



Pensioners' Parliament 2021

Friday 17 September 2021

Contents

Welcome and Opening Remarks	1
Oral Answers to Questions	
Health	2
Communities	11
Executive Office	15
Infrastructure	17
Closing Remarks	19

Pensioners' Parliament

Friday 17 September 2021

The Pensioner's Parliament met at 2.00 pm (Mr Speaker in the Chair).

Members observed two minutes' silence.

Welcome and Opening Remarks

Mr Speaker: As the Speaker of the Northern Ireland Assembly, I am delighted to host this event and to welcome you all officially to Parliament Buildings and the 2021 Pensioners' Parliament.

This is the first external event that we have been able to hold in the Assembly Chamber since COVID regulations were relaxed, and I hope that it will lead the way for other organisations to participate in similar Parliaments over the coming year.

The Assembly and my predecessors have always been very keen to support the work of the Pensioners' Parliament, which was first hosted in the Senate Chamber in 2011. Therefore, this is your tenth anniversary. Congratulations.

It is so important that we ensure that the voices of older people are heard loudly on all the issues that matter to them. The Assembly makes laws for everyone. Therefore, it is essential that there are ways for all sections of our community to have their say. As an Assembly, it is important that we provide ways for people to effect change, and I know that many of you are more than ready to voice your opinion and have plenty to say. I only heard a little bit of that earlier in the corridors. I do not doubt that, as representatives of the older people in our community, you will challenge the individual Ministers to answer your questions and address the issues that concern and affect you.

Before we move to the formal proceedings, I invite Linda Robinson, the chief executive of Age NI, to say a few words of welcome and to briefly set out the context for the issues that will be raised by the Pensioners' Parliament today.

Ms Linda Robinson (Age NI): Thank you, Mr Speaker. Good afternoon. I welcome everyone to the Age NI Pensioners' Parliament 2021. We are delighted to be one of the first groups since the pandemic to be able to use this

wonderful Building. It is a great and wonderful occasion for us all to gather once again.

This is a very important event for us in Age NI, as the voices and views of older people have always been central to who we are and what we do. We were delighted to respond positively to the invitation from the Age Sector Platform to run the Pensioners' Parliament in 2020. I am delighted to be able to share this moment with my colleague Michael Monaghan, who has worked tirelessly, along with his colleagues, for the rights of older people across Northern Ireland. We are delighted to be here, and our team at Age NI has pushed as much as we can to deliver this either in person, as you see, or virtually, as you will hear later on. Thank you, Mr Speaker, for including the Pensioners' Parliament as part of the Northern Ireland centenary events that are planned throughout this year.

We are living in an ageing society, and it is more important than ever that we listen to older people and reflect on the key issues that matter to them so that we can build a better future for all of us as we age. Of course, we must recognise the very difficult circumstances that the past 18 months have presented for us all. Older people, children and families right across all our communities have had to endure so much heartbreak and pain and this, of course, as we hear, continues. It is vital that we get transformation right, not just in health and social care (HSC), but, as you will hear, in our work, in our economy, education and transport; all areas that affect our lives.

As we move forward, we will meet many challenges but also opportunities. There is work for everyone to do to ensure that we are engaged in that change for our government, businesses and civil society. You can count on the part and role that older people will want to play in that. As you will see and hear today, they are ready.

Thank you for coming. I hope that we will all be able to engage in the work going forward. Thank you, Mr Speaker.

Mr Speaker: Thank you. I call Mr Micheal Monaghan, the regional organiser for the National Federation of Occupational Pensioners (NFOP).

Mr Michael Monaghan (National Federation of Occupational Pensioners): Thank you, Mr Speaker. If you are wondering what the NFOP is, I look after Royal Mail, Post Office and BT pensioners in Northern Ireland.

I am pleased to join Linda in welcoming all of you to the 2021 Age NI Northern Ireland Pensioners' Parliament. Whether you are joining us in the Chamber or online, you are most welcome. If you are joining from your home, I hope that you feel as much a part of the event as if you are here at Stormont.

I welcome our Ministers to the event, and I thank the Age NI team and the Stormont Engagement team, who have worked assiduously to make this event possible.

Former Speaker Lord Hay was a great supporter of the Pensioners' Parliament, as indeed have been his successors in office. When he addressed the Pensioners' Parliament in 2013, he said:

"the Pensioners' Parliament is a real example of participatory democracy in action".

That is why this event is such an important and crucial event for older people.

Our politicians deliver for us, and we are pleased that the voices of older people from across the Province will be heard at the heart of government today by engaging directly with Ministers on the issues that you raised in the Lived Experience survey.

I trust that you will find the Pensioners' Parliament informative, that it will raise the concerns that are important to you and that it will empower and encourage you to continue to engage on the issues with your parliamentary representatives. I trust that you will enjoy the event.

Mr Speaker: Thank you, Mr Monaghan.

Oral Answers to Questions

Health

Reform of Adult Care and Support: Progress

1. Mr David Trelford asked the Minister of Health to outline the progress made by his Department on the reform of adult care and support, including the implementation of 'Power to People' recommendations and addressing the increasing need for support arising from the impact of the pandemic.

Mr Swann (The Minister of Health): First, thank you for the opportunity to address the Pensioners' Parliament. It is vital that everyone in society has the opportunity to have their voice recognised and their concerns heard. This forum provides a welcome opportunity for that.

As Minister of Health, I recognise the devastating impact that the pandemic has had, particularly on those in the older section of our society, their families and those who care for them. I welcome the opportunity to address some of your concerns today.

I will address the specific question on the proposals in the 'Power to People' report. The 'Power to People' report identified a number of priority areas, including a call for the improvement of the conditions for the social care workforce, as well as an appraisal of the market of care and the true cost of providing care and support.

Those proposals were synthesised and distilled into six strategic work priorities for the reform of adult social care. The first was a valued workforce. The staff who work in social care will be valued, competent and resilient. As many will know, all three of those abilities have been greatly challenged over the past 18 or 19 months. The second priority related to individual choice and control to ensure that individuals have control over decisions affecting their social well-being and their care and support needs. The third priority related to prevention and early intervention, with a renewed focus on prevention and early intervention to support people to achieve their own social well-being. The fourth priority was about supporting carers. Carers will be supported in their caring duties and entitled to support in their own right. The value of our carers should not be underestimated, as shown during the past 18 months. The fifth priority was about the primacy of the home. The purposes of adult social care, including

group care services, are to support citizens to live well in their own homes, connected to their families, social networks and communities, and to provide that maximum control and choice over their daily living arrangements and their care and support provision. The sixth priority was sustainable system-building, in order to build a stable, sustainable adult social care system.

'Power to People' is a far-reaching report and a complex area of policy development, with reach across the entire adult social care system. My officials are now finalising advice that will be brought forward for my consideration, and it is anticipated that my Department will launch the public consultation on the reform of social care in Northern Ireland later this year.

I acknowledge that the impact of the pandemic has been felt in areas across our society. Support has been provided across a wide range of areas in health and social care, including additional funding for COVID-related costs, additional support for staff recruitment and the development of guidance, as well as providing practical support to individuals and their carers through guidance, the introduction of a carer ID card and a number of other measures.

Throughout the pandemic, my Department has worked to ensure that support is provided to all areas of society, including our older population. As Minister of Health, I will continue to assess the situation to ensure that individuals who require care or support receive it when they need it.

Mr Trelford: In Age NI's Lived Experience 2021 survey, older people said that there needed to be a thorough review of the social care system. We need a system that is high quality, adequately resourced and available to everyone who needs it. We want social care that people can rely on and that is rights-based and delivered by valued care workers.

What has the Minister done, for example by developing a career pathway, rewarding with decent salaries and offering professional development and better working conditions, to recognise, reward and value the social care workforce?

Mr Swann: I thank the Member for his supplementary question. He touches on the crux of our social care system: the people working in it. The people who work across the entirety of our health service make our health service.

Coming into this role, I was aware of the challenges and the changes that we needed to make to improve terms and conditions and support for the people who were already working in our social care system. As I said, over the past 19 months, we — and the people of Northern Ireland — have realised the value of not just those who work in social care but those who work in our healthcare system, a system of care and support that has often been left in the shadows. At, I think, a Health Committee meeting, I referred to our social care workforce as the Cinderella service, because it was seen only by those who needed it and the care workers were left to do the most challenging work that no others wanted to do. This may sound strange, COVID presented us with an opportunity to bring that workforce forward, to recognise and value it and to put a structure around it to reflect that.

Since coming into post, I have started to implement programmes that provide invaluable training and career pathways for our social care workforce. For example, I created places to enable social care workers to train on the Open University degree course in social work, and I have made provision for the My Home Life programme through the social care workforce strategy. The Northern Ireland Social Care Council has brought forward a public awareness campaign to promote the recognition and value of social care, and it has progressed other significant pieces of support that complement the reform proposals on valuing the social care workforce.

On 4 May this year, I announced plans to establish a social care fair work forum specifically to support and develop Northern Ireland's social care workforce. My intention is to task the new body with developing proposals to improve terms and conditions and career prospects for social care staff. The intention was also to assist the sector to recruit, develop and retain committed, skilled and well-motivated workers and to provide a voice for a workforce that, as I said, often feels marginalised and ignored. It is anticipated that the forum will include representatives from our health and social care system bodies, social care employees and employers, trade unions and other key stakeholders. It is also my hope that the forum will create a more collaborative approach between employers, staff, representatives and the health and social care system to address workforce issues and develop examples of good employment practice, because we are seeing a gap in the number of people whom we need to employ in that vital service. It is about what we can do as

a Department to make sure that we promote health and social care as a place where people want to come to work, where, if they come to work in the sector, they feel supported and empowered, and where those who want to see a career pathway have the opportunity to pursue it.

Carers: Practical Support

2. Ms Jean Haveron asked the Minister of Health how his Department is addressing the urgent need to ensure that breaks and practical support are available to carers across Northern Ireland.

Mr Swann: I thank the Member for her question. It is a topic that has been raised numerous times by MLAs and in the Health Committee.

I am acutely aware that the reduced provision of adult day care and short breaks has placed a significant burden on carers, especially over the past 18 months. I take this opportunity to extend my gratitude to families for the role that they played in keeping their loved ones safe and responding to the emerging needs that arose from the pandemic.

2.15 pm

In order to adhere to public health guidance, services are being provided, albeit at a reduced level. Specifically, adult day care for vulnerable adults has been limited due to social-distancing requirements and short breaks options have been limited significantly by self-isolation requirements in some care homes. Given the reduced level of provision, access to those services is being determined through a prioritisation of need, risk of placement breakdown or safeguarding concerns. I engaged with the trusts to ensure that they offered a range of alternative services to meet the assessed needs of service users and carers. Additionally, direct payments offer service users and their families an alternative to trust services that have been stood down or reduced as a cost and result of COVID-19.

Families have made it clear that those services must be restored to pre-pandemic capacity. Therefore, I asked the Chief Social Worker to task the Public Health Agency (PHA) with undertaking a review of infection, prevention and control guidelines. That review aimed to identify a clear pathway to restore day care, short breaks and HSC transport. Aligned to that review, the Chief Social Worker asked trusts to urgently review their reset and

recovery plans and to assess what innovative or alternative measures they can put in place while day centres and short breaks are being provided at a limited capacity due to the pandemic.

Ms Haveron: I think that the Minister answered some parts of my question already, but I will proceed. Family carers have said that they felt forgotten, ignored and not a priority during the pandemic. The reduction in the level of support for carers means that they are providing more care than before. Can the Minister provide assurance that carers, as part of a co-design process, will be involved in the development of effective responses to meet their increased need for support?

Mr Swann: I thank the Member for her supplementary question. If she has watched this place when it sits, she will know that just because somebody has already heard the answer to a question, it usually does not mean that two or three of them will not ask it again. Sometimes, they think that I might give a different answer, but they are usually left short-changed.

The Member raised a very important point about co-design and co-production. On commissioning that piece of work from the PHA and that review of adult centres and short breaks, I made it clear that they must be informed by the views of all the relevant stakeholders and should seek to replicate the approach to restoring care home visitation that the Patient Client Council facilitated for us.

The Patient Client Council facilitated direct engagement with families throughout the review, and an engagement panel of 20 families was established to guide the development of a framework to safely restore those services. My officials met families directly to enable carers to influence and shape the policy formulation and to inform the decision-making process so that it meets the needs of the people who use and benefit from those services.

Additionally, the review has been informed by the Patient Client Council-led carer survey. It surveyed nearly 100 families to better understand their views on how services can be restored safely, because there is no point in us restoring a service that is not safe from the point of view of practitioners or users. It is about ensuring that the services that we restore meet demand and need safely.

In the longer term, my departmental officials will continue to build on the relationships that

we established through the Patient Client Council's carers panel so that we can provide a platform to influence how those services are developed, commissioned and restored.

Older People: Frailty Levels

3. Ms Emily Gill asked the Minister of Health to outline the measures his Department is taking to address current and future increases in levels of frailty experienced by older people.

Mr Swann: I thank the Member for her question. This group will be well aware that the older population in Northern Ireland is increasing year-on-year. That comes with the responsibility, and requirement, to ensure that older people's needs are not just recognised but addressed.

Frailty, although not exclusive to older people, is known to increase risks to that social group. With that in mind, I recognise the necessity to address frailty, looking at preventative measures as well as supportive measures. The Northern Ireland Frailty Network was established in March 2019. It comprises 600 members from 80 organisations, and others from the Republic of Ireland and Great Britain. It is led by my Public Health Agency, and the involvement of older adults in that work is supported by Age NI.

We are well aware that frailty can lead to poorer outcomes for older adults. Those include the risk of hospitalisation, falls, loss of the activities of daily living and premature mortality. It is evident that lockdown measures and shielding have resulted in high levels of deconditioning, isolation and loneliness. Those result in accelerated ageing and the progression of frailty.

The Frailty Network's priorities consider four main areas. The first is the indirect impact of COVID-19, particularly on accelerated ageing and the progression of frailty. Secondly, frailty should be identified on first contact with older adults. The third area is the management of frailty. Health and social care services should offer clear and appropriate assessment processes and pathways for older adults living with frailty. The fourth area, which is one of the most important from our point of view, is the education of our workforce.

Our workforce comprises formal and informal caregivers across a range of disciplines and sectors. All involved in the delivery of care for older people living with frailty should receive appropriate training. Whilst it is clear that the term "frailty" involves much more than physical

well-being, it is recognised that physical well-being plays a substantial role in the prevention and reversal of frailty. Therefore, I welcome the Public Health Agency's launch of the physical activity and older people's online resource. That was launched during Active Ageing Week, which is coming up on 4 October. That may be something that we can promote again through the Assembly.

My Department has a number of actions within the Department for Communities, with an active ageing strategy that aims to improve the well-being of older people. The strategy includes actions focused on mitigating the medium- to longer-term effects of COVID-19 on the older population. My Department and Minister Hargey's Department work with each other on that.

The health and social care trusts have been conducting assessments on the needs of older people. They will give consideration to the full range of needs so that older adults are supported to have the best quality of life. That includes access to the right support at the right time, with the aims of prevention and early intervention by the right service. Older people who require community care provision can have their needs met by the reablement service or a range of services delivered under the self-directed support option.

Ms Gill: The Age NI 'Lived Experience 2021' report stated that advanced care planning and end-of-life care are important. What progress has been made on taking forward and implementing a policy on advanced care planning?

Mr Swann: I thank the Member for her supplementary question on what is a crucial topic, especially in regards to where we have been over the past 19 months. To understand people's needs and asks, we need to have some of those conversations not just within the Department or the Assembly but in families.

My Department is developing an advanced care planning policy for adults in Northern Ireland. Advanced care planning is the umbrella term that covers personal, clinical, legal and financial planning, so it enables a person to think about what is important to them but also allows them to plan for their future. Advanced care planning is important for every adult at any stage of life, and, ideally, it should happen long before any crisis or serious illness. The draft advanced care planning policy aims to support a person to have that greater choice and control over their decisions, and that includes plans for their future care

and treatment. The ambition of the policy is to normalise advanced care planning conversations and to provide all adults in Northern Ireland with regular opportunities to express their wishes, feelings and beliefs but also their values in relation to advanced care planning, which will then be reflected in the care and support or treatment that they receive.

We have sought to engage as broadly as possible during the development of the draft advanced care planning policy, and our stakeholders have included those with lived experience, carers, community and voluntary organisations, people in research and academia, health and social care professionals and their representative bodies and the health and social care organisations. There are two stages of early engagement with stakeholders to inform and shape that policy development. Those engagements have been conducted based on the principles of inclusiveness and accessibility. The phase one engagement took place between December 2020 and February 2021. During that phase, 40 engagement sessions were held with a wide range of sectors, organisations and individuals. The phase two stakeholder engagement consisted of five online webinars, which were attended by approximately 200 individuals.

It is anticipated that the advanced care planning policy will be issued for public consultation early in the autumn. I would encourage and welcome responses to that consultation process because the implementation of advanced care planning policy will be supported by operational guidance, education and training and public messaging so that we can start a safe space for individuals and families to have those conversations.

COVID-19: Impact on Care Homes

4. Mr Tony Cluskey asked the Minister of Health, given the need to rebuild confidence and assure older people that experiences during the pandemic will not be repeated, to outline the measures his Department is taking to review the impact of COVID-19 on care homes, including on staff, residents and their families.

Mr Swann: I thank the Member for his question. This issue is one of the greater challenges that we have faced over the past 19 months of the pandemic. As we are fully aware, COVID-19 has presented the world with one of the greatest public health challenges that it has faced in many decades,

impacting unimaginably on our lives, particularly on those who live in care homes, their families and those who work in care homes. The approach to managing the pandemic has meant that many difficult requests have been made of the public on access to health services and those care provisions. That has been identified through our visitor access to nursing and residential care homes during, what still are, unprecedented times.

There are particular challenges that care homes have faced in trying to protect residents from outbreaks of infection whilst trying to ensure that they can maintain contact with their loved one. I recognise the need for residents and their loved ones to have meaningful connections; however, the need to strike a balance has always been at the forefront of our decisions. Protecting residents was, and remains, a priority as it became very clear very quickly how devastating coronavirus outbreaks in care homes could be.

My Department has provided a range of measures to support the care home sector, including staff, residents and their families. That has included financial support for additional costs associated with supporting visiting and care partners, provision of enhanced sick pay for core staff and funding additional training costs for staff.

2.30 pm

We took a number of steps with regard to testing. Northern Ireland actually moved before other parts of the United Kingdom to increase testing in care homes. We did that from 27 April 2020. Since August 2020, a comprehensive programme of regular PCR testing has been taking place in all care homes in Northern Ireland. My Department continues to support the care partner scheme by making PCR-based weekly testing available to nominated care partners for care home residents.

In June this year, as an additional support measure to assist care homes in Northern Ireland to maintain a safe balance between infection control and the important benefits of visiting, my Department announced the expansion of regular testing to all asymptomatic visitors across all care homes. As part of those testing arrangements, it was recommended that asymptomatic visitors to care homes undertook two lateral flow tests each week.

Free personal protective equipment (PPE) was provided from a very early stage to homes that required it. No care home that had a genuine need was refused free-to-use PPE. COVID-19 training for staff has been provided free of charge to care homes throughout Northern Ireland by the Clinical Education Centre. The training includes a range of practical nursing skills: assessment and management of acutely ill patients and residents in a nursing home setting; support for staff redeployed to the care home sector; palliative and end-of-life care; verification of death; and infection prevention and control.

Specific guidance was provided to care homes at the end of February 2020, including clear direction regarding staffing, the use of PPE and a range of additional infection prevention and control measures. While the virus remains with us, and while we remain where we are, in the next steps, one of the most important things that we can do is to consider the lessons learned from living and working through this pandemic. Only through that can we identify best practice, the measures that have had the most positive impact and future learning and recommendations.

My Department carried out a number of rapid learning initiatives, including the transmission of COVID-19 within care homes. Officials considered key areas, including the experience of residents, their families and staff. It is undeniable that COVID-19 has taken a toll on residents, families, staff and care home providers. By informing us of the lived experience in that area of society, my aim is to ensure that mistakes are not repeated, learning is taken on board to deliver improved experiences and outcomes, and that the voices of those who have been affected are heard.

Waiting Lists

5. Ms Marian Cinnamond asked the Minister of Health, given the concerns about waiting lists, to outline the steps that his Department was taking to ensure that decisions on access to screening, diagnosis, treatment or surgery were based on clinical assessment and not on age.

Mr Swann: I thank the Member for raising an important and topical point. I absolutely understand and acknowledge the very real concerns about waiting lists. My Department and I share those concerns. It was a challenge and concern, and something that we were aware of and trying to tackle, even before COVID. As Members will be aware, the health

and social care system in Northern Ireland is facing unprecedented levels of demand for treatments and pressure on its limited resources.

In the light of that pressure, the Health and Social Care Board continues to work with trusts to maximise the delivery of funded capacity, and to ensure the application of good waiting list management practice. That includes assessing and treating urgent cases first, in line with the integrated elective access protocol, and thereafter seeing and treating people in chronological order. Access to services remains based solely on clinical decision.

Screening programmes in Northern Ireland are offered to people based on gender and age criteria that are specific to the condition being screened for. The integrated elective access protocol provides guidance on how decisions to access screening, diagnosis, treatment prior to surgery and surgery are based. The protocol's overall aim is to ensure that patients are treated in a timely, effective and fair manner for elective referral to first definite treatment or discharge. The protocol describes the process for booking and scheduling elective patients and outlines good practice in the effective management of outpatient, diagnostic and inpatient day cases through our allied health professional waiting lists.

In line with the integrated elective access protocol, all patients referred for assessment and, if required, surgery are assessed by their local consultant to determine their clinical priority. Generally, that assessment will establish whether the patient's treatment needs should be considered as urgent or routine. Patients who are assessed as urgent will be treated in order of their clinical priority, and patients who are assessed as routine will be treated in the chronological order in which they have been placed on the waiting list.

Due to the constraints on resources and the increasing demand for services, trusts have unfortunately had to prioritise capacity for the most clinically urgent patients. Regrettably, that means that patients who are assessed as less urgent may have to wait longer for their assessments and treatment. As Minister, I have said that I find that situation unacceptable. It is not something that I want to preside over as Minister of Health in Northern Ireland, but we have faced 10 years of underinvestment in our health service, and I do not mean just the bricks and mortar but the people working in it.

When the Assembly was re-established in January 2020, one of the commitments made to the people of Northern Ireland through New Decade, New Approach was an extra 300 nursing training places each year for the next three years. That starts to rectify some of that underinvestment. The increase in waiting lists that we had pre-pandemic, however, was going to be a challenge for our health service, never mind where we are during it.

I want to take the opportunity, Mr Speaker and Members, to pay tribute to and thank those who are working across our health and social care service in what are very trying times when they are under pressure and often feel undervalued and forgotten. I assure you that those working across our health and social care family, whether in hospitals, community pharmacies, GP surgeries or anywhere, are doing all that they can to correct what has been a challenging process and a difficult time. They continue to seek different and innovative ways to tackle very challenging waiting lists, and I continue to seek additional resources from the Executive to address waiting list delays. The Minister for Communities is well aware that I have made those calls many times.

GPs: Face-to-face Appointments

6. Mr Martin McCartney asked the Minister of Health how older people or others who are not online, or do not wish to engage with the GP online or by telephone, are able to access their GP service through a face-to-face appointment.

Mr Swann: I thank the Member for his question. Again, the question has often been raised in the Chamber and other places.

I recognise that being able to access GP practices when we need to is a priority for us all. GP practices are open and continue to provide face-to-face appointments and alternative consultation options for patients as appropriate. I have been assured that the service is working to make best use of available resources for everyone who is seeking to access the care that they need. The general practice Phone First consultation allows patients to seek timely medical advice from their GP for routine and urgent problems. Using their clinical experience, GPs determine the most appropriate approach to safely address patients' needs. They decide, based on their assessment, whether a face-to-face appointment is appropriate, the patient can be managed over the telephone or should be signposted to other appropriate services. That

approach helps GPs to appropriately manage, treat and support the large number of people who seek clinical support and advice from our primary care practitioners.

It is important to be clear about the extent to which primary care was facing considerable pressures prior to the pandemic. Figures in 2019 indicated that there were almost 15 million patient contacts a year, which was up from 12.7 million in 2014. So, even before having to cope with the strain of a sustained pandemic, the need for the transformation of primary care had already been recognised. Initiatives such as our multidisciplinary team programme and the introduction of advanced nurse practitioners and additional general practice nurses were already making a difference to how services were delivered in primary care. Investment in technology, including telephony, was also assisting general practice to meet growing demand.

Primary care's response to the COVID-19 pandemic has accelerated the implementation of new and innovative ways of working to enable our GPs in general practice, along with all others areas in the social care system, to react quickly and adapt flexibly to the demands and challenges of the pandemic. Despite the demands on capacity and the limits that COVID-19 has created, GPs have maintained all the core elements of general practice.

I reiterate that if people have symptoms, an unexplained illness or any reason to be concerned, they should, in the first instance, contact their GPs, who will be able to provide advice. Like myself, GPs want anyone who has a health concern to feel reassured that they will be able to get an appointment to see them if necessary.

Mr McCartney: Older people have expressed concerns about accessing acute and GP services, the protection and rights of people who are living in care homes and end-of-life planning. You touched on this, Minister, in your answer to the last two or three questions, but what steps has your Department taken to ensure that residents in care homes receive safe and equal access to GP and other health services, including primary, secondary and emergency care and treatment?

Mr Swann: I thank the Member for his supplementary question. He raises concerns that are raised, not just by our care homes but the people who work in them and the residents and their families.

Throughout the COVID-19 pandemic, my Department, along with the Public Health Agency and other bodies, has been working to support nursing and residential care homes and the health and social care trusts in the management, treatment and mitigation of COVID-19. So, with specific reference to the safe and equal access to services, care home support teams have been established, which reach into care homes to provide training, guidance, resources and support and to meet the clinical needs of residents. The COVID-19 care home action plan sets out a number of key actions in relation to the clinical support of residents in care homes who contract COVID-19.

The Northern Ireland Frailty Network, coordinated and facilitated by the Public Health Agency, is working with colleagues across the system to support appropriate access to all our services for older people who are living in care homes. On 17 June 2020, I announced plans for my Chief Nursing Officer for Northern Ireland to co-produce a new framework for enhancing clinical care for residents in care homes. That was done by working in partnership with the independent sector. The aim of that project was to ensure that people who live in care homes are supported to lead the best life possible and have their human rights and their right to access equitable healthcare provisions fully observed. As a result, in March 2022, there will be an enhanced clinical care framework to enable people-centred and safe care, with the optimal clinical pathways integrated across our community, primary, independent and hospital sectors.

Mr Speaker: That concludes questions to the Minister of Health. We now move on to questions to the Minister for Communities.

2.45 pm

Communities

Active Aging Strategy

1. Ms Mary Scally asked the Minister for Communities, in light of the pandemic, to outline the steps that her Department is taking to monitor the implementation of the current active ageing strategy and to identify actions required to address the concerns of older people, including on rights and their participation and engagement.

Ms Hargey (Minister for Communities): Thanks very much. Like Robin, I want to say that it is great having people back in the

Chamber to attend events. There is no more fitting an event than the Pensioners' Parliament. Thank you all for taking the time to attend, especially on a Friday. I thank Linda from Age NI for its work, over the past 18 months in particular, and the networks on the ground and in communities that have been working with government, local councils and others in delivering to meet the needs of our citizens throughout the pandemic. I also thank Michael and his colleagues. I know that we are both going off to our own homes to paint later, so we will try to stay here as long as we can to avoid that.

Mary, thanks for your important question. The active ageing strategy began in 2016, and was extended with Executive approval until 2022. Partly because we were in the midst of the pandemic and more work needs to be done, we did not want a hard stop to the strategy.

We know the importance of the strategy in promoting the well-being of older people, ensuring that they can enjoy later life in the fullest way possible. Indeed, we know the five important themes and priorities: independence, participation, care, self-fulfilment and, importantly, dignity — and, as Mary said, ensuring that we are embedding a rights-based approach for all those issues.

The current strategy, as I said, was refreshed and extended with the approval of the Executive, so, with other Ministers. That was to allow for its continuation, and to look at the progress made. The Executive, and the Departments within it, continue to work together to protect and improve the well-being of older people. You have heard about some of the work that the Department of Health has been doing, particularly over this last period.

During the period of the extension, we have been busy engaging with older people and other stakeholders in evaluating the current strategy, but, importantly, also looking at the steps that need to be taken in a co-design approach to a new active ageing strategy that will take us beyond 2022. Ensuring a genuine co-design approach is going to be key. That sits in line with the other social inclusion strategies that I have responsibility for, which will dovetail in many ways into that new active ageing strategy, particularly the anti-poverty and disability strategies. Therefore, there will definitely be synergies and alignments.

We will lay out the process of how we will engage, but, importantly, how that strategy is going to be co-designed, not at the end of that engagement but from the very start. As

Minister, I will be keen to engage as part of that.

As the next iteration of the active ageing strategy will be developed by co-design, we will be going out onto the ground, even with the current restrictions, and engaging with people. It will be important that any new strategy underpins the Executive's delivery against their commitments in New Decade, New Approach to address barriers to inequality and to ensure that people have their rights heard as well as implemented.

A lot of work will be done as we approach the autumn and winter period, and, indeed, into the new year, before the end of this mandate, to make sure that we get that under way. There will be a lot of engagement, Mary, and I will be keen, as Minister, to have some of that engagement directly. It will be important how this strategy dovetails with the work on disability and anti-poverty. We know from the pandemic that older people, women, younger people and those with disabilities have been hugely impacted. It was the same situation with the financial crash 10 years ago. Any shock to the system hits those groups in society most. We need to make sure that any new strategy reflects that.

Ms Scally: One of the intended outcomes of the current active aging strategy is:

"Older people live independently for as long as they can, free from poverty and in suitable, safe homes."

Will the Minister outline the steps that the Department is taking to understand the increasing extent and levels of poverty amongst older people, to address the adverse impact of that poverty on pensioners here, and to understand the urgency for action in light of this Government and the UK Government's recent decision to suspend the state pension triple lock?

Ms Hargey: Thanks very much again, Mary. Those are vital questions on events that have happened over the past couple of weeks. The British Government's announcement about the triple lock is disgraceful and rolls back on a commitment that they made to protect the triple lock. They have laid out their rationale for that decision. As Minister, however, I do not have the power — within my powers relating to social security and pensions — to differentiate the rates here in the North. I have, however, been communicating with the British Government on, and have come out publicly against, their actions.

The pressure needs to continue. It is not the only action that they have taken that attacks the most vulnerable and least well-off in our communities, as we see when we look at actions that they have taken on employer contributions and in trying to tax those on lower incomes rather than the wealthy. A huge area of work needs to be done.

Any strategy going forward should try to find a commitment — this dovetails with what Robin is trying to do in Health — to the aim of allowing older people to live independently for longer. Society as a whole is living a lot longer; hopefully, we will all live longer than our grandparents and people before them did. We therefore need to ensure that we can live as independently as possible. It goes back to self-fulfilment, dignity and independence, which are some of the key themes of the active aging strategy that has been endorsed by the Executive. It is also part of the relevant strand in the Programme for Government.

Listening to and engaging with people on the ground will be important for the strategy. Co-design also has to be important. This time, it is not about us, consulting and engaging with people about a strategy and then going away to do the work; part of the process is about having active participation and engagement. That means that, as we design the strategy and look at issues around finance and policy changes, we do so actively with stakeholders and organisations on the ground and that, if there are difficulties, we discuss them in a co-design fashion. Co-designing includes community stakeholders and advocacy groups, but the other Departments are as much a part of the process: they need to be bought in and involved. That is the approach that we have been taking with the other strategies. There will also be an opportunity for some crossover and engagement between the co-design groups for the anti-poverty and disability strategies and the emergence of the new active aging strategy.

Older People: Local Community Support

2. Mr David Hammerton asked the Minister for Communities to identify the resources available to her Department to ensure the sustainability of age sector networks, groups and organisations that support older people in local communities.

Ms Hargey: Thanks very much, David, for your question. Those support networks have been vital over the past 18 months, and will be even more so as we start to move ahead.

I am going to outline a number of key projects and organisations that the Department invests in and the valuable services that they provide to older people. That can only be sustained through the Executive budget commitment and allocation in the current rate of investment. Where there is an increase in need, particularly with an increase in an ageing elderly population, the resources will need to reflect that. Just like Robin's predicament around Health budgets, we will be having these discussions within the Department for Communities, and looking to prioritise needs.

Good Morning North West is a free and confidential service that supports older and vulnerable people. The service provides a daily phone call at an arranged time to check in to make sure that people are OK and just to have a chat and see how things are going. It gives those on the receiving end, and their family members, peace of mind to know there is that daily phone call. There are also the backup and emergency numbers so that if the phone call is not answered, they can check with family members or members of the community to make sure that that person is safe and well.

In addition to the phone call, the service provides home visits, golden-hour checks and reminders about up and coming appointments. They keep a list of hospital, doctor and chiropody appointments. They provide a lifeline in terms of community events that may be going on, giving people that information, and signpost residents to services that they could avail themselves of.

The Strabane Community Project hub delivers programmes and services that address issues such as income deprivation, unemployment, health inequalities and low educational attainment. Specifically for older people, the project has a luncheon club, meals on wheels and a good-morning alert service. It has a parlour vintage tearoom, a handyman service and a dance and social club. It offers a range of complementary and holistic therapies, and has a community garden to encourage health and well-being and get people outside to reconnect with nature.

Older People North West provides a daily meals-on-wheels service. It also provides a wide range of services that include advocacy, carers' respite, health promotion activities and safety initiatives within and outside the home. It does luncheon clubs, social day care and community activities. In this financial year, Good Morning North West received £44,000,

the Strabane Community Project £48,000 and Older People North West £76,000.

We run a series of good-morning initiatives in Belfast. Those are funded through our neighbourhood renewal programme, targeted at areas of high deprivation. We have the Good Morning Colin neighbourhood partnership; Good Morning West Belfast, which is based in the Ardmonagh Family and Community Centre; the Good Morning North Belfast initiative; and Oasis Caring in Action, which is based in east and south Belfast. Indeed, they provide a lot of the same services as the other providers, and those are tailored to the needs of the residents and communities that they serve.

The important thing is that daily contact with individuals who live at home. It ensures that they have access to information but also to food and human contact. It is a backup in the community to ensure that if something goes wrong, they or a family member or neighbour can be contacted.

3.00 pm

Online Technology and Digital Support

3. Mr George Bell asked the Minister for Communities how her Department is ensuring that all older people have the technology, digital connections and support to get online and remain online.

Ms Hargey: Over the past 18 months, connectivity has come to the surface as a huge issue for people who have had to stay at home. Government services and other services beginning to move online presents a challenge to ensure that we assist citizens who do not want to use that as a resource, do not have access to the internet or do not have the finances to get online. It is important that we address that challenge. One of the big ways that the Department approaches that is through our libraries, because we have them across the North in the heart of our communities. Libraries provide access to Wi-Fi and digital support and training, so you can go in, use a computer and spend some time there with access to Wi-Fi. Our library staff are on hand to provide assistance to help people get online, and a lot of older people have been using those services.

We also have digital hubs, and, in our libraries, we have a pilot project that started just before the pandemic to deliver three digital hubs in three libraries. We want to work with other statutory partners as we recognise that,

although there may not be a library in every community, you may have a community centre, a leisure centre or another council or community facility in which we could roll out access to the internet to as many organisations as possible.

We had been running a series of roadshows, which were put on hold as a result of the pandemic. We want to get those up and running again. We completed 11 roadshows, and they really just get the message out on the services that are on offer and how people can access them, and they put people in touch with staff to ensure that they know that they can get online and have the support to do so.

Throughout the pandemic, there has been a huge issue with loneliness and social isolation. Events and activities that normally would have taken place in libraries and other buildings had to stop overnight because of the restrictions and a lot of them began to move online. For those who want to access services online because it is easier for them when it comes to travel distances, particularly outside our cities and in our rural areas, or because of mobility issues, we want to make sure that we put as much of the programme online so that they can access it. We have been trying to do that for the past year, and a huge amount of work has been done. There has to be alignment with the Department for the Economy to ensure that there is broadband access in rural areas, and a lot of work has been done with local councils to bring Wi-Fi accessibility into community facilities that are at the heart of communities. We are also looking at connectivity in the home.

That will continue to be a key area for us, particularly because of the lessons that we have learned and the gaps that we have seen as a result of the pandemic, which will form part of the strategy.

Housing: Accessibility

4. Ms Anne Murray asked the Minister for Communities how her Department plans to deliver an increase in the stock and range of housing options, which are accessible and available to older people aligned with current and future requirements.

Ms Hargey: That is a really important area that I have been working on since I came into office. We are in a housing crisis and we are not building enough homes. There is a huge financial investment issue for the Housing Executive, which is our main provider of social homes. It could lose half its housing stock

unless we deal with the huge investment challenge that it has. We delivered a housing statement in November last year in which we said that the Housing Executive needs to be reformed. A critical part of that will be getting the Housing Executive on a good financial footing and giving it the capacity to build homes again.

At one point, the Housing Executive owned over 240,000 homes across the North. It now owns 86,000. If it does not get the necessary investment in its stock, it could lose nearly 40,000 homes. We are doing work on that now, and I have made a commitment to present options to the Executive before the end of the mandate.

We need a more ambitious housing programme to build more homes. We build, on average, between 1,800 and 1,900 homes a year. That is not enough to address a housing need of over 42,000 people, of whom over 32,000 are in housing stress. The number is growing: in the first couple of months of the pandemic, we saw an additional 2,000 people come onto the housing list in urgent need of a home. We have to have a more ambitious programme. The Department has set up a project team with the Housing Executive to look at the issues, including that of land. We are working with local councils, which have planning powers and are developing local development plans. The plans look at the land in each council area and how it is designated for different uses. Our clear focus is that a good bit of that public land should be used for public housing, and we have a plan for rolling that out.

This year, the Executive invested more money to allow us to build more homes — over 2,000 homes this year, rather than the average 1,800 to 1,900 homes. All our homes are built to lifetime homes standards, an important change to enable people to stay in their homes for as long as they can. Another important component of enabling that is welfare reform. Across the water, in England, the so-called bedroom tax became an issue: if the property that people lived in, and perhaps grew up and raised their family in, had extra rooms, those people had to pay the additional rent and they did not get housing benefit support to cover the cost. The Executive here have mitigated that, and a paper on extending that support is with the Executive now, so that people are not forced to make such choices in the time ahead.

We also put money into Supporting People, which is a £72.8 million programme. Even with the pressures around the budget, that programme is protected, which means that the money will not be reduced. Through the programme, 11,000 households are being supported to enable older people to live independently.

We recently consulted on a housing supply strategy. We realise that not enough homes are being built and that issues of planning, availability of land, sewerage and water infrastructure on certain sites contribute to that. Moreover, there are issues peculiar to rural and urban areas. We are doing a lot of work as part of the housing supply strategy. We put out a call for evidence and got a lot of information, which we are analysing at the moment. It will feed into the big report that I will present to the Executive before the end of the mandate and that will start to make the transformation in housing.

We have increased our investment in co-ownership and are bringing through new legislation because we recognise that the pressure in the social housing sector has driven a lot of people into the private rented sector. The conditions in some of the properties are not good. We are bringing through legislation at the moment — the Private Tenancies Bill — that looks at health and safety concerns and makes sure that landlords are building or maintaining homes that are fit for purpose and safe. The legislation is going through the Assembly at the moment.

Of course, as well as trying to build more homes, we are trying to maintain the homes that we have, in order to make sure that they can be passed on. We run funded programmes, such as the affordable warmth scheme, to address fuel poverty. We are doing a lot of work on grants for disabled facilities, to support the principle that people should be able to stay in the home that they want to live in and to ensure that they have that independence. This week, for example, I met groups of carers and people who care for disabled loved ones. We are working to see how we can make the system more streamlined — it will not be taken externally but will be taken in-house by the Housing Executive — to make sure that we can reduce the time that people have to wait to get essential works done to their homes.

Ms Murray: The Department for Communities has stated that 22% of the population is living

in fuel poverty. Energy costs are a particular concern to older people, who are more likely to stay at home for longer periods and to be on a fixed, low income. Does the Minister's Department plan to introduce a warm homes scheme?

Ms Hargey: The warm homes scheme is akin to the social tariff in England, Scotland and Wales in terms of energy companies passing on costs to customers. Officials from my Department and the Department for the Economy met their counterparts across the water to discuss whether we could join that scheme, and look at what the issues would be around that.

It is not possible at the moment because the underpinning legislation makes the scheme specific to Britain at this point. We are still looking to see what can be done. We are reviewing our fuel poverty strategy. Fuel poverty is a huge issue for older people, and young families. We have some of the highest rates of fuel poverty in Europe, and part of the reason for that is the maintenance of housing stock.

That feeds into the previous point, which is that if we do not deal with the investment challenges of, for example, the Housing Executive to retain the stock that we have, the system is going to fall over. We are doing an essential piece of work to update the fuel poverty strategy, and will be consulting on it. Not only is our population living longer, but there is the issue of climate change, and retrofitting homes. There is a huge amount of work that needs to be done there. There are 800,000 homes across the North. Just to retrofit the boilers, for example, would be a huge piece of work at a huge cost. There is a commitment to look at that to reduce carbon emissions, but with the important aim that we are addressing fuel poverty, because that is key.

Related to this is the hike in fuel costs. Last year, we made an additional COVID heating payment of £200 during the winter, which went to 220,000 households. Departmental officials met the Utility Regulator about some of the price hikes and the impact that those will have, particularly on older people. We are working with stakeholders to see what we can do this autumn and winter, and on a more permanent basis. Hopefully, over the next few weeks, we will be able to announce what we can do in the immediate future, and then look at those longer-term pieces of work.

Older People: Information, Advice and Support

5. Mr Raymond McGarvey asked the Minister for Communities how her Department ensures older people have the information, advice and support they need to claim their rights, access the services they need and make informed decisions about their life.

Ms Hargey: That is a crucial area. I think that that issue was brought up by the Joseph Rowntree Foundation at the Committee for Communities yesterday. It observed that, right across advice and information, there was a lot of support from government, councils and third-sector organisations but, because the system was so big and convoluted, it was hard to find out where to get support. Sometimes, you had to run to five places to find the information that you needed.

There is a definite need to streamline the support that we are giving. We need to look at having a single point of contact. We also need to make sure that people can talk to a voice, whether at the end of a phone or in person. Having social security offices right across the North and in communities is critical to that.

3.15 pm

We have the Make the Call service, where my officials call people to ensure that they are getting the benefits that they are entitled to. Through that work, we have ensured that over £40 million extra has gone back into the local economy by putting money into people's pockets in benefits to which they were entitled but may not have known about or claimed. We want to do more work on the Make the Call service. We are planning roadshows that will take the service to community events or events such as the Pensioners' Parliament to make sure that information on the service is out there.

We fund organisations such as Advice NI. Our independent advice sector does a phenomenal amount of work. It is critical that we make sure that we protect that budget and look at additional resources where we can. Advice NI has a Freephone number through which to offer support on a variety of issues that may affect people.

We also provide funding via councils for community-based advice services that are provided by advice workers who work at grassroots level in our communities. We fund a lot of that work under our neighbourhood renewal investment fund, which supports a

number of groups. In Belfast, for example, we provide over £285,000 of funding to the Belfast Advice Network, a network of advice workers who work within our communities across the city.

We tried to respond during the COVID pandemic as well. We established the COVID community helpline; a lot of community and voluntary organisations, such as Age NI and others, were heavily involved in that. It was a really useful helpline for people to make contact with. Going forward, we want to look at what we can do to streamline the information that is out there. That feeds into the earlier point about digital connectivity and making sure that people have access online as well as in person.

In line with the disability strategy, we need to make sure that we build in support structures to ensure that our deaf community and others with disabilities have access to information. For example, throughout the COVID pandemic, one of the interventions that we made was to provide signers for all the Executive's service announcements, to make sure that inclusion was built in at the very start. Such initiatives might not seem big, but they are huge for the person who needs them, and they will make it easier for people in the time ahead.

It is a huge area. A lot of work has been done, but COVID has shown the gaps. There is more to do, and we continue to work through it. The strategy will be renewed over the next period, and I have no doubt that this will be a key issue again for people's independence, dignity and participation in what they are entitled to.

Mr McGarvey: Older people told us about issues concerning the state pension and people retiring into poverty. Statistics show that approximately 38,000 pensioners, 13%, are in relative poverty. Most pensioners living in poverty had no personal or occupational pension provision. What is the Minister's plan to tackle and address pensioner poverty and ensure that older people have sufficient income to live comfortably and to engage fully?

Ms Hargey: Thanks very much for your supplementary question. From 15 May 2019, mixed-age couples could no longer make a new claim for pension credit and were generally expected to claim universal credit instead. Pension credit was intended to provide long-term support for pensioner households that are no longer economically active due to people's age. Work is ongoing:

all those who have reached state pension age while claiming universal credit will receive a run-on, meaning that they can receive a payment for the entire assessment period in which they reached state pension age. Indeed, the entitlement to the pensioner benefit, or state pension, will be unaffected by the run-on. It will continue as usual. It is anticipated that the run-on of universal credit will affect 6,600 claimants in the North by an average of £350 over each of the next five years.

A lot of work is being done. I will shortly announce a new review of social security mitigations, and a new review panel will be established to look at what further protections are needed. Social security and pensions are huge here and have an annual £7 billion budget. Some of those responsibilities are devolved, but we still obviously have one hand tied behind our back because we do not hold all of the budget. We get a block grant and have to find the money for some of the changes that we want to make. Part of the mitigations review will look at what other protections we need to build in. We are also looking at those issues and what needs to be done about them through the anti-poverty strategy.

We have had some proactive engagement with our counterparts in Scotland and Wales about how we can put pressure on Westminster on issues such as the removal of the triple-lock system from the state pension and the increase in National Insurance contributions. Those are regressive policies that feed into poverty and encourage it. We are trying to see how we can stand united with those other Administrations to try to overturn some of the decisions that have been made at Westminster, and the cut in universal credit is another one of those decisions. As a whole, the Executive have been supportive of some of that.

There are more to be done and this engagement is obviously important in getting to the crux of the issues. We are keen to engage further to look at the state pension and what other supports and, importantly, mitigations we can provide.

Mr Speaker: That concludes questions to the Minister for Communities. I ask Members to take their ease for a moment or two while we bring in the other Ministers. Thank you. Thank you, Ministers.

The Executive Office

Aging Population

1. Mr Colin Flinn asked the First Minister and deputy First Minister how they will ensure Northern Ireland is preparing and planning for an ageing population.

Mr Middleton (Junior Minister, The Executive Office): As the previous Ministers who spoke have, I want to take this opportunity to thank everybody for coming along. Thank you for the opportunity to attend the session and to address these important issues.

The Northern Ireland Executive are in the final stages of the development of their new strategic outcomes-based Programme for Government, which aims to improve the quality of people's lives throughout Northern Ireland. That includes how best to provide for the health and social care needs of our ageing population, how to improve and promote positive attitudes to older people and how to tailor support to enable them to enjoy better health and active lifestyles.

We recognise that government does not work in isolation in addressing the needs of our ageing population or, indeed, any section of our society. We want the new Programme for Government to be one that recognises and responds to the challenges, and works with different strands of public policy to make life better for all our people.

I want to reassure you that ongoing civic engagement and co-design with groups such as those represented here today will be an important feature of the Executive's approach, and we value your support and input to address these issues.

Mr Flinn: Like the rest of the world, Northern Ireland is experiencing demographic shifts in terms of an ageing society. By 2028, Northern Ireland is projected to have more people over 65 years old than children under 15. Figures indicate that 39,000 people are over 85 years old, 80,000 older people are living alone, and at least 15,000 carers are over the age of 70. Older people have told us they are unhappy that the Programme for Government does not contain a specific outcome on ageing and older people, and believe that older people are not viewed as a priority by the Executive. What assurance can you give older people that they and the demographic changes taking place are a priority for the Northern Ireland Executive?

Mr Middleton: I thank the Member for his question. I want to reassure him that we very much value our older population. I recognise, as we continue to prepare and plan, that we do have a changing ageing population. That will require cross-departmental working across Health, Infrastructure, Economy and Justice. The Executive are very much committed to that. As we progress with the Programme for Government, we will ensure that we involve all the groups represented here today. It is important that we listen to the views expressed in this engagement.

Regardless of what is in the Programme for Government, important as that is, we need to see action and outcomes. I commit to that on behalf of the Executive Office.

Age Discrimination

2. Mr Michael Monaghan asked the First Minister and deputy First Minister what steps have been taken to ensure that legislation is in place to prevent age discrimination in the provision of goods, facilities and services.

Mr Middleton: I thank the Member for his question. The Executive are committed to taking forward legislation to extend protection from discrimination on the grounds of age. A public consultation on proposals to extend age discrimination legislation to cover the provision of goods, facilities and services took place in 2015, and attracted significant interest. However, a decision on the way forward was not taken before the end of the last Assembly mandate.

The issue requires further work to inform the next steps, including the scope of any legislation. Unfortunately, given the effects and impact of the recent pandemic, and limited resources, we have not been able to progress that work. That said, we continue to engage across the Executive to try to progress these important issues.

Mr Monaghan: Thank you, Minister, for that commitment. This is a long-standing issue. The commitment was first given in 2012 at the Pensioners' Parliament by your predecessor junior Ministers. There was then a copper-bottom guarantee given by the First Minister and deputy First Minister in February 2015. Of course, it is also in New Decade, New Approach. I would like to push you a little further. I think that everybody here would agree that we need a time frame for what you are going to do.

Given the previous commitments, and the amount of work that has already been done, would it not be reasonable to expect that legislation would be in place on this issue by June 2023? That is one year into the next mandate. We would dearly like to get a time frame for this because it cannot just keep on repeating year after year. It is a key issue for older people.

3.30 pm

Mr Middleton: I thank the Member for his question. I share his frustration around the issue. I reassure the Member that there is cross-party support on the need for legislation to be in place, particularly for older people, to prevent discrimination. However, it is unfortunate that that has been held up due to political disagreement around younger people's legislation. As we move forward, it is important that we in the Executive continue to engage with our colleagues and to try to find a resolution. I appreciate that that is not an acceptable situation, particularly around the older people's legislation, but I cannot give a commitment on what the next Assembly mandate may do. However, there is cross-party agreement around older people's legislation. We need to get on and do that as soon as possible in a reasonable time frame in the next mandate.

Loneliness: Cross-departmental Strategy

3. Ms Mary McCrea asked the First Minister and deputy First Minister to outline the progress on delivering and implementing a cross-departmental strategy on loneliness for Northern Ireland.

Mr Middleton: I thank the Member for that question. The impact of loneliness cannot be overestimated. It is a normal human emotion that almost all of us will experience at some point in our lives. Of course, there are particular challenges for older people, who are more likely to live alone and less likely to be internet users. It is fair to say that, over the past year to 18 months, many of us have come to appreciate and better understand the short- and longer-term impact that loneliness can have on overall health and well-being. It is in relation to overall health and well-being that we need to prioritise the need to address loneliness. To that end, the Programme for Government aims to promote positive mental health and well-being, and to address social issues, risk factors and environmental impacts such as social isolation and loneliness. The well-being approach taken by the Programme for Government should, therefore, act as a

catalyst in establishing support measures to tackle issues such as loneliness.

Ms McCrea: During the pandemic, through lockdown, shielding or self-isolation, we have all been separated from family, friends, neighbours or colleagues, so we understand how loneliness feels. It is a normal human emotion, but chronic loneliness, when someone always or often feels that way, affects one in 20 people in Northern Ireland, many of whom are older people. Will the Executive Office consider putting loneliness champions in place in all Departments and non-departmental public bodies to support the implementation of a loneliness strategy?

Mr Middleton: I thank the Member for her supplementary question. I assure the Member that we will absolutely take that on board. I will feed that point back to the Executive Office and my colleagues in the Executive, particularly around the issue of loneliness champions.

I will also mention that, in addition to the work being developed in the Programme for Government, there are a number of other areas in which the Executive have tried to assist in addressing loneliness and isolation. One of the key themes of the rural society project board, chaired by the Department of Agriculture, Environment and Rural Affairs, relates to addressing loneliness in rural areas. An Executive working group has also been set up in relation to mental well-being, resilience and suicide prevention. It has been established, and it provides a forum for considering issues that impact on mental health and well-being, such as loneliness. Work is also ongoing to improve the provision of community support programmes and volunteering infrastructure that creates the conditions for greater connections between individuals and communities and helps to bring people together to reduce loneliness and social isolation.

Whilst Northern Ireland does not have a specific strategy to address loneliness and social isolation, it features in many areas of our work. It is important that we recognise that it is a cross-cutting issue that that no one organisation can tackle working alone. We therefore value the opportunity provided by events like this, when we can hear your issues and concerns at first hand. Your input will very much be valued as we seek to go forward.

Mr Speaker: Thank you, Mr Middleton. That concludes questions to the Executive Office.

Infrastructure

SmartPass

1. Mrs Anne Watson asked the Minister for Infrastructure whether the 60+ SmartPass and the Senior (65+) SmartPass will be retained.

Ms Mallon (The Minister for Infrastructure): I thank Mrs Watson for her question. I am delighted to have the opportunity to engage with the Pensioners' Parliament today and to listen to what concerns you may have.

I recognise the value that older people attach to free travel. That value is reflected in the fact that people aged over 60 — there are over 330,000 in Northern Ireland — hold a SmartPass, and older people used a SmartPass on public transport nearly 12.8 million times in 2019-2020. I also understand the key role that the SmartPass plays in opening up access to public transport, enabling our older citizens to remain active, be part of, and contribute to, their local community and access the goods and services that they need to stay well and remain as independent as possible. I believe that the concessionary fare scheme connects people and opportunities through our transport infrastructure. It helps to tackle social isolation, promotes long, healthy and active lives and plays a critical role in building a socially just society. Travel on public transport is also important for climate action and trying to protect our environment. Given the benefits of the scheme, I am very much committed to it and hope that it benefits people to get back on public transport as we emerge from the pandemic.

Mrs Watson: You have answered part of my supplementary question. Free accessible transport is a lifeline for many older people, enabling them to remain active, be part of their local community and access the services that they need to stay well and remain as confident and independent as possible. If they were to take it away, the Health Minister would need to get two or three helpers. He would need as much help as possible because a lot more people would need it. Will the Minister outline the measures that her Department will take with the range of transport providers to reassure older people and encourage them to travel again now that restrictions have eased?

Ms Mallon: I absolutely view public transport as a public good that delivers multiple benefits. Sometimes we may think that public transport is the responsibility of the Minister for Infrastructure, but, as you have rightly

identified, public transport gets people to and from places but it also brings huge health benefits, social benefits and environmental benefits, so it is a cornerstone of what we are trying to achieve as an Executive.

Mrs Watson also raised a very important point about public confidence. We have been through a pandemic, and we are still in the midst of it. We have a challenge in building confidence to get passengers back on to our public transport network, particularly our passengers who feel more vulnerable. I can confirm that Translink has put in place a suite of measures, including a rigorous cleaning regime. We have screens on buses. We moved to make face coverings mandatory for our passengers, and we are constantly monitoring the situation. So, great strides have been taken to ensure that we are maximising the safety of our passengers. I look forward to seeing more passengers coming back and using our public transport network to deliver the multiple benefits that you have rightly highlighted.

Accessible Transport Strategy

2. Mrs Margaret Galloway asked the Minister for Infrastructure to outline what her Department is doing to put in place an effective accessible transport strategy that takes into account our ageing population and, specifically, to outline what her Department is doing to address the transport needs of older people living in rural areas.

Ms Mallon: I thank Mrs Galloway for her question. I recognise that we need to better connect our communities, and I am committed to delivering cleaner, greener, sustainable infrastructure that is inclusive and meets the needs of everyone.

Although there are no current plans to put in place a new accessible transport strategy, my Department supports a wide range of initiatives to help older people to stay connected through the transport infrastructure. Those initiatives include concessionary fares; specialist transport services in rural areas with subsidised travel; the blue badge scheme; investment in accessible walking and cycling infrastructure; and accessible public transport services.

All those initiatives are helping older people in rural areas to stay connected. For example, during the pandemic, the dial-a-lift services operating in rural areas, which are grant-funded by my Department, were modified to provide more than just passenger transport.

The services were expanded to provide, for example, telephone-contact services and the delivery of groceries and food parcels to those who were self-isolating. That enabled people to remain part of the community and, more importantly, to be safe.

I recognise that there is still more to do, and I intend to shape future actions, taking on board the views of older people and others in rural areas.

Mr Speaker: Thank you. That concludes questions to the Minister for Infrastructure and Question Time for the Pensioners' Parliament.

Members, please take your ease for a moment or two as the Ministers leave the Chamber.

Closing Remarks

Mr Speaker: I understand that the Commissioner for Older People, Mr Eddie Lynch, would like to make a few concluding remarks.

Mr Eddie Lynch (Commissioner for Older People for Northern Ireland): Thank you, Mr Speaker, and thanks for the invitation to be here. It is been a really wonderful event, and I am absolutely delighted to be part of the first Age NI Pensioners' Parliament. It is really important that the Parliament continues well into the future.

It was an excellent debate with some really good questions to the Ministers. Thanks to the Ministers for being here to take the questions. A lot of really important issues and points were made during the debate.

I am particularly delighted to be here today and, to be honest, just to get out of my living room for a few hours. Like all of us, I feel like I have been cocooned in my house over the past number of months. It is also great to see so many familiar faces and those whom I have not seen in a long time. It is great to see everyone looking well and still having the passion and fire to be strong advocates on behalf of older people.

I am really passionate about ensuring that older people have their voices heard, and the Pensioners' Parliament has allowed that to happen for over a decade. It is not just about allowing people to have their voices heard but connecting those voices with the decision-makers and the people with responsibility in government with the power to make choices and decisions that can change your lives for the better. That is what today and all of these events are about. They are about bringing about that change.

Today, we heard about the ageing population. We are all living in an ageing population. We need to plan for it, and we need to plan better. A central part of planning well is listening to older people and their experiences and getting government to react to those and build them into good policymaking. That is the only way that we can have a better system and make Northern Ireland a better place to age and grow old. That is also why today is so very important.

Age Sector Platform started the Pensioners' Parliament in 2010. The strapline that our members came up with then was speaking from experience and that remains as relevant

today as ever. In my role as the Commissioner for Older People, nothing beats hearing the experiences of people on the ground. That is the value of events like this: we hear the real-life views and experiences of older people, what is good and bad about services and the ideas for improvements. That is all really important.

I will certainly pick up a number of the issues that were raised. I recognise a lot of the issues and that a lot of them have been ongoing for some time, and I will certainly give my commitment today, as commissioner, to do everything in my power to push these issues on.

3.45 pm

I am a bit disappointed that the Ministers did not stay on. My fellow member Colin Flinn made the point about the lack of a high-level outcome in the Programme for Government. That is absolutely essential going forward, and I am having a series of meetings this week and next week with all the political parties to make it clear that — you are absolutely right — older people will not feel that they are a priority unless they have a high-level outcome in that Programme for Government. The ageing population is one of the big challenges and opportunities of our time, and that needs to be reflected. Going into the election next year, or before, any party that is looking your vote needs to give cast-iron commitments that it has the needs of older people at the forefront of the party's views. That is really important.

Michael Monaghan rightly mentioned an issue. It would be remiss of me not to point out that, in 2021, we are still waiting for age discrimination legislation. That is absolutely disgraceful. The rest of the UK has it, and the Republic of Ireland has it. Northern Ireland remains the only part of these islands that does not have that in place. During the past 18 months of the pandemic, I have worked closely with the Welsh Commissioner, Age UK, Age Scotland and Age Cymru, and, on a number of occasions, we signed joint letters to Governments across the UK and referenced the goods, facilities and services legislation. That approach was really useful in arguing our case around things like developing criteria for admission to hospital at the start of the pandemic — life and death stuff. I was very happy to piggyback on that letter, but I should not have to. That legislation needs to be in place, and there needs to be a commitment to that from parties going into next year's election.

I would like to finish by thanking a number of people. I thank Age NI for taking up the baton of the Pensioners' Parliament. It would have been a travesty if we had seen it collapse and disappear, so I congratulate Age NI on taking that up and ensuring that the flame of the Pensioners' Parliament will continue to burn brightly going forward. I am confident that it will. It is great to see so many people still actively involved in it, because so many people around this room have been instrumental in the development of this Parliament and have supported it throughout its lifetime. They continue to be strong advocates for older people and for bringing the issues right to the seat of power.

I would also like to thank you, Mr Speaker, for chairing the event today and for making this event happen. I know that it does not happen easily, particularly in the times that we are in, so I thank you and all the Assembly staff for making it happen in a safe manner. It is really appreciated by all the older people here today.

I would also like to thank the Ministers who took part today: Ministers Swann, Hargey, Middleton and Mallon. It is great to see all four Ministers present to answer your questions and give their time for it. That is a very welcome sign.

I would like to finish by giving a special mention to Michael Monaghan. Michael has been the chair of the Pensioners' Parliament since it started and has given so much of his time. His energy and enthusiasm throughout that period has been second to none. I rely heavily on Michael for his advice, and he is a real champion and a really strong advocate for older people. The Pensioners' Parliament has been lucky to have his leadership over the past decade.

The motto of the Pensioners Parliament is: make your voice heard. That has happened clearly today. All of you who took part in this debate asked really good questions to the Ministers. The challenge going forward is that we build on this, follow up on those issues and make sure that your voice is heard, not just today but in the months and years to come, so thank you. Thank you, Mr Speaker.

Mr Speaker: Thanks very much, Eddie. I want to echo all of Eddie's remarks, and I share his concerns about a number of the issues that he raised. I thank the Ministers — Robin Swann, Deirdre Hargey, Gary Middleton and Nichola Mallon — for giving their time this afternoon. I know that they did their best to answer your

questions, and they will continue to do so. There is no doubt about that whatsoever.

It has been a pleasure, as I said earlier, to see in person the passion and the vigour with which this Pensioners' Parliament is fighting for the issues that matter most to older people. Your concerns have highlighted how important it is for the Assembly to connect with the community that we represent, to listen and to address your concerns. That is why I encourage you to keep on with your great work. I declare an interest at this stage since I will turn 70 in a couple of months' time.

Despite all the challenges, I congratulate each one of you for engaging with the democratic process, as has been said earlier. I congratulate everyone on the work that has been done over the years. This is your tenth anniversary, so congratulations to everyone for the sterling work that has been done on behalf of older people by the Pensioners' Parliament. Keep at it. I wish you all every success in the time ahead.

Adjourned at 3:51 pm.