NICCY Summary: Written Assembly Questions week ending 8 May, 2015

Extended Schools Programme

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| AQW 45366/11-15 | Mr Fearghal McKinney  *(SDLP - South Belfast)* | To ask the Minister of Education for a timeframe as to when the extended schools programme will be allocated for schools as part of the 2015/16 budget. ***[Priority Written]***  The 2015-16 Extended Schools allocation letter issued to the Education Authority on 6 May 2015. The letter, and accompanying Annexes, provides details of individual funding allocations available to qualifying schools. |

Legal highs in the South Eastern Health and Social Care Trust

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| AQW 44725/11-15 | Mr Alex Easton  *(DUP - North Down)* | To ask the Minister of Finance and Personnel how many people have died from the misuse of legal highs in the South Eastern Health and Social Care Trust, in the last two years.   Legal highs are defined as substances that mimic the effects of illegal drugs but are structurally different enough to avoid being classified as illegal substances under the Misuse of Drugs Act.  Death certificates, for the South Eastern Health and Social Care Trust that were registered in 2012 and 2013, were examined to determine if the recorded cause of death text included a reference to New Psychoactive Substances1 that were legal during this time. None were found to mention these substances.  It should however be noted that drug related deaths are referred to the Coroner’s Service and thus there is usually a period between when a death occurs and when it is registered. As a result, drug related deaths that occurred in 2012 or 2013 may not have been registered during these  years. Finalised mortality data for the 2013 registration year are the latest available. Finalised data for 2014 will be available in Summer 2015.  1 Methylphenidate based New Psychoactive Substances including ethylphenidate, dichloromethylphenidate, methylnaphthidate, isopropylphenidate and propylphenidate, and dimethocaine and salvia divinorum. |

How many patients have sought medical help for the misuse of legal highs in each of the last five years

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| AQW 45229/11-15 | Mr Peter Weir  *(DUP - North Down)* | To ask the Minister of Health, Social Services and Public Safety how many patients have sought medical help for the misuse of legal highs in each of the last five years.  Information on the number of people who have sought medical help for the misuse of legal highs is not collected, and could only be provided at disproportionate cost. |

Update on adoption legislation

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| AQW 45201/11-15 | Mr Basil McCrea  *(NI21 - Lagan Valley)* | To ask the Minister of Health, Social Services and Public Safety for an update on adoption legislation.   A draft Bill has been prepared and a Third Draft Executive paper, seeking agreement to consult, is being considered by Executive colleagues. |

Savings from merging the proposed mental health and suicide prevention protect life 2 strategy

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| AQW 45107/11-15 | Mr Fearghal McKinney  *(SDLP - South Belfast)* | To ask the Minister of Health, Social Services and Public Safety to detail his Department's projected savings from merging the proposed mental health and suicide prevention protect life 2 strategy.   There are no projected savings from merging mental health promotion and suicide prevention within one strategy. Suicide prevention and mental health promotion services are already commissioned and delivered by the Public Health Agency within a single Thematic Action Plan for Mental and Emotional Wellbeing and Suicide Prevention. |

Waiting times for children's autism diagnosis

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| AQW 45073/11-15 | Mr Fearghal McKinney  *(SDLP - South Belfast)* | To ask the Minister of Health, Social Services and Public Safety to detail the action his Department is taking to alleviate the waiting times for children's autism diagnosis in the Belfast Health and Social Care Trust.   The HSC Board is working with Belfast HSC Trust (and all HSC Trusts) to develop a new standard operating model which will focus on developing early intervention teams and seek to integrate and align autism services with other child development and young people’s mental health services.  It is anticipated that, in the medium to longer term, this will help in the development of new ways of working with a view to improving access to a timely assessment and diagnosis. |

Children in Foyle currently entitled respite care

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| AQW 44925/11-15 | Mr Pat Ramsey  *(SDLP - Foyle)* | To ask the Minister of Health, Social Services and Public Safety how many children in Foyle are currently entitled to respite care due to a disability.   The information requested is not available and could only be provided at disproportionate cost. |

Referrals for assessment for an autism spectrum disorder

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| AQW 44750/11-15 | Mr Steven Agnew  *(GPNI - North Down)* | To ask the Minister of Health, Social Services and Public Safety to detail (i) the number of referrals for assessment for an autism spectrum disorder; and (ii) the total number of suitably qualified and trained staff employed to undertake referrals in the Northern Health and Social Care Trust, in each of the last four years.   (i)The number of referrals received by the Northern Health and Social Care (HSC) Trust for assessment for Autism Spectrum Disorder (ASD) are detailed in Table 1 below.  **Table 1: The number of assessments for ASD received by the Northern HSC Trust at year ending 31st March in each of the previous four years**   |  |  |  |  | | --- | --- | --- | --- | | **Year** | **No. of Children Referred** | **No. of Adults Referred** | **Total No. of Referrals** | | **2012** | 650 | 15 | **665** | | **2013** | 654 | 62 | **716** | | **2014** | 849 | 64 | **913** | | **2015** | 1,006 | 94 | **1,100** |   Source: Northern HSC Trust  Note: These figures have not been validated by the Department  (ii)The total number of suitably qualified staff employed to undertake referrals for ASD in the Northern HSC Trust are detailed in Table 2 below.  **Table 2: The number of suitably qualified and trained staff employed to undertake referrals for ASD at 31st March, in each of the last four years**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Year** | **Children** | | **Adult** | | |  | **Headcount** | **WTE** | **Headcount** | **WTE** | | **2012** | - | - | 4 | 0.4 | | **2013** | - | - | 6 | 0.625 | | **2014** | - | - | 6 | 1.125 | | **2015** | 11 | 4.8 | 7 | 1.225 |   Source: Northern HSC Trust  Note: These figures have not been validated by the Department; The Northern HSC Trust was unable to provide figures for 2012 – 2014 for staff employed to undertake referrals of children for ASD, figures for these years recorded by the Trust excluded the medical input which was not dedicated resource at the outset but was part of the core service. Therefore recorded figures for these years are not directly comparable with current figures. |

Waiting times for ADHD diagnosis and assessment

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| AQW 44723/11-15 | Mr Fearghal McKinney  *(SDLP - South Belfast)* | To ask the Minister of Health, Social Services and Public Safety for a breakdown of the waiting times for (i) the diagnosis; and (ii) initial assessment of children with Attention Deficit Hyperactivity Disorder, broken down by Health and Social Care Trust, in the last three years.   The waiting times for a diagnosis for Attention Deficit Hyperactivity Disorder (ADHD) can vary dependent upon the needs of each individual child or young person. Also, a diagnosis of ADHD can be a process rather than a single event which can occur over a series of appointments or various assessments/observations. Waiting times for an ADHD diagnosis is therefore not available. Health and Social Care (HSC) Trusts are required to follow the National Institute for Health and Care Excellence (NICE) guidance to ensure that the assessment process is comprehensive, inclusive and detailed.  Table 1 below details the waiting times for an initial assessment for ADHD in each of the last three years by HSC Trust area.  **Table 1**   |  |  |  |  | | --- | --- | --- | --- | | **HSC Trust** | **Year** | | | |  | **2012/13** | **2013/14** | **2014/15** | | **Belfast** | 27 weeks | 48 weeks | 13 weeks | | **Northern** | >13 weeks | 9-13 weeks | 9-13 weeks | | **South Eastern** | - | - | 6 weeks A | | **Southern** | The Southern Trust state that all children referred to either the Community Paediatric Department or to the Child/Adolescent Mental Health Service are seen within nine weeks | | | | **Western** | 16 weeks | 9 weeks | 9 weeks |   **Source: HSC Trusts**  Please note that the information detailed in this table has not been validated by the Department;  A This information has been taken from the date the professional seeing the child judges that the child is going forward for assessment rather than the date of referral from the GP/other source. The South Eastern Trust did not provide figures for 2012/13 or 2013/14. |