade.” Those figures are worrying, and Jim Shannon believes the Assembly should focus on them.

Adrian McQuillan (DUP) supports the motion. The 2008 annual report from the Chief Medical Officer for Northern Ireland, Dr Michael McBride, states that: “Levels of obesity in children and adults in Northern Ireland continue to be a major health concern. Recent surveys indicate that around one in four girls and one in six boys in Primary One are overweight or obese, and that almost 60% of all adults measured are either overweight (35%) or obese (24%). They also found that around 30% of young men and women aged 16-24 are either overweight or obese.” In other words, one in five adults and one in three children has a weight problem.

Adrian McQuillan highlighted that at the Northern Ireland Health Economics Group’s conference, which was held on 16 October, Rob Phillips from the Department of Health, Social Services and Public Safety (DHSSPS) reported that obesity is estimated to be costing the NHS £4.2 billion each year, and that cost is forecast to more than double by 2050. The cost to the wider economy is estimated to be £16 billion each year, and that is predicted to rise to £50 billion each year by 2050 if left unchecked.

Adrian McQuillan asked what is being done. First, the Fit Futures initiative, which aims to reduce obesity in children, was established by the ministerial group on public health in 2006 and implemented in 2007. Secondly, a joint public service agreement target was put in place to halt the rise in childhood obesity by 2010. That has since been expanded to include adults. Thirdly, in 2008, DHSSPS set up the obesity prevention steering group, and it is working on an obesity prevention strategic framework, which is due for publication in 2010. Furthermore, in 2009, the Health Committee undertook its inquiry into obesity.

Adrian McQuillan stated that although all of that work is welcome, there is a lack of evidence on the effectiveness of such interventions in reducing obesity levels. The recent Change4Life media campaign cost £75 million, and previous media campaigns have been costly and largely ineffective. The concept of communicating risk about unhealthy lifestyle behaviours has not led to significant modification. Our population is getting bigger: the 'Northern Ireland Health and Social Wellbeing Survey 2005/06' found an overall increase of 26% in adult obesity in Northern Ireland since 1997.

According to a report released in July 2009 by the Trust for America's Health and the Robert Wood Johnson Foundation, such policies are failing in America. The report states that adult obesity rates increased in 23 states and did not decrease in a single state in the past year and that the percentage of obese or overweight children is at or above 30% in 30 states. The report calls for obesity prevention and control to become a high priority in healthcare reform, which Adrian McQuillan very much supports.

The increase in the weight problem is such that current resources are overstretched and cannot adequately address the need for professional intervention. For example, the Northern Ireland Audit Office recently published a report stating that over 62,000 people in Northern Ireland, of which Adrian McQuillan is one, have type 2 diabetes. Some 20,000 people are unaware that they have the condition, and it is predicted that 81,000 people will have it by 2015. Type 2 diabetes is a condition that is reaching epidemic proportions.

Diabetes is one of the most costly and burdensome chronic diseases of our time; treatment of diabetes takes £1 in every £7 spent on healthcare in Northern Ireland. In 2005-06, £43.7 million was spent on diabetes treatment, excluding primary or community care, personal or social care and outpatient services. It is estimated that 10% of the NHS annual budget goes on treating diabetes. The increase in its prevalence is largely explained by the rising trend in obesity.

Obese patients are seen at a diabetic clinic where the focus is on blood sugar control, blood pressure and cholesterol levels, with

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weight being a secondary consideration. Often, conventional models of weight reduction are not sufficiently effective to impact on life expectancy or healthcare costs, as they rely on brief, opportunistic interventions. Such a service is not adequate or appropriate.

Obesity is strongly associated with raised blood pressure and cholesterol. Twenty-one percent of heart disease cases can be attributed to excess weight or obesity, and heart disease is the leading cause of death in patients with type 2 diabetes. Given that weight has an impact on patients' life expectancy that is similar to that of smoking, high blood pressure or high cholesterol, Adrian McQuillan raised the question of why Northern Ireland does not have the necessary resources and skills to help them to manage their weight.

Leading healthcare professionals are calling for lifestyle management to become part of healthcare provision. Weight loss is one of the few interventions that may result in increased life expectancy for many patients. Research has constantly shown that effective weight reduction can, over three years, prevent 58% of overweight individuals from developing diabetes.

Adrian McQuillan concluded that in the UK, 26% of total prescribing costs are attributed to complications experienced by overweight or obese patients. He supports the motion.

Minister of Health, Social Services and Public Safety welcomed the Committee's report on its inquiry into obesity. Members have devoted considerable time and effort to compiling the report and to ensuring that the issue of obesity remains at the forefront of public interest. The report contains 24 recommendations, and, the Minister is pleased to say, the Department of Health, Social Services and Public Safety has either addressed, or is considering, all the issues that it raises.

Obesity is a complex issue, the scale of which should never be underestimated. Often, it has been referred to as a time bomb and, in 1997, the World Health Organization described obesity as a global epidemic. In Northern Ireland we are facing significant problems:

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obesity rates have tripled over the past 20 years, and it is estimated that obesity causes 450 deaths each year.

Being obese reduces life expectancy and can lead to considerable health problems; significantly, the risk of developing the biggest killer diseases, coronary heart disease and cancer. Obesity also increases the risk of developing type 2 diabetes and can lead to depression and lack of self-esteem.

Obesity levels are rising at an alarming rate, particularly among children. Recent surveys indicate that around one in four girls and one in six boys in primary 1 are overweight or obese and that almost 60% of adults measured are overweight or obese. That is clearly a matter that we must address if we are to protect people from the serious health problems that are associated with obesity and ensure that our Health Service does not have to face the additional burden that that will place on services.

Such high rates of obesity bring with them a considerable cost to our society, which, in today's difficult economic climate, is becoming increasingly unaffordable. In 2003 and 2004, following a House of Commons Health Committee inquiry, a Foresight report estimated the cost of obesity as £3.7 billion a year.

In Northern Ireland, obesity results in the loss of 260,000 working days each year and costs the economy around £500 million. However, it is not just about the cost to our society; it is about the cost to people's health and the impact that obesity has on their lives and that of their families. That is why it makes sense to invest in preventing obesity and in helping people to change their lifestyles for the better.

The Minister of Health, Social Services and Public Safety claims much progress has been made in tackling childhood obesity, and it is encouraging that, already, there appears to be some levelling off in the rise of obesity among P1 children. As a result of the Fit Futures task force, we now have programmes such as the healthy breaks initiative. As well as working to ensure that there is healthier school food for children, further progress has been made in making sure that

food labelling is clearer, that there are tougher restrictions on the advertising of food that is high in fat and sugar, and that physical activity levels in schools improve.

Following the Foresight report, there has been increasing interest in obesity and an acknowledgement that we should be focusing on the whole population and not just on children. In February 2008, the Department of Health, Social Services and Public Safety established the obesity prevention steering group. Initially, that group was established to drive forward the Fit Futures programme, and, latterly, it began work on the development of an obesity prevention strategic framework that targets the whole population.

The Minister of Health, Social Services and Public Safety noted and agreed with the report's view that obesity is not just a health issue. From the outset of the debate, Members have accepted that the issue is not specific to the Department of Health, Social Services and Public Safety; it is cross-departmental and cross-governmental.

Work on developing the strategic framework continues based on the life-course approach and tackling what is now described as the obesogenic environment. That means that we will be looking at ways to improve lifestyle and the physical health of the entire population. Following full public consultation, the framework should be launched in June next year.

The Minister of Health, Social Services and Public Safety state that it is one thing to develop a strategy, but how the strategy is implemented is crucial. He believes that the Assembly is now in a position to make a major difference, thanks to the creation of the Public Health Agency. The Minister established the agency specifically to ensure that strategies and policies were delivered and implemented at ground level. The key strength of the Public Health Agency is that it is uniquely placed to co-ordinate and deliver health improvements to the Northern Ireland public at both the regional and, through effective partnership working, the local level. The local partnerships will also include councils, because he is convinced that we should harness the skills and knowledge of local people in delivering initiatives to the local population.

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The Minister of Health, Social Services and Public Safety has already referred to the costs of obesity to our society. He is particularly concerned about the cost to the Health Service on the part of individuals who have made unhealthy lifestyle choices. Everyone in Northern Ireland has a responsibility in respect of lifestyle issues such as alcohol and smoking. In the end, individuals make decisions on their own lifestyle. It is essential that they make the right choices and that the Government provide the information and help that they need to do that.

Obesity has a clear link with another issue that the Minister of Health, Social Services and Public Safety is determined to tackle: health inequalities. Those are associated with a wide range of social determinants, including poverty, unemployment, poor education and poor housing. The same determinants impact on individuals' opportunities and choices on healthy eating and physical activity. Tackling health inequalities is an issue that the Minister has tasked the Public Health Agency with addressing urgently.

Although the main focus of the report is on prevention, it also highlights the important issue of obesity management and treatment. Weight-management programmes may be delivered in a variety of settings. Examples elsewhere illustrate the important role that can be played by a range of public services, including the leisure services provided by local councils and, in the health sector, primary and community care services.

The Assembly must recognise that the management of obesity can be challenging. Bariatric surgery may be considered for patients for whom a dietary approach has been unsuccessful. The management of bariatric patients is complex and involves not just surgery, but extensive support from a range of professionals before and after surgery. In particular, dietary management after surgery requires specialised support to avoid complications. There is strong clinical evidence to suggest that patient outcomes, including risk of death and post-operative complications are best treated in specialist units that perform a large number of procedures each year.

The Chairperson of the Committee for Health, Social Services and Public Safety noted that there is a school of thought that says that a sufficient number of people from Northern Ireland are having such treatment to warrant consideration of locating a clinic dedicated to such services at one of the acute hospitals in the Province. We send 120 patients across the water each year at a cost of £1.5 million. Surely, we are getting to the stage where it would be better to provide that service in Northern Ireland.

The Minister of Health, Social Services and Public Safety responded by stating the Department of Health, Social Services and Public Safety has a budget of £1.5 million to deal with the number of people who come forward for such services; currently, that is 150 suitable patients per annum. That level of activity means that it would not be cost effective to establish a dedicated clinic for such surgery here. The advice that the Minister received is that, because the procedure is very complex and there is a risk of death and post-operative complications, patients are best treated in specialist units that perform large numbers of procedures each year. Access is travel.

Against that, the Chairperson of the Health, Social Services and Public Safety Committee advanced the argument that we provide that service locally. The Minister stated that at the minute, the Department of Health, Social Services and Public Safety are not at the point of being able to develop a dedicated stand-alone service in Northern Ireland.

Primary care in Northern Ireland continues to make a positive contribution to identifying and supporting patients with obesity through an enhanced service that has been delivered by GP practices. Since 2006, the Minister has invested £3.2 million in primary care to assist patients specifically in managing their weight through the provision of advice and guidance and referral to appropriate opportunities for sport and leisure. That is exactly what happens in the Grove Wellbeing Centre in Belfast, which brings together high-quality health, social care, leisure, lifestyle and lifelong learning services to its customers.

The Committee of Health, Social Services and Public Safety's report specifically talks about resources. Last year, the Department of Health, Social Services and Public Safety allocated £1.6 million to prevention. Additional long-term investment is needed in that area, and the Minister intends to discuss that matter with the Executive.

Obesity is a key public health issue that the Assembly has always addressed, and will continue to address, as a matter of urgency. The Minister welcomed the Committee's interest in the matter, and we will respond to each recommendation in more detail in due course. The Minister recognised the long-term cost to Northern Ireland's society that will ensue if we do not halt the rise in obesity. There is some initial success with P1 children. In fact, when the Minister took up his ministerial post, one of the first things that the Minister said to the House was that his advice suggested that, if the Assembly do not take steps to address it, the Health Service in Northern Ireland will be overwhelmed by type 2 diabetes within 20 years. The Minister listened carefully to that advice and followed up on it, not only through the Fit Futures policy, which the Minister inherited, but through the obesity prevention steering group, which is overseeing the implementation, and through a new overarching 10-year obesity prevention strategic framework.

Furthermore, the Minister is specifically addressing obesity issues across the whole population. The Department of Health, Social Services and Public Safety have included diabetes as a key anchor of the new cardiovascular framework. To date, the Minister has included the development and implementation of the Healthy Breaks initiative, which, combined with food-in-schools policy, will ensure healthier school food for children. The Minister has also established the Public Health Agency, which the Minister believes will be the main driver to address issues such as health inequalities. Members mentioned Dr Jane Wilde of the Institute of Public Health, who plays an important role. The Public Health Agency in Northern Ireland will play a crucial role in the future.

Prevention is better than cure. The Assembly must work through GPs and primary care, and invest in primary care, to address those issues with patients. Other UK health Departments are reviewing what the

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Department of Health, Social Services and Public Safety is doing for obesity under our long-term condition management enhanced service with a view to introducing similar measures. The Department of Health, Social Services and Public Safety are far from complacent. How to get the message to local communities is always the issue. The Assembly should use local people to help local people. That is the key issue for the Public Health Agency. It must also address health inequalities. People who live in disadvantaged communities or in poverty are more likely to face such challenges than people who live in more affluent areas. The Public Health Agency and the Department are driving progress on those issues.

Sadly, the Public Health Agency, which was established on 1 April, immediately faced the huge challenge of swine flu. Therefore, Members are not seeing its activity properly as yet. However, it is working away, and that activity will become more apparent in the future.

The Department of Health, Social Services and Public Safety will carefully consider the recommendations in the Committee of Health, Social Services and Public Safety's report, many of which the Department are taking forward already. The Department of Health, Social Services and Public Safety will consider all ideas and proposals, and all suggestions are more than welcome.

The Deputy Chairperson of the Committee for Health, Social Services and Public Safety stated obesity is a major issue, and the Committee of Health, Social Services and Public Safety has undertaken a very valuable piece of work. The Committee expects that their report will influence the Department of Health, Social Services and Public Safety's thinking and policy development, and the Deputy Chairperson welcomes the Minister's comments on that.

Obesity is pivotal not just because it is a major health issue that is central to the quality of life of our population but because of the major financial implications that many Members have highlighted. Last week, Members had an extensive debate on finance and efficiencies in the Health Service. The potential cost of obesity to the Health Service dwarfs the efficiencies that were discussed during that

debate, and we have heard today that, as predicted by the Investing for Health strategy back in 2002, unless trends are reversed, obesity will cost the Health Service £500 million a year. Much of that potential expenditure can be saved if we can reverse the trend.

Obesity must be tackled. The Assembly has no choice, if the Assembly is to have an affordable Health Service and if the population of Northern Ireland is to have good quality of life. The Assembly needs to invest now in order to save later. Many Members spoke about how obesity is tackled, including the development of the new life course strategy, the lack of implementation on the Fit Futures initiative, and the need for a partnership approach with other Departments, particularly with the Department of Education, given its role in providing physical education in schools. The Assembly is aware that physical education is part of the curriculum, but the number of hours a child spends in physical education each week is not compulsory. That is a key measure that the Department of Education can take forward.

The Deputy Chairperson of the Health, Social Services and Public Safety Committee stated that other Departments also have a role. The Department for Regional Development has a role to play in promoting the Sustrans Safe Routes to School scheme, so that children will have safer routes by which to walk to school. Members referred to the Department of Culture, Arts and Leisure's sport and physical recreation strategy, a 10-year strategy that is sitting somewhere in the Department. That strategy needs to be published and actioned.

There is a role for the Department of the Environment through local government and the availability of leisure services. Again, the key issue is to ensure that people can afford the services offered. OFMDFM also has a key role to play in tackling health inequalities and poverty. The Deputy Chairperson of the Health, Social Services and Public Safety Committee felt members would agree that those living in poverty are affected by any health problems disproportionately and seem to be predisposed to obesity. Many Members referred to those issues, and there will be consensus that a

strategy to tackle obesity is required quickly and must be cross-departmental.

Another theme that has emerged in the debate today is the requirement for an immediate audit of existing obesity-related initiatives, such as the dissemination of local good practice and a central database of projects with standardised evaluation tools. Dr Kieran Deeny mentioned the Healthwise scheme, which is a 12-week exercise programme in which people are referred to their leisure centre. That is a fantastic example, but the problem is that it is not consistent and it is not available across the board. Those examples of good practice need to be implemented in all areas. They need to be consistent and measurable, because the Assembly needs to know whether people are achieving something through them. The Committee of Health, Social Services and Public Safety hopes to see an audit of initiatives and the dissemination of that good practice across the board.

The other clear theme was weight management, the need for dedicated obesity clinics, and the possible provision of bariatric services. Many Members referred to bariatric surgery, which is not being delivered locally. People requiring it must travel to receive it. Those who live in the North should be able to benefit from this life-saving, life-changing treatment. They need to be able to access that surgery in local hospitals. Everyone agrees that local care, and more particularly, follow-up care, is best delivered locally. Bariatric surgery should be no exception. The Chairperson of the Committee referred to the number of people referred to England for that surgery, which costs the Health Service £1.5 million a year. Given that we are expected to see a 5% year-on-year increase in the level of obesity, and subsequently the number of people who may need to access that service, we need to plan for the future.

The Committee of Health, Social Services and Public Safety is also making a series of recommendations around diet and exercise, which some Members referred to. Diet and exercise are not the whole story. They are major contributors, but the Assembly need to look at the “whole life” approach. There needs to be a major shift in thinking and a major change in how society and communities behave.

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People must take more personal ownership of, and individual responsibility for, their health. The Assembly must analyse the root causes of ill health. The Deputy Chairperson of the Health, Social Services and Public Safety Committee urged the Minister of Health, Social Services and Public Safety to bring forward the review of the Investing for Health strategy as a matter of urgency. There is strong evidence to indicate that people living in food poverty almost always have a diet that predisposes them to the risk of obesity, and we must take that seriously.

The Deputy Chairperson of the Health, Social Services and Public Safety Committee went on to summarise the viewpoints of each Assembly member who participated in the debate.

The Deputy Chairperson of the Health, Social Services and Public Safety Committee concluded that no one in the House disagreed with the fact that obesity is a global public health issue. There is no getting away from the fact that obesity costs the Health Service a colossal amount of money. The Assembly must invest now so that it will save in the future. The Deputy Chairperson echoed the Minister of Health, Social Services and Public Safety's words that prevention is better than cure.

The Question put to the Assembly and agreed to. It was resolved "That this Assembly approves the report of the Committee for Health, Social Services and Public Safety on its inquiry into obesity; and calls on the Minister of Health, Social Services and Public Safety, in liaison with Executive colleagues and relevant bodies, to bring forward a timetable for implementing the recommendations contained in the report."

## **Ministerial Statement**

### **British-Irish Council Summit Meeting**

The junior Minister (Office of the First Minister and deputy First Minister), in compliance with the requirements of the Northern Ireland Act 1998, made the

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following report on the thirteenth summit meeting of the British-Irish Council, which was held in St Helier, Jersey, on 13 November 2009.

The States of Jersey hosted the summit in the Radisson SAS Waterfront Hotel, St Helier, Jersey. The heads of delegations were welcomed by the Chief Minister for Jersey, Senator Terry Le Sueur. The Irish Government delegation was led by the Taoiseach, Brian Cowen. The British Government delegation was led by Rt Hon Peter Hain MP, Secretary of State for Wales. The Welsh Assembly Government was represented by the First Minister for Wales, Rt Hon Rhodri Morgan AM. The Scottish Government were led by the First Minister for Scotland, Rt Hon Alex Salmond MP MSP. The Guernsey Government delegation was represented by the Chief Minister, Deputy Lyndon Trott, and the Isle of Man Government were represented by the Chief Minister, the honourable Tony Brown MHK. In addition to the First Minister, the deputy First Minister and Junior Minister, the Northern Ireland delegation comprised the Minister of Education and the Minister of Culture, Arts and Leisure. A full list of participants is attached to the statement that was provided to Members.

It was the fifth BIC summit since the restoration of the institutions in May 2007. The Chief Minister of Jersey, Senator Terry Le Sueur, chaired the meeting, which focused on economic issues; indigenous, minority and lesser-used languages issues; an update on the strategic review of BIC; and a report on progress in the various BIC work sectors.

During his presentation the Junior Minister stated the work in the transport sector has continued to focus on the mutual recognition of driving disqualifications, the mutual recognition of driving offences that attract a penalty less than disqualification and research into drugs and driving. The accessible transport subgroup continues in its work to improve the information provision for disabled people who wish to travel from one Administration area to another, through the development of a common webpage, sharing standards of disability training schemes, scoping the current level of concessionary travel across Administrations and examining the potential for their mutual recognition.

## **Oral Answers to Questions**

### **Social Development**

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## **Shared Future: Public Meetings**

Dr Alasdair McDonnell (SDLP) asked the Minister for Social Development to provide an update on her recent public meetings on 'A Shared Future'. (AQO 392/10)

The Minister for Social Development: Working towards a shared future has been at the forefront of the Minister for Social Development's agenda since he took up the role. Northern Ireland's divided society deepens poverty as well as prejudice. Therefore, the Minister has begun work in the Department for Social Development to tackle that division. For example, the Minister for Social Development has taken steps to ensure that shared housing is at the heart of his newbuild social programme and other programmes within existing estates and communities. The Minister has also ensured that his urban regeneration master plans and public realm schemes have the core objective to make public space attractive for people to relax in and to live together in peace.

However, those developments alone are not enough. The successful achievement of the vision for a shared future, based on equality and mutual respect, requires actions not only to tackle the scourge of sectarianism but to challenge and address division and separation on other grounds, such as disability, race or culture. It requires strong political leadership and agreed policy and programme action by government. It must be a priority for the Assembly, if the Assembly is not to jeopardise all the progress of the past 15 years.

It is important, therefore, to develop a broader strategic approach to this important issue and over the past three months or so, the Minister for Social Development have held public meetings in Ballymena, Newry, Bangor, Enniskillen, Omagh, Belfast, Craigavon, Downpatrick, Derry, Lisburn, Strabane and Cookstown. Their primary purpose was to listen to what people have to say about a shared future and to hear their suggestions for possible ways forward. The meetings have been attended by more than 1,000 people, reflecting an appetite and a strong desire to take forward the shared future agenda. A wide range of opinion was expressed, covering areas such as political leadership, poverty and inequality, housing, planning,

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flags and emblems, public service delivery, the voluntary and community sector, education and employment. The Minister for Social Development intends to develop proposals based on, among other things, the ideas and suggestions generated at those meetings, and the Minister will bring my findings and proposals to Executive colleagues early next year.

Dr Alasdair McDonnell asked the Minister to suggest in what areas further progress can be made on the shared future agenda. For instance, are there any specific ideas to tackle the naked sectarianism that exists in some pockets of our communities?

The Minister for Social Development: The Minister for Social Development is well aware of the importance of the Member's question and the issue of naked sectarianism. People live in divided communities, in spite of the fact that 80% of the people in Northern Ireland have indicated that they want to live together rather than apart.

In the Department for Social Development, the shared future agenda can be best addressed through housing, urban regeneration and community development. In particular, the Department for Social Development can support shared housing initiatives, such as the Shared Neighbourhood programme, and develop the housing selection scheme to provide those who want to live in mixed neighbourhoods the opportunity to do so. In regeneration and community development, the Department for Social Development can support those voluntary and community groups that promote the vision of 'A Shared Future' and actively work towards ending sectarianism and division. The Department for Social Development will continue to plan and develop our city and town centres in ways that ensure that all the community has access to them as shared spaces for work and leisure.

However, as was demonstrated at the Department for Social Development's public meetings, there are other policy areas, such as education, planning and employment, in which a shared future agenda could be progressed. Those areas cut across the responsibilities of a number of Departments and highlight the fact that

the Assembly can only move forward if an agreed policy and programme of action is undertaken by government as a whole.

Mickey Brady (Sinn Fein) asked with regard to the recent public meeting in Newry, for the Minister to confirm that the issues raised by two families from Armagh have been dealt with.

The Minister for Social Development: The Minister for Social Development is aware that the two issues are being addressed. The Minister has written to Mr and Mrs McClelland with a satisfactory resolution, and the Minister will look at the other issue and come back to the Member.

William McCrea (DUP) asked whether the Minister for Social Development agreed that the money that has been spent so far in developing a shared future strategy has been wasted, as we have not had the benefit of such a strategy. In addition, he asked for the Minister to inform the House of what discussions have taken place in the Executive regarding the costs of developing the strategy. William McCrea went on to ask whether the Minister is in a position to inform the House of what those costs are.

The Minister for Social Development: The document that was being prepared by the First Minister and deputy First Minister has not been brought to the Executive for consideration, debate or agreement. A few Executive meetings ago, the Minister offered to prepare a paper on how to develop a normal and shared society. That paper would be based on expertise that has been gained through research. The deputy First Minister said that he and the First Minister would reflect on it. The Minister for Social Development returned to the issue at the next Executive meeting, and they are still reflecting on it.

Suffice it to say, the Minister has to develop policies and programmes that encourage and promote a normal society, because the Minister of the firm opinion that people want to live together, rather than to live apart. That is the impression that the Minister for Social Development has got from meetings that the Minister has attended. Separate but equal is no substitute for a shared future, and it is simply not good enough.

## **Housing Budget**

Thomas Burns (SDLP) asked the Minister for Social Development what steps she is taking to ensure optimal use of the housing budget. (AQO 395/10)

During the discussion Kieran McCarthy (Alliance) asked the Minister for Social Development's stretched and restricted budget, whether she will offer any consolation to the many people, particularly those who are disabled, who are waiting for extensions of any sort, including minor extensions, to their properties.

The Minister for Social Development: Internal adaptations to an existing property will be done automatically. Extensions fall into a different category.

The Minister went back to the principal issue of the housing budget. Unlike other Departments, the Department for Social Development's budget is predicated on income from land sales and house sales. As a result of the economic downturn, much of that disappeared. Therefore, the Minister was left with an £80 million shortfall last year, a £100 million shortfall this year, and a £100 million shortfall for next year.

The Minister is sure that the Member will agree that there is an onus on every Member to get housing on a sound financial footing, and Kieran McCarthy and his party have supported me in that. However, the Assembly needs to continue with that. The Minister will continue to bid in future monitoring rounds for money for adaptations for the homes of disabled people, because there is a need to address that situation. Suffice it to say that the Minister needs the support of all her ministerial colleagues to put housing on a sound financial footing and to look at all the innovative ways of financing housing, because a house is the most fundamental thing to anybody, no matter what guise it may take.

## **ADJOURNMENT**

### **Lurgan Area: Improvement Scheme for 19 Rural Cottages**

John O'Dowd (Sinn Fein) described how he had been working on this constituency issue since the summer of 2000. It started in the same way as many constituency cases. An elderly gentleman called to John O'Dowd's constituency office one day and spoke to me about his home. John O'Dowd hopped in the car and went to look at his house. As they approached the cottage, John O'Dowd wondered why the gentleman had a difficulty, because the outside had recently been renovated. An extensive amount of public funds had been spent on an external maintenance scheme, which led to the building of a new roof, new drainage systems, and a lovely concrete footpath down to the front of the house. The gardens had been levelled, and the house looked really well.

When John O'Dowd walked into the house, however, it was like walking into the first part of the twentieth century. No work had been carried out inside the house for a considerable period. The heating system was antiquated, and the kitchen was dilapidated. That elderly gentleman lived there with his wife and his daughter, and, like many rural families, they had reared a family in the house. At that stage, all he wanted was the inside of the house to be renovated and brought up to standard.

John O'Dowd spoke to the area's district housing manager and, the very next day they were back out at the house again. The manager shared my concern that such a large amount of public money had been spent on the outside of the house but not a penny spent on the inside. The district housing manager set about doing a bit of work on the issue of the bungalow. John O'Dowd has no criticism of that Housing Executive officer. He came back to John O'Dowd with a report some months later and told him that, in his opinion, the house needed to be bulldozed, because, when it was looked at, the work involved in carrying out an internal maintenance scheme would be a waste of money, even though all that money had been spent on outside improvements.

At the beginning of 2002, John O'Dowd started to ask more questions about rural cottages in the Lurgan area. As discussions continued in the form of private meetings, correspondence and exchanges across, at that stage, the council chamber, it became clear that around 19 rural cottages in the Housing Executive's Lurgan district office area needed extensive work. Some needed bulldozing; others needed external and internal maintenance schemes.

The Housing Executive put those houses together in a single scheme, because, from its point of view, and John O'Dowd had no reason to doubt or argue against it, it would be more economical to include the 19 houses in one scheme and bring forward a package of funding for that scheme. That promise was made in 2003, and, being the reasonable character that I am, I accepted what the Housing Executive said about taking only two years to bring forward the scheme. In the world of bureaucracy, two years is not that bad, when one allows for planning, budgets, and all of those matters.

Therefore, we waited; and, late in 2005, Mr Simmons, the gentleman with whom I was dealing, got word from the Housing Executive that more work was going to be done to his house. It was not going to be bulldozed or rebuilt, but more work was to be done to the inside of the house. He and John O'Dowd questioned the Housing Executive about the wisdom of spending more money on the inside of his house, when doing so was clearly a waste of public funds.

John O'Dowd also spoke to the Housing Executive about a number of other cottages in the area on which it intended to spend money. The obvious question that John O'Dowd put was: what happened to the extensive maintenance scheme that had been promised and the rebuild? The reply was that there would be no rebuild. There was no money and no provision to do that. That was in 2005. Neither the Minister for Social Development nor I were Members of the Assembly at that time. Therefore, this is not a "pick on Margaret" day.

As 2005 went on, John O'Dowd continued to lobby about the 19 cottages and visited a number of them. What struck John O'Dowd most about them was that if there was a row of houses or a small housing estate in an urban centre in which there were 19 properties

that were unfit for human habitation, as some of these were — indeed John O’Dowd still maintains that the house that he initially dealt with is unfit to live in — the problem would not have been allowed to continue. However, because the 19 houses were isolated and because an individual rather than a community voice was raised, and, perhaps, due to the nature of rural people who do not want to push themselves forward or ask for what is not theirs. The houses continued in disrepair. John O’Dowd was repeatedly informed between 2005 and 2007 that work would not go ahead. Eventually, John O’Dowd got the good news that £498,000 had been secured for a scheme on the properties.

To emphasise the poor condition of the houses in 2003, John O’Dowd will read from a Housing Executive letter of that year: “A project team to review the work required to all cottages in Lurgan has been initiated and a consultant will shortly be appointed to carry out a feasibility study and analysis. Recent experiences with similar schemes would indicate that a high proportion of the cottages will require redevelopment, involving demolition and rebuilding by the Housing Association.”

That shows what a poor condition the cottages were in then. So, in 2007, it was good news when John O’Dowd realised that funding had been secured and that the work would take place approximately a year later. The year came and went and, lo and behold, in 2009, all the tenants received letters to tell them that the work had been cancelled.

In 2000, 2003 and 2005, a high proportion of the houses were below standard. Some of them were unfit for human habitation and, indeed, in the meantime, the wife of the gentleman in my original case had died, so they never got to enjoy their new house. Then, in 2009, the tenants of those 19 isolated rural cottages in the Lurgan area were told that there is no money, no work and no hope.

John O’Dowd understands the pressures that are on all Departments, including the Department for Social Development (DSD), but John O’Dowd brought this case to the House’s attention not simply because I have been dealing with it, but because it has been ongoing

for nine years. John O'Dowd knows that Dolores Kelly (SDLP) has been involved, and he is sure that colleagues from across the Chamber have also been involved in similar lobbying, because the houses cover a wide geographical area and, in our divided society, they are cross-community in nature. So this is not just John O'Dowd complaining about a nine-year-old case. In fact, one of his colleagues said earlier that the fact that he has not managed to resolve the case in nine years may prove that he is not a very effective representative and that may well be true. This debate will prove that one way or the other. John O'Dowd brought the case before the House to highlight that fact that after nine years, — indeed, with respect to the first house that he visited, after, perhaps, 39 years — of insufficient work being done to the property and a significant waste of public funds on, on one occasion, an extensive renovation, as well as minor repairs being carried out.

The Assembly have an opportunity to start again; to knock down the houses that require rebuilding and to completely renovate the others. Consequently, those rural dwellers, many of whom are elderly and have reared their families — in some cases, the next generation is living in the house now, because their elderly parents have passed on — will have an opportunity to live in the same standard of housing that my constituents in the Shankill or Kilwilkie estates or in Craigavon would expect. There is no way that an urban community would put up with the standard of living in which those people must live.

John O'Dowd appealed to the Minister for Social Development to ensure that the scheme is not overlooked again in any budgetary discussions in the Department for Social Development, especially with the Housing Executive, and that it will become a priority, as it was in 2003, 2005 and 2007, in the Lurgan district housing office and in the Department for Social Development, so that those people are given equality of opportunity for housing.

Dolores Kelly says that as someone who was born and bred, and whose father still lives, in one of those rural cottages, she is quite familiar with the problems that are associated with them and, indeed, with the layout and, in many cases, the location of the cottages.

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Dolores Kelly knows from experience with her grandparents that when money was available, her grandmother would not allow work to be carried out because of her grandfather's failing health. Dolores Kelly is not sure that that is part of the problem. People do not want to go through the bother. There is too little social housing stock into which to decant people during major works, and people from rural areas will not move into towns, although sometimes mobile homes are suggested as an alternative means of accommodation.

Dolores Kelly did not expect the Minister for Social Development to be accountable for what happened in the past. As John O'Dowd said, in the past, in the years when there was no devolved Assembly, the schemes were approved but the work did not happen. Dolores Kelly hopes, and is confident, that the Minister for Social Development is putting right the organisation and accountability mechanisms in the Housing Executive and district offices, and that priority will be given to those who are most in need.

Recently, Dolores Kelly wrote about one such cottage in the Ballycairn area, where work is to commence in the new year because it meets the needs of a disabled young man. She welcomes the fact that work will commence on that and that the money is available for it.

John O'Dowd is right in so far as rural people have lower expectations and put up with a lot more than would many people in town. Dolores Kelly asked the Minister for Social Development, as many of these homes are unfit, what impact on the waiting list would a statutory notice have, if it were served upon the Housing Executive by the environmental services department of a local council? Would that enable the Minister's Department to spend money outside of her current priorities? That might be the case in one or more instances. Dolores Kelly wonders whether housing associations have any role to play in taking responsibility for any of these homes. They might have a budget that could assist in getting the work done. We need to have a degree of creativity in this very tight economic climate.

The cottages referred to are scattered across the Craigavon Borough Council area. Practically all the villages are represented. Very few such houses are still in public ownership, and that is to be lamented

because we all know that we cannot get people to take the latent demand test, yet, when a house becomes available, all of a sudden there is a deluge of applications.

Dolores Kelly stated that the Housing Executive must address planning for the longer term in terms of new housing stock and opportunities that might arise through co-operation with housing associations. There are still pockets of land available in public ownership across the rural areas. She asked whether any of the housing associations made representation to the Department. That would provide opportunities in cases where homes are deemed to be fit only for demolition. That may be another solution or way out of this difficulty.

John O'Dowd confined his remarks to the Lurgan area, but Dolores Kelly has no doubt that there are such difficulties right across the North. She asked the Minister for Social Development to inform the Assembly of the Housing Executive's overall strategic plan for rural housing, because, as John O'Dowd said, rural areas often get a raw deal. Is there any opportunity for collaborative working across government Departments? The Agriculture Minister has £10 million to alleviate rural poverty. Has there been any consultation at ministerial level as to how that money is best spent? Housing inequalities lead to poor health outcomes, so that is a conversation worth having at ministerial level.

Like John O'Dowd, Dolores Kelly wants to see priority given to older people and people with disabilities who are living in conditions deemed to be unfit. The Executive needs to take ownership of this problem. Yesterday, Members talked about poverty and health outcomes. Members want a healthier people in the North, and we must look at funding the housing budget properly.

The Minister for Social Development: The Minister for Social Development thanked John O'Dowd for tabling this Adjournment topic, and Dolores Kelly. She welcomed the opportunity to clarify some of the issues raised, and she tried to address all of them. The Minister for Social Development assured Members that she will study

the Hansard report, and if she left any of their questions unanswered, she would write directly to the Member concerned.

The Minister for Social Development declared an interest. She was reared in what was then known as a “labourer’s cottage”, which her late parents bought in 1969. That was the house in which her father was brought up, so it is about 98 or 99 years old. Therefore, she knows what it was like to live in such a cottage; in fact, she still lives in it, although it has been renovated. The Minister for Social Development knows the space standards of such cottages, and she knows that many large families were reared in them. She also knows what it is like to live in a rural community. People in rural communities have lesser expectations and make do with less. It is not always right for them to do that, but that is the way that they are. The Minister for Social Development sympathised with the people whom John O’Dowd and Dolores Kelly mentioned, because she can empathise with their position.

The Minister for Social Development stated that there can be no one in the Chamber who is not aware of the shortfall that the housing budget faces due to the collapse of the land and property market. Between last year and next, she faces a housing budget shortfall of over £300 million. No one in the House or in Northern Ireland is to blame for that; it is a consequence of the economic downturn. As a result of that shortfall, difficult and sad decisions have had to be made. The Housing Executive has had no choice but to prioritise its expenditure across all its programmes, including the sort of multi-element improvement schemes that we are discussing.

The Minister for Social Development is conscious of the fact that John O’Dowd has been working on this case since 2000, and she would like to find out why it took so long to progress the scheme in the earlier years. Although she has been trying to do that, she would like to be able to examine it further and come back to John O’Dowd and Dolores Kelly on it.

Although the Assembly are discussing 19 homes in the Lurgan area, it could be talking about any one of a number of similar schemes across the North that have not been able to proceed due to the

funding pressures. Members may be interested to know that there are 3,777 Housing Executive homes awaiting a multi-element improvement scheme, at a cost of over £114 million. The Minister for Social Development does not want to deny people the chance to live in a decent home. Everyone deserves a decent home to live in but, when allocating scarce resources, the choice is whether to improve the homes of those fortunate enough to have one or provide a home for those who have none. The Minister knows what the conditions of some of those cottages are, because she has seen them in her rural community, and she knows that it is not fair to ask people to live in them.

With almost 40,000 people on the waiting list for social housing, half of whom are in housing stress, the shortfall in my budget has meant that the Department for Social Development have to focus on where the need is greatest. The Minister for Social Development, therefore, decided that her first priority must be to support and protect society's most vulnerable, such as the homeless, those in fuel poverty and those in need of supported housing. This year, she has set aside the resources to deliver 1,750 new homes, which is our largest number of new homes for a decade.

Members must also be aware that, paradoxically in this challenging economic climate, the time has never been better to maximise investment in social housing. For every 10 jobs that are created by expanding the social housing development programme, at least a further seven are created or sustained elsewhere in the supply chain and the retail sector. Therefore, the delivery of homes not only helps those in greatest need, but acts as a stimulus for the local economy. Construction costs have also been falling, so we can get more for our money.

According to the Department of Social Development's records, John O'Dowd first raised the issue of the cottages in Lurgan with the Housing Executive as far back as May 2003. However, John O'Dowd told the Minister for Social Development that it was much earlier than that. The Minister wants to examine all of that detail, so it would be helpful if John O'Dowd supplied her with copies of the correspondence, so that she can have a full investigation. Dolores

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Kelly also has correspondence, and she wants to carry out a full investigation as to why there was a delay.

As John O'Dowd and Dolores Kelly are aware, most of the cottages are located in small settlements on the outskirts of Lurgan. They were constructed between 1908 and 1939, which is around the same time as other similar cottages throughout the North of Ireland were built. Various improvement works have been carried out over the years, but the Minister for Social Development accepts that they all require extensive renovations. There have been various delays in bringing this work forward since it was first approved by the board of the Housing Executive in 2006.

The scheme has been revised a few times since then, and it currently has a provisional start date of June 2010. Unfortunately, that is conditional on the resources being available and, as Members have already heard, there is no guarantee of that in the current financial climate. Indeed, as the Minister for Social Development said earlier, that uncertainty applies to more than just the 19 cottages in question.

The effects of the budget shortfall mean that every improvement scheme similar to this one is now subject to the same funding issue, and the Minister for Social Development knows that Members understand and appreciate that fact. It should also be understood that no mainstream government investment programme in any other Department has been decimated in the same way.

The Minister for Social Development takes on board what Dolores Kelly said about the possibility of funding and the rural development sphere. She will contact her ministerial colleague Michelle Gildernew (Sinn Fein) about those issues, and, because there are associated health and well-being issues, she will also contact the Minister of Health, Social Services and Public Safety. The Minister for Social Development wants to examine whether there are any possibilities for co-operation in that regard.

The Minister for Social Development makes no apologies for repeating her call to put the housing budget on a more sound and firm financial footing. Relying on the vagaries of the land and property

market alongside in-year quarterly bids is no way to fund long-term infrastructure programmes. The Minister acknowledged that the Assembly are all trying to grapple with that, and has come to the realisation that housing must be put on a different financial footing.

The Minister for Social Development assured the Assembly that she is not just sitting back, wringing her hands and hoping for more resources to come her way. Officials in the Department for Social Development's housing division have already been working very closely with their counterparts in the Housing Executive and the housing association movement to identify new and creative opportunities that could see some of the improvement programmes restarted. Dolores Kelly referred to the role of the housing associations and work on a particular scheme in Derry, which was the subject of some debate earlier. There is no doubt that others could be investigated.

The Minister for Social Development is very optimistic about the potential that such work creates, and she is very happy to get back to Members in the coming months, once the necessary approvals for those new proposals have been obtained.

The Minister for Social Development has touched on the various issues raised by John O'Dowd and Dolores Kelly. She is also conscious of the need to get other Departments involved, namely the Agriculture Department and the Health Department, she noted that a special case must be made for cottages throughout Northern Ireland. The Minister is quite happy to examine that issue and to pursue it with others, notwithstanding the fact that other Ministers and Departments are subject to the same financial constraints as me. However, DSD is different because its budget is predicated — like no other — on the income it can raise from land and house sales.

The Minister for Social Development trusts that Members across the Chamber, and particularly the residents of the dwellings in question, will understand why she cannot give them a definite date tonight for the start of the work that they have been promised for a long time. However, she can assure Members that she, along with her officials, will undertake an investigation into why the delay was so long, why

there has been such a history to the case and why there was little movement in the earlier stages.

Furthermore, she can undertake to conduct cross-departmental investigations to see if pots of money could be made available. Moreover, she can assure Members that the Department for Social Development will continue to explore financial innovation measures with housing associations to ascertain the possibility of creating alternative financial models for carrying out improvements to those types of houses. The Department for Social Development will get back to Members on those specific issues.

In the final analysis, there is only one solution among all the others that have been suggested. All the parties around the Executive table must agree that housing is too important to be a casualty of the economic downturn and that it must be put on a sound financial footing once and for all.

The Minister for Social Development thanked the Members for their contributions, and she will return to them at a later stage with more detailed answers. However, if Members can supply her with copies of pertinent correspondence, she will ensure that those issues are investigated.

## **C This Week's Assembly Business**

**Wednesday 25 November 2009**

### **Committee for the Office of the First Minister and Deputy First Minister**

Promoting Social Inclusion – Disability Strategy

### **Committee for Education**

#### **Items for Discussion: SEN and Inclusion Review**

Briefing from Northern Ireland Teachers' Council

Witnesses:

Seamus Searson - NASUWT

Mark Langhammer – ATL

Kevin Smyth – INTO

Audrey Stewart – UTU

Fern Turner - NAHT

**Thursday 26 November 2009**

### **Committee for Social Development**

Fuel Poverty – Assembly Research and Library Services Briefing

## **D Written Answers to Questions, Week Ending 20 November 2009**

### **EDUCATION**

#### **Positive Mental Health in Young Children**

Dawn Purvis (PUP) asked the Minister of Education what programmes are available for primary schools to promote positive mental health in young children. (AQW 2675/10)

Minister of Education: The Minister for Education believes strongly in promoting positive mental health for all our children and young people and that schools have a unique place in this task.

The revised curriculum, which is now in place in all year groups in all grant aided schools, has a very clear focus on raising standards in literacy and numeracy and on delivering a broad and balanced education that can stimulate and excite all young people. It has a very clear focus on developing skills as well as knowledge – including the skills that young people need to make healthy choices, to build self-confidence and self-esteem and to build constructive relationships.

Personal Development is an integral part of the revised curriculum, from primary level onwards. It supports our young people in better understanding mental health problems, including causes, prevention, and developing strategies to deal with any problems they, or someone they know, experience throughout their lives.

The Department of Education is also in the process of developing a Pupils' Emotional Health and Wellbeing Programme, initially to focus on the post primary sector. The Programme will address how a pupil's emotional health and wellbeing is promoted by the school, both through the curriculum and all other school activity, what support systems are available to support a pupil under stress and what support is available to a school in the event of a crisis.

The outcomes from this work are expected during 2010 and it is intended that much of the Programme will be capable of being implemented directly within the primary and special sectors.

## **EMPLOYMENT AND LEARNING**

### **Adults with Autism**

David Hilditch (DUP) asked the Minister for Employment and Learning to outline how his Department is assisting adults with autism to find suitable employment. (AQW 2522/10)

Minister for Employment and Learning: The Department for Employment and Learning has a range of programmes and services to assist people with disabilities, including those with Autistic Spectrum Disorder, find and keep suitable employment.

The Department runs the Pathways to Work programme to help people with health conditions and disabilities including those with Autistic Syndrome Disorder. The programme is delivered by specially trained Advisers who help new claimants on Incapacity Benefit and Employment and Support Allowance consider work options and provide help and support to seek and obtain work. This programme is open on a voluntary basis to those already in receipt of Incapacity Benefit. Pathways to Work eligible customers may also volunteer to participate in the Steps to Work Programme.

The Department's Disablement Advisory Service provides a range of employment programmes to meet the needs of individuals with disabilities, including Autistic Spectrum Disorder. These include Access to Work (NI), Workable (NI), New Deal for Disabled People, Job Introduction Scheme, Work Preparation Programme and Condition Management Programme.

The particular programme that is appropriate for each individual is discussed and agreed with a Pathways Personal Adviser based in local Jobs and Benefits Offices/Jobcentres across Northern Ireland.

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## **FINANCE AND PERSONNEL**

### **Funding to Charities, Community Groups and Voluntary Groups.**

Simon Hamilton (DUP) asked the Minister of Finance and Personnel what consideration he has given to having a more centralised, single audit system for funding granted by Departments to charities, community groups and voluntary groups. (AQW 2581/10)

Minister of Finance and Personnel: The work of the charity, community and voluntary sector (the third sector) is central to the development of communities and the delivery of better public services. DFP is committed to supporting partnerships with third sector organisations in a manner that is both proportionate and that ensures that public resources are correctly applied.

DFP has worked in partnership with the Department of Social Development (DSD) to support the delivery of Positive Steps, the Government's response to Investing Together: the Report of the Task Force on Resourcing the Voluntary and Community Sector. The implementation of Positive Steps has included a range of actions to improve the financial relationships between government and third sector organisations including the publication of Guidance to Funders and Purchasers issued under cover of DAO(DFP) 15/07 . In addition Chapter 7 (Annex 7.7) of Managing Public Money Northern Ireland (MPMNI) sets out the main principles and offered direction to other sources of guidance. DFP will continue to advise and support DSD's work with the third sector and in particular the work of the Joint Government / Voluntary and Community Sector Forum as it seeks to refine the relationship between government and the sector, including possible opportunities to rationalise the existing audit requirements in a manner that balances administrative burdens against the need to ensure that public resources are correctly and effectively applied.

Both the Guidance to Funders and Purchasers, and MPMNI are available from the publications section of the Accountability and Accountancy Services Division (AASD) website [www.aasdni.gov.uk](http://www.aasdni.gov.uk).

## **HEALTH, SOCIAL SERVICES AND PUBLIC SAFETY**

### **Services Available to People With Dyspraxia**

Mark Durkan (SDLP) asked the Minister of Health, Social Services and Public Safety (i) to outline the services available to people with dyspraxia in the Western Health and Social Care Trust area; and (ii) what planning and co-ordination exists between health and social care service providers and other agencies to deliver services to this group. (AQW 2227/10)

Minister of Health, Social Services and Public Safety: In the Western Health and Social Care Trust, following an assessment of their individual needs, people with dyspraxia are provided with services such as speech and language therapy, occupational therapy, and physiotherapy. Liaison takes place between Trust staff and external service providers as appropriate to help maximise outcomes and promote social inclusion for people with dyspraxia.

### **Front-line Services**

Raymond McCartney (Sinn Fein) asked the Minister of Health, Social Services and Public Safety what steps he is taking to ensure that front-line services will not be adversely effected by financial constraints in the Health Service, with particular reference to community care in the Foyle area. (AQW 2234/10)

Minister of Health, Social Services and Public Safety: Despite the ever-growing financial constraints in the Health Service it is obligatory for my Department and all Health and Social Care bodies to live within the resources available. Where trusts are required to develop contingency plans to achieve this requirement my priority in considering any such plans is to protect frontline services to the absolute maximum degree possible.

Like other health and social care trusts, the Western Trust is currently implementing a financial contingency plan to ensure financial break-even in 2009/10. I have excluded measures proposed that would have had a significant impact on services, and I am not aware of

measures that would adversely affect community care in the Foyle area.

### **Autistic Spectrum Disorder**

Sue Ramsey (Sinn Fein) asked the Minister of Health, Social Services and Public Safety what consideration he has given to making Autistic Spectrum Disorder (ASD) an officially recognised condition, in order to ensure a more fair and cost-effective distribution of resources to people diagnosed with ASD. (AQW 2390/10)

Minister of Health, Social Services and Public Safety: Health and social care services are provided on the basis of assessed need, irrespective of what condition or conditions the individual may have. ASD is widely recognised by our Health and Social Care Services and classified by the World Health Organisation as a neurodevelopmental disorder affecting communication, social interaction and behaviour.

### **Austistic Spectrum Disorder**

Sue Ramsey (Sinn Fein) asked the Minister of Health, Social Services and Public Safety (i) if he is aware that many facilities for respite care for people with learning disabilities are not suitable for people on the autism spectrum; and (ii) what action he will take to provide respite care suitable for people with Austistic Spectrum Disorder who do not have a learning disability. (AQW 2391/10)

Minister of Health, Social Services and Public Safety: Health and Social Care services are provided on the basis of individually assessed need and not on the basis of a particular disability. Whilst all Trusts may not have dedicated services specifically for people affected by autism spectrum disorder, they can and do accommodate many service users who are affected by autism. Trusts also contract with voluntary organisations to provide respite to those affected by autism spectrum disorder.

The Regional ASD Network is overseeing the implementation of the ASD Strategic Action Plan. This has been developed to identify, quantify and address any deficiencies in services to individuals of all

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ages affected by ASD, which includes the need for service redesign to improve ASD care.

### **Independent Review on Autism**

Sue Ramsey (Sinn Fein) asked the Minister of Health, Social Services and Public Safety why the minutes from the Independent Review on Autism are not made public. (AQW 2392/10)

Minister of Health, Social Services and Public Safety:

If held by the Department of Health, Social Services and Public Safety, the minutes of the Independent Review of Autism Services would be exempt from public disclosure under section 41 of the Freedom of Information Act (FOIA). Section 41 applies to information that has been obtained from another person and whose disclosure to the public would constitute an actionable breach of confidence.

### **Independent Review on Autism**

Sue Ramsey (Sinn Fein) asked the Minister of Health, Social Services and Public Safety how many meetings of the Independent Review on Autism were carried out in (i) public session; and (ii) private session. (AQW 2393/10)

Minister of Health, Social Services and Public Safety: Given that this was an Independent Review, it was left to the Chairman, together with members of the Independent Review Team to arrange how, when and in what circumstances, they would meet. It is my understanding, however that a wide range of individuals, carers and representatives from the voluntary and community, private and statutory sectors attended meetings, or met with the Independent Review Team as part of the process of preparing the Independent Review Team Report.

### **Regional Autism Spectrum Disorder Network**

Sue Ramsey (Sinn Fein) asked the Minister of Health, Social Services and Public Safety (i) when the Regional Autism Spectrum Disorder Network will have its first meeting; (ii) how often these

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meetings will take place; (iii) the projected annual cost of the Network; (iv) who has been appointed to this group; (v) how many sub-groups it will have; and (vi) who will sit on the sub-groups. (AQW 2394/10)

Minister of Health, Social Services and Public Safety:

(i) this took place on 20th April 2009

(ii) Project Board meets quarterly, Trust fora meetings are every 2 months, sub groups meet monthly,

(iii) no costs, other than administrative cost of £17.5k annually for initial establishment and continuing administrative support

(iv) representation from the Public Health Agency, Health and Social Care Board, each Health and Social Care Trust, ASD Diagnosticians Forum, individuals with ASD, parents, carers, voluntary sector representatives, Department for Social Development, Department of Education, Education Library Board, Department for Culture Arts and Leisure, Department for Employment and Learning, DHSSPS, Patient Client Council, other relevant Statutory Agencies as required, other representatives to be co-opted / identified as required

(v) 4 network sub groups

(vi) relevant stakeholders from (iv) above

### **Review of Autism Services Group**

Jennifer McCann (Sinn Fein) asked the Minister of Health, Social Services and Public Safety to detail the membership of the Review of Autism Services group, and its terms of reference. (AQW 2416/10)

Minister of Health, Social Services and Public Safety: This information was published in a press release in September 2007, and is available on the Departments website at

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<http://www.northernireland.gov.uk/news/news-dhssps/news-dhssps-september-2007>

## **Review of Autism Report**

Ms Jennifer McCann (Sinn Fein) asked the Minister of Health, Social Services and Public Safety to outline how his Department intends to take forward the recommendations outlined in the Review of Autism report. (AQW 2417/10)

Minister of Health, Social Services and Public Safety: The recommendations of the Independent Review of Autism Services along with evidence from other relevant research was taken into account in the development of the ASD Strategic Action Plan 2008/09 – 2010/11 which was published in June 2009.

## **Deafblind Children and Adults**

Mark Durkan (SDLP) asked the Minister of Health, Social Services and Public Safety, regarding the identification and assessment of deafblind children and adults, to outline (i) what specific duties are placed on statutory health and social care bodies and agencies; and (ii) how these duties are currently fulfilled by each body or agency. (AQW 2450/10)

Minister of Health, Social Services and Public Safety: (i) A number of legislative instruments are in place to ensure Health and Social Care Trusts identify and assess the individual needs of all service users with a disability, including those with dual sensory loss. Examples of legislation include: the Chronically Sick and Disabled Persons (NI) Act 1978; the Disabled Persons (NI) Act 1989; the HPSS (NI) Order 1991; the Carer's and Direct Payments Act (NI) 2002; the HPSS (Quality Improvement and Regulation) N.I Order 2003; the Disability Discrimination (NI) Act 1995; the Human Rights Act 1998; and the Children (Northern Ireland) Order 1995.

(ii) Each Health and Social Care Trust has a dedicated sensory support service, which provides those who may have dual sensory loss with an individual assessment of their hearing and sight loss. Based on their identified needs, a range of services may be provided,

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including the installation of equipment to promote independent living, rehabilitation training, emotional support, information, advocacy, direct payments and support and assistance to carers.

## **REGIONAL DEVELOPMENT**

### **Door-to-Door Transport Scheme**

Brian Wilson (Green Party) asked the Minister for Regional Development if he would extend the catchment area for the Bangor Door-to-Door Transport Scheme to include the Ulster Hospital, Dundonald. (AQW 2331/10)

Minister for Regional Development: The Minister for Regional Development has no plans to extend the Bangor catchment area.

Door-to-Door transport is an urban based scheme designed to allow members to access local services and facilities. Trips outside the catchment area are allowed in limited circumstances but to include the Ulster Hospital in the Bangor catchment area could mean a vehicle being out of the current operational area for a long period of time thus reducing the availability of the service.

The Minister understands that Translink operate a regular bus service between Bangor and the Ulster Hospital using fully accessible vehicles.

## **SOCIAL DEVELOPMENT**

### **Home Improvement Grants Scheme**

Naomi Long (Alliance) asked the Minister for Social Development, when the finance becomes available to reopen the Home Improvement Grants scheme, if she will consider prioritising applications on the basis of urgency, rather than on a first come first served basis. (AQW 2352/10)

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Minister for Social Development: The Housing Executive currently has in place a system to deal with those cases where it becomes apparent that exceptional circumstances exist, such as an imminent and significant health and safety risk, and these cases are already permitted to progress their grant. The Housing Executive has carefully considered the best course of action should additional funding become available and concluded that the fairest most equitable method would be to proceed on a date order basis. Should additional funding becoming available, the Housing Executive intends to prioritise those cases where statutory applications had been refused because of a lack of funding ("Category 1" cases ) over those cases which had been cancelled at the Preliminary Enquiry stage which had not reached application stage ("Category 2" cases). The Housing Executive will first contact the Category 1 cases to advise them accordingly and any applications arising out of those cases will be processed to approval stage in strict date order. Then, if funding is still available after the processing of any Category 1 cases, the Category 2 cases will be contacted in strict date order of receipt of the original preliminary enquiry, and up to the level that the additional funding will permit.

### **Incapacity Benefit**

Fra McCann (Sinn Fein) asked the Minister for Social Development how many people are currently in receipt of incapacity benefit, broken down by (i) parliamentary constituency; (ii) gender; (iii) age; and (iv) community background. (AQW 2449/10)

Minister for Social Development: Data relating to 'community background' cannot be extracted from statistics and is therefore not available. All other information requested is set out in the attached tables.

Table 1: Incapacity Benefit customers by Parliamentary Constituency

<b>Parliamentary Constituency</b>	<b>No. of customers</b>
Belfast East	4198
Belfast North	7560

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Belfast South	4350
Belfast West	8430
East Antrim	4027
East Londonderry	5035
Fermanagh and South Tyrone	4581
Foyle	8992
Lagan Valley	4277
Mid-Ulster	5454
Newry and Armagh	6418
North Antrim	5375
North Down	3193
South Antrim	4442
South Down	6025
Strangford	4382
Upper Bann	6773
West Tyrone	6543
Unallocated postcode*	728
<b>Total</b>	<b>100,783</b>

Table 2: Incapacity Benefit customers by gender

<b>Gender</b>	<b>No. of customers</b>
Female	42,211
Male	58,572
<b>Total</b>	<b>100,783</b>

Table 3: Incapacity Benefit customers by age group

<b>Age group</b>	<b>No. of customers</b>
24 and	3432

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under	
25-29	4710
30-34	5873
35-39	8877
40-44	12,483
45-49	15,527
50-54	17,271
55-59	19,484
60+	13,126
<b>Total</b>	<b>100,783</b>

\* In producing this analysis, individual records were attributed to Parliamentary Constituencies on the basis of their postcode. Not all records can be correctly allocated using this method and some cannot be allocated at all. Past investigation has demonstrated that mis-allocations and non-allocations do not necessarily occur randomly between areas. At present, it seems likely that a higher than average proportion of the records that cannot be attributed are in Fermanagh District Council, Derry District Council and parts of Belfast City Council areas.

### **Housing Executive Tenants with Disabilities**

Naomi Long (Alliance) asked the Minister for Social Development what measures she is taking to ensure that Housing Executive tenants with disabilities are able to avail of the appropriate housing adaptations. (AQW 2461/10)

Minister for Social Development: The disabled adaptations service is a demand led service. If an adaptation is required the Occupational Therapist will make a recommendation to the Housing Executive (District, Area, or Grants Office) or Housing Association. Upon recommendation of an adaptation by an Occupational Therapist, the Housing Executive will, in relation to any individual, carry out such works of adaptation to their home as are necessary to meet any duty which is owed to that person by the Department of Health, Social Services and Public Safety within the relevant legislation.

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## **Adults with Autism**

David Hilditch (DUP) asked the Minister for Social Development what procedures are in place to assist adults with autism to access and claim the benefits to which they are entitled. (AQW 2523/10)

Minister for Social Development: The Department for Social Development recognises the need for all customers to receive the best possible support to enable them to claim those benefits to which they are properly entitled. As part of its day to day business, the Social Security Agency provides a range of services to ensure that people are advised of their potential entitlement to benefit. These include outreach services, promotional activity, publication of leaflets, information on the Departmental website and advice provided directly by the Agency's front line offices. Individuals with autism may be entitled to claim a range of benefits and the Agency offers a variety of channels to help those with differing personal needs claim benefit. These include a telephony service, the opportunity for a nominated representative to be appointed to engage on behalf of a customer, and a face to face service, including the provision of home visiting where appropriate, for any vulnerable customers who need advice or assistance with claims completion. Some claim forms have also been redesigned and simplified in consultation with voluntary sector interests.

The Agency provides mandatory training in dealing with customers who have a disability to all relevant frontline benefit staff. The Agency has also engaged with the National Autistic Society to ensure that the needs of individuals with autism are fully understood. Additionally, doctors who carry out medical examinations on behalf of the Agency have received extensive training, part of which specifically deals with autistic spectrum disorder.

The Agency has undertaken a proactive benefit uptake programme which, since 2005, has resulted in £27 million pounds of additional annual benefit being paid to people across Northern Ireland. To assist vulnerable people to live as independently as possible, my Department also provides general advice and information, including

benefit entitlement advice, through the Supporting People programme.

### **NI Housing Executive Tenants with a Disability**

Peter Weir (DUP) asked the Minister for Social Development what action she is taking to address the lack of facilities for NI Housing Executive tenants with a disability in the North Down area. (AQW 2569/10)

Minister for Social Development: Upon recommendation of an adaptation by an Occupational Therapist (OT), the Housing Executive will, in relation to any individual, carry out such works of adaptation to their home as are necessary to meet any duty which is owed to that person by the Department of Health, Social Services and Public Safety within the relevant legislation.

As the disabled adaptation service is a demand led service the budget is allocated on an area basis and not by District Office. Details of the Housing Executive's programme of disabled adaptations for the North Down Council Area for the current financial year 2009/10 to date are detailed below.

#### **ADAPTATIONS SPEND**

<b>North Down Council Area</b>	<b>2009/10 Spend</b>
Extensions	104,000
Lifts	2,000
Heating	19,000
Showers	8,000
Others	33,000
<b>Total</b>	<b>166,000</b>

## **Disability Living Allowance Appeal**

Simon Hamilton (DUP) asked the Minister for Social Development how many times a determination on a Disability Living Allowance appeal has not been given to the appellant on the day of the appeal and was posted to them at a later date in each of the last 5 years. (AQW 2632/10)

Minister for Social Development: The information requested is not available in relation to how many times a determination on a Disability Living Allowance appeal has not been given to the appellant on the day of the appeal.