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**Minutes of Meeting of Environment Committee of Mid Ulster District Council
held on Wednesday 3 December 2014 in Cookstown District Council Offices**

Members Present:	In the Chair, Councillor B McGuigan (Vice Chair) Councillors Buchanan, Burton, Cuddy (7.17 pm), Cuthbertson, Gillespie, Mallaghan, McAleer (7.08 pm), McFlynn, McGinley, S McGuigan, McNamee, Mullen (7.08 pm), Mulligan, J O'Neill
Officers in Attendance:	Mr Tohill, Chief Executive Mrs Caldwell, Head of Environmental Health (CDC) Mr Cassells, Director of Technical Services and Leisure Services (MDC) Mr Hall, Head of Audit, Risk and Governance (CDC) Mr Kelso, Director of Environmental Health and Building Control (CDC) Mr McAdoo, Head of Waste and Contracts Management (CDC) Mrs McClements, Director of Environmental Services (DSTBC) Mr Scullion, Head of Technical Services (CDC) Mr Wilkinson, Head of Building Control (CDC) Miss Thompson, Committee Services/ Senior Admin Officer (DSTBC)

The meeting commenced at 7.02 pm

In the absence of Councillor Cuddy (Chairman), Councillor B McGuigan (Vice Chairman) took the Chair

E41/14 Apologies

None.

E42/14 Declarations of Interest

The Chair reminded members of their responsibility with regard to declarations of interest.

**E43/14 Receive and confirm minutes of the Environment Committee
meeting held on Wednesday 5 November 2014**

Councillor J O'Neill requested that the minute be amended to read:

Item E36/14 Receive and consider paper on status of Building Control Service
Convergence across existing Councils

Councillor O'Neill made reference to the hand delivering of documents by Council officers and representatives of other agencies.

Proposed by Councillor Mulligan
Seconded by Councillor S McGuigan and

Resolved That the Minutes of the Meeting of the Environment Committee held on Wednesday 5 November 2014 (E28/14 – E38/14 and E40/14) were considered and subject to the foregoing amendment were signed as accurate and correct.

Matters for Decision

E44/14 Eco-Schools Programme

The Chief Executive asked that Members note the content of the report being presented tonight as the request for financial support contained within it is only one of many received from outside bodies and will be considered collectively when setting budgets.

Mr McAdoo presented a report on the Eco Schools Programme which was developed in 1994 on the basis of the need for involving young people in finding solutions to environmental and sustainable development challenges at a local level. Currently across two of the three Council areas all schools are registered on Programme with 98% of schools registered in the remaining Council area.

Mr McAdoo advised that the Eco Schools Programme is requesting support for 2015/16 at a cost of £1500 plus VAT.

Councillors McAleer and Mullen entered the meeting at 7.08 pm

Councillors B McGuigan and McFlynn spoke in support of the Programme and its benefits not only to schools but the wider community.

Councillor Burton enquired as to what the outcomes of the Eco School Programme were and how the current Recycling Officers will be designated in future.

Mr McAdoo advised that the outcomes of the Programme are difficult to measure but the response to the programme has been very positive. Designation of officers is still to be addressed and will be decided in the coming months.

Councillor Mulligan expressed concern that the level of support being requested from Mid Ulster District Council is double what is currently being provided to the Eco Schools Programme.

Proposed by Councillor S McGuigan
Seconded by Councillor Mulligan and

Resolved That it be recommended to Council to note the content of the report and the request for financial support.

E45/14 Cyclical Fleet Replacement Programme

Mr Scullion provided a report on the proposals for a rolling replacement programme for Mid Ulster District Council's vehicle fleet and associated diverse machinery.

Currently, the existing Councils operate a fleet of approximately 128 vehicles (excluding diverse machinery, plant and equipment). The fleet profile includes refuse vehicles, mechanical sweepers, tipper lorries, light commercial vehicles, 4x4s and items of diverse plant from ride-on mowers to diggers, mechanical dumpers and telescopic handlers. Refuse collection vehicles are the most expensive fleet assets, while the remaining fleet is utilised supporting service delivery within grounds maintenance/ parks, cemeteries, street cleansing, building maintenance, dog enforcement and other direct Council services.

Mr Scullion informed Members that the existing Councils do not have a scheduled fleet replacement programme and vehicles were replaced based on service need and availability of annual budgets. It is proposed to develop a rolling fleet replacement plan to replace vehicles at a stage in their lifecycle when maintenance costs increase significantly, vehicle efficiency decreases and the condition of the vehicle deteriorates. The criteria used for replacements has been determined by fleet age. For Heavy Goods Vehicles the replacement cycle would be eight years old, and for Light Goods Vehicles every six years in a rolling programme of replacements.

The proposed rolling programme requires a capital investment of approximately £5.5million over the next five years. Mr Scullion referred to previously circulated figures illustrating a breakdown of the anticipated spend per year based on the Net Present Value of vehicles:

	Year1	Year 2	Year 3	Year 4	Year 5
HGV's (£)	1,125,000	1,023,000	765,000	545,000	513,000
LGV's (£)	124,000	104,000	150,000	165,000	74,000
Diverse Machinery (£)	12,000	131,000	87,000	291,000	411,000
Total per annum (£)	1,261,000	1,258,000	1,002,000	1,001,000	998,000
Total Capital profiled (£)	5,520,000				

Due to the high average age of the current fleet and to realise the replacement cycle on a rolling basis it is necessary to phase the implementation through the service. From year four HGV's would be replaced every six years, whilst from year five LGV's would be replaced every eight years. From year three approximately £1million capital will be required per annum to cyclically replace and maintain the current fleet at the present level of service demand and vehicle mix.

It is proposed that fleet replacement be based on outright purchase financed through a central government loan charges paid off over the life of the fleet to realise the planned cyclical replacement programme.

Councillor Cuddy entered the meeting at 7.17 pm

Councillors B McGuigan and McNamee felt that details of future fleet replacement should be brought before this committee in the first instance.

The Chief Executive advised that procurement procedures are still being developed.

Councillor McNamee added that vehicles due to be taken out of service should not be replaced purely because of age and that consideration should be given to other relevant factors.

Councillor S McGuigan enquired as to whether there is opportunity for links with other Councils when purchasing vehicles.

The Chief Executive advised that there are options to explore this idea and that Members will be informed of any preferred method of procurement.

Councillors J O'Neill and Cuddy expressed concern that two of the three current Councils have taken steps to update their fleet.

Councillor Mulligan felt it is important to try to minimise the burden on the rates.

The Chief Executive advised that the Council is trying to avoid a dramatic rise in Rates in any one year by proposing this rolling replacement programme.

Councillor B McGuigan enquired whether maintenance of vehicles is currently outsourced or done in house.

Mr Scullion advised that two Councils currently complete this work in house while the other Council outsources the work.

The Chief Executive added that Council was currently in a transitional phase with existing arrangements to continue until such times as alternatives are put in place.

Proposed by Councillor Buchanan
Seconded by Councillor McFlynn and

Resolved That it be recommended to the Council to endorse a rolling replacement programme for the Council vehicle fleet, subject to budget confirmation during the annual rates setting process.

E46/14 Building Control and Land and Property Services Joint Working Programme

Mr Wilkinson provided Members with an update in relation to the work of the Building Control and Land and Property Services Joint Working Programme. He said that, currently on a monthly basis each Council's Building Control Service provides information on new build/ construction for their council area to Land and Property Service on;

- Commencement Lists
- Completion Notices – Ready List

- Address Details
- Property Data Set and Occupancy Information

A Mid Ulster Building Control / Land & Property Services Working Group was established in June 2014, to ensure a consistent and structured approach was taken to refine the Pointer Database and to update the general address dataset for Mid Ulster District. The Working Group identified a number of key action points:

- Data Referencing / Land & Property Services
- Commercial Database Review
- 'New Build' Notifications
- Road / Street Name Standardisation
- Unverified Address Lists - Refinement
- Boundary Changes – Dungannon and South Tyrone

As part of the programme, each Council's Address Database is being reviewed and verified to enable redundant and historical information to be removed. A special focus has been placed on 'data cleansing', for each of the existing address databases in preparation for 1 April 2015.

Mr Wilkinson also advised that Land & Property Service has requested constituent councils to assist with the Non-Domestic Vacancy Control Programme focussed on ensuring all commercial business activities are 'Valued and Rated' for the purposes of rates collection, including dormant commercial properties which are re-occupied.

A number of Council's are currently working closely with Land & Property Services to deliver this programme. At the moment five of the eleven new cluster areas are currently undertaking non-domestic vacancy checks. As part of the process Land & Property Services identify a summary list of premises for review and then Building Control Services, in conjunction with other programmed work, complete a Premises Check List for the properties concerned. The completed reviews are returned to Land & Property Services to enable the commercial Rate Register to be updated and so provide additional Rate Revenue for Council, as additional contribution to the Local Penny Product.

The Non-Domestic Vacancy Control Programme is being piloted in Cookstown Council area. If Members are in agreement, it is proposed that the Vacancy Control Programme be further developed and rolled-out across Mid Ulster, to take effect from 1 April 2015, as part of new arrangements for Mid Ulster District Council.

In response to Councillor McNamee's question as to whether Councils are reimbursed for work undertaken on behalf of Land and Property Services Mr Wilkinson advised that Councils are not reimbursed. Councillor McNamee felt that Council should seek reimbursement for the work completed.

Councillor S McGuigan enquired as to the pitfalls and benefits to Council in undertaking the additional work being requested by Land and Property Services in relation to non-domestic vacancy checks.

Mr Wilkinson advised that the additional work will create an extra workload but will also provide for extra rateable income. Mr Wilkinson envisaged that more Councils are likely to undertake the non-domestic vacancy control checks in the coming months.

Councillor Mallaghan expressed concern in relation to the issuing of rates bills to homes that are deemed 'watertight' but are in reality uninhabitable and the additional pressure this puts on families trying to complete their homes which happens when a Completion Ready Notice is issued. Councillor Mallaghan felt that Council should be selective in the information being provided to Land and Property Services to enable a rates bill to be issued, Councillor McNamee concurred with these comments stating that as these houses are not habitable exceptions should be allowed.

Councillor Cuddy felt that the Building Control Service should be paying for itself or aiming to in the future and that going forward this should be a key performance indicator.

Resolved That it be recommended to the Council that a report be brought to the next Environment Committee on Completion Ready Notices.

E47/14 Private Water Sampling taken by Environmental Health staff on behalf of Drinking Water Inspectorate

Mrs McClements presented a paper seeking approval for existing working arrangements between the three Mid Ulster cluster of councils Environmental Health departments and the Drinking Water Inspectorate to continue in Mid Ulster District Council.

The Officer added that Environmental Health staff currently, through a voluntary agreement with the Drinking Water Inspectorate, collect water samples and undertake risk assessments of private water supplies. Councils are then reimbursed for undertaking these duties

Proposed by Councillor Gillespie
Seconded by Councillor Buchanan and

Resolved That it be recommended to Council that the current voluntary agreement between the three Mid Ulster cluster of councils and the Drinking Water Inspectorate continue in Mid Ulster District Council.

E48/14 Street Trading Fees

Mrs McClements presented a paper in relation to establishing fees for Street Trading licence applications.

The Officer advised that Council is permitted to charge maximum fees sufficient to recover the full costs of administering the scheme but not including enforcement against illegal traders. Where the Council decide to charge a fee there is a legislative process that must be carried through:

- Proposed fees must be publicised in two or more newspapers circulating in the district.
- Council must give notice of the proposed fees to licence holders affected by the proposal.
- 28 days must be permitted for anyone to make a written representation concerning the proposed fees.
- Council must consider any such representations made and determine the fees.
- Having reached such a decision the Council must again publicise the fees in two or more newspapers in the district and notify all licence holders affected by the decision.

In setting the Street Trading fee the decision is made based on a cost recovery basis, designation procedure fees, review/ calculation of fees and the number of newspapers used for advertising.

Proposed fee calculations have made the assumption that it is year zero in relation to administration costs of the scheme as a new council and as such there are no outstanding deficits or surpluses which need to be taken into account from predecessor council administration of the Street Trading regime. The proposed fees can be summarised as:

STATIONARY TRADERS	Advertising in 2 papers	Advertising in 8 papers
Fee advertising costs, Application and Regulation costs	£173.47	£213.39
Advertising costs for designation of street	£23.45	£85.99
Total Cost Per Licence (excluding designation costs)	£173.47	£213.39
Total Cost Per Licence (including designation costs)	£196.92	£299.38

MOBILE TRADERS	2 papers	8 papers
Advertising costs – Fees/Application/Regulation	£173.47	£213.39
Total Cost Per Licence	£173.47	£213.39

TEMPORARY TRADERS	
Administration & Regulation Costs	£54.40
Total Cost Per Licence	£54.40

As the number of temporary traders to be licensed is currently not known and that an exact figure for corporate costs has not been included, but that the Council can recoup enough money (but not make profit) from licence fees to cover the cost of administering under the 2001 Act, it is proposed that, subject to a Council decision

on the number of newspapers to be used for advertising purposes the fees for Street Trading Licences for 2015 - 2016 be:

	MUDC (2 papers used)	MUDC (8 papers used)
STATIONARY TRADER	£175	£215
MOBILE TRADER	£175	£215
TEMPORARY TRADER	£55	£55
VARIATION OF LICENCE	£70	£70

Councillor Mullen enquired what the eight papers are which Council proposes to advertise in.

Mrs McClements advised that she would be aware of some of the eight newspapers but did not have a complete list available tonight.

On this basis Councillor Mullen felt that the committee would be unable to make a decision tonight on how many newspapers to advertise in until Members are aware of what the newspapers are. Councillor Mullen added that she is aware of thirteen papers circulating in the area.

Councillor Mallaghan expressed the need for an advertising policy to address issues such as this and in particular going forward to deal with planning issues.

Resolved That it be recommended to the Council to bring a list of papers in circulation across the Mid Ulster District Council area to a future Council meeting and defer decision on Street Trading fees until this has been considered.

Matters for Information

E49/14 Health and Safety Audit on Waste and Technical Services

Mr Hall provided Members with the outcome of an initial gap analysis on occupational health and safety management systems across waste and technical services within the existing councils and referred to a series of issues contained within a previously circulated report.

Risk Assessment Processes

In carrying out the risk assessment process some sources of information or inputs need to be considered, for example legal requirements, records of incidents and visitors to the workplace. The following issues were identified:

- All Councils had in place a fairly extensive suite of general risk assessments as regards Technical based operations; these did go a long way towards significantly addressing the high risk activities.

- Two Councils already use same General risk assessment format.
- Two Councils had extensive procedural documents in place to guide the risk assessment process across the spectrum of risks (*General, Manual Handling, Control of Substances and Hazards to Health (CoSHH) and DSE*)
- Some review and updating of existing procedural documents is required
- Some issues are yet to be addressed in all three Councils, for example noise
- Significant gaps were identified in not meeting legal requirements in one Council in there not being documented risk assessments for Manual Handling, COSHH

Mr Hall advised that it would be relatively easy to achieve alignment if Mid Ulster District Council adopts the processes, format and common documentation already in use within two of the Councils. He added that there was an opportunity to disseminate the completed assessments across Mid Ulster District Council as work practices are broadly common in these areas.

It is recommended that the common documentation is put in place for Mid Ulster District Council.

Organisational Arrangements:

Mr Hall advised that it is a legal requirement that a Health and Safety Policy exists and all three Councils do have in place a policy.

Two of the Councils had formal reporting structures in place to ensure that elected members, senior management and trade unions were kept informed about the suitability and adequacy of health and safety performance. One Council did not have in place a Health and Safety Committee which is a legal requirement if requested by unions.

Reporting arrangements for health and safety to elected members within Mid Ulster District Council has already been broadly outlined. There will be a need to establish the Terms of Reference and membership of a Mid Ulster Health and Safety Committee at an early stage.

It is recommended that Terms of Reference for a Mid Ulster Safety Committee is prepared and a Committee put in place at an early stage.

Monitoring, Inspection and Review

Inspections and reviews are a vital element of any safety management system to determine whether the standards set for the work activities are being met and to allow the identification of problems before they become more serious or result in an incident or accident. They also provide essential evidence to enforcers and as a claims defence that safety management is actively taking place. Some inspections are required by law such as lifting equipment, local exhaust ventilation and pressure vessels.

All of the Councils had inspection systems of one kind or another in place. Two of the Councils have a formal audit and inspection regime.

There is a need to agree and align the documentation used and the frequency rates of inspection increased in moving forward to Mid Ulster District Council.

It is recommended that this be put in place.

Training

It is a statutory requirement that employees receive adequate training to allow them to do their job safely. Two of the Councils had in place a formalised training programme and while the other was more ad hoc the training in high risk activities was mostly evident. There was a gap in training in high risk activities in one Council as regards mobile and static street works and the reversing of refuse vehicles.

All of the Councils were fortunate to have managers in the Technical Services disciplines who had received formalised manager's safety training to an accredited standard.

While it is envisaged that the capacity training programme will contain elements of health and safety related training the opportunity exists immediately for greater use of an offer to cluster partners of safety related training and this should be built on.

There is a need for all of the Councils to identify the essential safety training requirements for each job role and to ensure the consistent delivery of the same.

It is recommended that a role specific, health and safety related, training needs analysis is undertaken as soon as structures are embedded in Mid Ulster District Council.

Measurement

It was relatively easy for two of the Councils to measure their performance in relation to numbers of accidents and trends as they are using an IT system for the reporting and recording of accidents. While the system used is relatively simple in the short to medium term it is adequate and could be expanded out for use in Mid Ulster District Council.

It is recommended to expand the existing IT system for use in Mid Ulster District Council in the short to medium term, and in the longer term a more comprehensive IT based Health and Safety system be introduced.

Councillor McGinley enquired if one of the Councils appeared to be less progressive in relation to health and safety than the other two.

Mr Hall advised that as there was a past partnership in health and safety arrangements with two of the councils which is why their processes are similar however this is not to the detriment of the other council, which has in place different processes and procedures. Additionally the health and safety officer at this council is only part time.

Councillor Buchanan left the meeting at 8.25 pm

Councillor Mallaghan left the meeting at 8.27 pm

Councillor McGinley asked if Council anticipates any barriers in carrying out a similar health and safety gap analysis across leisure related facilities as one is privately owned.

Mr Cassells advised that there have been no issues in the past at this particular site with regards to health and safety visits and that all required access has been given.

The Chief Executive stressed the importance of health and safety and advised that the Health and Safety Executive will be invited to present at a future meeting of committee.

Councillors McAleer and Mullen left the meeting at 8.33 pm

Proposed by Councillor McNamee
Seconded by Councillor Cuddy and

Resolved: That it be recommended to Council to adopt recommendations as set out above. In addition, an examination of occupational health arrangements relating to health surveillance be carried out, a similar health and safety analysis be carried out across leisure related facilities and that existing health and safety policies be reviewed and a format developed for Mid Ulster District Council health and safety policy.

IN COMMITTEE

Proposed by Councillor McGinley
Seconded by Councillor J O'Neill and

Resolved That item E50/14 be taken 'in committee'.

E51/14 Duration of Meeting

The meeting was called for 7.00 pm and ended at 8.37 pm.

CHAIR _____

DATE _____

B

Subject	Waste Authorisations
Reporting Officer	Mark McAdoo

1	Purpose of Report
1.1	To inform members regarding the process of transferring waste authorisations to Mid Ulster Council and to seek approval to make the necessary applications and related payments prior to 1 st April 2015.

2	Background
2.1	The three existing Councils currently hold a range of waste related authorisations issued by the Department of the Environment (DOE) which must be reviewed and transferred to Mid Ulster Council for 1 st April 2015 to ensure the new Council is documented as the legal authorisation holder.

3	Key Issues
3.1	The types of waste authorisations currently held by the three existing Councils which are issued by the Northern Ireland Environment Agency (NIEA) include the following:
3.2	Pollution Prevention Control (PPC) Permits Waste Management Licences Water Discharge Consents Registered Waste Carrier Registrations
3.3	In addition each Council currently holds a Goods Vehicle Operator Licence (O Licence) for their respective vehicle fleets which are issued by the DOE Central Licensing Office.
3.4	A list of existing authorisations/references for each existing Council is attached.
3.5	A meeting was held with NIEA on 9 th December to discuss the process for the transferring, modifying or surrendering of waste authorisations. The Agency has agreed to collate the necessary paperwork and to present the required applications to the Council for review/signature before the end of January 2015. Furthermore it has agreed that there will be a 12 to 18 month transition period, post 1 st April 2015, during which time the new Council will be required to review and amend site working plans associated with the waste licensing regime.
3.6	On 1 st December the DOE Transport Regulation Unit issued updated guidance on the issue of Goods Vehicle Operator Licences to the new Councils (copy attached). This confirms an application for a new licence should be made no later than 9 weeks prior to the 1 st April 2015 i.e. by end January.

4	Resource Implications
4.1	<u>Financial</u>
4.1.1	NIEA has confirmed the cost of transferring each waste management licence will be £260, which, based on a total of 15 No licences, equates to a total of £3900. The cost of transferring a PPC permit is still to be confirmed but based on existing rates would be £322 per site (with a potential supplement of £1239).
4.1.2	The cost of obtaining a new Operator Licence will be £703 (£254 application fee plus £449 application fee).
4.1.3	The cost of the entire exercise is therefore estimated to be less than £7000.
4.2	<u>Human resources</u>
4.2.1	Some staff time will be required to prepare and review the applications. It should be noted that in order to maintain the necessary authorisations specified staff must hold certain qualifications namely Certificates of Technical Competence (COTC) for waste licences/permits and Certificates of Professional Competence (CPC) for Operator Licences; however a sufficient number of staff within the existing Councils are appropriately qualified
4.3	<u>Assets and other implications</u> - None

5	Other Considerations
5.1	This report addresses all waste related authorisations. There will be a number of other consents i.e. for water discharge relating to other Council properties e.g. sports grounds, cemeteries etc. which will also have to be confirmed/transferred.

6	Recommendations
6.1	It is recommended that approval is granted to proceed with the necessary applications and related payments to ensure all waste authorisations are transferred/in place for Mid Ulster District Council on 1 st April 2015.

7	List of Documents Attached
7.1	Appendix 1: Table of existing authorisations/references currently in place for each Council
7.2	Appendix 2: DOE Guidance for new Councils on Good Vehicle Operator Licensing

Appendix 1

MID ULSTER DISTRICT COUNCIL

[illegible]

Goods Vehicle Operator Licensing Guidance for New NI Councils

Administration of Goods Vehicle Operator Licensing

The Department of the Environment (DOE or the Department) is responsible for the administration of the Goods Vehicle (Licensing of Operators) Act (Northern Ireland) 2010¹ (the Act).

The processing of Goods Vehicle Operator Licence applications is carried out by the DOE's Central Licensing Office (CLO). The contact details are as follows:

DOE Central Licensing Office
PO Box 180
Leeds
LS9 1BU

Telephone: 0300 200 7831 (NI Direct)
Email: niclo@vosa.gsi.gov.uk

Regulatory action against an operator for non-compliance with the requirements of the law or with licence conditions or undertakings is dealt with by DOE's Transport Regulation Unit (TRU). Further information about TRU and its functions can be found here: http://www.doeni.gov.uk/index/road_users/tru.htm

Types of Licence

There are three types of Goods Vehicle Operator licences:

- **Standard international licence** for national and international haulage operations;
- **Standard national licence** for national haulage operations only; and
- **Restricted licence** for the carriage of goods on the licence holder's own account in connection with their business.

Licence Fees

For any licence (Standard or Restricted) all applicants must pay an application fee of £254.00. If a new licence application is successful, operators must then pay a licensing fee of £449.00, which covers a period of 5 years. An interim licence fee is £68.00.

¹ Goods Vehicle (Licensing of Operators) Act Northern Ireland 2010:
<http://www.legislation.gov.uk/nia/2010/2/contents>

Application Forms and Guidance

All Goods Vehicle Operator Licence application forms, guidance notes and associated information on the licensing requirements and the application process can be found here: http://www.doeni.gov.uk/index/road_users/tru/applications-2.htm

Goods Vehicle Operator Licensing Standards

The Act sets out the requirements² that Goods Vehicle Operator licence holders must satisfy in relation to:

Good Repute / Fitness

The Department will look at any convictions that either a Council or any of its employees have had in the last five years. The Department may also take into account any other matters that affect a Council's good repute in relation to a Standard licence or fitness to hold a licence in relation to a Restricted licence. These matters may include those brought up by anyone objecting to the application. Any person who is a nominated Transport Manager on a Standard licence must also meet the good repute requirement.

Financial Standing and available finances

The Department must be satisfied that each Council applying for a Standard licence has sufficient financial resources to maintain its vehicles and run its business. Each Council should ensure that they have sufficient financial resources to demonstrate that they meet the current levels for the type of licence and number of vehicles they are applying to operate for the type of licence applied for.

Establishment

There is a requirement that every Standard licence holder/applicant must have an establishment in Northern Ireland with premises in which it keeps its core business documents, e.g. accounting and personnel management documents and data on driving time and rest.

Professional Competence

Each Council must employ one or more people who will act as the Transport Manager(s) on its licence if applying for a Standard licence. They are responsible for the continuous and effective control of the management of the business and should have an appropriate qualification.

² The Goods Vehicles (Licensing of Operators) Act (Northern Ireland) 2010 as amended by The Goods Vehicles (Qualifications of Operators) Regulations (Northern Ireland) 2012 S.R. 2012 No.257
<http://www.legislation.gov.uk/nia/2010/2/crossheading/operators-licences>
<http://www.legislation.gov.uk/nisr/2012/257/made?view=plain>

Next Steps

In advance of applying for a Goods Vehicle Operator's Licence, the Councils should consider the Goods Vehicle Operator Standards that they will have to fulfil, and ensure that these requirements are established prior to their applications. Councils should also start to consider and collate the information they will be required to provide with their applications.

The Goods Vehicle Operator Licensing Guide for Operators³ provides further information on operator licensing procedures and should assist the Councils in completing their applications. Applications for a Goods Vehicle Operator licence should be completed on form GV(NI)79⁴.

Information Required for Application

The minimum information that applicants will need to provide when applying for a Goods Vehicle Operator Licence includes:

- The number of vehicles and trailers to be authorised on the licence;
- Details (registration numbers, gross plated weight, body type) of the vehicles they wish to operate;
- Address(es) of the proposed operating centre(s) and their vehicle/trailer capacity;
- The name and certificate of professional competence of nominated Transport Manager(s) (if applying for a Standard licence);
- Financial documentation;
- Maintenance contract (if using an external provider);
- Current and previous licence history (of any person named in the application, or any company which they acted as director for, holds/held a goods or public service vehicle operator's licence in NI or GB); and
- Details of any unspent convictions and penalties of any person named in the application

³ Guide for Operators: http://www.doeni.gov.uk/gv_ni_74_guide_for_operators_-_v.2.1.pdf

⁴ Application form GV(NI)79 and guidance notes:

http://www.doeni.gov.uk/gv_ni_79_application_form_and_annexes_v_2.2.pdf

Question and Answer Brief for New NI Councils

Applying for a Licence

Q. Are the licences held by existing Councils transferable to the new Councils?

A. No.

Goods Vehicle Operator Licences are not transferable from one business entity to another. It is against the law for a new or different entity to operate except under a licence issued to it. A new licence for the new entity must be obtained before operating.

Q. If a Council name and entity is not changing but it is simply expanding, is a new application required?

A. No, in such cases a variation application may be appropriate. A separate application form GV(NI)81⁵ must be completed for variations.

Q. What is the advantage of holding a Standard licence?

A. A Standard licence enables a Council to operate both on their “own account” and for “hire or reward”. A Restricted licence only covers the operator for “own account” work. There is no difference in the cost but a Standard licence holder must have a qualified Transport Manager.

Q. A Council’s boundary is on the border between Northern Ireland and the Republic of Ireland. The nature of the road network results in vehicles crossing the border but goods are not collected or delivered in the Republic of Ireland. Is a Standard or a Standard international licence appropriate?

A. A Standard international licence will be required.

Q. Will there be a revised condensed application form, taking consideration of the 26 Councils merging to 11 organisations, rather than completing a full GV(NI)79 application form?

A. No, there is only one application form.

The Department needs to be satisfied that the new Councils agree to the statutory declarations, conditions and undertakings of the licence and the application form must therefore be signed by the appropriate individual.

⁵ Application for a chargeable or non chargeable variation: http://www.doeni.gov.uk/gv_ni_81_-_v.2.1.pdf

Q. Will new Councils have to pay a fee when applying for a new licence?

A. Yes.

An application fee of £254 is payable when they apply for a new licence or a chargeable variation to an existing licence. The fee covers the cost of processing the application and must be sent in full together with the application form. It is non-refundable.

In addition, there is an issue fee of £449, which must be paid in full when the application for a licence is granted. The issue fee covers the costs of maintaining and monitoring the licence over 5 years. This fee is also non-refundable.

Q. When should new Councils apply for a Goods Vehicle Operator Licence?

A. Licences must be granted in advance of operating vehicles. In straightforward cases a licence is usually issued within 9 weeks. However, if there is opposition to an operating centre or any other issues to address it could take considerably longer. For Councils to be reasonably assured that any application will be processed by 1 April 2015 the Department will accept submitted applications from 1 December 2014.

Q. What is an interim licence?

A. If a Council needs to operate urgently, they may apply for an interim licence. The interim licence application, using form INT(NI)1⁶, should not be submitted until after the GV(NI)79 application has been submitted with all supporting documentation. If a Council is granted an interim licence or direction, and they pay the required issue fee of £68, they will be able to operate whilst waiting for a decision on their application. A request for an interim licence will only be considered if the Councils' application is complete and all supporting documentation has been received and accepted. It must not be assumed that an interim licence will be granted. Each request is considered on its own merits and it is at the discretion of the Department.

Surrendering Existing Licences

Q. Will existing licences have to be surrendered before the new licence takes effect?

A. No. The Council can continue to operate under its existing licence whilst holding a new licence, which will become effective on 1 April 2015. Once the new licence becomes effective and the vehicles have been specified on it, the old licence must be surrendered.

⁶ Interim licence application form INT(NI)1:

http://www.doeni.gov.uk/gv_ni_79_int_ni_1_interim_licence_application_v_2.2.pdf

- Q. When should existing Councils surrender their existing licences?**
- A. To surrender a licence you need to complete form SUR (NI)1⁷. This should be submitted as soon as the new Councils have begun operating under their new licences.
- Q. Should surrender applications be submitted together with the new Councils' licence applications?**
- A. No, each Council should submit the surrender form and enclose the licence documents and vehicle identity discs as explained in the above answer.

Operating Centres

- Q. Will new Councils be exempt from advertising their application for an operator's licence?**
- A. It depends.

Applicants for a Goods Vehicle Operator's Licence are required to advertise in one or more local newspapers, which circulate in the locality of each operating centre included in the application. The purpose of the advertisement is to give anyone who owns or occupies a building or land in the area surrounding the proposed operating centre a chance to raise any concerns or make a representation against the application on environmental grounds.

If a new Council intends to use an operating centre that is attached to an existing operator's licence then the applicant for a licence, or an existing operator, can apply to the Department under Schedule 1 to the Act (transfer of operating centres) using form GV(NI)72⁸ to allow an operating centre to be transferred from one licence to another. The application must not exceed the current level of authority, i.e. the same number or less of vehicles and, if applicable, trailers as are currently authorised at the operating centre. If the Department agrees to the request there is no need to advertise the application in a local newspaper.

Any new operating centres, or requested increase in the previous authority of an existing operating centre, will need to be advertised to allow local residents and statutory objectors the opportunity to submit representations or objections respectively.

- Q. Can operating centres that are owned by an existing Council be included in a new Council's application, even if they are not in the new Council name?**
- A. It doesn't matter who owns an operating centre or the site on which it is located so long as the operator has permission to park there. Schedule 1 to the Act provides a simplified procedure for the transfer of an operating centre(s) from one operator's licence to the licence of another operator or

⁷ Surrender a licence using form SUR(NI)1: http://www.doeni.gov.uk/sur_ni_1_-_application_to_surrender_a_licence_-_v.2.1.pdf

⁸ Application for a Schedule 1 transfer using form GV(NI)72: http://www.doeni.gov.uk/gv_ni_72_-_transfer_of_operating_centres_-_v.2.1.pdf

potential operator. The Schedule 1 application can be made at the time of an application for a new licence or at the time of an application to vary an existing licence. Where this procedure is used, no advertisement is required in connection with the application.

- Q. Is there a maximum number of operating centres permitted on an Operator Licence?**
A. No.

Councils should note however, that in considering the ability of a Transport Manager to continuously and effectively manage the transport undertaking, the Department will have regard to the distance between operating centres and the number of nominated Transport Managers.

Financial Standing

- Q. As financial standing has already been proven in the existing Councils' previous applications will new Councils be exempt from providing financial standing documentation in the new Council name?**
A. No.

The Department needs to be satisfied that the new Councils meet the financial requirements and so the financial documents provided as part of the application must be in the name of the proposed licence holder.

- Q. What if finance documents in the new Council name are not available at the time of application?**
A. If the provision of finance documents in the new Council name is not possible at the time of application, which will be prior to the transfer of Councils on 1 April 2015, Councils may submit financial documents in the existing Council name, supported by a letter of guarantee signed by the Chief Executive stating that finance of £ amount is/will be available/transferred to the new Council as of 1 April 2015. A request for a period of grace should accompany the documents. Councils should then submit finances in the new Councils' names in July 2015 to cover 28 days in June by way of finance condition/undertaking so that the Department can be sure that the Councils meet the financial requirements.
- Q. EU Regulation 1071/2009⁹ provides for an annual review of the financial standing levels. What impact, if any, will this have on Councils' applications?**
A. Councils should note that the financial standing requirements are due to decrease slightly on 1 January 2015. Details of the new levels will be available on the TRU website shortly.

Current financial standing levels apply to applications made before that date.

⁹ Regulation (EC) 1071/2009: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2009:300:0051:0071:EN:PDF>

Deferring an application until 1 January 2015 or shortly thereafter should have no impact on the timing of processing a Council's application as the timescale for unopposed applications is normally up to 9 weeks.

Vehicle Information

Q. Will Councils be exempt from providing vehicle information (i.e. invoices for purchase, maintenance provider) or can existing information be transferred?

A. There is no requirement to provide vehicle purchase invoices. A list of vehicles for each Council, and maintenance contracts (if any) showing the correct name of the Council on the contract, will need to be provided so that they can be attached to the associated licence record.

Transport Managers

Q. What is a Transport Manager?

A. A Transport Manager is required by all Standard licence holders and is defined in Article 4 of Regulation (EC) 1071/2009. The Transport Manager is "a person who effectively and continuously manages the transport activities of the undertaking". Further guidance on the different types of Transport Manager is set out in form TM(NI)1G¹⁰

Q. What is the difference between an Internal and External Transport Manager?

A. An **Internal Transport Manager** must have a genuine link to the licence holder or applicant and may be:

- The licence holder /applicant;
- One of the partners in whose name the licence is/ will be held; or
- A director of the company in whose name the licence is/ will be held.

A Transport Manager is also likely to meet the "Internal" requirement if he/she is a full time or part time employee of the licence holder/ applicant.

An **External Transport Manager** is hired-in to fulfil the role of Transport Manager under a contract that specifies the tasks to be performed in that role. The tasks to be specified should include, in particular, those relating to vehicle maintenance management, verification of transport contracts and documents, basic accounting, the assignment of loads or services to drivers or vehicles and the verification of safety procedures.

External Transport Managers may only work for up to 4 operators with up to 50 vehicles

¹⁰ Transport Manager Guidance Notes:

http://www.doeni.gov.uk/gv_ni_79_tm_ni_1g_transport_manager_guidance_notes_v_2.2.pdf

Q. Is there a limit to the number of vehicles an Internal Transport Manager can be responsible for?

A. There is no legal limit but the Department recommends the following:

<u>Vehicles</u>	<u>Guideline Hours (per week)</u>
2 or less	8
3 to 5	15
6 to 10	20
11 to 14	25
15 to 29	Full time
30 and above	(Full Time) Additional assistance required

Q. Can more than one Transport Manager be named on the licence or must there be a lead Transport Manager?

A. A Council may name more than one Transport Manager on a licence. It may be, for example, that Transport Managers are operationally responsible for the transport operation in specific operating centres/ geographical areas although this level of detail is not specified on the licence.

Q. Will there be a requirement for multiple nominated Transport Managers to be assigned to specified/numbers of vehicles that the organisation has detailed on their Operator Licence?

A. No.
In terms of licensing, it is not possible to allocate Transport Managers to specific operating centres or numbers of vehicles. Councils need to make sure that they have sufficient numbers of Transport Managers for the total number of vehicles on the licence.

Q. What happens if a Transport Manager leaves or goes off on long term sick absence?

A. The operator must notify the Department if their Transport Manager leaves or goes off for a long period of sick absence. In such circumstances the Department may grant a period of grace to enable the operator to nominate a replacement.

Q. What happens if a Transport Manager is found by the Department to have lost their reputation?

A. Regulation (EC) 1071/ 2009 states that where a Transport Manager loses good reputation, the Department must declare that Transport Manager unfit to manage the transport activities of an undertaking. Furthermore, unless and until a rehabilitation measure specified by the Department is undertaken, the certificate of professional competence will no longer be valid in any Member State. Relevant legislation is Article 14 of Regulation (EC) 1071/2009 and Regulation 15 of The Goods Vehicles (Qualifications of Operators) Regulations (Northern Ireland) 2012¹¹.

¹¹ The Goods Vehicles (Qualifications of Operators) Regulations (Northern Ireland) 2012:
<http://www.legislation.gov.uk/nisr/2012/257/contents/made>

Licence Holder Name

Q. Is the Chief Executive Designate permitted to be named on more than one Operator Licence?

A. Yes, in much the same way as a person can be the director of more than one company that holds a licence.

Q. If an application is submitted with the current proposed new Council name and if that name changes further prior to 1st April 2015 could the Council name be changed on the licence without a complete new application?

A. Yes, but if a Schedule 1 transfer is done then it would require the surrender of the donor (existing Council) licence, otherwise the authorisation at the operating centre(s) in question would be greater than permitted numbers.

Q. Would Councils be permitted to hold a new licence without any named vehicles on it?

A. If the licences required are Standard licences then as long as the Department is satisfied that the Council has arrangements in place to ensure access to vehicles in line with EU requirements then there is no reason why this should not be permitted. This requirement does not apply to Restricted licences.

Making Changes to Licences

Q. Can vehicles be added or removed from a licence?

A. Yes. Councils can apply to vary their operator's licence in regard to increasing the total number of authorised vehicles and/or trailers using a GV(NI)80¹² form. These changes can also be made online through the VOSA Operator Self-Service system¹³. It is also possible to add and remove vehicles within the Councils' margin using the same system without the need to apply for a variation.

Q. Do I have to wait until the licence is granted before I can register on the Operator Self-Service system?

A. No.
As soon as the application has been registered the licence number is generated and an applicant may register on self service before it is granted. It allows an operator to track the progress of an application.

When Councils register on the system, they will be sent a password in the post within a week. Councils should note that they will not be able to access the system to make changes on their licence until they have received the password.

¹² GV(NI)80 form: http://www.doeni.gov.uk/gv_ni_80_-_application_to_change_vehicles_-_v.2.1.pdf

¹³ VOSA Self-Service system:

http://www.doeni.gov.uk/index/road_users/tru/goods_vehicle_operator_self_service.htm

Q. What other changes am I able to make on the Operator Self-Service system?

A. You can:

- View a basic licence summary of the operator licence records the Departments holds for you to check your records are up to date and track the progress of major applications;
- Change your correspondence address records and trading name;
- Add/remove directors (Limited companies only);
- Add/remove operating centre(s) and/or increase/decrease authority
- Print the Advert Template for operating centres (Goods Operator Licences only);
- View and check your correspondence Inbox. If you stated you wanted to receive correspondence from VOSA when you registered for self-service, you will be sent documents electronically in most cases instead of through the post. You will be notified by e-mail to check your correspondence when something has been placed there; and Pay licence fees on-line using the "Payment of licence fees On-Line" option. Payment can be made using: Visa debit/credit card, MasterCard or Maestro/Switch when your operator licence fees are due.

C

Subject	'Completion Notice Ready' notification to Land & Property Services
Reporting Officers	Mark Kelso, William Wilkinson

1	Purpose of Report
1.1	To update members on the notification by Building Control of dwellings which are Completion Notice Ready (CNR) to Land and Property Services.

2	Background
2.1	<p>On the 1st October 2011 the Land and Property Services were given powers under the Rating of Empty Homes (R.E.H.) Legislation to collect the same level of rates on all domestic properties whether they were occupied or vacant.</p> <p>Under the Rates (Northern Ireland) Order 1977 as amended , Councils are obliged to provide all relevant information to Land & Property Services to enable them to administer rate collection across the area. This includes the provision of information on the status and readiness of new dwellings under construction within the Council area so as to enable Rates to be levied once the properties are deemed 'occupiable'.</p>
3	Key Issues
3.1	<p>The Guidelines provided by Land & Property Services are as per Appendix 1. The revised procedures for activation of a Completion Notice Ready (CNR) notification were introduced in November 2011 and included the following structural elements which are designed to ensure that the property was both structurally secure and weather-proof:-</p> <ul style="list-style-type: none"> i) External walls ii) Roof iii) Windows iv) External doors v) Floors (at least to sub-floor level) vi) Services laid to site.
3.2	<p>On receipt of this information Land & Property Services indicate that in normal conditions they expect the dwelling to have moved to completion and be ready for occupation within 3 months of the CNR notification being received. From their guidance , LPS would then issue a 'Completion Notice' to the householder concerned highlighting the date when Rates will become payable . If the householder disagrees with the proposed date , they must lodge an Appeal within 28 days . (Section 6 – LPS Guidance Note)</p>

3.3	Following the circulation of the revised Guidance to Councils in 2011, the constituent Councils, sought and obtained members approval to process applications in this manner. All three Councils are now using the same Tascomi Software platform and are processing the CNR notifications in a similar way.
3.4	It is our understanding that Land & Property Services are currently revising the Memorandum of Understanding and will be presently issuing it for consultation and consideration by the new Councils. In light of these proposals it is suggested that the existing Completion Notice Ready procedures as currently operate , are adhered to , until such times as the revised Memorandum can be reviewed and duly considered by Committee.

4	Resource Implications
4.1	<p><u>Financial</u></p> <p>There are no staff resource implications.</p>
4.2	<p><u>Human resources</u></p> <p>No additional resources required.</p>
4.3	<p><u>Assets and other implications</u></p> <p>N/A</p>

5	Other Considerations
5.1	N/A

6	Recommendations
6.1	The current Completion Notice Ready arrangements as operate at present are continued until the Draft Memorandum of Understanding from Land and Property Services is consulted upon and duly considered.

7	List of Documents Attached
7.1	Appendix 1 - Land and Property Services Guidance Note re. Completion Notices Trigger.
7.2	Appendix 2 - Rates Fact Sheet – Rates Payable on Empty Homes



To: PSLG Members

From: David Beattie

Date: June 2011

**RATING OF EMPTY HOMES (REH) - COMPLETION NOTICES
TRIGGER LISTS FROM COUNCILS**

1. Please find attached at Annex 1 paper which I issued to members on 12 January 2011 summarising the key provisions for the Completion Notice process in relation to the Rating of Empty Homes (REH), which is due to come into effect on 1 October 2011.
2. In order to ensure that Completion Notices are issued on a timely basis and that potential rate revenue from REH is maximised, it will be crucial that effective processes are in place.
3. It is proposed that Building Control lists are used to trigger a Completion Notice to issue from LPS Valuation, which will specify a completion date. This will then be used as the effective date for the property valuation and the date from which unoccupied rates will be assessed and billed.
4. You will appreciate that if effective processes and procedures are not in place this will affect LPS ability to assess and collect rates in relation to new properties and in turn the revenue for Councils.
5. Currently Building Control provide 'occupiable' lists to LPS which use the 2003 definition of 'occupiable' as follows:

'Occupiable' – a building can be considered as capable of being designated 'occupiable' when all of the following criteria are verified by site inspection:

- a) The building's external envelope (roof, walls, window & door openings etc) is deemed to be capable of resisting the ingress of moisture;
- b) No structural defects exist which could be considered to meet the trigger criteria for the issue of a dangerous structures notice;
- c) There are no outstanding fire safety issues;
- d) The foul and storm drainage systems are functioning (not necessarily complete);

- e) A functioning WC and wash hand basin is in existence; and
- f) For buildings other than single storey a compliant staircase has been installed.

Following receipt of the 'occupiable' lists LPS Valuation use this information to arrive at a Projected Start Date (PSD) for valuation assessment purposes.

6. The Completion Notice process will be used to determine when a property can be considered to be complete for vacant rating purposes. A Completion Notice can be issued if a property can reasonably be expected to be completed in 3 months. Therefore it will be necessary to change the criteria for the existing 'occupiable' lists, to ensure that LPS are in a position to serve a Completion Notice on a new property on a timely basis.
7. It has been suggested that these lists are now referred to as **'Completion Notice Ready' lists (CN Ready) or 'Substantially Complete' lists** and that the following criteria is used for these:
 - The basic structure is complete, for example all external walls and roof are in place
 - Internal walls are built (although not necessarily plastered)
 - Floors laid (although the screed or top coat of concrete need not have been laid).

It is considered that in order to be ready for valuation the following work does **not** need to have been carried out:

- Internal decoration of the property
- Final fitting of sanitary ware and kitchen units
- Final fitting of electrical plug points and switches
- Final connection of water, gas and electricity (although services should be laid).

It should be noted that paperwork on the inspections by Building Control should be retained as it may be required at a later stage should an appeal be made against the Completion Notice.

8. The existing process for forwarding these lists to LPS should be used, however, it will be essential that all Councils sign up to the process and that lists are consistent and provided in the required format.
9. An example of the required format is attached at Annex 2.
10. Following agreement from Councils to the proposed arrangements LPS would be happy to meet with individual Councils to provide any necessary training and information in relation to the process.

11. It would also be useful for a Memorandum of Understanding (MOU) to be put in place to clearly set out the requirements and performance indicators, which could be periodically reviewed with Councils.
12. For your consideration and approval.

David



COMPLETION NOTICES

Summary of Key Provisions

David Beattie: 12th January 2011

CONTENTS

1. **What is a Completion Notice?**
2. **What is the purpose of serving a Completion Notice?**
3. **What are the legal provisions for issuing Completion Notices?**
4. **What should be considered when establishing a date for completion?**
5. **What are the timescales for a Completion Notice?**
6. **What happens if an owner disagrees with the Completion Notice?**
7. **Can a date in a Completion Notice be changed?**
8. **Current process for a building, which is subject to a Completion Notice, to be included in the Valuation List**
9. **When will a property become liable for rates?**
10. **Rating of Empty Homes**

1. WHAT IS A COMPLETION NOTICE?

A Completion Notice is a legal document issued by LPS. The Notice is currently served on the owner of a newly erected or structurally altered non domestic property specifying the date that the property is to be treated as completed for vacant rating purposes.

2. WHAT IS THE PURPOSE OF SERVING A COMPLETION NOTICE?

Vacant rates are payable from the date three months after the property becomes vacant. For newly erected non domestic properties, or those that have been structurally altered so that their entry on the Valuation List is zero, a date determining when the property is considered to be complete and can be included in the Valuation List, is required. Legally this will be the date from which assessment for vacant rates can be made.

3. WHAT ARE THE LEGAL PROVISIONS FOR ISSUING COMPLETION NOTICES?

While there is no specific format for a Completion Notice, a notice signed and issued by an officer of the Department should specify:

- The name and address of the person entitled to possession;
- The address of the building to which the Completion Notice refers to;
- The date that the Department considers the building could be expected to be complete; and
- The right to appeal a Completion Notice (including the address of the Commissioner for Valuation).

4. WHAT SHOULD BE CONSIDERED WHEN ESTABLISHING A DATE FOR COMPLETION?

When establishing the date for a Completion Notice consideration should be given as to whether the property is complete and to what level that completeness takes. This may seem elementary but there may be differing levels of completeness. In the main, a property can be considered to be complete (***a stage reached in the contract where the client can take beneficial occupation***) when the architect signs the **Certificate of Practical Completion**.

Where the property is a large commercial development there tends to be work outstanding after the building is substantially complete. This would involve the 'fitting out' of the property for the incoming occupier

and would not form part of the erection or re-structuring work of the property. Due consideration should be given to the outstanding work.

5. WHAT ARE THE TIMESCALES FOR A COMPLETION NOTICE?

A Completion Notice can be issued with a post-date of up to a maximum of three months in advance, i.e., a Completion Notice issued on 1 April can have a completion date of 1 July. The earliest date on a Completion Notice is the date of issue and cannot be issued with a date prior to the issue date.

6. WHAT HAPPENS IF AN OWNER DISAGREES WITH THE COMPLETION NOTICE?

Where an owner disagrees with the date contained within a Completion Notice they may serve a notice of appeal against the completion date to:-

**The Commissioner of Valuation
HQ Appeals Section
Queens Court
Upper Queen Street
Town Parks
Belfast BT1 6FD**

An appeal against a Completion Notice must be lodged with the Commissioner's Office within 28 days of issue of the notice. The grounds for appeal should be that the property is not or cannot be complete by the date specified in the notice.

If no agreement is reached between LPS and the owner as to the date of completion the Commissioner of Valuation will be responsible for determining the date the property can be considered to be complete.

7. CAN A DATE IN A COMPLETION NOTICE BE CHANGED?

A date for completion contained in a Completion Notice can be changed, where there is agreement between LPS and the owner, of a new date and a subsequent Completion Notice is served with this new date.

The Commissioner of Valuation, following submission of a valid appeal to the Commissioner's Office, can determine a new date. Where the Commissioner determines a new date that date will be considered the date the property is complete for vacant rating purposes.

Throughout the appeal process, dialogue should continue with the owner to try to reach agreement on a completion date. Where there is agreement reached between the parties and an appeal has been lodged with the Commissioner of Valuation an agreed new Completion Notice can only be issued to replace the current notice with the written acceptance from the owner.

8. CURRENT PROCESS FOR A BUILDING, WHICH IS SUBJECT TO A COMPLETION NOTICE, TO BE INCLUDED IN THE VALUATION LIST.

When LPS services a Completion Notice a copy of the notice is sent to the local Valuation office informing them of the date the Agency considers the property to be complete. The District Valuer is responsible for valuing the property and including it in the Valuation List.

9. WHEN WILL A PROPERTY BECOME LIABLE FOR RATES?

A property that is subject to a Completion Notice will become liable from the date specified in the notice, even if the property remains incomplete.

If the property is unoccupied at the completion date it will become subject to vacant rating and will be liable for vacant rating charges following a three-month exemption period.

10. RATING OF EMPTY HOMES

The introduction of the Rating of Empty Homes (REH) legislation in October 2011 will extend the Completion Notice process to vacant domestic properties. It also provides for an initial 18-month exemption for 'developer' properties and a 12-month exemption for new developer properties in subsequent years. The Completion Notice process will be crucial in ensuring that new domestic properties are assessed for rates on a timely basis.

LPS is considering options for triggering the issuing of Completion Notices for domestic properties by LPS. One option under consideration is the possibility of using the equivalent of 'Occupiable Lists' from local authorities. For each property on the list, which has reached the agreed definition of completeness, LPS would issue a Completion Notice stating a projected completion date which reflected the type and degree of completeness of the property.



RATES PAYABLE ON EMPTY HOMES

On 1st October 2011 the same level of rates became applicable to all domestic properties whether they are occupied or empty. This is intended to encourage empty properties to be brought back into use.

This fact sheet answers some questions that you may have.

What is meant by empty?

Generally a property is considered empty for rating purposes where it is unoccupied, unfurnished and not used for storage purposes. The term 'empty homes' encompasses houses, private garages and private storage premises.

Who has to pay rates on empty homes?

The person entitled to possession of the property, generally the owner¹, has to pay rates where a property is empty.

Will I be sent a bill automatically?

Yes. Bills are automatically sent to the property owner.

Are there any exclusions from the rating of empty homes?

A number of properties are excluded from the rating of empty homes. While not an exhaustive list, exclusions will include those detailed on **Page 4**. A full list of exclusions and application forms, where applicable, are available at www.nidirect.gov.uk/emptyhomes.

Do I have to apply for an exclusion from the rating of empty homes?

Generally you will have to apply for an exclusion from the rating of empty homes and provide the necessary evidence to Land & Property Services (LPS). An application is not required where the rateable capital value of the property is under £20,000 or for the developer exclusion which will, where possible, be awarded automatically.

Will I qualify for an exclusion if I have bought a new home that has never been occupied?

No. The exclusion is only offered to developers to ensure that new house building is not discouraged.

¹ 'Owner' is used in this document to refer to the person entitled to possession of an empty property. In some cases this may be a person subject to a tenancy agreement.

How are rental properties affected?

All empty properties will be charged rates regardless of whether or not they are rented. There are alternative payment provisions available to landlords depending on the type of rate account that applies to their property.

A separate fact sheet explaining the different types of accounts is available at www.nidirect.gov.uk/rates.

How much rates will I have to pay?

The amount of rates that you will have to pay is based on the capital value of the property. The amount due will be the same as when the property is occupied (generally ignoring any reliefs awarded when occupied). For more detailed information about how your rates are calculated, see www.nidirect.gov.uk/rates.

It should be noted that the 4% early payment discount is only available for occupied houses. This discount will not apply to empty houses.

If you, as the owner of an empty home, do not pay the rates nor contact LPS to make the necessary payment arrangements, you will be taken to court.

Where owners deliberately damage property to avoid paying rates LPS has powers to deal with this. In exercising these powers, and calculating a rate bill, LPS would assume that the property had not been damaged.

What should I do next?

If you are the owner of an empty home and have not yet supplied your contact information to LPS you must do so, using one of the methods below:

Write to us at:

Land & Property Services
Central Investigation Team
Lanyon Plaza
7 Lanyon Place
Town Parks
BELFAST, BT1 3LP

Visit

www.nidirect.gov.uk/emptyhomes

Dial **0300 200 7801** (calls charged at local rate)

If outside NI, dial

+44 28 9049 5794

Text Relay **18001 0300 200 7801**

Important:

LPS is currently gathering ownership details for empty homes. If you own such a property you must inform LPS as soon as possible. If LPS does not have the necessary details the owner will still be responsible for rates. Where ownership information is obtained from other sources at a later date, under the Department's information gathering powers, the owner will be billed. In these cases the bill will be backdated to the date that rates should have been paid from.

Additional information

Some Housing Associations may be interested in purchasing properties, although preference may be given to groups of new build dwellings, in areas where there is an assessed housing need, the property in question is suitable and would offer good value for money to the public purse. Property owners though should be aware that Housing Associations are not obliged to purchase any properties and each approach will be assessed according to its individual merits.

Contact details for your local housing association are available at www.nidirect.gov.uk/housing-associations-contact.

Notes

- You can find the capital value of any domestic property in Northern Ireland at www.nidirect.gov.uk/domestic-valuation.
- This fact sheet is correct at the time of publication but may be subject to change. The latest version of the fact sheet can be found at www.nidirect.gov.uk/emptyhomes.

List of Exclusions

Exclusion Category	Explanation
Rateable capital value under £20,000	The rateable capital value is the value we use to calculate your rate bill. This is shown on your bill and can be viewed on our website (see notes).
The owner is a developer of a newly built home that has never been occupied	There are a number of criteria to satisfy, including that the home: <ol style="list-style-type: none"> 1. is a new building; 2. has never been occupied; 3. has a first owner who is a developer; 4. is in the capital value list (see notes); and 5. it was first entered onto a valuation list, on or after 1st April 2007. A developer means a person undertaking development work that results in a new building. The exclusion will only apply once, while all the criteria are met, and is time bound*. It will end where the property becomes occupied, is sold or the time bound period ends.
The empty home cannot be legally occupied.	This refers to empty homes where occupation is legally prohibited.
The empty home cannot be occupied due to the actions of a public body.	This refers to homes that are empty because a public body is prohibiting its occupation. Alternatively the public body may intend to acquire (vest) the property to support a public works scheme such as building a new road.
Listed buildings	The empty home is a listed building.
The owner is the personal representative of a deceased person	The person who owns the empty home does so only in their capacity as the personal representative of the former owner, who is now deceased.
The owner is subject to a bankruptcy order	This means that the owner has been declared bankrupt.
The owner(s) are in care (nursing home, residential care or hospital)	This applies when all the current owners of the property live in a nursing home, residential care home or hospital (as their main home) and when they last occupied the empty house it was their sole or main residence.
The owner(s) are in detention	This applies when all the current owners of the property are detained (due to, for example, a court order) and have their main residence there. When they last occupied the empty house it must have been as their sole or main residence.

*The developer exclusion will apply as detailed below:

Date property is first shown in a valuation list or completed	Length of exclusion period
1st April 2007–31st March 2012 (inclusive)	30 months
1st April 2012 onwards	12 months

D

Subject	Mid Ulster - Health and Well Being Programmes
Reporting Officer	M G Kelso

1	Purpose of Report
1.1	To update members on some of the Health and Well Being Improvement work being taken forward by constituent Councils across Mid Ulster.

2	Background
2.1	Despite improvements in health and improved life expectancy, significant and persistent inequalities remain within Mid Ulster. In order to better understand the mechanisms for achieving improved Health Outcomes, it is important to look at the wider impacts arising from the Social Determinants of Health.
2.2	The NI Executive set the Strategic Framework for Public Health Improvement in the 10 Year Strategy – Making Life Better 2013 – 2023. This highlights the need for collaborative and joint working at local level between Councils, Statutory Bodies and Community and Voluntary Sectors to deliver Health Improvement.
2.3	The inter-relationships of Genetic and Heredity factors linked to Lifestyle, Community, Local Economy and our local Environment is very clearly shown in the World Health Organisation's 'Health Map' - 'The Determinants of Health and Well Being in Our Neighbourhoods' Diagram, shown at Figure 2 (Appendix 2).
2.4	The Health Map is generally accepted as the Health Improvement tool which all Health and Well Being Programmes should be based around. It is recognised that Social and Health Determinants are inextricably linked and must be addressed as a collective, to ensure Long Term Health Improvements. For example, it is well recognised that Poverty has been linked to poor educational outcomes and other health related stressors, which can impact directly on the long term Health and Well Being of the individual or household concerned.

3	Key Issues
3.1	<u>Local Health Improvement Commissioning</u>
3.2	Due to its geographical location, Mid Ulster Council bridges two Health Trust Areas (Northern and Southern). This crossover is replicated with two Public Health Regional Areas and two Local Health Commissioning Groups commissioning services across the new Council area .
3.3	This historically has resulted in a different focus and method of commissioning of local Health Improvement programmes in the Dungannon (Southern) and Cookstown and Magherafelt Council (Northern) areas , which will require further consideration going forward.
3.4	The attached Summary Paper at Appendix 1 outlines some high level contextual information on Health and Well Being, focusing primarily on Life Expectancy and Deaths from Circulatory Disease across Mid Ulster. The paper also outlines some of the Key Programmes that have been delivered through Partnership Programmes led by Councils.
3.5	It can be seen that the existing Councils are above the NI average for Death from Circulatory Disease and for Standardised Death Rates for males under 75. The statistics have been derived from the current suite of data available from Northern Ireland Statistics and Research Agency (NISRA).
3.6	The paper also highlights some of the new and innovative work which has been piloted in the Mid Ulster area to develop Upstream Health Improvement as part of a Joint – NHSCT / Primary Care (GP Surgeries) and Council Initiative – ‘Hearty Lives’ / ‘Healthy Lives Cookstown’.
3.7	<p>The ‘Hearty Lives’ Programme, has received National recognition as an ‘Award Winning’ Partnership between Council, Health Trusts (GP Primary Care), Public Health Agency and the British Heart Foundation where the focus was placed on:-</p> <ul style="list-style-type: none"> • Breaking down barriers • Addressing Community need, and • Working together
3.8	The establishment of these strong connections between local GP Surgeries and the Council Services, a first in NI, provides a framework and Model of Good Practice for further development across Mid Ulster.
3.9	It is clear that there will need to be structured discussions with all the relevant Partner-Agencies, to ensure a ‘Joined-Up’ and targeted approach in addressing Health and Well Being Improvement across the Mid Ulster area as part of the wider Community Planning Framework currently being taken forward.

4	Resource Implications
4.1	<u>Finances</u> Current Partnership Programmes.
4.2	<u>Human resources</u> Using existing staff complement.
4.3	<u>Assets and other implications</u> N/A

5	Other Considerations
5.1	None

6	Recommendations
6.1	Members to note the Mid Ulster Health and Well Being Improvement approach.

7	List of Documents Attached
7.1	Appendix 1 – Mid Ulster Health and Well Being Programmes
7.2	Appendix 2 – Making Life Better: 2013 – 2023 (Summary)

MID ULSTER HEALTH AND WELL BEING

DECEMBER 2014

INTRODUCTION

This paper provides a summary of some of the key health and wellbeing initiatives being delivered in the Mid Ulster area. It includes an outline of the current policy context, the range of partner agencies that work with local government in the development and delivery of the programmes and also some options for future delivery.

POLICY AND CONTEXT

Transforming Your Care proposes a reshaped Model of Care, with the individual at the centre to improve the health and wellbeing of people by:

- promoting good health decisions
- preventing ill health in the first place
- achieving better outcomes when ill health does occur
- enabling people to live healthily and independently for as long as possible

The Draft Population Plan developed by the Northern Local Commissioning Group Locality emphasised the importance of:

- Addressing inequalities and focussing on preventative services.
- Increasing the emphasis on prevention and health improvement within commissioned health and social care services, which will also focus on promoting independence and personalisation of care, alongside the development of effective partnerships with other sectors including communities, in order to influence the wider determinants of health.

Making Life Better – A Whole System Strategic Framework for Public Health: 2013 – 2023

Its vision and aims are to strengthen co-ordination and partnership working in a whole system approach, the Framework will seek to create the conditions for individuals and communities to take control of their own lives and move towards a vision for Northern Ireland where all people are enabled and supported in achieving their full Health and Wellbeing potential. The aims are to achieve better health and wellbeing for everyone and reduce inequalities in health.

One of the main themes of the strategy is “Developing Collaboration”. This theme considers strengthening collaboration for Health and Wellbeing at Regional and Local levels and the importance of public bodies working in partnership together and with local community groups.

Community Planning: Community planning will provide a long term vision with the aim of creating communities that are vibrant, healthy, prosperous, safe and sustainable and have the needs of citizens at their core. Health has been identified as a key outcome in the Department of the Environment’s (DOE) Community Planning Foundation Framework.

The Northern Ireland’s Executive’s Programme for Government 2011-2015: Building a Better Future recognises the relationship between health, disadvantage, inequality, the social and physical environment and economic growth. It provides specific commitments to investment in long term conditions, to ensure people are offered access to appropriate education, information and support. Also a commitment to investment in programmes to tackle obesity.

A Fitter Future for All: Obesity Prevention Framework for Northern Ireland 2011-2021 aims to empower the population of Northern Ireland to make healthy choices (and thereby reduce the level of harm related to overweight and obesity) by creating an environment that supports and promotes a physically active lifestyle and diet. The framework has two overarching objectives- to increase the percentage of people eating a health, nutritionally balanced diet: and to increase the percentage of the population regularly participating in physical activity.

MID ULSTER AT A GLANCE

Life Expectancy (2010-2012)

The life expectancy for males is above the NI average in all 3 Council areas. The life expectancy for females is below the NI average in Dungannon but above it in both Cookstown and Magherafelt.

	Cookstown	Dungannon	Magherafelt	N.Ireland
Male	78.5	77.8	80.8	77.8
Female	83.2	82.2	83.6	82.3

Circulatory disease is the main cause of death across the three Council areas with the percentage deaths caused by this above the N. Ireland average in all 3 council areas.

	Cookstown	Dungannon	Magherafelt	N.Ireland
Deaths from Circulatory Disease	30.0%	27.2 %	30.0%	26.2%

The standardised death rate (per 100,000 population) for males under 75 was above the N. Ireland average in both Cookstown and Dungannon.

	Cookstown	Dungannon	Magherafelt	N.Ireland
Standardised Death rate for males under 75	453.2	427.4	348.00	415.5

Ward Level

The figures so far provide an average for the council areas, however there are a number of **ward areas** where the percentage death from circulatory disease is **greater than 40%**.

	Cookstown	Dungannon	Magherafelt
Deaths from Circulatory Disease > 40% (2012)	Gorallowry, Lissan, Moneymore, Sandholes, Tullagh.	Ballygawley, Benburb, Drumglass, Killymeal.	Tobermore, Upperlands, Valley.

The following table shows ward areas where the % deaths to under 75s is **greater than 40%**.

	Cookstown	Dungannon	Magherafelt
% deaths to under 75s > 40% (2012)	Dunnamore, Gortallowry, Killymoon, Stewartstown.	Ballygawley, Ballysaggart, Coalisland S., Coolhill, Donaghmore, Drumglass, Killman, Killymeal	Castledawson, Draperstown, Maghera, Swatragh, Towns Park East.

Poverty

The percentage population income deprived in Cookstown is above the N.Ireland average. The income deprivation scale is derived from the NI Multiple Deprivation Measures, income domain.

	Cookstown	Dungannon	Magherafelt	N.Ireland
% Population income deprived	27%	25%	21%	25%

Data source Northern Ireland Neighbourhood Information Service (NINIS)

EXAMPLES OF CURRENT PROGRAMMES BEING DELIVERED

SECTION I

'Hearty Lives Cookstown'

In 2009 BHF Northern Ireland invested £225,000 into Hearty Lives Cookstown as part of the UK wide Hearty Lives programme. The project was a partnership between BHF Northern Ireland, the Northern Health and Social Care Trust, Cookstown District Council and the Public Health Agency.

Aim

The project was aimed at those living with, and most at risk of Coronary Heart Disease within the Council area. A Heart Health Educator (Nurse) was employed to lead on the delivery of community focused capacity building support via three targeted strands of activity:

- **Primary Care:**
Work with Primary Care staff to identify patients on their register who have an increased risk of CVD and provide Heart Health programmes to meet their needs working with other statutory, voluntary and community groups.
- **Community Groups:**
Assisting local people to increase their knowledge and awareness of heart disease and how to prevent it.
- **Local Workplaces:**
Developing programmes to improve heart health awareness in the workplace.

What it has Achieved

- Since 2009, Hearty Lives Cookstown has **helped benefit over 13,910 local people directly**, over one third (37%) of the population of Cookstown district.
- In 2009, Cookstown had the third highest premature mortality rates for CHD in Northern Ireland; in 2012 Cookstown was ranked eighth in Northern Ireland.
- Development of **sustainable programmes** in partnership with others including Flames, a physical activity programme with local schools and an award winning Heart Health programme for adults with learning disabilities with NHSCT.
- Targeted programmes developed through **engagement** with stakeholders and designed to meet the needs of at risk **vulnerable** groups including the homeless, visually impaired, adults with learning disabilities, socially disadvantaged and migrant workers.
- Provided co-ordination to integrate primary and secondary care services which encompasses the vision outlined within *Transforming Your Care*. **It promoted strong links with GPs across all 8 local GP surgeries** who responded enthusiastically and expressed an interest in furthering the service.

"I think it's a very good way of promoting integrated working... in the past we have done the best we can in our own wee silo.... but this shows that Trust, GP services, Council Services, Public Health Services can work together and if they do that they can coordinate care better and I think that health promotion is a huge field that we haven't really done enough work on in the past and hopefully in the future we will do more." (local GP)

A more detailed summary of key outputs is provided in Appendix1.

Feedback from national BHF evaluation reports on Hearty Lives Cookstown highlighted the following strengths of the project:

“breaking down barriers” – *“the ethos of the model, taking the services to the community has enabled the project to engage with hard to reach groups including local farmers, migrant workers.”*

“community need” – *“from the outset the project has shaped its activity in response to community need.”*

“ working together” – *“ Partnership working has been strong at all levels, acting as a focus for improved collaboration among strategic partners and creating important links and relationships at project delivery level.”*

SECTION II

'Healthy Lives' Programme

In order to maintain some of the activities of the Hearty Lives Programme, support funding was secured from the Northern Health Commissioning Group in July 2014 to develop an interim "Healthy Lives" programme. This partnership work is supported by Dr Dalzelle, the Clinical Lead for the Mid Ulster Integrated Care Partnership. Dr Dalzelle, a GP in Coagh Surgery was involved in the Hearty Lives Cookstown work and provided guidance and direction in the planning for Healthy Lives in line with priorities within Primary Care and the wider health sector.

Aim

The work being rolled out from Sept 2014- March 2015 aims to increase awareness of the growing trends in Long Term Conditions and support the development of work focussed on prevention. The work builds on the success of Hearty Lives and further develops some of the key programmes of work as well as links with Primary Care and local Communities.

Key Actions - Progress to Date

Primary Care
<ul style="list-style-type: none"> -Council health support officers and the NHSCT Healthy Lives nurse have completed smoking cessation training and are commencing delivery of Smoking Cessation Group courses within 3 local GP surgeries in January 2015. - Healthy Lives has signposted the Long Term Condition Management team to pilot programmes with patients and also the BHF practice development manager to address staff training with GP surgeries in the Cookstown District.
Communities
<ul style="list-style-type: none"> -Delivery of x2 Cook-It! Programmes within the local community. One programme with local women in the Hub completed in Dec 2014 with plans for the Visually Impaired group Cook It to commence in January 2015. -Plans are underway to deliver a 6 week Heart Health Programme for Adults with Learning Disabilities early in 2015. -Provision of a smoking intervention station at the council's annual Bee Safe event for over 500 Primary 7 children in Cookstown District in January 2015. -Flames- Lighting the Way programme which targets over 100 Local Primary and 20 Secondary School children will commence in Jan 2015 with an Olympic style celebration event being held on 12th March 2012 at MUSA.

SECTION III

Make a Change Programme – Magherafelt / Cookstown / Dungannon

This programme was developed as part of the Joint working Arrangements facilitated by the Public Health Agency and in partnership with the 3 Mid Ulster Councils and the NHSCT and SHSCT. The Mid Ulster Cluster identified increasing Physical Activity and Improving Nutrition as key themes to be addressed in their Action Plan.

Aim

The overall aim of the 'Make a Change' (MAC) project is to increase levels of physical activity and the number of people eating healthier across the 3 council areas. The emphasis of the project is on engaging with individuals on a one to one basis and supporting them to make a change to one or more of their health related behaviours. While the focus is on nutrition and physical activity, the health support officers also signpost to a range of other services according to need identified e.g. smoking, self-esteem.

From May 2012- March 2014 the target population were the unemployed.
From April 2014- present the target population are the over 50s.

In the first phase of the project (May 2012- March 2014) programme funds enabled a number of participants to access the local leisure centre gyms to improve their levels of physical activity.

In the second phase of the project (April 2014-present) the funding has supported participants who are keen to improve their eating habits to complete a Cook-It programme. Cook It! is designed to teach people how to prepare healthy meals on a budget in a group setting.

What has been achieved?

- 315 individuals have completed the MAC programme across the 3 council areas since 2012.
- 425 personal plans have been prepared to support behaviour change since 2012.
- 33 talks on nutrition and physical activity have been provided to over 50s groups from April 2104.
- x6 Cook-It! programmes delivered (x2 in each area) by March 2015.

An independent evaluation has been completed for the first phase of the project with the unemployed target group. Participants' feedback included;

"MAC is a great thing, it has cheered me up. I couldn't speak highly enough of the Health Support Officer and the step by step approach used.... the first step was getting to the pool and it felt a bit odd at the start but it's great now." "This is one of the best things I've done".

SECTION IV

Additional Health and Well Being Programmes – Delivered across all three Council Areas

Theme/Programme	Outline of work
FUEL POVERTY/ ENERGY EFFICIENCY	<p>Provision of an Energy Efficiency advice service including;</p> <ul style="list-style-type: none"> ▸ Operation of the fuel stamp scheme locally. ▸ Energy efficiency advice talks to local groups. ▸ Raise awareness and make referrals to fuel poverty support grant schemes including Boiler replacement, Warmer Ways to Better health and Warm Homes. ▸ Support for local groups to develop and implement a community bulk buying oil club. ▸ Distribution of Keep Warm Packs to those living in fuel poverty as identified through PHA criteria
HOME SAFETY	<p>Provision of a Home Accident Prevention advice service including;</p> <ul style="list-style-type: none"> ▸ Carry out Home Safety visits and provide safety equipment to homes with under 5s and over 65s. ▸ Deliver home safety initiatives including BeeSafe and Leaving Home Staying Safe. ▸ Raise awareness of Home Safety at events, provide talks and information stands. ▸ Support campaigns to raise awareness via websites, press releases etc.
AFFORDABLE WARMTH SCHEME	<ul style="list-style-type: none"> ▸ Pilot the DSD Affordable Warmth project across the Mid Ulster cluster area. ▸ Completion of surveys with identified households to determine eligibility for energy efficiency measures with N.Ireland Housing Executive.

This is not an exhaustive list of current Health and Well Being Programmes. A full Inventory of Programmes will be compiled as part of the preparatory work for a Mid Ulster – Health and Well Being Strategy.

SECTION V

OPTIONS FOR FUTURE DELIVERY OF PROGRAMMES

The following matters have been identified as possible actions in taking forward Health and Well Being Improvement within Mid Ulster .

- Develop jointly with Partners a Mid Ulster Health and Well Being Improvement Plan.
- Develop close linkages with colleagues in the NHSCT, SHSCT and the PHA Northern area and Southern area teams.
- Promote links with local community and voluntary organisations to support a wider partnership approach to the development and delivery of programmes across Mid Ulster.
- Consider the roll out of programmes with GPs across Mid Ulster using a Cookstown Hearty Lives model.
- Identify priority areas of work based on statistical analysis and stakeholder feedback from the community planning needs assessment process.

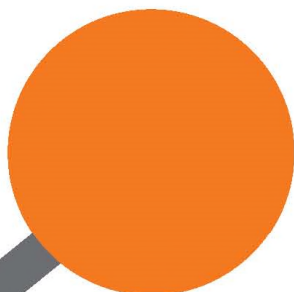
The higher levels of deaths from circulatory disease across Mid-Ulster highlighted in the profile section, promotes a case for addressing the key risk factors including;

- **Obesity (increasing physical activity and improving nutrition)**
- **Mental Health Awareness**
- **Smoking.**

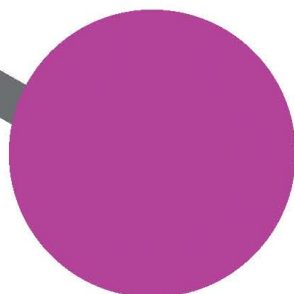
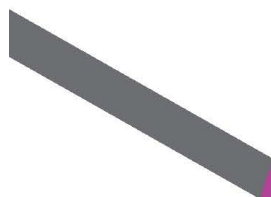
APPENDIX 1

'Hearty Lives Cookstown' – Summary of Key Outputs

Primary Care	Community	Workplaces
<p>-207 patients attended evening heart health clinics and were directed to appropriate services.</p> <p>-Enhanced uptake of the GP referral programme- The Hearty Lives teams' links with local GPs enabled this programme to extend to all 8 local surgeries and promoted the uptake.</p> <p>-Provision of a directory of local services to all local GPs to increase their awareness.</p> <p>-Provision of evening smoking cessation clinics in local surgeries.</p> <p>-Heart Attack Awareness campaign (HAAC)- delivery of training to staff in 8 GP surgeries to increase awareness of the signs and symptoms of a heart attack and the immediate actions to take to improve access to treatment through the Heart Attack Awareness Campaign (HAAC).</p>	<p>-Provision of a range of outreach and heart health education programmes in local venues.</p> <p>-Delivery of an annual Flames physical activity programme with over 600 local primary school and 100 local secondary school children.</p> <p>-Development of an award winning heart health programme for adults with learning disabilities in partnership with NHSCT. (Over 60 participants)</p> <p>-Provision of smoking cessation clinics in community settings.(Pomeroy, Coagh and Kildress)</p> <p>-Provision of specific programmes to address heart health risk factors including self-esteem, stress, exercise and nutrition to vulnerable, at risk groups i.e. Mid Ulster Cardiac Support Group, local Sensory Impaired groups, groups in deprived areas.</p> <p>-Joint working with Community Services to provide a 6 week health and wellbeing education and interactive programme to 22 local women from identified priority areas</p> <p>-HAAC training to range of local community groups and provision of campaign merchandise with key messages.</p>	<p>-Provision of Mental Health First Aid training to 40 individuals in local workplaces including Karo and Tesco further to a needs Assessment highlighting stress as a particular concern.</p> <p>-Heart health risk clinics for local farmers (49 local farmers participated).</p> <p>-Annual delivery of a health fair including health checks , signposting to services and risk factor advice for council employees.(200 individual health assessments carried out)</p> <p>-HAAC training to a range of local workplaces and provision of campaign merchandise with key messages.</p>



MAKING LIFE BETTER



**A WHOLE SYSTEM
STRATEGIC FRAMEWORK
FOR PUBLIC HEALTH**

2013-2023

June 2014





THE MAKING LIFE BETTER CHARTER

Our Objective

The Northern Ireland Executive is committed to creating the conditions for individuals, families and communities to take greater control over their lives and be enabled and supported to lead healthy lives.

Our Approach

Our approach to public health focuses on working collaboratively with individuals, communities and partner organisations to address the factors that impact on health and wellbeing in Northern Ireland. We are also committed to ensuring that there are effective mechanisms in place to ensure protection of the community from current and future threats to public health.

Social justice, equity and inclusion

People in different social circumstances experience different levels of health. We will focus on addressing the challenges of disadvantage and inequality that afflict society and work to close the gap in health between those who are least and most disadvantaged.

Engagement and Empowerment

We want individuals and communities to be active in improving their own health. This means that we will work with people to address agreed priorities and build on the assets we have in our communities to improve health. As far as possible we will devolve responsibility and activity to community levels of working. Information about the state of health and wellbeing in Northern Ireland and the ways that health can be improved will be made available to the public.

Collaboration

Our Programme for Government (PFG) 2011/15 sets the broader context for working together. It recognises the inter-relationship between health, disadvantage, inequality, childhood development and education, employment, the social and physical environment, and economic growth.

Building a healthier Northern Ireland will hinge largely on what is done collaboratively, through both policy and practice, to influence these wider factors that impact on lives and choices. Everyone has a role to play. We look to everyone to play their part, including individuals and communities as well as the public, private and third sectors.



Evidence and Effectiveness

We must use existing resources wisely to have a positive impact on health and wellbeing. We will focus on action which is informed by evidence to help us ensure that public money is spent on actions that will achieve better health and wellbeing for all our people and reduce health inequalities.

Addressing Local Need

We will support joint working at local level between councils, statutory bodies, community and voluntary sectors and others, to optimise opportunities to plan and shape services around the needs of local communities in order to create communities that are healthy, safe, united and thriving.

Our Resources

We will seek to maximise the benefit that we can achieve with our resources and make effective use of the public health budget. We will also promote better use of public resources generally, as well as those of our partners, in order to achieve better health and wellbeing.

We will work collaboratively with partners across Northern Ireland and in other countries to build and share public health capacity to achieve greater impact in public health actions. Where appropriate, we will advocate for changes to national policies in order to achieve local improvements in health and wellbeing.

Rt Hon Peter D. Robinson MLA
First Minister

Martin McGuinness MLA
deputy First Minister

Signed by First and deputy First Ministers on behalf of the Executive



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CHAPTER 2 – WHAT DETERMINES HEALTH AND WELLBEING

- 2.1 Health is more than just the absence of disease – it is a state of “complete physical, mental and social wellbeing”⁴⁰. Wellbeing has physical, cognitive, social and emotional dimensions, and is influenced by development across the life course. The World Health Organisation (WHO) defines mental health as a “state of wellbeing in which the individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”.⁴¹
- 2.2 While genetic make-up plays some part in people’s chances of leading long and healthy lives, there are many more factors which interact to influence health and wellbeing at various stages in their lives⁴². This is illustrated in the figure below, which has been developed from earlier work by Dahlgren and Whitehead, 1993⁴³.

Figure 2: Health Map for the Local Human Habitat





2.3 Health and wellbeing is about so much more than health and social care. A recent American study¹⁴ ranked factors determining the best health outcomes for local populations. According to the study:

- Social and economic issues such as education, employment and violent crime accounted for 40%;
- Health behaviours (alcohol, tobacco and sexual behaviour) accounted for 30%; and
- Clinical services, including quality of and access to health care, accounted for 20%.

In other words health is affected more by economic, social and environmental factors than by anything else.

Health Inequalities

2.4 In 2008 the World Health Organisation (WHO) Commission on the Social Determinants of Health completed a two-year investigation into the social causes of health inequalities. The report concluded that health inequalities cannot be fully explained by variation in income alone. In addition to income, the Report concluded that health inequalities are caused by inequitable distribution of more fundamental social, political and economic forces, the 'social determinants of health' already referred to, much of which is outside of the remit of health ministries.

2.5 The Marmot Review into health inequalities (*Fair Society, Healthy Lives – A Strategic Review of Health Inequalities in England 2010*) presented a substantial body of evidence on health inequalities. The Review's findings reinforce that addressing health inequalities requires co-ordinated action across the social determinants of health. Both this and the 2008 reports affirm that inequalities in health arise because of inequalities in society – "in the conditions in which people are born, grow, live, work and age".

2.6 This evidence has since been supplemented by WHO's publication in 2013 of the "Review of social determinants and the Health Divide in the WHO European Region". The experience of countries in the European Region shows that there are widespread inequities in health between and within societies – there should therefore be two clear aims: *"Improving average health and reducing health inequities by striving to bring the health of less – advantaged people up to the level of the most advantaged"*.



Life Course

- 2.7 Central to the Marmot review is a life course perspective. There is an accumulation of advantage and disadvantage across the life course and each of life's transitions can affect health by moving people onto a more or less advantaged path. The review emphasised that action to reduce health inequalities must start before birth, and be continued through the life of the child, if the close links between early disadvantage and poor outcomes throughout life are to be broken. For this reason "giving every child the best start in life" was the review's highest priority recommendation.
- 2.8 Health 2020 and the "Review of social determinants and the health divide in the WHO European Region" re-emphasise the life course approach as the recommended way to planning action on the social determinants of health. Whilst the life course approach begins with the important early stages of life – pregnancy and early child development – action is needed at every stage and continues with school, the transition to working life, employment and working conditions and circumstances affecting older people.

Social Gradient

- 2.9 Studies such as those mentioned above show that there is a social gradient in health. The social gradient in health means that health gets progressively better as the socioeconomic position of people and/or communities improve. This pattern is also evident in the Northern Ireland population (illustrated in Annex A). The social gradient of health exists across the whole population, while the most profound differences in health can be seen between the most and least disadvantaged. To reduce the steepness of the gradient, it is important to act across the whole gradient, and to address the needs of people at the bottom of the social gradient, and those who are most vulnerable, with a view to bringing the health of the least advantaged up. To achieve this, actions are needed that are universal, but implemented with a scale and intensity proportionate to the level of social and health needs. This is known as *proportionate universalism*. It must be acknowledged however that "more of the same" does not always work, and in some cases a different or new approach may be required.



- 2.10 It has been argued¹⁵ that health promotion initiatives and improvements in technology and service delivery can increase inequalities - because people in higher social classes are more likely to avail of them. Policies that have achieved overall improvements in key determinants, like living standards and smoking, have often increased inequalities in these major influences on health. It is therefore important to distinguish between the overall level and the social distribution of health determinants and interventions, and to seek to avoid public health interventions increasing inequalities.



CHAPTER 3 – WIDER CONTEXT

- 3.1 Government policies and programmes have a significant impact on health and wellbeing. A number of key policies are highlighted in this and later chapters which illustrate the inter-relationships between various government programmes and the ways in which they benefit population health and wellbeing.

Wider Public Policy and a Whole System Approach

- 3.2 The aims of this Framework and the challenges being addressed are not unique to Northern Ireland. In recent years many governments have increasingly come to realise that they can achieve health, social and economic goals by actively exploring the mutual benefits in sectors such as education, employment, environment, transport and agriculture. Major determinants of ill health can be addressed, and major assets for health can be harnessed by engaging non-health sectors. Collaboration in such a way, alongside engagement of communities and individuals, is a “whole system approach” to health and wellbeing.
- 3.3 Health 2020 is a joint commitment by the WHO Regional Office for Europe and the 53 European member states to a new common policy framework, which can be adopted and adapted to the different realities within the region. Behind Health 2020 lies the idea that health and wellbeing are essential for human, social and economic development, and of vital concern for the lives of every person, family and community. It reflects a renewed commitment to public health with shared goals to *“significantly improve the health and well-being of populations, reduce health inequalities, strengthen public health and ensure people-centred health systems that are universal, equitable, sustainable and of high quality”*.
- 3.4 Health 2020 argues strongly that all parts of government need to work together through increased whole-of-government working to recognize risk patterns and identify solutions, share responsibility across policy fields and sectors and act at multiple levels. Health 2020 proposes a set of areas for policy action and for inclusion in strategies for reducing health inequities, to include:–
- action on social determinants across the life course, with the highest priority given to ensuring the best start to life for every child;
 - promotion of cohesion and resilience at local level through a whole of society approach;



ANNEX A - HEALTH AND HEALTH INEQUALITIES

1. The consultation document Fit and Well – Changing Lives set out a detailed analysis of the current health challenges and of the underlying social determinants. It also covered information on health and wellbeing of particular vulnerable groups. This Annex summarises and updates some key data.
2. Northern Ireland currently has a population of around 1.8 million people. This is the fastest growing population in the UK and is projected to rise by 111,000 (6%) by 2020 to around 1.9million.

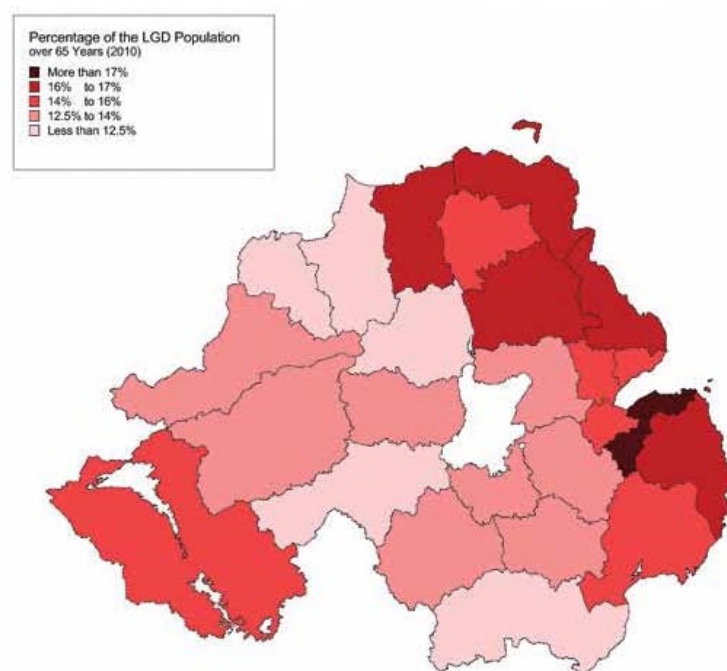
Figure 4: Number (percentage) of population by age group in 2010 and 2020 (projected)

AGE BAND	2010	2020
0 - 15	382,000 (21%)	398,000 (21%)
16 - 64	1,157,000 (64%)	1,175,000 (62%)
65+	260,000 (14%)	327,000 (17%)
85+	30,000 (1.6%)	44,000 (2.3%)

3. During this period, the age profile of the population is expected to gradually become older. The number of people aged 85 and over is also projected to increase, from 30,000 (1.6% of the total population) to 44,000 (2.3% of the total population). An ageing population is a significant achievement, reflecting advances in health and quality of life. A key challenge will be to enable older people to remain in good health for as long as possible.
4. In addition to these overall trends, there are also significant demographic differences within the region, for example, some localities have higher than NI averages of older people, or young children, which can put disproportionate pressure on local services and communities. These differences make targeting interventions a local rather than a regional matter.



Figure 5: Map of NI population 2010 – % of population aged over 65 years (LGD)



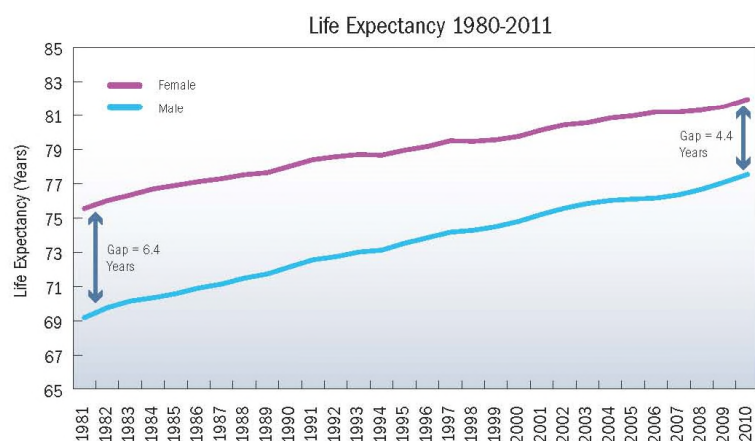
Life Expectancy

5. Since the 1980s life expectancy (used internationally as a measure of population health) has increased steadily for both males and females and is projected to continue to increase. Between 1980/82 and 2009/11¹, male life expectancy has increased by over 8 years, from 69.2 to 77.5, and female life expectancy has increased by over 6 years, from 75.5 to 82.0. During this time, the gender gap has decreased by 2 years, from 6.4 to 4.4 (Figure 6). Healthy life expectancy – the number of years an individual might expect to live in good health – shows similar patterns to overall life expectancy.

1. Life expectancy is calculated using a 3-year rolling average. The year presented relates to the mid-point of the three years.

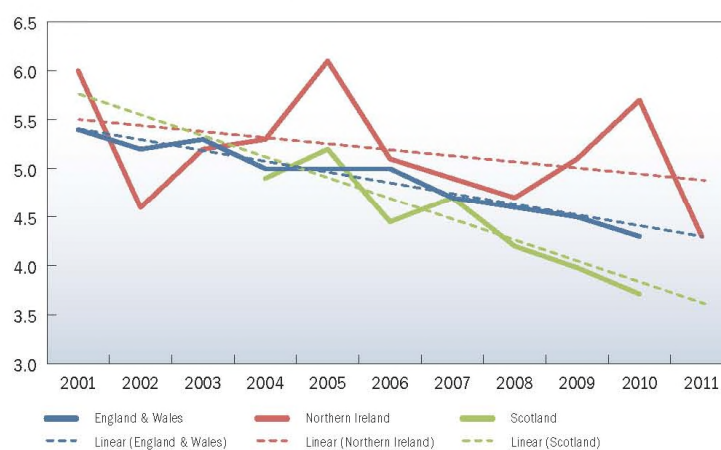


Figure 6: Life Expectancy for men and women in Northern Ireland 1980 – 2011



6. Infant mortality rates are key measures of health outcomes. Infant mortality rates (the number of children dying before their first birthday per 1,000 live births) have fallen across the UK in recent years. Despite sizeable year-on-year fluctuation in the NI rate, it can be seen to be generally improving however at a slower rate than in the rest of the UK (Figure 7).

Figure 7: UK Infant Mortality Rates (2001–2011)





Health Inequalities

7. While there has been general improvement in health, not everyone has been able to avail fully of the benefits of this progress. Evidence shows that inequalities based on race, disability, age, religion or belief, gender, sexual orientation and gender identity can interact in complex ways with socioeconomic position in shaping people's health. Some vulnerable groups and communities, for example people with learning disabilities or travellers, have significantly poorer life expectancy than would be expected based on their socioeconomic status alone. For many of these groups poorer health outcomes are linked to wider social determinants such as access to education and employment.
8. Figures 8 and 9 show that the absolute gap in life expectancy in men between the 10% most and least deprived areas (2009/11) was 10.7 years, while the female life expectancy gap stood at 7.7 years.

Figure 8: Life Expectancy of men in Northern Ireland ranked by deprivation (2009-11)

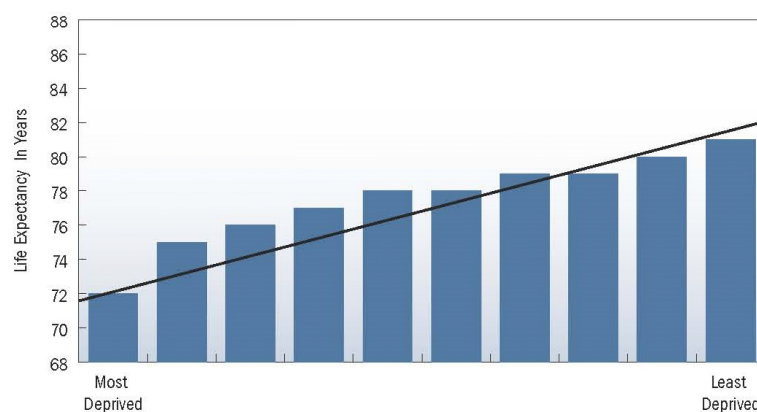




Figure 9: Life Expectancy of women in Northern Ireland ranked by deprivation (2009/11)

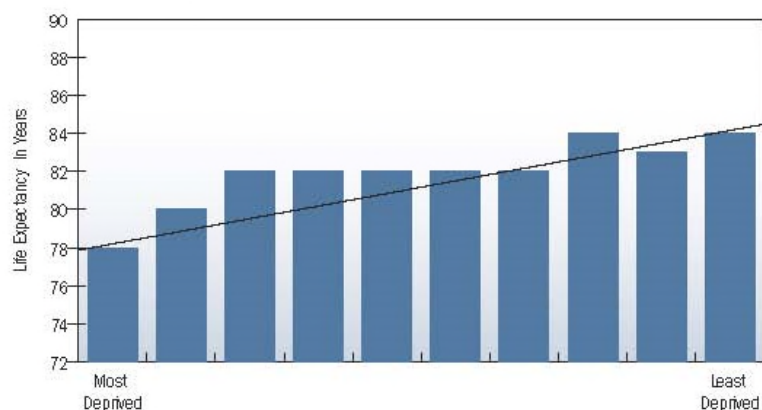


Figure 10: Male Life Expectancy Deprivation Gap: Proportion of Contributing Causes (2008 - 10)



Figure 10 illustrates the decomposition analysis of the gap in life expectancy at 2008 - 10. The size of each sphere represents the proportion of the gap in life expectancy between deprived and non-deprived areas attributable to each cause of death. Where appropriate, these causes are further broken down into sub-categories, the sum of which is equal to that cause. Causes contributing less than 0.01 years are not displayed.



9. Male mortality rates for all overarching causes of death were higher in the 20% most deprived areas of Northern Ireland than in the 20% least deprived areas. In total, male life expectancy in deprived areas of Northern Ireland was 7.6 years less than in the least deprived areas. More than half of this gap is accountable to circulatory diseases and cancer, contributing 2.0 years and 1.8 years respectively. Coronary heart disease is responsible for over 65% of the circulatory disease gap, at 1.3 years. Other notable causes include suicide (0.9 years), respiratory disease (0.7 years), digestive diseases (0.7 years) and accidental deaths (0.6 years).
10. Coronary heart disease (CHD), cancer, and respiratory disease continue to be the main causes of death for both sexes. Many of these deaths occur before 65 years of age and are potentially preventable, since smoking, unhealthy diet, raised blood pressure, diabetes and physical inactivity are major contributors to a large proportion of these conditions.

Figure 11: Death rates from Cancer in people under 75 years in Northern Ireland ranked by deprivation (2007/11)

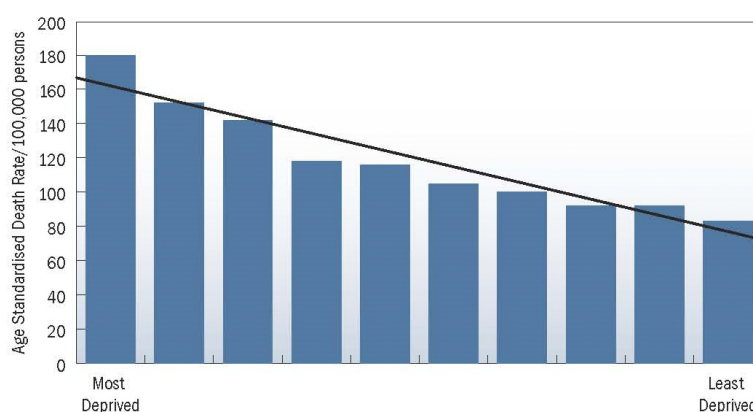




Figure 12: Death rates from Coronary Heart Disease in people under 75 years in Northern Ireland ranked by deprivation (2007-11)

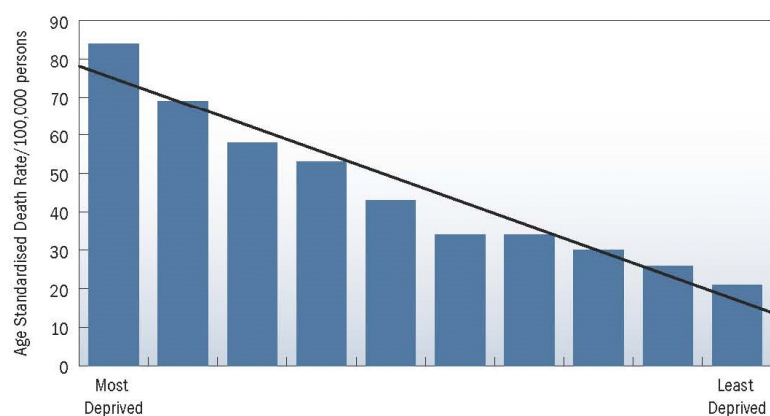
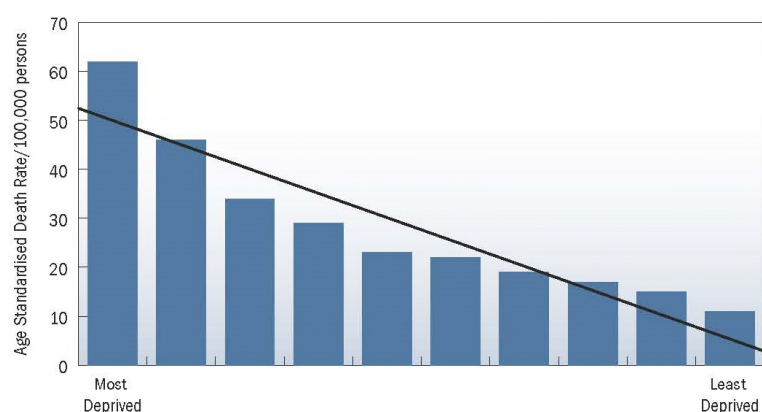


Figure 13: Deaths rates from Respiratory Disease in people under 75 years in Northern Ireland ranked by deprivation (2007-11)



11. Figures 11, 12 and 13, shows there is a notable increase in death rates from cancer, CHD and respiratory disease as level of deprivation increases.



Mental Health

12. Mental illness is one of the major causes of ill health and disability in Northern Ireland which has 25% higher overall prevalence compared to England. One in five adults in NI has a mental health condition at any one time. Mental ill health is more prevalent in areas of deprivation. People with poor physical health are at a higher risk of experiencing common mental health problems and people with mental health problems, especially those with severe and enduring mental illness, are more likely to have poor physical health.
13. Mental wellbeing is related to, but not the same as, the absence of mental illness. It is possible to have a diagnosed mental illness and still be coping well with life and enjoying a high level of wellbeing. Likewise, someone can have poor mental wellbeing but have no clinically identifiable mental illness. However, in populations where individuals have higher mental wellbeing, fewer people tend to develop mental illness. The Warwick-Edinburgh Mental Wellbeing Scale is a measure of the positive mental health of people over time and has been included in the annual NI Health Survey and, for the first time, in the Young Person's Behaviour and Attitudes Survey. Results from the 2010/2011 and 2011/12 surveys have provided a baseline for monitoring mental wellbeing trends over the coming years (see Annex B).
14. There were 289 deaths by suicide in NI in 2011. During 2009/2011 there was an average annual suicide rate of 16.1 deaths per 100,000 population. The suicide rate in males was 25.1 deaths per 100,000 population, and the suicide rate in females was 7.4 deaths per 100,000 population. During this period, the suicide rate in the 10% most deprived areas was almost five times that within the 10% least deprived areas. A similar picture emerges when examining self-harm admissions to hospital over the same period, with the rate in the 10% most deprived areas over five times that in the 10% least deprived areas.

Wider Determinants

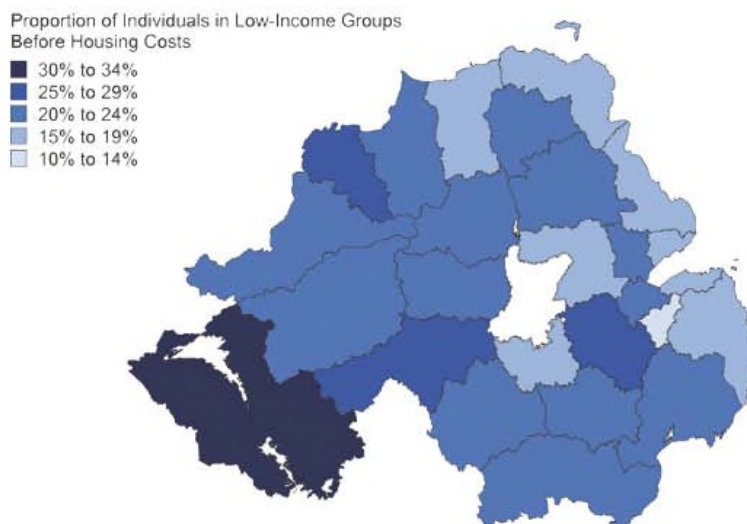
15. A wide range of socio-economic and environmental factors, such as poverty, neighbourhood deprivation, housing conditions, employment, education and physical environment, impact on the level of control people have in their lives and the choices they are in a position to make, and therefore on health and wellbeing and health inequalities.



16. Poverty is the greatest risk factor for health and wellbeing, affecting health in many ways, for instance, by creating barriers to buying nutritious food, heating one's home, or participating in activities and social interaction. People living in poverty are less likely to feel in control of their lives and more likely to face damaging stresses. They are also more likely to leave school with few or no qualifications.

In 2011/12, the percentage of individuals in relative poverty (before housing costs) was 21%, broadly similar to that in 2002/03 (20%). The percentage of children in relative poverty in 2011/12 was 23%, compared with 25% in 2002/03.

Figure 14: Percentage of individuals in relative poverty* by Local Government District, 2009/10 -2011/12



* Relative poverty is measured as having income of less than 60% of the UK median.

17. Education impacts on health in many ways – on self-esteem, social skills, training and employment opportunities and income. Inequalities in educational attainment are as stark as those in health and follow a similar social gradient, for example:

In 2011/12, 67.9% of school leavers not entitled to free school meals achieved at least 5 GCSEs at A-C or equivalent including GCSE English and Maths, compared with 34.1% of school leavers entitled with free school meals.*



“A strong positive relationship exists between education and health outcomes whether measured by death rates (mortality), illness (morbidity), health behaviours or health knowledge.”

IPH – Health impacts of education – a review 2008

18. There is a clear link between employment and health. Unemployment has both short and long term effects on health, through lower self esteem, reduced social integration, anxiety and depression. Employment on the other hand is generally protective of health, however insecure work or adverse working conditions can impact negatively. Under-employment, where people are working part-time hours because they cannot find full time jobs, can place a strain on family finances and damage career prospects.

The Northern Ireland economic inactivity rate decreased each year from 30.1% in 2009 to 27.6% in 2012.

Northern Ireland’s unemployment rate for 2011 was estimated at 7.3%, an increase of 0.2 percentage points from the figure for 2010 (7.1%) and an increase of 0.6 percentage points from the figure in 2009 (6.7%).

The long-term unemployment rate (1 year and over) increased from 37.6% in 2007 to 46.8% in 2012. During this time, the percentage of 16 to 24 year olds that were not in employment, full-time education or training increased from 15.6% to 22.1%.²

19. Good quality, warm, secure housing is also vital to both mental and physical health, with the very young and very old most vulnerable to the impacts of fuel poverty.

In 2011, more than two fifths (42.0%) of homes in Northern Ireland were in fuel poverty. During this time, 3.7% of Social Housing dwellings were classed as non-decent homes.

According to the Northern Ireland Housing Executive, as at 31st March 2013, the social housing waiting list amounts to 41,356 households, of whom around 22,414 are considered to be in housing stress, including 9,878 households deemed to be statutorily homeless.



MAKING LIFE BETTER

20. Physical surroundings – the quality of the built and natural environment - buildings, green spaces, roads and walkways - have a significant impact on health and wellbeing, for example, on mental health and levels of obesity. They can also influence social networks and sense of belonging. Wider environmental factors – air and water quality for example – are also important to health.

Between 2007 and 2011, Northern Ireland air quality fluctuated slightly year on year but remains at a high standard.

During this time, Northern Ireland water quality improved year on year and is at a high standard in terms of compliance with regulations for drinking water standards (99.83%).

21. Globalisation and increased movement between countries can impact on the rate and spread of disease or infection. The emergence of novel viruses and continuing risk attached to future occurrences of pandemic influenza necessitates that a state of readiness is maintained to minimise adverse impact to public health.
22. Antimicrobial resistance (AMR) is regarded by WHO as one of the top three global threats to human health. Antimicrobials are medicines used to treat infections caused by bacteria, viruses or fungi, and so comprise antibiotics, antivirals and antifungals. The organisms evolve and survive by developing resistance to the antimicrobials. When that happens antimicrobials are no longer effective; simple infections become untreatable, and many complex medical procedures that depend on antibiotic cover become impossible to perform.
23. Factors such as increased international travel, including medical treatment abroad, an ageing population who are moving between care in hospitals and the community, and the use of antimicrobials in veterinary medicine contribute to the rapid spread of resistant organisms between countries, throughout healthcare systems and between animals and humans.



Impact of the Past

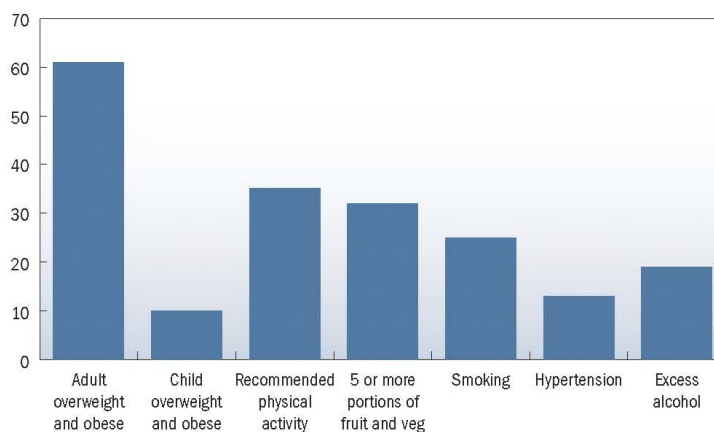
24. It is important to acknowledge that a particular challenge for the health and wellbeing of Northern Ireland society is the need to deal with the consequences of the past. A history of sectarianism, intolerance and violence has left a legacy of hurt and division, and physical and mental scars that must be addressed in building a better and healthier future.
25. The Childhood in Transition Report³⁸ points to a number of specific factors that influence the present day lives of young people as a result of their direct or indirect exposure to the past conflict and the sectarianism that continues to exist. The legacy of the conflict continues to impact on everyday lives - local research indicates that Northern Ireland has high levels of, (often untreated), Post Traumatic Stress Disorder as a result of the 'Troubles'. Use of anti-depressants has a higher prevalence amongst those living close to peace walls³⁹, suggesting that people living in these areas have worse than expected mental health.
26. Society here has seen a number of significant milestones in achieving change and research demonstrates that there is strong desire across communities to continue working towards a more shared and positive future.⁴⁰

Health Behaviours and Risk Factors

27. A recently published study⁴¹ reported that the three risk factors that account for the greatest disease burden in the United Kingdom are dietary risks, tobacco smoking, and high blood pressure. In 2010 the leading risk factor for both children under 5 and adults aged 15-49 years was tobacco smoking. Tobacco smoking as a risk factor for children is due to second-hand smoke exposure.



Figure 15: Health Behaviours and Risk Factors in Northern Ireland



* 2011/12 Health Survey, Adult Drinking patterns survey 2011. Adult Drinking patterns survey 2011

1. Data for adults and children's weight, recommended physical activity, eating 5 or more portions of fruit and vegetables, smoking and excess alcohol relate to the Health Survey Northern Ireland 2011/12.
2. Data for hypertension come from the Quality and Outcomes Framework 2013.
3. 2011/12 Health Survey, Adult Drinking patterns survey 2011. Adult Drinking patterns survey 2011
4. In adults, a Body Mass Index of between 25 and 29.9kg/m² is considered overweight.
5. A Body Mass Index of 30kg/m² or above is considered obese.
6. The Chief Medical Officer issued guidelines on the amount of physical activity a person should do to achieve a healthy lifestyle. During the fieldwork of the 2010/11 HSNI, the recommended guidelines for adult physical activity were 30 minutes of moderate activity on at least 5 days a week.

28. The Health Survey Northern Ireland 2011/12 reported that a quarter of adults (aged 16 and above) smoked (27% males and 23% females). Similarly, almost a fifth (19%) of adults (aged 18 and above) stated that they drank in excess of the weekly recommended drinking limits³. Over three-fifths (61%) of respondents were either overweight (37%) or obese⁴ (23%). A higher proportion of males were either obese or overweight (68%) than females (56%). A tenth of both boys and girls aged 2-15 years were also assessed as being obese.

Over a third (35%) of respondents were classified as meeting the recommended level of physical activity⁵, with males (40%) more likely than females (31%) to fulfil this. Similarly, almost one-third of respondents (32%) reported consuming the recommended 5 or more portions of fruit



and vegetables per day. Females (36%) were more likely to meet this recommendation than males (26%).

Figures from the 2013 Quality and Outcomes Framework (QOF) reported that there were 245,730 patients in NI with established hypertension which represented 13% of all GP registered patients.

Clustering of risk factors

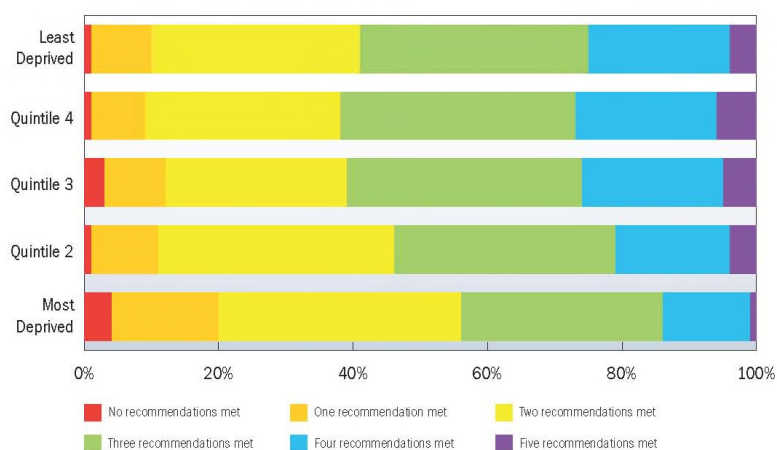
29. Much of the available information on health behaviours focuses on the prevalence of specific individual risk factors. While this provides a useful insight, often these risk factors occur alongside one another. Recent work by the *Kings' Fund: Clustering of unhealthy behaviours over time (2012)* which looked at the prevalence and co-distribution of risk factors associated with smoking, excessive use of alcohol, poor diet and low levels of physical activity, found for example that:
 - a significant minority of people in western developed countries have three or more risk factors;
 - multiple risk factors are not randomly distributed across populations but are more common in some groups than others;
 - the overall proportion of the population engaging in three or more risk factors is declining, but mainly among those in higher socio-economic and educational groups; and
 - several studies have found a consistent socio-demographic gradient in the prevalence of multiple risk factors, with men, younger age groups and those in lower social classes and with lower levels of education being more likely to exhibit multiple lifestyle risks.
30. The Health Survey Northern Ireland 2010/11 looked at lifestyle choices based on five guidelines that can help individuals stay healthy or improve their health:
 1. Ensuring alcohol intake is within weekly guidelines.
 2. Not being overweight or obese by maintaining a Body Mass Index (BMI) of less than 25 kg/m².
 3. Eating at least five portions of fruit and vegetables a day.



4. Meeting the recommended weekly level of physical activity. In 2010/11 the guidelines recommended exercising for at least 30 minutes 5 days a week. This has since changed to 150 minutes per week.
5. Not smoking cigarettes.

As shown in Figure 13, just over half of respondents (57%) met three or more of the lifestyle choice recommendations (50% of males and 61% of females), while 2% did not meet any of the recommendations. However, respondents in more deprived areas were less likely to meet the lifestyle choice recommendations when compared with those in less deprived areas.

Figure 16: Number of lifestyle choice recommendations met by deprivation quintile in Northern Ireland



Health Survey NI 2010/11

**Further Information**

31. Baselines for key indicators identified for monitoring progress, are at Annex B.

In addition, reports of the Health and Social Care Inequalities Monitoring System can be found at the link below:

<http://www.dhsspsni.gov.uk/index/statistics/health-inequalities.htm>

Notes

- It should be noted that figures included in this document may be subject to change in the future due to the revision of small area population estimates produced by the Northern Ireland Statistics and Research Agency (NISRA) and an update to the age standardisation model.