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Northern Ireland Assembly

Tuesday 13 December 2011

The Assembly met at 10.30 am (Mr Speaker in the Chair).

Members observed two minutes' silence.

Assembly Business

Mr Allister: On a point of order, Mr Speaker. We are about to hear a statement on what has been billed as the most important reform of the health service for maybe a generation or more. It is anticipated that Members then engage in discussion about that, yet Members received this 150-page document in their pigeonhole at only 9.55 am today. How can the House have an intelligent and informed discussion about these important matters given the paucity of notice and the lack of opportunity even to read the full report before we get to the point of engaging with it?

Mr Speaker: I thank the Member for his point of order. I am sure that the Minister will explain the position when he gets up to deliver his statement and explain to the House the lateness of the document. Let us move on.

Ministerial Statement

Health and Social Care

Mr Poots (The Minister of Health, Social Services and Public Safety): I will deal with that point: it is because I have respect for the House that the House hears the report first as opposed to someone getting it and leaking it to the media or the press. I am responsible to this House first and foremost, and that will always be the case.

I wish to make a statement to the Assembly on the very important matter of the review of health and social care services in Northern Ireland. Health and social care touches us all in one way or another. Every family in the Province interfaces with the sector. I know that this report has been anxiously awaited by many.

I believe that this is the most important statement that I have made or am likely to make to the House in respect of our health and social care system. It is of relevance to every man, woman and child, and it is something in relation to which we as Members of the Executive and the Assembly are duty-bound to act collectively and responsibly to ensure that we do the best we can with the resources available to us to provide safe and effective health and social care services for all the citizens of Northern Ireland.

The report, which has been distributed to Members today, contains compelling proposals for the future of health and social care services in Northern Ireland. At the outset, I thank John Compton for leading the work, the independent panel members for their challenging and thoughtful contributions, the support team, which has worked so hard to produce the report to a very demanding timetable, and everyone who contributed comment or input through meetings, discussions and correspondence.

In setting my vision for the future of health and social care services in Northern Ireland, my overriding concern is to drive up the quality of care for clients and patients, improve outcomes and make sure that patients and clients of our services have the best possible experience in every aspect of their care. A key aspect of that, of course, is promoting prevention and early intervention measures, with the overarching objective of avoiding unnecessary hospital admissions in the first place.

I recognise fully the need for greater productivity from the resources available to us, particularly in these times of austerity. It is in that context that I firmly believe that the greater involvement of front-line professionals in decision making and service development is essential.

Again, I have expressed from the outset my belief that local commissioning has a crucial and powerful role to play in driving change and innovation. I want to see a shift in care currently carried out in hospitals into the community, with patients being treated in the right place, at the right time, by the right people.

My priorities have also been clear: we need to improve and protect health and well-being and reduce inequalities through a focus on prevention and earlier intervention. I welcome the commitment that has been given to improving public health in the Executive's draft Programme for Government.

We need to improve services and outcomes for patients, clients and carers. We need to be responsive to the modern world and develop more innovative, accessible and responsive services, promoting choice and making more services available in the community. We need to involve individuals, communities and the independent sector in the design, delivery and evaluation of health and social care services through strengthened local commissioning. We need to improve productivity by ensuring the effective and efficient allocation and utilisation of all available resources, in line with priorities. We also need to ensure that, across all our services, the system looks after the most vulnerable in our society and the children, who are the future of this country. To effect that, we need to stop doing things that do not work, challenge out-of-date practices and acknowledge that some of our services and their design are no longer fit for purpose. The voluntary and community sector also has a very important

role to play in providing services and improved service delivery, and we need to do all we can to remove barriers and blockages that may hinder the optimisation of that contribution.

It was in the context of that vision and the need to secure safe and effective services for all parts of Northern Ireland that I initiated a review of health and social care services. The purpose of the review was to examine the future provision of services, including our acute hospital configuration, the development of primary healthcare services and social care and the interface between sectors. There were very real concerns that our system was not sustainable to continue to meet the priorities, with consequences for patient care and safety.

My intention was to set a new reform agenda to give a stronger momentum for progress towards my vision and priorities for health and social care services for Northern Ireland. If the need for change was not clear to some before the review, they should read the review report, which paints a compelling picture of the need to reform. It makes it clear, on the basis of evidence and analysis, that the full range of health and social care services is unsustainable in its present form if we want to deliver the best outcomes for everyone and maintain the highest levels of quality and safety in service provision. In that respect, nothing has changed since I initiated this review; if anything, the need for change is even starker and more critical.

The evidence in the report is clear. As in other parts of the Western World, we face a combination of demographic change, with a growing and ageing population; increased demand and overreliance on hospital beds; advances in medicines and technology; and rising public expectations. The projected demographic changes alone are striking. Northern Ireland has a population of 1.8 million people. It is the fastest-growing population in the UK and continues to grow. By 2020, the number of people over 75 years of age will have increased by 40%. The population of 85-year-olds is expected to increase by almost 20% by 2014 and by 58% by 2020. The system cannot stand alone in the face of such change, particularly in the context of a difficult financial and economic climate. The review is not and cannot be about cost-cutting; it is about quality, accessibility and the safety of patient care. However, as the financial situation tightens, as is, obviously, the case for all public services, there needs to be a radical shift in

where and how money is used. I will say more on that shortly.

In my statement to the House on 27 September 2011, I said that I believed that the Assembly was committed to the three key principles of the NHS model of universal care, namely that it is generally free at the point of delivery; is funded by taxation; and promises that the best available cost-effective treatments and services will be provided. I believe we can continue to deliver on those principles only if those who maintain the health service as we know it support a radical programme of service change and reconfiguration and act strongly and corporately in the interests of all of the people whom we serve, even if that means taking some difficult decisions. I initiated the review knowing that there would be difficult decisions to take in the context in which we all operate. However, I made it clear when I took the health portfolio that I would not shy away from difficult decisions where it meant that a better service would be provided to the people of Northern Ireland. Indeed, it would be irresponsible of me not to do so in light of the very real issues that face the health service and the increasingly difficult economic context.

The proposals in the review team's report, 'Transforming Your Care', represent a radical change to the way that health and social care services are currently delivered. That change is long overdue. I believe that it will be good and will provide a more citizen-focused, sustainable and effective health service. The evidence that the review team has collected thoroughly speaks for itself. The vast majority of people feel that improvements are necessary.

The review team has developed proposals on the shape of a future model for integrated health and social care. I believe that those proposals, which I will outline, provide the best model to allow us to continue to deliver on the core values of our health service. On developing that model, the review team considered and assessed existing arrangements for the delivery of health and social care services here and looked at alternative models of delivery. It assessed those in the context of specific requirements in Northern Ireland. In line with my expressed wishes, the review team undertook an extensive programme of engagement with key stakeholders and the public, to which more than 3,000 people contributed. On the basis of that assessment and taking account

of the views of stakeholders, the review team concluded that there was an unassailable case for change. I agree with that conclusion.

I believe that the model that has been developed by the review team and endorsed by the independent expert panel that I appointed to support the review is a sustainable model that will deliver a different, improved, citizen-focused and safe service for us all. The review has identified existing opportunities to do things better. We have an advantage over other parts of the UK in already having an integrated system of health and social care. The review's recommendations exploit that advantage to develop a new model of integrated health and social care for the future.

The proposed future model puts the individual at the centre and not the institution. It supports individuals in caring for themselves and making good health choices. For many people, health and social care services will be increasingly accessible in their local area. Although that may not seem different, it is the way in which health professionals work together to deliver those services that will be different. They will work together in a much more integrated way to plan and deliver consistently high-quality care for patients.

It is proposed that integrated care partnerships will be set up to join together the full range of health and social care services in their area. Patients will have to deal with fewer professionals and will be at the centre of decision making about their treatment. There will be a significant shift from the provision of services in hospitals to provision in the community, in GP surgeries and closer to home where it is safe and effective to do so. Service providers will regard home as the hub and will be enabled to ensure that people can be cared for at home, including at the end of life. More support will also be available at home. Where specialist hospital care is required, it will be available, and patients will be discharged into the care of local services as soon as their health and care needs permit. The review proposes that an urgent care model will be implemented in every area to provide 24/7 access to urgent care services.

10.45 am

One aspect of the review in which, I know, there will be significant interest is current hospital provision and its future role. In line with the

basic objectives of the review, it is proposed that hospitals will work as a system, with each facility contributing to the provision of total services to its population. The approach to specifying a function for each hospital will be a bottom-up approach designed by local populations and professional practitioners within the parameters set by the review. The review team has commented that all current hospitals will play an integral role in the delivery of services to their locality. They will be essential to contributing to what a local population requires from a hospital service. That will mean changes in all sites over a five-year period, with the final functionality based on population need and the principles set out in the report. Engagement at a local level with local commissioning groups will inform the services provided in each area. A key aspect of that approach is that clinical staff will be employed to work in a hospital system. They will be a resource for each population, working as necessary across hospital services and facilities.

We have 10 acute hospitals in Northern Ireland serving a population of 1.8 million. That contrasts with other areas of the UK with similar-sized populations; for example, urban areas of Great Britain that are supported by maybe fewer than half that number. Our aim must be to provide resilient, sustainable and safe services. We need to have a focus on individuals, patient care and safety and not on buildings or institutions. We should not ask the public to accept services if we cannot provide assurance that they are safe, resilient and sustainable. It is in that strategic context that the review envisages that, by 2016-17, the model of major acute hospitals for Northern Ireland's more dispersed population would reconfigure to a more appropriate scale. Clearly, that will mean changes at sites, but the key test for any future configuration must be sustainability and resilience in clinical terms.

The review recommends that each local commissioning group should draw up proposals and take account of the potential to provide services to the Republic of Ireland on the basis of the analyses in its report. The review concludes that it is only likely to be possible to provide resilient and sustainable acute services on between five and seven sites. That may prove to be the case — I cannot say at this stage — but the test will be one of clinical sustainability, resilience and patient safety. On that basis, we will be able to determine

whether an acute hospital will be viable. That test is simply not optional in this new model of services, and, in my view, it should never have been optional.

I understand that, during the engagement on the review with stakeholders, concerns were often raised about the future provision of services for older people. Older people are significant users of health and social care services, and almost one fifth of the budget is allocated to services for them. Our services need to adapt to our ageing population to ensure that we can provide an appropriate level of services into the future. It is not surprising, therefore, that a significant section of the report is devoted to improving services for older people and for those with long-term conditions. The report highlights that home should be the hub of care for older people, with more services provided at home and in the community. The review makes recommendations to encourage independence and to avoid unnecessary hospital admissions, including the provision of a diverse choice of provision to meet the needs of older people and appropriate regulation and safeguarding to ensure quality and to protect the vulnerable.

The review contains a wide-ranging set of proposals across secondary, primary and community care. As well as examining acute care and services for older people, it includes proposals for improving services for those with a physical or learning disability, people using mental health services, maternity and child health, and family and child care. The proposed changes would require staff to develop different skills and capacities. Workforce planning and development is and will be a critical building block in ensuring that staff are appropriately trained and confident in their roles. Our workforce planning needs to focus on demand signals from the local health economy and patients and clients, rather than simply supply-side inputs. It needs to be linked to service planning and underpinned by robust financial plans, making it more robust and linked to patient needs.

The review recognises the scope for the greater use of technology as an enabler of the delivery of the new model of care. That resonates strongly with me, and I believe that there is considerable scope to exploit the opportunities that technology provides in the delivery of effective healthcare services. The statement that I made to the Assembly last week provided

details on how we should develop Connected Health to improve patient care and to help support the economy.

As I said, the review is not about cost cutting. Nevertheless, in line with a shift of services closer to the home, it envisages a significant shift in the allocation of funding, and it coincides with the greatest financial challenge that the service has faced in many years. The days of increasing resources, year on year, are gone. The change in the model of delivery means that there will be a shift of care from hospital settings to the community, and there will be a shift in the resources as funds are reallocated in line with service delivery. It is envisaged that key changes would include more care delivered in the home; changing care packages for people in nursing homes; an increased role for GPs; an increase in the role of pharmacy in medicines management and prevention; increased use of community and social care services to meet people's needs; and outreach of acute services into the community. Taking account of those changes, the review concludes that it is envisaged that, by 2014-15, there would be a shift of funding of around 5% or about £83 million from the hospital services budget to other services. In that model, there would be increases of around £21 million to personal and social services, around £21 million to family health services and primary care and around £41 million to community services by 2014-15. The figures provided by the review team are indicative, and, clearly, the proposed reallocations would be refined through detailed implementation planning work.

The changes will not be straightforward. They will require fundamental changes to the way in which we deliver services and will require substantial retraining of staff. It is in that context that the review recommends that transitional funding of around £25 million, £25 million and £20 million will be required in each of the next three years respectively to enable the new model of service to be implemented. The funding would help support integrated care partnerships, service changes and a voluntary early release scheme. It would be foolish of me or, indeed, any of us to believe that change of such a scale could be implemented without some cost. However, the costs identified are transitional and time-limited over three years. After that, there will be payback through more effective and

efficient use of the resources that have already been allocated to our health service.

The review team has provided a wide-ranging set of proposals. In the coming weeks and months, those proposals will need to be translated into more detailed plans, setting out the specific changes to be taken forward. It will also be necessary to develop engagement plans for those changes, setting out how the changes will affect users, families and staff. The review has recommended that implementation and stakeholder engagement plans should be drawn up and published by June 2012. The plans will be based on population plans for each area, drawn up by each of the local commissioning groups with the health and social care trusts.

The proposals in the report will mean different things to different people, and that is to be expected. The proposals have been developed in the context of the evidence that was presented in the course of the review, and they provide a framework within which service reconfiguration can be taken forward. The challenge now is to ensure that we take forward the implementation of the review for the health and well-being of the people of Northern Ireland. This is the responsibility of all of us. I am determined that the review report does not sit on the shelf. Although I carry the portfolio for health, I have said before and will say again that every Minister is a Minister for health. It is not nor should it be the sole responsibility of one Minister. All our constituents look to each and every one of us to deliver safe and effective health and social care services. The next step will require leadership to be shown first by me but also by all of us, as elected Members of this Assembly, and by the health and social care sector. We need to chart, using the review as the basis, a road map for sustainable, effective and efficient provision for health and social care services into the future.

Members, I look to you today to support me in my proposals for reforming and modernising our health and social care system to ensure that we get the best from the resources available to us; to ensure that services are, where possible, brought closer to the patient's home; and to ensure that patients are treated in the right place, at the right time and by the right people.

I repeat my thanks to John Compton and his team and to the five independent expert panel members for producing this substantial piece

of work in a demanding timescale. I also pay tribute to every person who gave their time to contribute to the review over the past few months. I ask Members, those in the health and social care sector and the public to read the report carefully in the coming days and weeks. Change will need to be delivered through working together. As the review has set out clearly, it cannot be put off. We have had too many reviews of health and social care over recent years where little has happened. I am determined that we should not repeat the mistakes of the past, and we need to move forward now if we are to have a sustainable future for our health and social care services. I commend the statement to the House.

Ms Gildernew (The Chairperson of the Committee for Health, Social Services and Public Safety): Go raibh míle maith agat, a Cheann Comhairle. I welcome the statement. We have all been very anxious to get our hands on the report, and I assure you that, like other Members, I picked mine up in the pigeonhole this morning the same as everybody else.

The Compton report will have significant implications for the future of the health system not just in the North but in the border counties. The report clearly requires significant examination and scrutiny by us, by healthcare professionals, by the trade unions and by the public in general, and we will certainly take this report away and study it carefully. On initial examination, I see that there are areas that will cause obvious concern and other recommendations that will be less controversial and will be welcomed.

Recently, a number of reports have been produced detailing the state of healthcare across the island, and, going forward, there is clearly a need for a sensible all-Ireland approach to delivering healthcare for citizens. That approach will deliver not just significant efficiencies in these difficult economic times but better outcomes for patients. At the end of the process, we need to have a healthcare system that delivers for the needs of people and communities, is safe, accessible and efficient, and targets the inequalities — I know this is mentioned in the report — that give rise to ill health in certain sections of society. Those are the benchmarks by which we will judge the report.

I welcome the fact that more people will be supported to live at home, but could the

Minister elaborate on how he intends to support their carers? We know that, whatever interface there is with the Department of Health, Social Services and Public Safety, people are often asked to care for others around the clock at home. The word “sustainability” is in his statement quite a number of times, but will he commit to the sustainability of services along the border and work with his counterpart in Dublin to ensure that services in hospitals near the border can be made sustainable?

Mr Poots: The report makes it very clear that we want to see the home as the hub of care. Therefore, it is important to us that that care is provided at home. We recognise that, in many instances, carers can fall ill and can have problems because of the stress that is put on them. So, ensuring that respite is available for carers is important in ensuring that the health of the carer does not break down.

That is recognised in the report, and it is certainly something that we will look to deliver on.

11.00 am

I have agreed to conduct a mapping exercise of services that are available along the border. Sometimes, difficult times and difficult economic conditions enable people to make the best decisions. I suspect that, a few years ago, the Republic of Ireland would not have been that interested in acquiring services in Northern Ireland. I am quite open to the idea of the Republic of Ireland buying services in Northern Ireland, which will then enable us to sustain many of the services in our border hospitals. I do not have an issue with or a particular concern about that. I believe that that will be developed over the report's lifetime.

Mr Speaker: Before I call Jim Wells to ask a question, I remind Members that there is a keen interest on all sides of the House in the statement. That is understandable because of its nature and importance. There is a full list of Members who wish to ask questions, so I urge you to keep your questions short, especially in relation to the statement. It is also very important that the questions relate to the statement, and, if we can achieve that from Members, we might also be able to achieve short answers from the Minister. It is important to encourage all of that.

Mr Wells: I concur with the Minister that this is, perhaps, the most important report on health in

a generation. Indeed, it is, perhaps, one of the most important reports that will come before the Assembly in this term. It is a pity that that has not been reflected in the turnout by Members opposite. If you take out the Health Committee members and a few others, you will see that there are very few Members here on that side. That is highly regrettable and indicates how much they care about health service provision in Northern Ireland in the future.

Mr Speaker: I ask the Member to come to his question.

Mr Wells: The Minister is aware that there has been a series of reports on health provision in Northern Ireland. There has been the Appleby report, the Hayes report and 'Developing Better Services'. Many of those gathered dust. Can the Minister inform the Assembly why he felt it was appropriate at this time to initiate such a major review? Can he give us a guarantee that this report will not gather dust?

Mr Poots: I thank the Member for his question, and I take your gracious rebuke, Mr Speaker, in the way that it was expressed.

The report itself sets out the reasons why it has been published and why it has been published now. One of the reasons is that the elderly population, which requires more and more services, is growing. By 2020, the number of over-75s will have grown by 40%, and the number of over-85s will have grown by 58%. Seventy-five per cent of people over the age of 75 have chronic conditions, so they need additional support. Year on year, the growth requirements in health are 4%, while our budget is 2%, so, leaving inflation to one side, there are serious challenges.

The review has been brought out not as an excuse to do nothing but as a model to get on with the task. I wanted to have the panel of experts provide their thoughts on the way forward. The report will not gather dust; it will gather momentum. It will go out for the trusts to start to implement very quickly, and we will encourage that.

Mr McCallister: I welcome the report, which has been anxiously awaited on these Benches. The Minister rightly mentioned the transitional costs, which are present when you go to change anything. He puts those at £25 million, £25 million and £20 million. Does he have the

money in his budget to meet those extra costs, or will he seek money from DFP to fund that?

Mr Poots: In the first instance, I will seek money from DFP and I hope that that will be forthcoming. If it is not, we will need to find the money in the system to ensure that this moves forward.

Mr McCarthy: The statement is very important and long-awaited. People should take time to read and digest it properly rather than rushing to immediate positions. I welcome the Minister's commitment to care in the community. The Minister will know that I have spoken loudly about the elderly and people with learning disabilities and mental health —

Mr Speaker: Will the Member put his question?

Mr McCarthy: It is essential, Mr Speaker, that funding follows care in the community. It is all right to have fine words and speeches, but, at the end of the day, older people and people who need —

Mr Speaker: I insist that the Member come to his question.

Mr McCarthy: Will the Minister assure the Assembly that funding will follow the most vulnerable?

Mr Poots: Perhaps less noise and more listening would help the Member. It has already been delivered in the statement that we are looking at shifting £80 million from the hospital sector to the community sector. How much clearer can we be? It is already in the statement.

Ms P Bradley: I also thank the Minister for his much-needed and welcome statement. It appears that there will be a greater onus on the five local commissioning groups in delivering this agenda. What interaction has the Minister had with those groups, and does he feel that they are equipped to deal with the challenges ahead?

Mr Poots: I met the commissioning groups quite recently, and they want greater authority to move things forward. The commissioning groups were set up after the trusts and, to an extent, have had some difficulty in showing their teeth. I encourage the commissioning groups, which have a local dimension, to show their teeth and to demonstrate the type of services that need to be acquired to meet the needs of our communities. They should not be driven simply by the demands of trusts or, indeed, hospitals.

Mr Brady: Go raibh maith agat, a Cheann Comhairle. This question may be regarded as getting retaliation in first, but in your statement, Minister, you say of hospital sites:

“the key test for any future service configuration has to be sustainability and resilience in clinical terms.”

You also talk about local commissioning groups taking:

“account of the potential to provide services to the Republic ... on the basis of the analyses in its report.”

Mr Speaker: I urge the Member to come to his question.

Mr Brady: Daisy Hill Hospital, which the Health Committee visited last week, ticks all the boxes for all the criteria. Will the Minister ensure that hospitals in border areas such as Daisy Hill, which ticks all the boxes, will be regarded favourably in any decision of his on the reconfiguration of sites?

Mr Poots: Key to the services provided in a hospital are the following three things: safety, sustainability and resilience. I will not support a service that does not meet all three of those aspects. That also applies to the community. Therefore, we need to be assured that the community can get to the hospital safely, sustainably and resiliently. For those who live a considerable distance from a hospital, we have to ensure that the time it takes and the services provided to them are safe, sustainable and resilient. When they get to the hospital, it also needs to be safe, sustainable and resilient.

A course of work done in Scotland, where distances are much greater, would be interesting reading for Members. You are four times as likely to have a successful outcome in a trauma situation going to the appropriate hospital as you are going to the nearest hospital. Therefore, frankly, if you have been involved in a major trauma incident, it may be safer to travel past your nearest hospital to the appropriate hospital. Members should reflect on that, because that is what the outcomes are, and we want the best outcomes for our public.

Mr Dunne: I thank the Minister for his leadership on the review. How can you assure GPs that they will not simply be lumbered with extra work for little return?

Mr Poots: My view is that GPs are critical to the delivery of our services. Some things happened in the past that perhaps undermined the work that GPs do. The out-of-hours system does not work as well as we would like, and that needs to be challenged. However, GPs will benefit. The review suggests an indicative reallocation of £21 million to FHS and primary care, which is a 3% increase on the allocation that would have been available.

We want to have more integrated teams working together in a holistic way. We want GPs to work with podiatrists to prevent falls by older people; with dieticians to deal with people with diabetes; and with physiotherapists to deal with people who have chest problems — all in a much more integrated way. When people have multiple problems, we want to have multidisciplinary teams working together in the primary care sector and setting to avoid hospital admissions and, more importantly, to deliver considerably better outcomes for patients.

Mr McNarry: There are 207,000 registered carers in Northern Ireland, with 67 added to that number annually. As the Minister knows, they save us around £4.4 billion. In highlighting, as he has today, that the home should be the hub of care for older people and, I assume, those with learning disabilities, what protection is he offering the carer at home, today and tomorrow?

Mr Poots: Carers are absolutely critical. I dealt with that point when I responded to the Chair of the Committee. However, we are looking at how we can provide appropriate respite for carers. I want to make one thing clear: most of us will have relatives who are elderly or suffer from some form of disability. Particularly when it comes to relatives, the public — the community — have a responsibility to provide care for them. I do not expect the Government to do everything for my elderly relatives; I have a contribution to make. When I was a child, they looked after me. When they are elderly and need help, I would like to think that we will be there for them. Carers in general are not looking for something, but many of them need help, support and respect and to be part of the system. We want to ensure that carers are part of the team that makes decisions on how best to look after people. It is important that carers get appropriate respite so that they can get a break.

We are also looking at developing packages so that older people can take control of their own

finances. Instead of having four 15-minute visits in a day, when someone rushes in and gets an older person up to the toilet, gets them their breakfast and goes away again, they could buy in a package that is appropriate to their needs and is done in conjunction with their family. That may involve the family as the carers who receive the finances for that package.

Ms Boyle: Go raibh maith agat, a Cheann Comhairle. I also thank the Minister for his statement. Minister, you said that our constituents look to us to deliver safe and effective health and social care services. I am conscious that I have a constituent who will ask me about the report and will ask where it says that a reduction in hospital waiting times for operations will be addressed. I ask the Minister how that will be addressed.

Mr Poots: The reduction in hospital waiting times will be facilitated by changing the model. Removing people from hospitals who should not be there in the first place through better management of their condition is an important element in supporting our hospitals. Ensuring that we have hospitals that deliver elective services, care and surgery without the disturbance of emergency care is another key element of that.

Reconfiguration and reorganisation is absolutely critical to what the Member asks. Given the demands that are coming and the budget that we have, the choice is either to reorganise and restructure or to reduce. I am in the first category: I want to reorganise and restructure. That is what the report is about and what I am about. Sometimes the delivery of that will not be to everybody's liking. Sometimes it will cause some pain, but, if we get to a better destiny, that is what is important.

11.15 am

Ms Lewis: I thank the Minister for his critical statement. How will the average Northern Ireland citizen and taxpayer benefit from the implementation of the review?

Mr Poots: The average citizen will benefit because we currently spend £4.6 billion on health and social care. I think it is around £2,700 or £2,800 for every man, woman and child in Northern Ireland. Given the investment that we are making in health, we need to ensure that we get the best value for money out of it. We need to ensure that the resources that we

expend are not wasted. If we can avoid people with long-term conditions going to hospital and allow them to be treated in their own home and community and have better outcomes at the same time, the individual gets better care and we as a public body spend our money better. It is a win-win situation for both the patient and the general public.

Mr McMullan: Go raibh maith agat, a Cheann Comhairle. I welcome the Minister's statement. Minister, you said that there would be more co-operation and more use of GP services. Could that mean that we will see more co-operation at a local level between GPs and consultants, therefore cutting down on hospital appointments, especially in rural areas?

Mr Poots: Yes we can. We are looking at integrated partnerships for GPs. GPs will be working as part of an implementation planning exercise. The report indicates that there should be an increased share for family health services and primary care. We want the GPs working on the integrated health partnerships. We will have 17 of them across the Province. GPs will also be expected to reach a standard of quality. That is absolutely important. Often they will have to work in partnership with others to reach the expected standard of quality.

Mr Givan: I welcome the focus on the individual and the outcomes for the individual in the Minister's statement. Will he elaborate on how the integrated care partnerships will operate? In particular, what role will there be for the independent sector, and how will the patient be put at the centre of decision-making?

Mr Poots: The partnerships are an important component of the recommendations for the future model of integrated health and social care. They will join together the full range of health and social care services in each area, which includes GPs, community health and social care providers, hospital specialists and representatives from the independent and voluntary sector. They will have a role in determining the needs of local populations and planning and delivering integrated services. The review recommended that there should be 17 such partnerships. For the individual, that would mean that GPs and all other health and social care providers in the area, including the voluntary and community sector, will be able to work together to deliver the services needed by their local population. As the review of local

government looks at community planning, I see that as absolutely critical in the overall delivery of the report.

Mr Lunn: I also welcome the report. There is a reference in the report and in the Minister's statement to an expanded role for community pharmacy, which is very welcome. I appreciate that the Minister may be constrained by the current judicial process, but does he agree with me that there may be a need to revisit the decisions that have been made on community pharmacy in light of that strong recommendation?

Mr Poots: As the Member knows, the judicial review findings on the previous Minister's decisions will be announced on 21 December. In relation to community pharmacies, I do not see the key role of a pharmacist as being paid to dispense pills. I think more of our pharmacists than that. They have a skill, training and an ability to play a far more important role in the delivery of services, ensuring that people can remain in their community, assisting elderly people to remain in their home and helping us to avoid hospital admissions. I see a fundamentally changing role for pharmacists. As soon as the court case is over, I will want to get into discussions and negotiations with pharmacists on how we move forward in a way that delivers the best services to the community and is sustainable for pharmacists at the same time.

Mr Buchanan: I, too, welcome the Minister's statement. As he will be aware, change always brings an element of fear. How does he respond to the fear in communities that the Department will impose change on them without adequate local engagement?

Mr Poots: The trusts will be responsible for the delivery of the report. Those significant things will have to be consulted on in local communities. I hear what the Member says about change causing fear, and he is correct: people are often fearful of change. However, if you read the report, you will realise that doing nothing is far more frightening. Doing nothing will bring about change, but it will be the wrong kind of change; it will be the reduction of services. We do not have the resources to simply keep doing things that are not sustainable over and over again.

I say to Members that anything in life, whether in business or anything else, that does not change over time generally shrinks, shrivels

up and dies. We need a health service that is flexible and adaptable, makes the best use of modern technology and responds to the work that pharmaceutical companies are doing to provide the best medicines for people and so on. We need to be slick in our movement and our ability to adapt to meet all that. This is where we are going, and change will happen. I hope that, after the report works out, that change will be viewed as positive as opposed to negative.

Ms J McCann: Go raibh maith agat, a Cheann Comhairle. I thank the Minister for his statement. I have not had a chance to read the report in any great detail. Will the Minister give us an indication of where the new women and children's regional hospital at the Royal fits into the review?

Mr Poots: It is not part of the review, but the women and children's hospital will be in the new block that is being built. As I recall, it will be opened in 2014, and work on it has been done. Credit to the previous Minister: he made the decision to move that forward. However, the biggest issue for me now where those types of facilities are concerned is identifying a funding process that can deliver a new children's hospital in Northern Ireland. The condition of the current children's hospital is an absolute disgrace, as is the fact that staff have to work in those conditions to provide complex care and treatment. It is absolutely incumbent on us to identify a way forward on that.

Mr Humphrey: I thank the Minister for his statement. The Minister will be aware that early years is vital to young parents and families. Will the Minister outline whether the review deals with early years?

Mr Poots: We see a clear way forward in the fact that, if we make interventions at that early point, we will get far more significant benefit. For example, for every pound spent in the early years, you will get a return of between 14% and 16% each year thereafter. Therefore, in a person's lifetime, you will get three or four times the return that you put in.

We are finding that more and more children and young people are coming to our attention — I think that the figure has grown by around 40% or 50% in the past five years — and that is evidence that our social services side is getting better at the work that it does. So, it is important that we make interventions at that early point for very vulnerable children who are

being brought up in homes where there is a lack of skill. It is also important that real benefit comes from that delivery. Multidisciplinary teams and social services working in close conjunction with GPs and so forth will help to ensure that that is the case.

Mr G Robinson: I thank the Minister for his statement. What services does he intend to have carried out in a patient's home?

Mr Poots: Sorry, could you ask that again?
[*Interruption.*]

Mr Speaker: Order. Allow the Member to repeat the question.

Mr G Robinson: I would like — [*Interruption.*]

Mr Speaker: Order. Allow the Member to continue.

Mr G Robinson: What services does the Minister intend should be carried out in the patient's home?

Mr Poots: I thank the Member for the question. I await the question from the SDLP with interest, Mr Speaker. [*Interruption.*]

Mr Speaker: Order. [*Interruption.*] Order. The Member should not point, either to the Chair or across the Floor. Allow the Minister to continue.

Mr Poots: I note that there are only five SDLP Members in the Chamber. [*Interruption.*]

Mr Speaker: Order. That goes for all sides of the House. Allow the Minister to continue.

Mr Poots: SDLP Members have yet to ask a question, so that demonstrates their interest in health and social care.

With regard to care provided at home, we have considerable numbers of older people, people with learning disabilities and people with mental health problems for whom more services can be provided at home. We have not touched on mental health issues thus far. One of the things that is highlighted in the report in respect of mental health is that some care can be provided at home by visiting psychiatrists. It does not always work well in mental health when an appointment is made for someone to come to hospital: often they do not turn up. Therefore, there can be more effective care in this way.

As regards a future model for integrated health and social care, we see individual self-care as

an important element. Over the next six years, we will roll out a telemonitoring scheme to 20,000 homes. Last week, I visited a gentleman who had attended Antrim Area Hospital around six times each year and was admitted three times each year for about a week. Since we introduced telemonitoring, in the past year, he has not been once to Antrim hospital. Therefore, excellent monitoring of conditions and early intervention when vital signs show some distress can lead to considerably fewer hospital admissions and a cost-effective regime that delivers for the patient.

Mr Speaker: Before I call Mervyn Storey, I see that some Members may have a problem. Usually, when for whatever reason a Minister has not heard a question, I have asked the Member, whatever side of the House he sits on, to repeat that question. There is nothing wrong with that. The convention is clear. Members should not point to the Chair or point across the Room when they have some difficulty with that. Let us move on.

Mr Storey: Thank you, Mr Speaker. I am glad that SDLP Members have not been tasked with reorganising the health service; they cannot reorganise how they submit questions to the House.

As the Minister knows, I serve a constituency that does not have acute hospital provision and is serviced by hospitals in other jurisdictions and constituencies. In the light of the statement, what is the inevitable outcome in regard to the future provision of services, particularly at the Causeway Hospital, which serves my North Antrim constituency?

Mr Poots: Again, we go back to safety, sustainability and resilience. Decisions in the Member's constituency will be taken by the Northern Health and Social Care Trust, which currently operates a two-site facility. It may desire to continue to do that. If so, it must ensure that having a two-site facility is safe, sustainable and resilient. If the trust decides to move to a model of one hospital for its area, ensuring that people get to that hospital must be done in a way that is safe, sustainable and resilient. If lives are threatened by the closure of a hospital, that will also be a challenge for the trust.

Lord Morrow: I, too, thank the Minister for his comprehensive statement. With this report before us, it is regrettable that the SDLP and

Sinn Féin show no interest in the future of the health service.

However, as the Minister has made it clear today that he does not want the report to be left sitting on the shelf and, indeed, he is determined that it will not be, can he tell the House what is the next step in this important process?

11.30 am

Mr Poots: The report is being made public today, and people will take some time to digest it, hopefully not too much time. In the early part of the new year, trusts will look to how they will develop and action a lot of the work that is in this report. We see it being rolled out over a five-year period, so people need not be too worried that, in six months, everything will happen at once and it will be an absolute shock to the system. It has to be carried out in a way that enables things to carry on smoothly. To do that, we need to have the implementation plan in place and the clinical forum established so that we have good exchange with experts in the field and they can play their part in ensuring that we have the best possible healthcare system in Northern Ireland.

Mr Allister: I want to return to the issue of acute provision. In one breath, the Minister tells us that it is a matter, for example, for the Northern Board, and, in the next, he tells us that his vision under the report is that the number of acute hospitals might fall as low as five. Assuming that one or two of those hospitals will be in Belfast, one will be in Londonderry and, presumably, one in the west, what about the rest of the Province, particularly the north of the Province? Could the Minister tell us frankly whether he believes the Causeway Hospital, which serves the upper part of north Antrim, will be an acute hospital in five years? Can he tell us frankly what his vision is in that regard?

Mr Poots: I thank the Member for the question. If he had been in court, he would have just made a fool of himself. I never said that I had a vision for five acute hospitals in Northern Ireland. No good judge would have taken that on board, and it might have been dismissed out of hand.

I cannot say what exactly the future holds for the Causeway Hospital, or, indeed, for Daisy Hill Hospital, but what I can make very clear is that the service that has to be provided is safe, sustainable and resilient. Therefore, the care that is provided has to be quality care

for the people of the north of the Province. We cannot have a service that does not meet those standards because that would be a second-rate service, and I am sure that the Member would not want a second-rate service for the constituents of North Antrim or East Londonderry. I am sure that he would not want the lives of people in that area put at risk because the services were not safe, sustainable and resilient. Therefore, it is up to the trusts to ensure that that is the case, and, if it is not the case, they will have to come forward with a different proposal. At this time, they clearly believe that that is the case, and, as that continues to be the case, the trusts will continue to operate as is. If they do not believe that that is the case, we need to see what their proposals are.

Mr Speaker: I call Mark Durkan. — *[Interruption.]*

Mr Speaker: Order.

Mr Durkan: Thank you, Mr Speaker. I welcome the Minister's statement and the much-awaited publication of the review and my long-awaited opportunity to ask a question on it. Let me assure the House of my party's unwavering commitment to the health service and the need to improve it.

What are the implications of the review for staff and staffing numbers right across the sector, including those caring in the community? What assurances can be given to those committed and caring professionals so that their morale is not adversely impacted?

Mr Poots: My responsibility, first and foremost, is to the public. The HSC sector currently employs around 70,000 people, so we are the largest employer by a considerable margin in Northern Ireland. However, it is not my responsibility to create employment; it is my responsibility to deliver quality healthcare.

The review is not about redundancies or any of that type of stuff; it is about how we reorganise our services. Setting that to one side, there is a financial issue because the Budget that came from Westminster would not have allowed us to extend our health funding as far as we might have liked. There are, therefore, implications on that side.

We will seek to ensure that staff are treated with respect at all times, that they are made aware of issues at an early point and that they are properly consulted. We will seek to ensure

that we move forward in that way. Thus far, we have avoided compulsory redundancies. Members must remember that, around this time last year, people were saying that there would be dire consequences in the health service, that we would reach chapter 11 administration and that 4,000 people would have to be paid off. None of those things has happened. Let us not raise unnecessary concerns. We will manage these situations, and we will not be introducing a vast array of compulsory redundancies in Northern Ireland as a consequence of the report. There will be some modest and moderate changes, but this is not something to cause huge concern among our staff.

Ms Ritchie: The SDLP has always been unwavering in its support for health and social care provision, and we will not take lectures from the DUP on that.

Page 117 of the document states:

"All current hospitals will have an integral role in the delivery of services to their localities."

Will the Minister spell out what the model will be for the new local hospital at the Downe Hospital, Downpatrick? How will services for Daisy Hill Hospital be configured on a North/South basis? What discussions have taken place with the Southern health authorities in relation to that matter?

Mr Poots: I thank the Member for her four questions. She did not ask any for a long time, so I suppose she may as well ask plenty when she gets to the point. With regard to the Member's parochial concerns, a new hospital was built in Downpatrick. The report states that that hospital, along with the other hospitals, has an integral role to play. It will be a matter for the South Eastern Trust, in negotiations with the HSC Board, to identify what role that hospital plays. There would not be much point in building a new facility and not using it.

The Member also asked about how we work with the South of Ireland. We have had discussions with counterparts in the South at ministerial and official level. I am very happy to work with them to provide the best possible services for people from either side of the border. If they are happy to pay for those services, we are happy to supply them.

Mr Swann: I thank the Minister for his statement. In his statement, he indicated a greater role for local commissioning groups. What additional

responsibilities does he envisage? Do they include a budgetary role?

Mr Poots: The commissioning groups have an important role to play. As I indicated to another Member, they need to have a greater role as we move forward in working with local communities to identify local needs and to translate those into the services that are provided. We need to have greater community identification of the services, the needs and what should be provided. That is where the local commissioning groups can provide that level of expertise.

Mr McDevitt: The expert group makes 99 proposals for change, but there are only two numbers in those 99 proposals. Let me ask for some leadership from the Minister this morning. Proposal 10 recommends:

"A major reduction in residential accommodation for older people, over the next five years."

By how much will that be reduced? When does the Minister expect that reduction to take place?

Proposal 73 states:

"Over time, move to a likely position of five to seven major acute hospital networks in Northern Ireland."

Which will it be? Will it be seven or five?

Proposal 84 recommends:

"Targets to reduce the level of inappropriate hospital admissions for people in the dying phase of an illness."

What targets? When will we see them?

Mr Poots: I thank the Member for his question. First, he asked about residential homes. We are making it clear that the residential home for people that we envisage in the future is their own home, not some care home, and we want to enable people to stay in their own home. I do not know anybody who wants to move out of their own home into residential care, but many people have to and are forced to. We need to provide a model that ensures that those people can stay in their own home. That will be the driver, because we will not have the requirement for those facilities.

With regard to the reduction from seven to five, the report said that that would be the likely outcome. Again, I go back to safe, sustainable and resilient. Those are the tests, and that will be the demonstration of it. We will ensure

that we provide safe, sustainable and resilient services across the piece.

As regards the care of people who are at the end of life, 28% of those who are admitted to hospital from a nursing home die within 48 hours. I will repeat that: 28% of people who are admitted to hospital from a nursing home die within 48 hours. I am not sure whether the Member thinks that that is a good thing. We want our nursing homes upskilled to provide that end-of-life care. I do not think that it is dignified or appropriate for someone who is near the end of their life to be taken from the nursing home where they have been provided with care for a number of years to a hospital A&E unit to be put through the trauma of the admission process, get into a hospital bed and die within the next 36 hours. I do not think that that is a dignified way to end your life, so I want to change that. I am not sure that the Member does, but he should reconsider.

Mr McGlone: Go raibh maith agat, a Cheann Comhairle. I thank the Minister for his statement. In terms of safety, sustainability and resilience, the whole of Tyrone has been stripped of services. Omagh was stripped of A&E services by Bairbre de Brún and Magherafelt by Michael McGimpsey. The Minister placed emphasis on patient requirements and what patients should be demanding and expecting from the service. What assurances will he give to the people of those areas that the service will be improved? The Minister referred earlier to trauma instances. What assurances will he give that people in south Derry and Tyrone will not be jeopardised by the stripping of our services?

Mr Poots: I thank the Member for his question. The SDLP is a bit like the buses: none comes along, and then they all appear at one time.

I have been attempting to undo some of the damage done in Tyrone and south Londonderry with the development of a new hospital in Omagh, which I announced recently. We are very committed to ensuring that that is delivered so that the people of Omagh have a quality health system in conjunction with the new hospital in the south-west. There are opportunities for getting to a better place in mid-Ulster, and the Mid-Ulster Hospital has a role to play in that. I would be happy to engage in discussions with representatives of that constituency on how we can deliver more services locally. I recognise the difficulties that there can be in getting to places

such as Draperstown and Gortin and their distance from local services.

Mr W Clarke: Go raibh maith agat, a Cheann Comhairle. I thank the Minister for his statement. I looked through the report briefly and saw that one of the main subjects is preventative measures. How will more people be able to avail themselves of healthy food with high nutritional value, particularly those from areas of deprivation? What are his thoughts on people being able to afford healthy food?

11.45 am

Mr Poots: My thoughts are very clear. Along a two-mile bus journey for someone who lives in Sandy Row, the Village or the Markets to Finaghy Road South and out towards Malone, life expectancy rises by nine years. That is just unacceptable. A lot of the reasons for that are individual choices. A greater number of people in those areas smoke. Each year, 2,300 people die as a result of smoking. One in every two people who smoke will die as a result of it. Other people engage in excessive and binge drinking, which does damage and causes cancers and cirrhosis of the liver. Other reasons include the eating of unhealthy foods and not eating enough fresh vegetables and so forth. All those things are major contributors.

The Public Health Agency's work will be supported. We have an obesity strategy, which will be taken forward. We will invest in that, and we will further invest in public health because prevention is better than cure. It is cost-effective to engage in prevention and ensure that fewer people come to us because they have type 2 diabetes as a result of their bad diet, chest problems as a result of smoking or a lot of chronic illnesses that are brought about by heavy and excessive drinking.

Mr Speaker: Order. Before we move to the Finance Minister's statement, I thank the whole House for its co-operation this morning. All Members who wanted to ask a question were able to ask one. I also — [*Interruption.*] Order. I also thank the Minister for his co-operation this morning. Let us move on.

Mr McDevitt: On a point of order, Mr Speaker. I appreciate your allowing me the opportunity to make a point of order. Will you check the audiovisual facilities in the House? This morning, when the Minister was speaking, he was the

Minister of Finance and Personnel on the blue screens. That was a little confusing to Members.

Mr Speaker: I thank the Member for his point of order. Allow us to check and come back to the Member.

Mr Wells: Further to that point of order, Mr Speaker. Does that explain why, when the Minister was making his speech, there were only five Members on the SDLP Benches and only six on the Sinn Féin Benches?

Mr Speaker: Order. That was not a point of order, but I am sure that the Member knows that. Let us move on.

North/South Ministerial Council: Special EU Programmes

Mr Wilson (The Minister of Finance and Personnel): I am disappointed to hear that the low attendance in the House was because people thought that it was me who was speaking instead of the Health Minister. *[Laughter.]* I see that the reality has struck; they have all left. Even my own lot have left.

The North/South Ministerial Council met in special EU programmes sectoral format in Armagh on 21 November 2011. The Council last met in special EU programmes sectoral format in July 2011. I chaired the 21 November meeting and was accompanied by Minister Alex Attwood. The Government of the Republic of Ireland were represented by Brendan Howlin TD, the Minister for Public Expenditure and Reform.

The Council noted that we are still at an early stage with regard to the next round of EU programmes. The EU budget will not be agreed until 2012. Until it is agreed, we do not know how much will be available for structural funds programmes in general or for specific programmes, including any future Peace and INTERREG programmes. All the signs are good that there will be successors to the current programmes. However, until we know how much money there will be for those programmes, we cannot initiate meaningful discussions on programme development.

The Council discussed the main priorities for the Special EU Programmes Body (SEUPB) in 2012 and reviewed the progress in finalising the business plan and budget for 2012. The plan will be brought forward for approval at a future Council meeting. Mr Pat Colgan, the chief executive of the SEUPB, updated the Council on how far the work of the SEUPB had progressed since July 2011. The Council noted the progress that had been made regarding the closure of the previous Peace II and INTERREG III programmes. The Council also noted the progress that had been made with regard to the Peace III programme. As at 31 October 2011, the Peace III programme had approved 149 projects worth around £240 million. That represented a commitment rate of approximately 80% of the programme budget. Total expenditure to date is some £85 million. As a result of that expenditure, the PEACE III programme had already met its EU spending target for 2011, which is around £75 million.

With regard to the INTERREG IVa cross-border co-operation programme, SEUPB advised the Council that, as at the end of October 2011, the programme had spent around £50 million. The body remains confident that INTERREG will achieve its 2011 EU spending target of £55 million and that the 2012 spending target is also likely to be achieved. However, SEUPB advised that, if the current pace of commitment and spend continues for much longer, there is a significant risk to the achievement of EU spending targets in 2013 and 2014 and as much as £35 million could be lost if those targets are not achieved. That is because, when programme expenditure fails to meet the relevant EU target, the European Commission deducts any shortfall between actual expenditure and target expenditure from the programme budget. SEUPB advised that it is working with officials in both jurisdictions to manage that identified risk and to ensure that no funds are, in fact, deducted. SEUPB noted that the risk is not immediate and that there is ample time to address it.

SEUPB advised the Council that the INTERREG risk has arisen on account of the time that it takes to approve applications for INTERREG funding. To date, it has taken on average a year to progress an INTERREG funding application, from the initial application stage to the final offer of programme funding. As a result, INTERREG has thus far allocated around £160 million, which is about 70% of its budget. The most recent round of project assessments is due to end next year. However, SEUPB forecasts that there may be as much as £55 million still to allocate. The relevant Departments involved in the assessment and approval of applications have particular responsibilities to help to address the situation. As a result, there will need to be a further call for funding applications early in the new year. Officials are working with SEUPB to ensure that the applications arising from that call will take significantly less time to process.

SEUPB advised the Council on the progress that has been made by the five local authority-based groups under the INTERREG programme. The groups' situation is unchanged since July, when they had approved 19 projects worth around £22 million, which is well short of the £50 million that is their expected share of the programme budget. However, further local applications are currently under assessment, and the groups will be eligible to apply under the envisaged call for projects in the new year.

SEUPB informed the Council of its ongoing efforts to facilitate North/South participation in INTERREG transnational and inter-regional programmes. SEUPB is working with 47 projects that involve a Northern Ireland partner, and 17 projects with Northern Ireland partners are currently under assessment.

Finally, the Council noted that SEUPB's annual report and accounts for 2010 had been certified by the Comptrollers and Auditors General in both jurisdictions and will shortly be laid before the Assembly.

Mr Murphy (The Chairperson of the Committee for Finance and Personnel): Go raibh maith agat, a Cheann Comhairle. Gabhaim buíochas leis an Aire. The Minister will be aware of the concerns and, indeed, frustrations at times about the ability to spend, particularly, INTERREG funding and the tortuous application process involved. Will he outline what specific measures are being taken to ensure that the targets for INTERREG commitment and spend will be met? Will he confirm whether any work has been undertaken to identify the lessons learnt from current and previous spends in order to inform and, obviously, make the case for future funding programmes?

Mr Wilson: I thank the Chairman for the question. As I said in the statement, a considerable amount of money is at risk, although we have been assured that there is still time to meet the requirements and get the money allocated.

A number of things have been done. First, SEUPB is working with applicants to give feedback on applications to try to ensure that they come forward in a better form. Secondly, what normally happened was that the economists in SEUPB did an assessment of the project, which then went to the sponsoring Department, where its economists did an assessment. Sometimes questions were thrown up that really should have been addressed at an early stage. Now, however, when an application comes in, the economists from the sponsoring body and from SEUPB work in parallel so that they look at the project at the same time. That means that any early questions are answered at that stage. The process is being done that way rather than being sequenced, because, on some occasions, sequencing has been one of the reasons for delay.

Other work still needs to be done. I really think that SEUPB could do more through its internal organisation. It has the staff and the resources.

It has economists whom my Department has lent it to help it through the process. It needs to work more closely with applicants and to give them feedback to ensure that applications come forward in a way that is acceptable at an early stage, as opposed to having a lot of toing and froing. The average time has been a year, and that is unacceptable. Members around the Chamber could probably identify projects that have taken well over a year. All it does, of course, is put people off even making applications.

Mr Hilditch: I thank the Minister for his answer to the Chair's question; I, too, want to touch on the fact that around £35 million of INTERREG funds is potentially at risk of being lost. The Minister has outlined what has been done, but will he tell us what ongoing efforts will be made to ensure that Northern Ireland's economy does not lose those vital funds?

Mr Wilson: I outlined some of the things that we have already put in place and intend to follow through with SEUPB. At the meeting, there were fairly robust exchanges with SEUPB officials to ensure that they were clear about our concern, which the Member mentioned, that we do not see a penny of that money lost as a result of applications not being dealt with on time. I have also spoken to Ministers about the need for their Department, if it is the sponsoring Department, to ensure that there is no delay once applications go to it. I have written to one Minister about that, and I have spoken with other Ministers.

Mr Cree: I also thank the Minister for his report. I know that he has a genuine interest in the area. The Minister will also know that I have been concerned for some time about SEUPB's ability to deliver the full allocation of INTERREG IVa funding. In the past, we have been assured that there was no need for concern. I think that that is a direct quotation. Today, we are advised that the body is "likely" to achieve the 2012 spending target and that there is a "significant risk" — I think that I quote you correctly, Minister — to the years 2013 and 2014. Is the Minister satisfied that SEUPB has the capacity and ability to deliver on those targets?

Mr Wilson: It has certainly been given the resources to deliver on the targets. In my view, SEUPB is very well resourced. Indeed, some of the resources that were made available to it to close down PEACE II and INTERREG IIIa programmes have been left with SEUPB

so that it has the additional resources. So, if there is need for streamlining with sponsoring Departments or for SEUPB to talk to applicants to make clear to them what is required, there is no excuse as far as resources are concerned. I have had a complaint — it is with some justification — especially from the local authority groups, where the biggest underspend is to be found at the minute, that only £22 million of the £50 million has been allocated there.

At the beginning, the rules were not clear, and people were confused about what was required of them. The SEUPB must address those issues. I have been as upfront as I can with Members in highlighting the difficulties and the level of risk. It has been made very clear to the SEUPB that it will be judged on its ability to deliver. It has been given the resources to do that. There has been plenty of warning about the difficulties and action must be taken to deal with them.

12.00 noon

Mr D Bradley: Go raibh maith agat, a Cheann Comhairle. What action has been taken to retrieve funding from groups that are in breach of the terms of their letters of offer?

Mr Wilson: We have an obligation to pursue such groups because that money will be clawed back by Europe, and it becomes a draw on our budgets in Northern Ireland. A number of groups with which there were difficulties and which did not adhere to the rules have been highlighted. In those cases, the SEUPB and the sponsoring Departments are looking at what should and can be done to retrieve funding. In cases in which it was clear that groups breached the terms of their letters of offer, the first thing that we did was stop further funding.

Mr Lunn: The Minister's party has supported David Cameron's actions over the past few days, and I agree with that attitude. However, in the longer term, given the new relationship that might evolve between Britain and the EU, is there any risk to the future of those programmes and our ability to influence them?

Mr Wilson: I am glad that the Member is not on the Nick Clegg wing of the Alliance Party on the matter and that he agrees with the Prime Minister's stance in standing up for the United Kingdom. That is the right thing to do because the Prime Minister of any country should put

his national interest first before he looks at any wider issues.

There are a number of issues. The UK Government dispute the size of the EU budget increase and quite rightly rejected the increase of over 5% demanded by the European Parliament and Commission. It would be preposterous to impose spending restrictions on devolved Administrations and then simply to say to Europe that we will hand over a 5% increase.

That will, of course, impact on the amount of money available for EU spending programmes. Nevertheless, in discussions with the Irish and Westminster Ministers, I was assured that they will push for programmes beyond Peace III and INTERREG IVa. Indeed, Brendan Howlin, who gave an undertaking at the meeting in Armagh, spoke to the UK Minister last week or the previous week in Poland.

Mr Boylan: Go raibh maith agat, a Cheann Comhairle. Cuirim fáilte roimh ráiteas an Aire. I welcome the Minister's statement. The East Border Region, which is my area, has a lot of experienced staff who know how to go about an application process. It still seems to be taking a long time to get through the process. Will the Minister assure the House that he will do all that he can to look at the criteria if that is what it takes to speed up the application process? Will he also indicate how much money will be committed to the INTERREG IVa programme? He says that £35 million is at risk, but a figure of £55 million has also been mentioned. So, will you clarify exactly how much will be committed?

Mr Wilson: I think that I indicated that £55 million has been spent to date. There has been £163 million worth of projects approved. Sorry, £50 million has been spent, and the target for spending this year is £55 million. I do not think that there is any danger that the spending target for this year will not be met. The difficulty is getting further allocations made and getting the money spent within the time frame available, because, of course, all the money has to be spent by a certain date.

As for the local authority groups, I am still at a bit of a loss as to why some of their applications were deemed to be so poor that they could not be funded, especially when I look at the expertise that some of those groups have available to them. That is something that we sought to drill down into with SEUPB at the meeting, although there is still work to be

done to explain what is happening. A number of projects will go for assessments early in the new year. Hopefully, that will increase the amount of money that is allocated. The indications are that some of the projects that are under assessment are better than those that were assessed in the past.

Mr Elliott: I thank the Minister for his statement. In the second paragraph, he noted the issues around future programmes, including INTERREG and Peace. At a recent discussion that I had with them as Chair of the Committee for the Office of the First Minister and deputy First Minister, European officials indicated that, particularly for Peace IV, there is a requirement for a request from the two Governments to look at the application. I accept that these are very early stages, but it is important that we move that request on. Has the Minister had any discussions about that request, and when can we expect it to come from the two Governments?

Mr Wilson: I spoke to Brendan Howlin, who is the Minister in the Republic. We had a conversation about that as late as the November meeting. The last time that I had any discussion with Ministers in Westminster about this was in July when I spoke to Justine Greening before she moved to the Department for Transport. Again, there was a commitment there, although, understandably, she made it quite clear that the priority for the Government at Westminster was to ensure that European spending was kept within what they regarded as acceptable limits. I support them on that.

Mr A Maginness: I assure the Minister that I was here at 10.30 am waiting for him to make his statement.

Mr Wilson: My number one fan.

Mr A Maginness: I would not say "fan".

I thank the Minister for his statement. Obviously, there is great concern about the risk to money here. In particular, I want to focus on the local government bodies. In your statement, you said that there have been 19 approved projects, worth around £22 million, which is well short of the £50 million. Does the Minister know how many projects were advanced? He might not know that at this moment, so perhaps later on, he could indicate the number. Have a disproportionate amount of projects not been approved by the SEUPB?

Mr Wilson: I am just looking through my notes. I can vaguely remember a figure of 61 for the number of projects that were advanced. To date, 19 have been approved, and there are some other projects still being assessed, as I said, which, hopefully, should be allocated. I think that those amounted to £5 million, which will bring the total up to £27 million in the new year. However, the vast majority of projects submitted have not been approved. The ratio is around 2:1.

Mr Allister: Given that there is an anticipated INTERREG target shortfall of £35 million in 2013-14, according to the statement, £55 million of unallocated funds under INTERREG, local authority groups having approval for just £22 million out of a spend of £50 million, and nothing having been approved since the most recent meeting in July, does all of that not point to bad planning, hopeless administration and poor oversight by the SEUPB even though it is one of the most handsomely funded bodies that exists in these austere times?

I want to ask the Minister one further question — one that he does not like me to ask, not that that would encourage me to do so. Has he taken the opportunity to raise with the SEUPB the disparity and imbalance in the community background of its workforce?

Mr Wilson: First, I want us to be clear about the money that is at risk in the INTERREG programme. As I understand it, the money at risk, when all the issues that the Member has highlighted are in place, is £35 million, not the separate shortfalls that he has mentioned. One way in which the issue of the local authority-based groups might be dealt with is to put money into a bigger pot. That would not be an acceptable solution. Some local authority-based projects are actually some of the best. However, it is one way to deal with the money. The net risk figure is £35 million.

As far as the SEUPB's workforce is concerned, I have made it quite clear to the Member on other occasions that I judge a body by the quality of its work rather than by the background of the people involved in it. I must say, however, that, at present, I am concerned about the body. I share the Member's concern. He was quite correct in the assessment that he made at the beginning of his remarks: the SEUPB is a well-funded body. It is funded to the level of profession that we have been told that it requires — indeed, perhaps, to a greater level.

Yet, issues have arisen that have caused me concern. I can tell the Member that there have been robust exchanges between the SEUPB and me, with regard to the funding that it has been allocated and its performance. I will keep that under review.

I want to put on record that I have been assured by Pat Colgan that he and the SEUPB will ensure that money is not given back. That is an important assurance and one to which the body will be held. We have not simply looked for assurances, we have asked for them. It is important that if there are difficulties, I, as Minister, am aware of what I can do to try to aid the process. As I said, I have already spoken to some Ministers about issues raised in their Departments. We have also looked at how we might streamline the relationship between the SEUPB and Departments when it comes to assessing and working our way through applications.

Committee Business

Osteoporosis: Fractures

Mr Speaker: The next item of business is a motion from the Committee for Health, Social Services and Public Safety. The Business Committee has agreed to allow up to one hour and 30 minutes for the debate. The proposer will have 10 minutes to propose the motion and 10 minutes to make a winding-up speech. All other Members will have five minutes.

Ms Gildernew (The Chairperson of the Committee for Health, Social Services and Public Safety): I beg to move

That this Assembly calls on the Minister of Health, Social Services and Public Safety to place an emphasis on measures to prevent fractures resulting from osteoporosis in older people, aimed at helping to improve their health outcomes.

Go raibh míle maith agat, a Cheann Comhairle. I move the motion on behalf of the Committee for Health, Social Services and Public Safety.

12.15 pm

I am sure that Members will be aware that osteoporosis is a chronic, progressive skeletal disorder, characterised by low bone mass, which makes people more susceptible to fractures. In 2009, 72,000 people in the North of Ireland had osteoporosis. It is a condition that occurs mainly in older people, especially women. A quarter of women will have osteoporosis by the time that they are 80 years old. Given that osteoporosis affects mainly older people, the number of people with osteoporosis will increase as the population ages. Therefore, with our acknowledged ageing population, osteoporosis is not an issue that will go away.

Osteoporosis is often referred to as a silent disease, as it rarely causes any symptoms until a fracture occurs. However, when a person with osteoporosis suffers a broken bone, the seriousness of the condition quickly becomes apparent. For example, women aged over 45 — I am getting close to that myself — spend more days in hospital as a result of osteoporosis than because of diabetes, heart attacks or breast cancer.

Fragility fractures are associated with substantial disability, pain, reduced quality of life and death. They can impair the ability to live independently in the community and can result in admission to

nursing homes or residential care. Fractures can occur anywhere in the skeleton, but the most common sites are the wrists, the hips, the spine and the upper arms. Such fractures have a profound impact on quality of life and morbidity. For example, a fracture to the spine can lead to a curvature of the spine and loss of height, which is associated with breathing and digestion problems; a broken wrist can make even the most basic tasks, such as getting dressed or using the toilet, virtually impossible; and hip fractures are particularly devastating and represent the most common cause of accident-related deaths in older people. Unfortunately, there is a rising trend in the number of hip fractures.

An audit that was carried out in the Royal Victoria Hospital, Belfast City Hospital, Altnagelvin Hospital and the Ulster Hospital revealed some shocking statistics. Between 1985 and 2007, there has been a 59% increase in hip fractures here. The figures for the period 2002-07 show that 20% of patients who lived in their own homes and broke a hip died after 12 months, while 40% of patients who lived in a nursing home passed away over the same period. Therefore, if five people who live in a nursing home break a hip, two will be dead after 12 months. Those are shocking statistics and they reveal how devastating fractures can be to a person's life chances. For some, they really do signal a death sentence.

Fragility fractures account for 70% of the inpatient work and 35% of the outpatient work in a fracture unit, and it has been estimated that the number of fragility fractures will double in the next 40 years. The care of fragility fractures is very expensive. A total of £70 million is spent each year here, which makes a significant dent in the healthcare budget. The average stay in hospital after a hip fracture is 26 days, and the cost per person to treat a hip fracture is £20,000.

So, what can be done to prevent fragility fractures? A variety of factors contribute to the development and maintenance of healthy bones. Those include a well-balanced diet, including foods rich in calcium and vitamin D, weight-bearing exercises, exposure to sunlight by going outside during the day, and not smoking. Osteoporosis can be prevented by building strong bones in childhood and early adulthood, and it is yet another example of a condition where, if a child gets a good start in life, a multitude of problems and suffering can be avoided down the line. During the previous mandate, I did

quite a piece of work on encouraging young girls and teenage girls to drink more milk to try to increase their calcium levels, not just because it was good for our dairy farmers but because it is good to build healthy bones for the future. To that end, we need more public awareness about the importance of good bone health for parents and for teenagers and younger people. They must realise that if they do not look after their bones now, they will suffer in later life.

Although prevention is vital, there will always be people who develop osteoporosis later in life. There are drugs that can be prescribed, in particular to post-menopausal women with osteoporosis, to help to protect against bone fractures by slowing down the loss of the materials that make up the bone or by helping to build new bone. Those drugs have been shown to reduce by up to 50% the chance of a person with osteoporosis sustaining a fracture.

One of the problems, however, is that some people cannot take the drugs that are offered to them in the first instance. Those drugs are known as biphosphonates. They require people to fast before taking them or to remain upright for a certain length of time after taking them. Some people are unable to swallow them, while others suffer unpleasant side effects, such as heartburn. However, alternative but more expensive drugs are available for people who cannot take biphosphonates. Newer treatments can be given subcutaneously or intravenously, which has the potential to increase compliance. People need to get drugs that they are able to take.

There is no point in giving someone a medicine that they will not take. Statistics show that in Britain, 68% of patients are not taking their osteoporosis medication after 12 months. Therefore, the more expensive drugs need to be administered where necessary. We must always keep in mind that if someone breaks a hip, it will end up costing the health service a minimum of £20,000, never mind the subsequent social care costs. We heard much this morning about caring for people at home and about home being the hub. We need to do more to help to prevent the accidents that will take people out of their home environment.

As well as the use of medication, the prevention of falls is a key method of tackling fragility fractures. Older people rarely get fractures unless they fall. Therefore, if we can reduce falls, we can reduce the number of people with osteoporosis

sustaining fractures, be they to the hip, wrist or vertebrae. In addition, more needs to be done to help people prevent themselves from falling. Sometimes, only very simple interventions are required. For example, when our Committee met the chairpersons of the local commissioning groups in October, they told us that, in one area — I think that it was the Northern Board area — there was a team of people who give out new slippers to older people. That seems to be a fairly simple thing to do, but it prevents falls because people are walking in good quality slippers that fit them. Not only does it prevent the misery of enduring a broken hip, but it potentially saves the health service thousands of pounds in surgery, hospital stays, and so on, all for the price of a pair of slippers.

The House of Commons all-party parliamentary osteoporosis group produced a report in June 2011. Its inquiry found:

“In neglecting the nutritional needs of older people, an opportunity is being missed to reduce their risk of ... fractures.”

The report contends that dietary supplements have a role to play, but so does good general nutrition. Again, in the debate earlier today, questions were asked about diet and access to good nutrition. I know that many Committee members will join with me in expressing their support for the work done by organisations such as Community Meals and others to provide people with nutritious meals.

The Committee for Health, Social Services and Public Safety recognises that the Department has taken steps over the years to tackle osteoporosis. I welcome the fact that the Minister recently attended the National Osteoporosis Society's twenty-fifth anniversary celebration and that the Department has developed a service framework for the health and well-being of older people, which will be launched in 2012. The overall aim of that framework is to improve the health and well-being of our senior citizens, and it will examine a range of measures aimed at reducing falls among older people.

I urge the Minister to keep the issue firmly on his radar, particularly over the coming months, when many challenges are bound to face our health and social care services. Prevention and early intervention are key. In the way in which we treat osteoporosis, we have the opportunity to make a real difference, not just to people's quality of life and health outcomes but to how

long they manage to live the independent and dignified life that we all strive for. I urge Members to support the motion.

Ms Lewis: As a member of the Committee for Health, Social Services and Public Safety, I support the motion. Osteoporosis causes fragile bones and is a long-term condition that can lead to painful and disabling fractures. One in two women and one in five men will suffer a fracture at some point after the age of 50, mainly because of poor bone health. Osteoporosis affects 72,000 people in Northern Ireland. There were 4,700 hospital admissions for hip fractures in the region in 2007-08, costing £120 million to treat and care for. Much can be done to prevent those fractures through proper diagnosis, treatment and care for people who have osteoporosis and/or are at risk of falls. However, only a minority of patients in Northern Ireland are identified, leaving them at risk of painful, debilitating and costly broken bones.

I welcome the Minister's response to a letter from the Chair of the Committee for Health, Social Services and Public Safety earlier this year, which set out what exactly he was doing about it. At present, all those over 50 who require a hip replacement or suffer a non-hip fracture are subject to assessment to see whether they have osteoporosis. Patients are diagnosed, reviewed every year and receive advice on how to decrease the risk of a fracture. I am also pleased that the Minister has launched the development of a new home accident prevention strategy in his Department for publication next year. That is vital given that we in Northern Ireland have an ageing population, and that will obviously have a major implication for healthcare, as the older we get, the more dependent we become on health treatment and services.

Coupled with the new policy, I welcome the new service framework for older people's health and well-being, which will include a number of standards in relation to falls, especially their prevention. I also wish to highlight the report of the fragility fracture working group that was published by the HSC Public Health Agency in 2009, which outlines the standard of fracture prevention services that all health and social care trusts should be providing. What steps is the Minister taking to implement the recommendations?

Over the past few years, standards have been raised on our high streets and in shopping centres

to provide easier access for those who are disabled. Many of those standards have also helped the elderly to access shops without fear of tripping and falling, which, statistically, results in fractures in older people. We need to look at our footpaths, because even young and healthy people can come undone during lengthy spells of icy weather, so imagine how much worse it can be for those who are older and vulnerable. Young people are able to cope with fractures more easily. That is not to say that they do not suffer but their recovery is much quicker. That is not the case for the elderly, and we must ensure their protection and health and well-being.

We owe it to our ageing population to provide them with the help that they need to live as healthy a life as possible and to secure their independence. We need to do more to assist those with osteoporosis in diagnosis and treatment and to implement prevention measures where possible. I, therefore, support the motion.

Mr Speaker: We now move to the lunchtime suspension. I propose, by leave of the Assembly, to suspend the sitting until 2.00 pm. The first item of business when we return will be Question Time.

The debate stood suspended.

The sitting was suspended at 12.27 pm.

On resuming (Mr Deputy Speaker [Mr Dallat] in the Chair) —

2.00 pm

Oral Answers to Questions

Education

Mr Deputy Speaker: Question 6 has been withdrawn and requires a written answer.

South Eastern Education and Library Board: Commissioners

1. **Mr Easton** asked the Minister of Education to outline the timetable for the termination of the appointments of the commissioners of the South Eastern Education and Library Board.
(AQO 1003/11-15)

Mr O'Dowd (The Minister of Education): My focus is on delivering the commitment in the draft Programme for Government to establish the Education and Skills Authority (ESA) in April 2013 and on ensuring, in the interim, stability and good governance in the education and library boards and other education bodies. However, as I indicated during the debate in the House on 28 November, I have asked my officials to explore the feasibility of reconstituting the South Eastern Education and Library Board (SEELB), pending the establishment of ESA, and to provide me with advice on that matter. I will let the Assembly know when I have reached my conclusions on that advice.

Mr Easton: I thank the Minister for his answer. In light of the proposals by commissioners for closures for the board, does the Minister not feel that it is time that we speeded up the process to get rid of the commissioners so that local politicians can have accountability for the board?

Mr O'Dowd: In many aspects, it is regrettable that there are still commissioners on the South Eastern Education and Library Board. However, in a sense, that was held hostage to the establishment of ESA. I am thankful that we have now had the political breakthrough that is required for the establishment of ESA and that we are moving towards the implementation of that Executive objective. As I said, I have asked my officials to look at the issue to see how feasible it is to reconstitute the board in the

time frame that we are working towards: ESA is to be place by April 2013. The democratic accountability for any decision about a school closure comes through the consultation process that the boards have to undertake and the consultation process that my Department has to undertake. Any decision on a school closure rests with the Minister of the day.

Mr Boylan: Go raibh maith agat, a LeasCheann Comhairle. Can the Minister assure the House that the role and functions of the board are still being carried out as they should be, in a transparent and accountable manner?

Mr O'Dowd: Yes, the same responsibilities are on the commissioners as are on other boards to ensure that their functions are carried out in an open and transparent manner. The chief executive of the SEELB is accountable to the permanent secretary of my Department as senior accounting officer in the Department. All functions and services that are carried out by the board are open to full scrutiny.

Mr McDevitt: I welcome the Minister's acknowledgement that the situation is unsustainable. It is clearly, to a large extent, unaccountable, because of the lack of democratic representation. Therefore, can he provide a specific timeline for when he will receive the advice from his officials and a timeline for when he might take a decision to reinstate local councillors on to the South Eastern Board?

Mr O'Dowd: I do not wish to give a definitive timeline. Clearly, it has to be carried out urgently, as we are rapidly heading towards the end of this calendar year and towards next year and the legislative process that will see the establishment of ESA. Therefore, I have asked my officials to come back to me with the advice. Once the advice is received, I will consider it as urgently as is prudent to do so. Once I have done so, I will report back to the House on my findings and what the next steps will be.

Mr Agnew: What meetings, if any, has the Minister had with the commissioners on the future of Central Integrated Primary School and its town centre location?

Mr O'Dowd: I have had no meetings with the commissioners on that matter, and I have not had any correspondence from the commissioners on that matter. The Member may have been in correspondence with me on that matter already but, to refresh my memory on that, he should

write to me, and I will correspond with him accordingly.

Schools: Rural Areas

2. **Mr Buchanan** asked the Minister of Education what assessments are carried out of the impact that the closure of a rural primary school would have on its community. (AQO 1004/11-15)

12. **Mr Cree** asked the Minister of Education for his assessment of whether it is adequate to apply rural proofing to a policy rather than to individual schools that are earmarked for closure. (AQO 1014/11-15)

Mr O'Dowd: With your permission, a LeasCheann Comhairle, I will answer questions 2 and 12 together as they are both about the possible closure of rural schools.

I wish to make it clear that my first priority is the educational well-being of pupils in all schools, whether they are urban or rural. This has been and will continue to be my overriding priority when considering any proposals to close a school. The sustainable schools policy is my Department's framework for assessing the viability and long-term sustainability of schools.

The policy addresses the issue of rural schools and it was rural-proofed before publication in 2009. For any school that is proposed for closure, the managing authority must bring forward a published development proposal. An integral element of every development proposal is consultation. Before publication, those directly affected by the proposal, including the parents of pupils, must be consulted. After publication, there is a two-month period in which anyone throughout the community may make their views known to my Department. All comments received are taken into consideration when I make a final decision on the proposal.

I have stated on a number of occasions, but am happy to reiterate, that each proposal for the closure of a school is considered in the context of its own local area, and all pertinent issues form part of my considerations. As part of my considerations, I will seek to ensure that the pupils in rural schools have access to high-quality education.

Mr Buchanan: I thank the Minister for his response. I am sure that he would agree with me that rural schools are the hub of their communities and that their closure would leave

a huge gap. Will the Minister advise me as to what leeway is given to a rural school that finds itself in an unsustainable situation?

Mr O'Dowd: Given that choice of language, if we have a rural school in an "unsustainable situation", it begs the question of why we maintain that school. We first have to ensure that we do not allow the majority of our rural schools to reach that condition. Each school will be judged on its own merits. The sustainable schools policy allows for rurality and the needs of rural communities to be taken into consideration. Indeed, the classification in the sustainable schools policy of "rural" is probably the broadest of any departmental policy. A school is considered rural if it is outside the Belfast City Council area and outside the urban area of Derry City Council, so the vast majority of our schools are classed as rural in that context.

When a rural school is being assessed, it is different in a number of criteria. For instance, urban primary schools are based on pupil numbers of 140; rural primary schools on 105, which again takes into account their rurality. Accessibility to the community is also taken into account when assessing our rural schools. Through any development proposals that come forward, rural communities and their elected representatives will be able to bring forward any relevant information about the needs and requirements of that community and why a specific school should remain in the future. However, all decisions will also have to be judged on the basis of the needs of the pupils in the school. We cannot plan our future education system on the needs of school buildings. It will be based on the needs of the pupils in those schools.

Mr Cree: Does the Minister agree that rural-proofing would be more effective if it were to be tied into the outcomes of the sustainable schools policy, such as school closures, rather than into the policy itself?

Mr O'Dowd: In equality monitoring, rural-proofing or rural monitoring, best practice has been that actual policies are rural-proofed, and this policy has been rural-proofed. There are rural-specific determinations in the policy that allow rural schools the space and particular arrangements that they need to develop and to remain sustainable. For instance, if the viability audit outcome identifies a rural school as unsustainable into the future, and if a development proposal is brought forward

for closure, that proposal is open to further scrutiny. It is open to elected representatives and the local community to come forward to present the uniqueness around each school. The sustainable schools policy and the development proposals around possible school closures are open, transparent and democratic. However, that does not in any way eradicate the need to make difficult decisions around schools, whether in rural or urban communities. I emphasise, as I did to the previous questioner, that it is the needs of the pupils of the school, not the buildings, that we should be concerned about. The needs and the educational requirements of the pupils in the school are our main concern.

Mr Flanagan: Go raibh maith agat, a LeasCheann Comhairle. Will the specific accessibility and transport needs of rural schools be considered as part of the viability audit?

Mr O'Dowd: The simple answer is yes. The sustainable schools policy outlines different criteria for rural primary schools, as I have clearly stated. Accessibility is built into the six principles surrounding the sustainability of schools, as is rural transport, which is a key factor for many rural communities. The number of schools in an area and how long the expected travel times for children would be will be taken into account when assessing area planning.

Mr McCarthy: I heard what the Minister said about the criteria and assessment. Was that process carried out in the case of Ballykeigle Primary School? That school is to close. It has gone through the system, yet Ards Borough Council, of which I am a member, and others have made representation to your Department in support of that school.

Mr O'Dowd: The South Eastern Education and Library Board announced in a development proposal that Ballykeigle Primary School was one of the schools that would close. That is now open to another consultation process. There are opportunities for you and your colleagues to make representations to the board, and when the decision comes to my Department officially, there will be opportunities for elected representatives and local community representatives to make representations directly to me as Minister. The sustainable schools policy criteria and those representations will be taken into consideration before I reach a decision on any school.

Grammar Schools: Pupils

3. **Mr McKay** asked the Minister of Education in how many wards do fewer than 10% of children who live within the ward attend a grammar school. (AQO 1005/11-15)

Mr O'Dowd: In 2010-11, the school census showed that 42% of pupils at post-primary schools attended a grammar school. At ward level, the percentage of pupils attending grammar schools ranged from 3% in the Keady ward to 96% in the Malone ward. There were a total of 21 wards in which fewer than 10% of children who lived within the ward attended a grammar school. Those were all lower-income wards.

Mr McKay: Go raibh maith agat, a LeasCheann Comhairle. I thank the Minister for his answer. Does he agree that there is clearly a direct correlation between the wealth of a child's family and access to grammar-school education? Further, does he agree that in many areas, such as Ballymena in my constituency, the worst affected group is that of Protestant working-class males?

Mr O'Dowd: Figures reached through studies into these matters show that the lower ranked the area of social deprivation one lives in, the less likelihood there is of going to a grammar school. That is based on a number of factors. It has been shown that young people and families from socially deprived areas are less likely to do well in education. We all have a responsibility to tackle that. There is also evidence that tutoring happens in order to prepare for tests to access a school, which is to the detriment of those from lower socioeconomic backgrounds.

However, I will emphasise one thing that I have said on numerous occasions. Just because a school has a sign saying "grammar school" hanging from its front gate does not necessarily make it a good school. There are excellent examples of schools that are non-selective, that operate in areas of high social deprivation, and that are turning out excellent academic results. Those schools are also turning out excellent young adults who value themselves and will undoubtedly become valuable members of our society.

Mr P Ramsey: Will the Minister outline whether he believes that grammar schools have a future in Northern Ireland?

Mr O'Dowd: I am not fixated on the title that a school wishes to give itself. It can call itself

a grammar school, high school, college; I am not fixated on its title. I am concerned about the entrance criteria used by a number of our schools. That is the matter of concern, not the individual school or its title.

As I understand it, there is nothing in legislation that requires a grammar school to use academic selection. Any school wishing to move away from academic selection could do so. What title a school chooses to give itself is open to discussion with my Department. I want to see an education estate that is open to all young people and centres of education that do not ask children at the age of 11, “are you clever?”, but ask, “how are you clever?” It is the duty of educationalists to grow that acorn and to light the spirit of education in every pupil.

2.15 pm

Mr Beggs: The Minister mentioned underachievement in certain areas. Does he accept that high levels of absenteeism, with less than 85% attendance, make a major contribution, and will he advise how he is working with all the various partners and other agencies to improve the situation so that young people will meet their full potential?

Mr O’Dowd: Yes, high absenteeism from school will clearly have a detrimental effect on an individual’s schooling. My Department regularly works with the boards, the Council for Catholic Maintained Schools (CCMS) and other managing authorities to ensure that all measures possible are being used to encourage young people to attend school. However, there are clearly sections of our society that, for generations, have been divorced from education. They do not understand the need for education and, perhaps because of a poor education experience themselves, have turned off, and their children have turned off.

I am studying a public information advertising campaign — similar to the Public Health Agency’s campaigns to improve community health — to improve all our communities’ understandings of the need for education and the individual family members’ responsibility around education, and to empower them to be part of the education community so that they feel comfortable engaging with their local schools. Clearly, if we have young people who are not attending school, their education will suffer. We have a number of programmes in place to challenge that. My Department, the

boards and the managing authorities work closely together in tackling those figures.

Schools: Viability Audit

4. **Mr Nesbitt** asked the Minister of Education when he expects to report on the outcome of the schools viability audit. (AQO 1006/11-15)

Mr O’Dowd: I have asked for the viability audit reports to be submitted to my Department by the boards by 16 January 2012. The initial completion date for the audit was the end of December 2011. My Department issued the aggregated school budget figures for the next three years to all schools in November, and I agreed to extend the deadline for completion of the audit to 16 January 2012. That extension will enable the boards to include a more accurate assessment of the financial stability of schools following the recent budget adjustments directing more money to the aggregated schools budget, alongside the assessments of quality of provision and enrolment trends.

It is important to remember that the viability audit is to identify schools that are under stress in terms of viability, now and in the future. It is the start of a process that will largely be taken forward through area planning. However, I have already indicated to the House that the audit will not be used to delay any necessary actions to protect the educational well-being of pupils. I will, therefore, continue to take decisions on development proposals already initiated, including those for school closures, in the best interests of pupils.

Mr Nesbitt: I thank the Minister for the clarification. Will he assure the House that the assessment and decisions taken on foot of the audit will be done across the whole of Northern Ireland and not confined to the existing board boundaries?

Mr O’Dowd: It will be, in the sense that I have asked boards, CCMS and the other managing authorities to look beyond existing boundaries, because pupils travel back and forth across boundaries, so it is only natural that any future planning of our schools estate has to take place on that basis. The viability audit will focus on each individual school at this stage. I have asked the boards and managing authorities to come back to me with proposals for any school that is under stress. That does not necessarily mean automatic closure. There could be a number

of different scenarios surrounding those schools and how we assist them going into the future.

The importance of the viability audit at this stage is to identify schools that are under stress, so that the Department and the managing authorities have a clear and robust picture on the way forward and how we deal with schools under pressure. However, I do want to see circumstances in which we are not constrained by board boundaries and the boards, CCMS and all others are planning on a regional basis and are aware of the needs of their education partners around them.

Mr Storey: Will the Minister give us some indication of how he intends to process the information produced as a result of the audit, in light of the bombshell that was sent to schools last week regarding the 5% reduction in the age-weighted pupil unit? Will he clarify whether he believes that that correspondence leaves the viability audit in a very precarious situation and that, unfortunately, nearly all schools will end up in a deficit position, leaving our educational estate to face a very grim future heading into 2012?

Mr O'Dowd: It has been clear since the budget was set in the last parliamentary term that education faces very difficult decisions in the time ahead. I have referred to the worst education budget in modern history, and that is no exaggeration. As we went through the submissions on schools' three-year work programmes, it became clear to my departmental officials and me that schools had not taken on board the full implications of the budget. I had regular discussions with school heads and school leaders in various fora in which I undertook to pass information on to schools about their budgets as early as possible. I did that. The purpose of the November letter was to give schools a very clear picture of what the future looked like.

I accept that when the figures are in black and white in front of a board of governors or a principal, they make very stark reading. I do not accept, however, that they make the viability audit impossible, unnecessary or unviable. I have extended the deadline for several weeks to allow the new information to be factored in. However, if we do not take action on the viability audit, we will retain our 85,000 empty school desks and our unsustainable schools estate. That drain alone will have another detrimental budgetary effect on those schools in the

future. Therefore, the viability audit and area planning will go ahead. I will continue to engage with my Executive colleagues, including the Finance Minister, and, indeed, I will continue to interrogate my budget to see whether there are any further ways in which we can assist schools.

Ms Boyle: Go raibh maith agat, a LeasCheann Comhairle. The Minister may have touched on some aspects of my supplementary already, but I want clarification. Will the Minister confirm that the viability audit is not aimed at drawing up a list of schools for closure, as has been claimed by some sections of the media and, indeed, some parties in the Chamber?

Mr O'Dowd: No, it is not the function of the viability audit to draw up a list of schools for closure. Its function is to identify schools that are under pressure. I want the boards, CCMS and the managing authorities to come back to me with worked-out plans of how they intend to deal with it. A number of schools may close as a result; that is a necessary decision. However, each school will be judged on its own merits. Each school will have to go through a full development proposal before any decision can be made on its closure.

The viability audit is not about drawing up a list of schools for closure. It is to ensure that the Department and the managing authorities are aware of the state of each individual school, how we will deal with that school and how we protect our very limited budget.

Academic Selection Tests

5. **Mr W Clarke** asked the Minister of Education what information he has received from grammar schools about the funding of academic selection tests. (AQO 1007/11-15)

Mr O'Dowd: On 11 October 2010, the previous Education Minister wrote to schools operating unregulated entrance tests. In the interests of transparency, she sought to obtain details of how all schools funded or contributed to the costs associated with the development, provision and administration of their tests. Most schools did not provide information. However, some schools that were using a test for which parents were not charged were clear that they were not using their delegated budget to fund the entrance test. Others stated that any such use of their delegated budget was within the terms of the delegation.

Mr W Clarke: Go raibh maith agat, a LeasCheann Comhairle. I thank the Minister for his answer. Does the Minister's Department have concerns about the legality of schools' charging pupils to sit unregulated tests?

Mr O'Dowd: We have concerns. Whether a school is funded by a private donor to set unregulated tests — it appears that that is happening in a number of cases — or a school or parents are covering the cost themselves, the fact is that parents are being charged to access publicly funded education. Even more worryingly, parents are being charged to have their children rejected from publicly funded education. That should be a matter of concern for us all. We have held on jealously to the right to education free at the point of delivery for preschool, primary-school and post-primary school education, and we have a situation where a number of schools are charging — or a private donor is covering the cost — either to allow a child into a school or to say to that child, "No, you are not coming into that school." So it is a matter that I intend to investigate further in the weeks and months ahead.

Mr D Bradley: Go raibh maith agat, a LeasCheann Comhairle. Gabhaim buíochas leis an Aire as an fhreagra a thug sé dúinn. Does the Minister accept that parents are regrettably continuing to send their children for private tests? Does he also accept that he has a duty to deal with this impasse and to try to bring a resolution to it?

Mr O'Dowd: Yes, parents are sending their children for unregulated testing, although it is a lesser number than used to do so. There is a responsibility on us all to deal with that matter. I am not asking people to come out to support my party's position on this. I am asking them to come out to support the position of their own party. Three of the five parties that sit round the Executive table are opposed to academic selection. The trade union movement, the Catholic Church and a significant number of academics and educationalists are opposed to it. I am not asking any of those people to come out to support my position. I ask them to support their position.

I am of the firm view that academic selection is educationally unnecessary and unsound. As we go into the future and look at the future construct of our schools estate, certain schools will be unfairly disadvantaged because a number of other schools are using clever marketing

devices to bring in pupils. If people sit back on the Benches of this Chamber — or on any other bench, for that matter — and remain quiet about that, they cannot then turn round and say that it is up to the Education Minister to sort that out. If you have a policy and a belief, it is up to each individual organisation to come out to lobby for it to become a reality.

Mr S Anderson: Why is the Minister commenting on what he has previously described as private and breakaway tests?

Mr O'Dowd: As a democratically elected Minister of the Assembly, I work under the Standing Orders of the Assembly. So, when a Member submits a question and it is accepted by the Business Office and appears on the Order Paper, I am duty bound to answer it.

Preschool Education

7. **Mrs Dobson** asked the Minister of Education what guidelines his Department has drawn up in relation to the draft Programme for Government commitment of guaranteeing a year's free preschool education. (AQO 1009/11-15)

Mr O'Dowd: Consultation on the draft Programme for Government is under way until 22 February 2012, after which a final draft Programme for Government will be agreed. The draft Programme for Government included a commitment to provide one year of funded preschool education for every child whose parent wants it. That aligns with the current aim of the Department's preschool education expansion programme, which was launched in 1998.

Preschool education places are available in statutory nursery schools, nursery units in primary schools and in voluntary and private preschool settings. In the 2011-12 preschool year, there are over 23,000 children in funded preschool education places. However, it is not always possible to make a place available in the setting expressed by a parent as the first preference. Once the Programme for Government is finalised, the Department will consider how best to ensure that that commitment is met.

In the meantime, the Department of Education will continue to work with the education and library boards and with the preschool education advisory group (PEAG) in each education and library board area. The PEAGS are responsible for the planning and provision of preschool

places on behalf of the Department at local level to ensure that the aim of the preschool project is met.

2.30 pm

Justice

Mr Deputy Speaker: Questions 2, 8 and 13 have been withdrawn. Questions 2 and 8 require a written answer.

Police Museum

1. **Mr Givan** asked the Minister of Justice for an update on the progress in producing the business case for the police museum.

(AQO 1018/11-15)

Mr Ford (The Minister of Justice): I continue to fully support the creation of a police museum. However, some issues remain to be resolved before the outline business case presented by the RUC GC Foundation can be approved and submitted to the Department of Finance and Personnel (DFP). There are outstanding questions in respect of running costs, income generation, security considerations and planning issues.

I convened a meeting at Brooklyn in July, and my officials have held a number of meetings over the past few months with the Police Service, the Northern Ireland Museums Council and the RUC GC Foundation and have had discussions with the Planning Service and the Policing Board to progress the business case. Key stakeholders held a round-table meeting yesterday to address the outstanding issues as a matter of priority to enable the business case to be finalised. Further work is to be undertaken over the next four weeks by my officials, the RUC GC Foundation and the PSNI with a view to having all matters concluded and my Department ratifying the business case for DFP approval.

Mr Givan: To say that I am disappointed at how this matter is being progressed is an understatement. I have to impress on the Minister that he needs to take personal control of the issue because there is a clear feeling that officials in his Department who have been tasked with dealing with the issue are procrastinating and delaying, some would suggest deliberately so, and a scheme that has taken years —

Mr Deputy Speaker: Question, please.

Mr Givan: — to get to this point needs to be progressed as a matter of urgency. I ask the Minister to make this one of his priority schemes and move it forward.

Mr Ford: I made it clear that I personally convened a meeting at Brooklyn in July, and my officials have been following the matter up. I refute any suggestion that there is procrastination on the part of officials in the Department of Justice, but the reality is that business cases have to be met, and issues relating to matters such as planning and security, where concerns have been raised by the Police Service, also have to be met. That is my ambition, but it is not something that the Department can deliver on its own, and it is certainly not something that the Department is procrastinating on.

Mr Cree: In November 2001, the then Secretary of State John Reid promised the RUC GC Foundation that there would be a museum. Does the Minister think that 10 years is a long time to produce any sort of a business case?

Mr Ford: That may well be the case, but it is not the role of the Department to draw up the business case.

Interface Barriers

3. **Mrs Cochrane** asked the Minister of Justice to outline the work being undertaken by his Department to support communities who want to see a reduction in the number of interface barriers within their areas. (AQO 1020/11-15)

Mr Ford: I am pleased to say that one of the commitments in the Executive's draft Programme for Government is to actively seek local agreement to reduce the number of peace walls. I see that as an important recognition of the significance of one aspect of the Department's ongoing work to create a safe and secure shared community for all people living in Northern Ireland.

The delivery of the commitment will require engagement from different parts of government and a number of statutory bodies. We will need to pull together not only to support communities as ideas for change are developed but to support communities through the actual change process. To facilitate that work, I asked Department of Justice officials to draw up plans to establish an interagency group. The idea is to bring relevant parties together to deal with

issues that arise at interfaces around safety and security, as well as assisting and targeting funding in the most effective manner possible.

There are already signs of progress in dealing with interface structures. As Members will know, in September, we had the opening of a gate in the interface wall at Alexandra Park, which is an excellent example of cross-community working, supported by statutory and other bodies. I am hopeful that, early in the new year, we will see Newington Street opened, and I am actively exploring the removal of the road barrier at Brucevale Park. I am also encouraged by the willingness of people in Duncairn Gardens to agree to the opening of an entry leading on to Hillman Street, which has been closed for many years.

The Department of Justice is exploring further opportunities for progress at interfaces in conjunction with community representatives, the Community Relations Council, Belfast City Council, the police and others. Clearly, the work will proceed at different speeds in different areas, but I hope to build a momentum for change.

Mrs Cochrane: I welcome the Minister's response and the evident step change that the Executive are taking to support communities in removing the physical divisions. Does the Minister agree that the evidence he has presented today contradicts recent media assertions that the number of physical interface barriers is increasing and that government are dragging their heels in addressing that issue?

Mr Ford: I am happy to confirm what my colleague has said. A week or so ago, the BBC's 'Hearts and Minds' unfortunately chose to report that the peace walls were getting higher; they are not. They said that there were more of them; there are not. No peace walls have been erected since the Northern Ireland Office erected one three years ago. That was a decision with which I, as a local representative in the north Belfast/Newtownabbey area, disagreed. The reality is that we now see constructive and positive engagement by local communities, supported by a range of agencies. Groundwork, for example, has been heavily involved in Alexandra Park. That ongoing community dialogue, supported by statutory bodies such as the city council and the police, has brought about real progress at removing peace walls, not building them higher or having more of them. I wonder if that will get on 'Stormont Today'.

Mr Flanagan: Go raibh maith agat, a LeasCheann Comhairle. I sincerely hope this does not get on 'Stormont Today'. Will the Minister ensure that adequate consultation with stakeholders, including those who live near a peace line, will take place before any action is taken on the issue?

Mr Ford: Absolutely; that is the approach the Department has taken. That is why we have seen such success in Alexandra Park. It was the result of ongoing significant engagement over a time by representatives from both sides of the divide, dealt with by Groundwork principally but with the full support of the statutory bodies that I named earlier. That is a positive example of how to make things work, and it is no surprise that other potential removals in that immediate area are following on from Alexandra Park.

Mr Copeland: Does the Minister agree that each of the so-called barriers exists for a reason and that, as has been said, the main contributors to any discussion surrounding their removal must be the communities who live in their shadow? Can he understand the necessity to set aside the considerations of politics and to act only in the interests of the security and safety of those who live on either side of the barriers?

Mr Ford: I do not think there is anything political about responding to requests from local people to remove barriers, open gates or, as in Alexandra Park, open a gate for a short time every day. Encouraging people to learn to remove the physical barriers, rather than maintaining them in a way that is damaging to society and to the economy, is the practical reality of how we will deliver a shared future.

Mr Storey: Given the Justice Minister's comments on removing physical barriers, will he join me in asking the roads Minister to ensure that he complies with the law regarding illegal signs? Such signs have been put up in the village of Rasharkin in my constituency. For the past six weeks, the police have failed, DRD has failed, the Minister has failed. Will he join me —

Mr Deputy Speaker: Order. The Member will resume his seat. That question is not relevant to the substantive question.

Mr Storey: It is. On a point of order, Mr Deputy Speaker.

Mr Deputy Speaker: I cannot take a point of order until after Question Time.

Maghaberry Prison: Republican Protest

4. **Mr T Clarke** asked the Minister of Justice whether permission was given for the republican protest outside Her Majesty's Prison Maghaberry on 25 and 26 November 2011 and what actions were taken against the aggressive protesters.

(AQO 1021/11-15)

12. **Mr Craig** asked the Minister of Justice whether special or disturbance payments were made to prisoners in Maghaberry prison because of protests by dissident republicans over the weekend of 25 and 26 November 2011.

(AQO 1029/11-15)

Mr Ford: With your permission, Mr Deputy Speaker, I will answer questions 4 and 12 together. The Northern Ireland Prison Service became aware that a vigil on the grounds of Maghaberry prison was being planned for 25 and 26 November, when details were posted on a website. Following discussions between the Police Service and the Prison Service, it was decided to facilitate a peaceful protest in the grounds of Maghaberry prison in line with articles 10 and 11 of the European Convention on Human Rights. No permission for the protest to take place was sought from NIPS. Officials attempted to make contact with the organisers of the protest in order to establish boundaries that would facilitate the protest. No response was received from the organisers. The governor, therefore, arranged for notices to be posted. Those notices made it clear that the protest must be conducted lawfully, peacefully and without threat or intimidation towards any persons and must not cause any disruption to the good order and safety of the prison.

During the protest, there was some minor disorder and damage to prison property. However, there were no injuries to police or prison officers. The PSNI, working in support of the Prison Service, had a robust criminal justice strategy in place and is currently examining CCTV footage of the protest. Any evidence of criminal behaviour on the part of individual protesters will be followed up by the Police Service and the Public Prosecution Service.

All prisoners were given £5 phone credit to allow them to keep in touch with families while the security operation necessitated the suspension of all domestic and legal visits on 25 and 26 November. The phone credit was paid from the prisoners' amenity fund, not from public funds.

Mr T Clarke: I am appalled that republican prisoners were facilitated in that illegal protest. Given that they trespassed on Prison Service land — I am led to believe that the Prison Service actually facilitated them by allowing them the use of the Quaker facility for toilets and running water — does the Minister agree that that was appropriate and that the only action that his Department should have taken was to have facilitated them inside the prison and put them behind bars?

Mr Ford: I think that Mr Clarke needs to distinguish between civil issues, such as trespass, and criminal activity. I made it clear that any suggestion of criminal activity is being followed up by the PSNI. The fact that facilities were made available is an issue for the Quakers who run the visitor centre. With regard to our responsibilities to maintain the European Convention on Human Rights, I believe that the actions taken by the Prison Service and the Police Service were proportionate in dealing with the protest. They also dealt extremely successfully with the minor disturbances that occurred.

Ms J McCann: The Minister will be aware that an agreement was made last August between independent facilitators, the prisoners and the prison administration after protests in Maghaberry prison at Roe House and that the recommendations from that agreement have not yet been implemented. Will the Minister use his office and influence to ensure that those recommendations are implemented in full in order to resolve the protest?

Mr Ford: I think, Deputy Speaker, that we are straying a little from the protest outside the prison. I regret that last year's August agreement has not been fully implemented because prisoners have not allowed that to happen and because, for example, there have been continuing ongoing threats to prison officers. I remain committed to ensuring that all that is possible is done to bring that agreement into full operation, but that will be done on the basis of ensuring the safety and security of all prisoners, prison staff and prison visitors.

Mr Allister: What message does the Minister think it sends to troublemaking protesters when he begins his answer by proclaiming the paramountcy of their protection under articles 10 and 11 and has officials facilitate, through consultation with the Quaker centre, the opening of facilities for the protesters and then is unable to tell the

House whether there will be an effective police follow-up action resulting in prosecutions?

Mr Ford: I trust that every Member of the House, whether legally qualified or not, accepts that there should be due process in any question of criminal prosecution.

Mrs McKeivitt: Will the Minister clarify what legal action, if any, will be taken against those who took part in the loyalist protest, which included the blocking of a road, outside Belfast City Hall on the evening of 1 December?

Mr Ford: Deputy Speaker, I really think —

Mr Deputy Speaker: Order. I rule that that question is not relevant.

PSNI: Recruitment Contracts

5. **Ms S Ramsey** asked the Minister of Justice for his assessment of the award of contracts by the PSNI for the recruitment of agency, associate or consultancy staff. (AQO 1022/11-15)

Mr Ford: The recruitment of staff to the Police Service is a matter for the Chief Constable, who is accountable to the Policing Board. I am committed to respecting the operational independence of the Chief Constable and the role of the board. It would, therefore, be inappropriate for me to comment on the employment of former officers. The award of contracts by the PSNI is, likewise, a matter for the Chief Constable. The Department of Justice is, however, responsible for ensuring that PSNI contracts, including those for the recruitment of agency, associate or consultancy staff, are procured through the Central Procurement Directorate and that the PSNI follows best practice guidelines, which are subject to internal audit arrangements. I am satisfied that the Police Service follows the appropriate processes.

Ms S Ramsey: Given the considerable public interest shown by the media and the Policing Board in the issues, some of the Minister's comments are disappointing. Will the Minister confirm whether the retired head of PSNI special branch is a long-standing friend of the Police Ombudsman's former director of investigation and has recently been rehired as a consultant on the past by the PSNI? It is an issue of public interest.

2.45 pm

Mr Ford: It may well be a matter of public interest, but Ms Ramsey highlighted in her own question

that it is an issue of interest for the Policing Board. It, not the Minister or the Department, has responsibility for oversight of the work of the Chief Constable.

Mr I McCrea: Obviously, there is an agenda by Sinn Féin to try to ruin the good name of the RUC and those who served this community well. If the police or any other body gives people jobs, whether they are agency workers or employed directly, and it is done in an appropriate manner and according to the law, does the Minister agree that it is for them to decide whom they employ?

Mr Ford: I thought that I had made it clear: it is an issue for the Chief Constable, who is accountable to the Policing Board. My sole issue is to ensure that contracts are carried out properly and in line with Central Procurement Directorate instructions. That is my understanding of the position.

Mr McDevitt: I declare an interest as a member of the Policing Board. Is the Minister, as a custodian of the full implementation of the Good Friday Agreement in his capacity as a Minister of the Northern Ireland Executive and as the leader of a party that upholds the principles and full implementation of the Patten report, concerned that such practices could give rise to the perception that some aspects of the Patten agreement are being undermined through the back door?

Mr Ford: The Member, as a member of the Policing Board, is far better equipped than I am to follow up the issue of the practices of the Chief Constable. Members need to be very careful about what they might wish me to do as regards interfering with the decisions of the Chief Constable or some of the other agencies, such as the Public Prosecution Service. There may well be occasions when they would have wished me not to interfere. I shall maintain my position very carefully to ensure that I do not interfere with the Chief Constable's operational decisions in any circumstances.

Antisocial Behaviour

6. **Mr Dunne** asked the Minister of Justice whether he has any plans to extend the powers of dispersal to the PSNI to deal with antisocial behaviour. (AQO 1023/11-15)

Mr Ford: Building safer communities by preventing antisocial behaviour and reducing the harm that it causes is a top priority for my

Department and the Executive, as set out in the draft Programme for Government. I will publish a new community safety strategy early in the new year. It will set out proposals to address antisocial behaviour through working in greater partnership regionally and locally. The proposals will build on our approach to date of a graduated response, with prevention, intervention and enforcement where necessary. Members will be aware that that approach has contributed to a reduction of over 20% in the incidence of antisocial behaviour since 2008. Long-term trends, as measured by the Northern Ireland crime survey, show that fewer people think that antisocial behaviour is a big problem in their area.

It is worth noting that the preventative approach was endorsed during the public consultation on the strategy, with enforcement seen as the last resort. Indeed, there were no compelling arguments in support of additional powers, including dispersal powers. Therefore, I confirm that, at this time, I have no plans to extend the PSNI powers of dispersal.

Mr Dunne: I thank the Minister for his answer. In light of the ongoing problem of antisocial behaviour throughout the Province, what real alternatives do you have to try to deal with the problem?

Mr Ford: When Mr Dunne speaks of the ongoing problem, he needs to acknowledge that it is an ongoing but reducing problem. I am well aware that those who suffer antisocial behaviour suffer 100% from it. The reality is that we have seen work done through a variety of approaches, including various types of preventative work and looking at issues like acceptable behaviour contracts, informal warnings and a relatively small number of anti-social behaviour orders issued in Northern Ireland in comparison with what has happened in many parts of Great Britain. The result of that is that we have seen the constructive reduction in antisocial behaviour. I hope that we will continue to see those proposals implemented with continuing good effect.

Mr McCartney: Go raibh maith agat, a LeasCheann Comhairle. Gabhaim buíochas leis an Aire as a fhreagra. The Minister alluded to preventative measures in his reply to the question from the Member on the Benches opposite. Will the Minister outline whether he has received any communications from the PSNI seeking new legislation, or does it feel that it has enough legislation as it stands?

Mr Deputy Speaker: I call Mark Durkan. My apologies; I call Mr Ford.

Mr Ford: No, Mr Deputy Speaker, I am not Mark Durkan.

As Mr McCartney correctly says and as I alluded to, no specific requests were made by the police or anybody else during the consultation for the sort of powers that Mr Dunne described.

Mr Deputy Speaker: I will now call Mr Durkan, if he rises in his place.

Mr Durkan: Thank you, Mr Deputy Speaker. Does the Minister recognise the role that community safety wardens play in tackling antisocial behaviour and the need for them to be resourced accordingly?

Mr Ford: I am cautious of where that question might lead to, but I thank Mr Durkan for it. His perfectly valid question is about the role performed by community safety wardens in some areas. During a visit to Magee campus early on in my Ministry last year, I saw the work that was done by community safety wardens in Derry. That approach has clearly had a significant effect in what you might call the student area around Magee. There are other approaches that work elsewhere.

One of the virtues of the operation of CSPs and the future policing and community safety partnerships is the opportunity they provide for people to develop solutions that work in local areas in order to meet the needs that exist there. There are clearly very positive lessons to be learnt from the experience in Derry. We will have to see whether they work equally well elsewhere, if people want to introduce them.

Mr Beggs: Dispersal powers will simply move the problem from one area to another. Does the Minister agree that, as well as ABCs and neighbourhood wardens, who have already been mentioned, detached youth workers play an essential role in addressing antisocial activity and in getting young people involved in constructive activity?

Mr Ford: I certainly agree with Mr Beggs's point. What we have is a variety of approaches that start at the relatively simple end of prevention and work right through to the more obvious examples of antisocial behaviour that spill over into criminal activity. It is absolutely vital that we maintain those sorts of networks. Informal and formal youth work stops young people getting

involved in difficulties. That is an approach that I endorse in general and that I believe community safety partnerships are helping with.

Public Services Training College

7. **Mr McGlone** asked the Minister of Justice for an update on the commencement date for the Desertcreat training college. (AQO 1024/11-15)

Mr Ford: The construction of Desertcreat training college is expected to start in January 2013 and to end in summer 2015. That is subject to any unforeseen events that may occur in a project of that size that could prevent procurement or construction remaining within the planned programme.

Mr McGlone: Does the Minister recognise that, in my constituency, a high and growing number of people who worked in the construction industry, including contractors, are now unemployed? Does he, therefore, recognise the necessity for that project to be delivered to that area and to Northern Ireland more widely, as it will be crucial in respect of not only the actual service but the jobs that it will deliver to the construction and service industries and to policing itself?

Mr Ford: I certainly recognise the significance of a capital scheme of that size, particularly in an area such as mid-Ulster, where there is significant unemployment in the building trades. That is why we are looking at developing social clauses for the employment of apprentices or unemployed people and at the options for local procurement, so that we get the maximum economic and training benefit from the college.

Older People: Fear of Crime

9. **Dr McDonnell** asked the Minister of Justice what measures his Department is taking to allay the fear of crime that exists among older people. (AQO 1026/11-15)

Mr Ford: The Programme for Government demonstrates the Executive's commitment to continue working to ensure that older and vulnerable people are able to live their life free from the fear of crime. That commitment is also reflected in the range of measures that my Department is developing to tackle crime and to alleviate the fear of becoming a victim of crime among older and vulnerable people. Those measures include the new community safety

strategy and will help to build safer, shared, more confident communities.

The new strategy will consider how to develop a wider understanding of the fear of crime in Northern Ireland and its particular impact on older and vulnerable people. It will look at a range of options to help to address the fear of crime, including how we support intergenerational projects and schemes, as I have just highlighted, such as neighbourhood watch and community safety wardens that provide reassurance and increased feelings of security for older and vulnerable people. My officials will continue to engage with members of the safer ageing steering group to ensure that the measures in the new community safety strategy deliver outcomes that address the fear of crime for older people. Members should also note that I have commissioned important work to develop a comprehensive strategic framework for reducing offending. Next year, I will also launch a public consultation on victims and witnesses of crime. All those strategies will support the work of the wider justice agencies and government in combating crimes against older and vulnerable people and allaying older people's fear of crime.

Dr McDonnell: Thank you very much, Minister. Will the Minister do anything more to reassure older people that Northern Ireland is perhaps one of the safest places to live as far as crime is concerned and that some of their fears — not all of them but some of them — may be exaggerated? Older people could perhaps be reassured that they can get peace in their own home.

Mr Ford: Dr McDonnell raises a very significant point. There is no doubt that there is a significant fear of crime among older people, which is simply not justified by the statistics. Statistics published last week show that males under the age of 24 potentially have something like a 7% chance of being involved in a violent incident in any year, whereas for people who are aged over 65 the chances are something like 0.3%. That is the practical reality. We all know that there are a small number of horrendous issues, where older people are subjected to very difficult and traumatic experiences. However, we should not exaggerate their frequency and should not suggest that that is in any way typical of society in Northern Ireland.

Mr Dickson: Does the Minister agree that recent debates in the Chamber and the media have inadvertently served to increase the fear of crime, whereas, as he has told us, such crimes, particularly those against the elderly, are on the decrease?

Mr Ford: Yes. There is a real danger that, if we concentrate too much on issues of crime against older people, we create the impression that it is a much more significant issue than it actually is. I repeat the statistics. According to last year's statistics, something in the region of 0.2% of those aged over 65 are likely to be the victim of vulnerable crime. That is a tiny fraction, yet the fear of that sort of crime is much higher. Therefore, while we should certainly encourage older people to take care for their own safety and should support voluntary organisations that assist older people with security, we should not exaggerate the scale of the problem.

DOJ: Staffing

10. **Mr McLaughlin** asked the Minister of Justice how many staff are in his Department.
(AQO 1027/11-15)

Mr McLaughlin: Ceist uimhir 10. Question 10, sorry.

Mr Ford: Don't worry, I had that.

At 1 October 2011, there were 4,169 staff working in my Department and its agencies.

Mr McLaughlin: Go raibh maith agat, a LeasCheann Comhairle. The Minister has previously given us assurance, but will he explain why, almost 18 months after it was established, there are staff in his Department who still refuse to give up their NIO terms and conditions?

Mr Ford: Such an issue is a personnel matter to be dealt with through personnel management. It is not an issue that I believe to be appropriate for the Minister. Clearly, members of staff have come into the Department of Justice through different routes. The overwhelming majority have been part of the mainstream Northern Ireland Civil Service for considerably longer than the 20 months since the DOJ was created. Individuals have a right to make their own decision on terms and conditions.

Mr Spratt: On a point of order, Mr Deputy Speaker. I ask you to refer question 5 to the Speaker in respect of Ms Ramsey's

supplementary question, which did not refer at all to the actual question that was asked. Is it right and proper that any Member of the House should identify an individual who may well have been properly and legitimately re-employed by the Police Service?

Is that not a wrong practice and should that practice not cease in this House? I ask you to refer that question and to get a ruling from the Speaker on whether it is right and proper to identify in this House with no reason individuals who are rightly, properly and legitimately re-employed.

3.00 pm

Mr Deputy Speaker: I am sure that the Member will be aware that it is not the first time that a supplementary has not quite matched the original question. No doubt, it will be referred to the Speaker, as has happened in previous cases.

Mr Storey: On a point of order, Mr Deputy Speaker. In relation to the same issue, with regard to question 3, will you have the issue referred to the Speaker and ask him to look at the point that I was leading to in relation to the question and to rule on it?

Mr Deputy Speaker: I have to remind the Member that the question was not relevant. My decision on that is final. I also remind the Member that he came very close to questioning the decision of the Deputy Speaker.

Committee Business

Osteoporosis: Fractures

Debate resumed on motion:

That this Assembly calls on the Minister of Health, Social Services and Public Safety to place an emphasis on measures to prevent fractures resulting from osteoporosis in older people, aimed at helping to improve their health outcomes. — [Ms Gildernew (The Chairperson of the Committee for Health, Social Services and Public Safety).]

Mr Gardiner: In June 2009, the fragility fracture group produced its report, 'The Prevention and Management of Fragility Fractures in Northern Ireland'. The audit showed a 15% increase in the number of hip fractures from 906 in 2002 to 1,037 in 2007. It also showed a 59% increase in hip fractures treated in Northern Ireland between 1985 and 2007.

The 30-day death rate associated with that was just over 7%, and the one-year death rate was over 22% for women and nearly 28% for men. After 12 months, of the patients admitted from their homes, 70% had returned home, just over 9% were still in nursing homes or other institutions, and nearly 20% had died. That last figure puts into context the seriousness of the subject that we are discussing. The report said that the evidence:

"highlights the need for urgent action to raise awareness of how individuals can look after their bone health and ensure early detection and treatment of osteoporosis and fragility fractures."

Prevention must be the new watchword for our National Health Service. Just as new primary care centres spring up over the next few years, we need a programme of education to make people more aware of disease prevention and how they can play an active part in the prevention of disease and, once diagnosed, its management.

The report recommendations spoke of the need to improve the existing IT infrastructure in fracture units, adding:

"There is a need to include all fragility fractures in this, especially those treated on an out-patient basis."

The improvement of IT systems links with the Minister's statement of last week, when he spoke of the need for video conferencing in early diagnosis and treatment.

The report recommended:

"A Fracture Liaison Service for secondary prevention of fragility fractures should be established in all Trusts that have A&E and Minor Injury Services to ensure secondary prevention is offered to all patients who have suffered a fragility fracture."

With so much care and treatment being devolved in future to primary care centres, there will be a need to train GPs in the necessary skills to play a greater role in diagnosis. We cannot rely on video conferencing alone to do that. I urge the Minister to look again at budgets for GP training in those skills, which are so important in the early diagnosis of the disease and various medical conditions.

At present, GPs often operate a referral service to hospital doctors who then diagnose the treatment for the patient. In future, GPs will have to play a greater role. To do that, they must be trained, especially in up-to-date diagnostic skills and treatment techniques. That is essential if primary care centres are to work effectively.

Mr Durkan: Go raibh maith agat, a LeasCheann Comhairle. I also welcome and support the motion tabled by the Health Committee, of which I am a member. I was shocked to learn of the huge number of people in the North who suffer from osteoporosis and of the consequences that it can have for sufferers.

The statistics, as cited by Mr Gardiner, for the number of people who suffer fractures, particularly to their hips, do not lie. When those fractures occur in people of advanced years, 50% never fully recover, and, sadly, many die within a year of the fracture, which is completely unacceptable in this day and age. Not only is there that huge unnecessary human cost, but treatment of those fracture patients and their re-enablement, where much very good work is being done, comes at a huge financial cost to the Health Department. Across the UK, £6 million a day is spent on treating fractures. However, only 5% of that is spent on medication to treat osteoporosis and on fracture prevention.

Osteoporosis is treated in a reactionary fashion, and I appeal to the Minister, who has always displayed a disposition towards preventative measures, to take steps to address that. He could build upon the limited but effective areas of good practice that are already endorsing

proactive methods of preventing damage caused by osteoporosis.

Across the UK, including some areas of the North, fracture liaison services have been established. Those services allow a patient to have a consultation with a fracture nurse, access to a DXA scan and access to local expert bone-health services. Already, fracture liaison services have had success in identifying patients with osteoporosis, allowing early diagnoses and limiting pain for patients. Although I recognise the budgetary constraints within which the Department must operate, we have to look at where we can not only enhance patient care through investment but realise savings in the long term. A recent evaluation showed that fracture liaison services have the potential to do both. We must explore that further.

We must ensure that it becomes the norm for anyone treated for fractures to be checked for osteoporosis. A move to implement fracture liaison services is the best option for ensuring good practice, and current National Institute for Health and Clinical Excellence (NICE) guidance estimates that a full fracture liaison service would prevent a significant number of fragility fractures. Moreover, it should be a cost-effective move that benefits the Department as well as its patients. I support the motion.

Mr McCarthy: I support this very important motion. As a member of the Health Committee, I thank the Chairperson for very ably proposing the motion.

Like others, I attended an event last week in the Long Gallery, where the effects of this condition were very clearly presented, as well as advice on how to deal with fractures in the first place and, therefore, avoid the very painful condition of osteoporosis.

The main emphasis must be on having ways and means for implementing comprehensive fracture prevention services right across Northern Ireland. At the reception to mark 25 years of work in Northern Ireland by the National Osteoporosis Society, we were told, as has been mentioned, that up to 72,000 people in Northern Ireland have that complaint.

Osteoporosis is a long-term illness. It causes fragility in bones, which can and does lead to painful and disabling fractures in men and women. Fragile bones can devastate lives by robbing people of their independence, mobility

and quality of life. We need to see the provision of a fracture liaison service in Northern Ireland, from which people can benefit after they have had a fall and broken a bone. That should be available in each trust.

Members will have read the report entitled 'Prevention and Management of Fragility Fractures in Northern Ireland', which was published in June 2009. I wonder what progress has been made since its publication. The report made nine recommendations. On 18 February 2010, the current Deputy Chairperson of the Committee asked how implementation of those recommendations was progressing. Although the then Minister agreed that he wanted to see that important work taken forward as quickly as possible, he said that it would depend on the availability of adequate service development money in 2010-11. I wonder whether the current Minister has any better information to report on that important subject. The report's ninth recommendation stated that a regional implementation group should be established to oversee completion of those recommendations. Has that group been established? What progress can it report?

As has been mentioned earlier in the debate, in June 2011, the all-party parliamentary osteoporosis group at Westminster produced a report into the role of nutrition in preventing the condition and promoting bone health. The report makes a number of recommendations, which deal mainly with healthy eating, exercise, weight watching, not smoking, and moderate alcohol consumption. It also recommends early education in schools to alert young people to the problem of unhealthy bone structure.

The National Osteoporosis Society also produced a paper entitled 'Protecting Fragile Bones: A Strategy to Reduce the Impact of Osteoporosis and Fragility Fractures in Northern Ireland'. That report contains very useful information that could prevent, or certainly reduce, the incidence of osteoporosis. The society has asked that the Executive tackle public awareness by funding a sustained public health campaign throughout Northern Ireland to alert everyone to what can be done to prevent the onset of osteoporosis. Therefore, everyone, including health authorities and trusts, must work together. They have the information and, hopefully, the methods that are needed to reduce osteoporosis throughout Northern Ireland. Let us hope that we have

the Department's support and will see vast improvements.

I was delighted to see the Minister in the Long Gallery on the evening when the National Osteoporosis Society was there. I was unable to remain long enough to hear what he had to say. I am sure that when he responds to the debate, he will indicate how he and the Executive can move forward to prevent osteoporosis throughout society.

Mr Dunne: I welcome the opportunity to speak on the motion. It aims to place emphasis on measures to prevent fractures that result from osteoporosis. The issue affects many people in Northern Ireland. Indeed, as has been mentioned, it is estimated that 72,000 people have the disease in this country. A lot of good work has been undertaken by the Minister on the issue, and I commend him on that. However, as with any health issue, work can always be done to improve healthcare and outcomes for the people whom we represent. The fact is that osteoporosis is often associated with older people. Much work can be done at an early age to reduce the impact and extent of the disease later in life.

3.15 pm

The motion refers to improving health outcomes, and one of the most effective ways of doing that is through positive lifestyle choices. Encouraging and promoting healthier lifestyles can realistically be achieved. The Minister has made promoting healthier lifestyles a central priority, and I trust that that work will continue and develop in the future. Reducing excessive alcohol consumption, stopping smoking and eating a more balanced diet are practical and cost-effective measures that can have a real and lasting impact on improved health. They can also help to prevent the risk of broken bones. The benefit of a public awareness campaign is that it can be tailored and targeted to have an impact on everyone in our society, young and old. Promoting good bone health should be a central feature of future public awareness campaigns.

It was recognised in a recent Westminster report that vegetarians are at risk. I want to register my concern about the Deputy Chairperson of the Health Committee. He is a well-known vegetarian and he is at risk. What he needs is a good feed of County Down beef.

Mr Wells: Will the Member give way?

Mr Dunne: With pleasure.

Mr Wells: I speak on behalf of the two vegetarian Assembly Members, myself and the honourable Member for Strangford —

Mr Agnew: Three.

Mr Wells: Three Members: healthy specimens all. Far from being frail and ill, we vegetarians live an average seven years longer than you carnivores. That is seven more years after you folks have long since departed this mortal coil. What the Member said was nonsense. The healthiest lifestyle choice that anyone can make is to avoid meat and cholesterol cocktails.

Mr Dunne: It just seems that you have seven years longer. *[Laughter.]* Jim, you have been warned.

Education in our schools can be a useful tool in promoting healthier lifestyles. That is one practical measure that should be used to help to improve public awareness and understanding of osteoporosis. Fracture Liaison Services is another example of an effective practical measure, which helps to tackle the problem of osteoporosis. It offers a vital service and helps to identify symptoms of the disease. It also ensures that patients are offered the correct treatment.

I was contacted recently by a North Down constituent who was diagnosed with osteoporosis some 13 years ago. He told me that thanks to the knowledge that he had gained through the National Osteoporosis Society, he was able to be proactive and get DXA scans. He was also able to receive preventative treatment to avoid bone deterioration and to maintain a healthy and active lifestyle.

With an ageing population in the UK, reducing risk must remain a central theme in our health service. A fall can have a devastating effect on our older people, and it can often be a catalyst for further health deterioration. It can result in an increased burden being placed on carers and the health service. It can also totally demoralise the person who falls and destroy his or her independence.

A range of measures can be taken to further enhance how we tackle osteoporosis. Any measures that can improve early diagnosis of the disease, help to reduce suffering and,

ultimately, save lives should be prioritised. I support the motion.

Mr Brady: Go raibh maith agat, a LeasCheann Comhairle. I welcome the Committee motion. At the outset, I declare that I am not a vegetarian, just in case anyone was wondering.

As has been stated, osteoporosis is a chronic progressive skeletal disorder, which is characterised by low bone mass and which results in an increase in bone rigidity and susceptibility to fracture. As was also stated, the number of people with osteoporosis will increase as the population ages. Taking into account the estimate that the elderly population here will have doubled by 2020, there is no doubt that osteoporosis is an increasing problem and that it needs to be dealt with sooner rather than later.

In reading through some of the research on osteoporosis, I was interested to learn that those who live in nursing or residential homes have a three times higher risk of a hip fracture than the general population. No particular reason was given for that, but I assume that a higher percentage of those in residential care have dementia and other similar conditions and that those conditions may lead to falls. I also learned that the mortality rate associated with hip fractures is very high. Ten per cent of hip fracture patients will be dead within one month of their injury and 30% die within a year. On a personal note, my mother fractured her hip when she was in her late 90s but because of very good care in the Royal Victoria Hospital and Daisy Hill Hospital, she is very much alive and well at the age of 102, going on 103, and she has a very good quality of life. With good care and aftercare, it is possible to maintain that quality of life in some cases for people who have had hip fractures.

There is a range of bone-protecting treatments, many of which are available on the National Health Service, which can reduce by up to 50% a person's chances of sustaining a fracture. However, much more needs to be done, in the educational sense, about the problems and causes of osteoporosis. There is no doubt that preventing the development of osteoporosis with early detection and treatment will reduce the number of fragility fractures here. Osteoporosis can be prevented by building strong bones in childhood and adult years and ensuring adequate treatment when detected. For many

people, the condition is not detected until they sustain a fracture, so early diagnosis and treatment is essential.

It has been recommended that the following need to be in place: greater public awareness of risk factors; a high quality fracture service; a fracture liaison service for the prevention of secondary problems; information to support quality care and prevention services; services to promote early detection and treatment; and effective medicines management for patients with osteoporosis and fragility fractures.

As my colleague Michelle Gildernew said earlier, medicines can be taken to prevent fragility fractures. Some are difficult to take and they are not suitable for everyone, but compared to the £20,000 cost of treating someone who breaks a hip, prevention is obviously much cheaper in the long run. As has been mentioned, a lot of people who live here — 72,000 — have osteoporosis. That will carry on increasing because of the increase in the people who are living longer but not necessarily more healthily.

I ask the Minister to consider all the issues that have been raised and to look at the matter as a priority. In the future, the way in which our elderly people are treated will be one of the major issues that the health service will have to deal with.

Mr I McCrea: I welcome the debate and thank the Committee for Health, Social Services and Public Safety for tabling the motion. The difficulty in being further down the speaking list is that all the statistics have been well and truly used up. By now, there can be no one who does not know that there are 72,000 people in Northern Ireland who suffer from the disease of osteoporosis.

Like Kieran McCarthy, I had the privilege of attending the National Osteoporosis Society's twenty-fifth anniversary event in the Long Gallery last week. I stayed to the bitter end and got the opportunity to hear from the Minister. I have no doubt that he will outline some of the comments that he made for the benefit of Members who were not present at the event.

The key phrase in all this is: osteoporosis is a disease. It is not just a disability. Having a disease means that there are physical and emotional aspects to it. There is no doubt that although some people who suffer physically have the ability to get about easily, others

cannot do so because they have very brittle bones and are unable to move with the same ease. Although there are people who can cope with the emotional aspect of the disease and get on with their lives, there are people who find it difficult to cope with the emotion and the pain that they have to endure.

Many Members have gone through the statistics, so I will pass on that. However, it is important that no matter how people who suffer from osteoporosis feel and how much they suffer, they want to know that something is being done to help them.

Mr McCarthy: I thank the Member for giving way. I know where he is coming from: he is at the end of the long list of Members to speak and is struggling to get through. The Member was at the meeting the other evening when the gentleman presented his case. If I had had the time, I would have told Members about that gentleman's experience and, to finish off, what age he said he was, if the Member can recall.

Mr I McCrea: I may sound as though I am struggling. I have plenty to say but am finding it difficult not to use the statistics that everybody else has used because I do not want to repeat what has been said.

It is worth mentioning the gentleman who was present at the meeting. He took it upon himself to find out that he had osteoporosis, not, in the first instance, with help from his doctor. Nonetheless, he did it himself. However, he lives a very active life. I cannot recall everything that he did but he is over 80 years of age and did things such as going down off aeroplanes. If I look as good as he does when I reach 40, I will be happy enough. There is no doubt that people such as that gentleman have the ability to cope physically and emotionally, but there are those who are unable to do so.

I thank the Health Minister for coming here today, and I look forward to hearing his response, especially on how he intends to implement the nine recommendations of 'The Prevention and Management of Fragility Fractures in Northern Ireland' report.

As we approach Christmas, like most Members, I look forward to sitting down to a juicy turkey. We have now found out that three Members will be sitting down to vegetables, and I can assure Members that I will not be thinking of them as I enjoy the juicy pieces of turkey. However,

because of the wintry and icy conditions, some people who suffer from osteoporosis and experience falls will, unfortunately, spend time at home or in hospital. We need to remember that.

There is no doubt that plenty more can be done. This is obviously the start of a debate, certainly in the House, and I ask the Minister not only to listen to Members' comments and to pay heed to reports but to take action to ensure that people who suffer from osteoporosis can benefit from early intervention and diagnosis to give them a better life as they move into their later years.

Mr Kinahan: I thank the Chair of the Health Committee for tabling the motion. I am not a member of the Health Committee, but I am very pleased to speak today because osteoporosis led to the death of my father. When he was in his late 70s, his back collapsed while he was swimming. He subsequently had five extremely uncomfortable years during which the pain in his back and the associated difficulties led to him having strokes and, eventually, to his death. I do not want to be morbid, but the issue is very personal to me. It is not just a female disease. It is a disease that we all need to be aware of, and, sadly, I am told that it is hereditary.

Members have heard a lot of the statistics on the dangers, and we know that fractures constitute a large part of health expenditure. Various statistics demonstrate that a severe fracture may result in as many as 26 or 27 days in a hospital bed.

When we think of the numbers of beds that are lost to people with fractures, we need to think of those statistics.

3.30 pm

The motion wants us to talk about measures to prevent fractures in older people, and that comes down to better care and better and earlier diagnosis. We should be looking at companies, such as Radox in Crumlin, that have diagnostic skills, so that people know when they have osteoporosis and can ensure that they take the right action from then on. As we heard in this morning's health statement, more pressure will be put on GPs. We need to ensure that we train GPs so that they can advise accordingly.

We also know from the statement that more elderly people will be cared for at home. When I heard that and linked it to this debate, I thought

that the devil is in the detail. If you read the statistics one way, it appears that 25% of accidents occurred while elderly people were in a care home. That means that 75% of fractures happen in the home. Therefore, we have to have a very good awareness or education for everyone so that they know how to prepare their homes for elderly people so that they do not fall down the stairs, slip on a slippery floor and so that families do not leave a bar of soap on the floor. You could go on with many things such as that. We need to think of how we make people aware and, especially, how we look after elderly people so that they do not slip and break a bone.

In Antrim on Saturday, out of just 40 people at a Christmas fair, two were osteoporosis sufferers. I pass on their main comment to me to the Minister: please look at the side effects of the medicine. They were both surprised when they were found to have osteoporosis and they have been taking the medicines that they have been given. However, they say that the side effects are awful. The Minister has just gone out the Door, so I hope that someone will take that on board and make him aware of it.

We must concentrate not only on elderly people but on young people. As others said, it is about bringing everyone up with a well-balanced diet. I praise the National Osteoporosis Society for its lengthy document in nice big writing on how to look after your bones. A large part of that is diet and part of it is care and exercise.

I also nudge the councils, probably through the Environment Minister, to ensure that they carry on funding the citizens' groups. It is the funding of those citizens' groups, such as the Newtownabbey senior citizens' group, with their exercise classes and the other things that they put in place, that keeps senior citizens able to go to those events. We need to look at transport and ensure that everything is available for them. Also falling on the councils is the fact that, in many cases, it will be them that need to advise people on how to prepare their houses and look after elderly people in their areas. We need to look forward to the exercise regimes, aerobic training — you can see that I do lots of that but am not quite there — and progressive resistance training. *[Interruption.]* Thank you.

Do not forget the young. Osteoporosis might be an older person's disease but it can affect young people, and the point about diet is important. I searched through the document looking for

words of comfort. I would love to know about the diet of the mother who is still living at 102. I bet you that it was not vegetarian. When I read through the document, I find that calcium is the key. If you look through the various messages —

Mr Deputy Speaker: Will the Member bring his remarks to a close, please?

Mr Kinahan: We need to look after our diet, and we need to look after ourselves. Therefore, I ask the Minister to ensure that we have early diagnosis, that we educate everyone —

Mr Deputy Speaker: Time is up.

Mr Kinahan: — and that, right at the bottom of it, we look at how we look after families to look after elderly people.

Ms Boyle: Go raibh maith agat, a LeasCheann Comhairle. As a member of the Health Committee, I support the motion and I thank the Chair of the Committee for tabling it. A lot of what I wanted to say has been said, and like Mr McCrea, I will try not to go over a lot of statistics. If I am struggling, I am sure that Kieran will help me out.

More can be done, as has been said, to prevent fractures. To do so costs little but is effective, and most of the treatments can be got on the NHS. Savings can be made in the long term if the proper funding is made available to ensure that fractures are prevented in the first place.

I thank the Osteoporosis Society for providing us with a lot of information for the debate. Its research tells us that over the next 25 years, hospital admissions for hip fractures here and in England will increase by 96%. The number of hospital admissions and the spend on aftercare will affect our own Health Department.

I come from the west, which is an area where identifying, accessing and prescribing bone-protecting treatments is most at risk. Unlike other trust areas, we do not have a fracture liaison service and support nurse. Throughout the North, only a number of trusts provide fracture liaison services, and the Belfast service is an example of best practice. So there are some inequalities between trust areas.

As Members said, a high number of people who break bones go on to develop osteoporosis and most have to wait in pain for years for a diagnosis. The fragility fracture working group made a number of recommendations, which have also been spoken about in the House.

Its recommendations include having a public awareness campaign, which I think is the most prevalent need. We need to promote bone health for those most at risk and others. Another recommendation is to ensure that all trust areas have a fracture liaison service in place for secondary prevention of fractures. That needs to be established in all trusts. We hear that significant work is ongoing between the Public Health Agency and the trusts but we need to implement those recommendations, Minister. However, the ongoing work must be welcomed.

When an older person suffers a fracture, a clear pathway should be in place for them to prevent future falls. That is not always the case in some areas and in some trusts. Support and information on osteoporosis should also be given not just to individual sufferers but to their families. Again, as was said, osteoporosis does not affect just the elderly, it affects young people, as it is genetic and hereditary. Indeed, I have a niece who has had osteoporosis all her young adult life, so I know too well the problems that osteoporosis presents to her and others. She has had to make some life-changing decisions around her lifestyle, mobility and work.

I am sure that I am supported across the House when I call on the Minister to heed the motion. I want to reiterate my thanks to the Osteoporosis Society for the excellent research paper that it gave us for the debate.

Ms P Bradley: Like my colleague Mr McCrea and Ms Boyle, I will keep my contribution short, probably much shorter. I have scored many things off as we have gone. That is what happens when you speak last in a debate, and I will not go through all those statistics again but, as a member of the Health Committee, I also support the motion.

I, like many other Members here, attended the Osteoporosis Society's twenty-fifth anniversary last week in Parliament Buildings, albeit I did not stay for the full time, so I did not hear it all. However, I know that the focus of the event was prevention and identifying those at risk for the fracture liaison service in order that they obtain an early diagnosis of osteoporosis.

Osteoporosis is extremely common, with an average of 8,000 people in each Assembly constituency suffering through poor bone health. During my employment in the Northern Trust, I witnessed the impact of fragility fractures and their devastating effect on the patient. Unless

any of us have had some sort of debilitating illness, we cannot begin to imagine the emotional impact of loss of independence. For some, that may be an inability to drive or go shopping but many will require assistance at a higher level with basic daily living activities such as feeding, washing, dressing and even toileting needs. That loss of dignity can have a direct impact on mental health and can lead to anxiety, depression or even suicide. There is also a great impact on families, especially if they have to resume the role of carer, which, as we know through having discussed it many times, is the most difficult job, and one that has little or no support.

The cost to our health and social care service is also a major point. As has been said, in Northern Ireland, 4,700 patients presented to hospital with hip fractures in 2007-08 at a cost of £120 million. Those costs also include rehabilitation services for inpatients and at home, step-down beds, social care needs and, for some, permanent care. As has been said many times in debates in the Chamber, the emphasis should be on prevention and early diagnosis. The Assembly should be supporting the prevention and management of fragility fractures and should raise awareness of how, through health promotion, we can take care of bone health from an early age. We need to encourage our health trusts to improve outcomes through the fracture liaison service. I support the motion.

Mr Poots (The Minister of Health, Social Services and Public Safety): I welcome the opportunity to respond to the motion that has been debated today and I thank Members for raising this important issue. This has been a day of revelations: the Chair of the Committee revealed that she has not quite reached 45 yet. I am not sure if I should have an investigation into whether that is accurate. Mr McCrea revealed that he has not reached 40 yet. Meanwhile, Mr Brady's mother has reached the grand age of 102. However, he did not reveal whether she had received the telegram from Her Majesty. *[Laughter.]*

Mr Brady: No comment. *[Laughter.]*

Mr Poots: I will reveal that I understand calcium to be very good for your bones. It can help to offset and to prevent osteoporosis. I also understand that vitamin D, thorough sunshine, can help. So, if you find me lying at a poolside drinking milkshakes and eating ice cream, I am

engaging in prevention. That will be my effort to ensure that I will not get osteoporosis.

However, this is a serious issue and the debate comes at an opportune time. In this Building last Monday, I spoke at a reception to celebrate the twenty-fifth anniversary of the National Osteoporosis Society. At that event, I met representatives of the society and people with osteoporosis, which gave me the chance to gain some further insight into what it is to live with this condition and to learn about the extensive range of work being undertaken by the society.

The condition of osteoporosis can strike at any age, although as Ms Boyle pointed out, it is probably most associated with older people and women in particular. Preventing the development of osteoporosis, along with its early detection and treatment, is a key challenge. As our population ages and lives longer, it will become more prevalent.

The statistics about our ageing population provide a context for this challenge. Since mid-2007, the number of citizens in the UK of state-pensionable age has exceeded the number of people aged 16 or under. In Northern Ireland, for example, the estimated number of people aged 16 and under is 406,000, and the projected number of people aged 65 and over is 439,000. I do not think that Mr Wells falls into that category just yet — he looks so much younger because he is a vegetarian.

Over the next 20 years, the number of people aged over 85 will more than double. As people live longer, they are more likely to develop a long-term condition and have more need of health and social care services. As our population changes, we must ensure that our services are focused on promoting good health as well as preventative and early intervention initiatives. It is estimated that almost three million people in the UK have osteoporosis, which equates to around 72,000 in Northern Ireland.

The reduced bone density and weakness caused by osteoporosis can and does lead to a higher risk of fragility fractures. That is an awful disablement for people. Many people break bones easily, and that can result in huge consequences. For example, there are 300,000 fractures in the UK each year, and 1,150 people die each month as a result of hip fractures. That drives home the significance of the issue and the real damage that it can cause. The principal cause of accidental death and injury around the home is falls. In 2009, 114 deaths were

attributed to accidents in the home, of which just over half, 58, were due to falls. Of those fatal falls, 59% involved people aged 65 or over.

3.45 pm

A fragility fracture can cause significant pain and distress and can affect a person's confidence and ability to live independently in their own home and community. Therefore, preventing or minimising the effects of osteoporosis will be instrumental in reducing the number of fragility fractures. It is, therefore, crucial that more people with osteoporosis be supported to reduce the risk of fragility fractures and helped to manage their conditions safely at home.

The HSC Board has undertaken a range of actions relevant to assisting with osteoporosis. For example, a report by the fragility fracture working group, 'The Prevention and Management of Fragility Fractures in Northern Ireland', was published in June 2009. The report made a number of recommendations, including greater public awareness of how to keep bones healthy, effective falls management services, effective medicines management, supporting GPs in direct enhanced services for secondary prevention, an information infrastructure to ensure high-quality services for patients, and a fracture liaison service in all trusts.

Ms Gildernew: Will the Minister elaborate on the fact that in April 2012, there will be a shift, with more responsibility for fracture prevention going to GPs? In identifying high-risk elderly people, those people need a dual energy X-ray absorptiometry scan, and my understanding is that we do not have the ability to do the number of scans that might be required. Will planning be done to enable people in the high-risk category to have the adequate bone density scan and, therefore, get preventative medication to help them to prevent falls in future?

Mr Poots: The issue of DXA scans is one that we can look at. It is a specific type of scan, and we, therefore, need to have the appropriate level of scanners available. That might not be the case as things stand. We will seek to ascertain that for the Member. Ms Boyle also raised the fragility fractures liaison service in the west. Three trusts have it. It was planned in Altnagelvin for October this year. The fragility fractures and bone health group is taking forward the recommendations of the 2009 report, with the intention of ensuring that they are all fulfilled. The Altnagelvin one was due to happen last

month, but if it has not, we will see where that is and come back to you on the issue.

Progress is also being made in many of the areas that I previously referred to. To that end, the HSC Board and the Public Health Agency are working together to progress the recommendations. A regional fragility fractures and bone health implementation group is being established to do that. It will be led by the Public Health Agency and will include a range of stakeholders from across the statutory, independent and voluntary sectors. The group will meet early in 2012 to agree a work plan for implementing the recommendations of the report. In the health and social care system, a number of initiatives have already been put in place to help with osteoporosis and those at risk of bone fractures.

Falls prevention schemes for older people and dedicated falls clinics have been established to assess those at high risk of fall fractures or with a history of falling. Those schemes include education and lifestyle advice that can equip people with osteoporosis with the knowledge, confidence and skills that they need to understand and manage their condition as effectively as possible. The advice includes information on adequate nutrition to maintain good bone health, support to stop smoking and to reduce alcohol intake to reduce the risks of osteoporosis, the importance of regular weight-bearing exercise, footwear, home safety and falls prevention.

The Public Health Agency has been instrumental in supporting other initiatives aimed at preventing or minimising the effects of osteoporosis and improving health and well-being. These include Walking the Way to Health, healthy weight and nutrition and the promotion of good bone health, Cycling for Health, the physical activity strategy Be Active, Be Healthy and the active families programme. In the past two years, PHA has also supported the development of physical activity guidelines for different age groups to enhance bone and muscular development from an earlier age and to help the prevention of osteoporosis.

A recent review of the home accident prevention strategy stated that progress is being made on reducing accidental injuries in the home but that there is still a need to prioritise falls prevention. The new home accident prevention strategy will be developed and taken forward soon. The drafting group is to be chaired by the chief

environmental health officer and will include a wide range of stakeholders. It met for the first time in November, and a new strategy should be launched for consultation in 2012. While that is being developed, the Public Health Agency has established an interim regional group to oversee actions on home accident prevention. Funding of £300,000 has been made available to support PHA in that work.

Much of the approach to the treatment and care of people with osteoporosis is based on the concept of self-management and helping people with long-term conditions. Supporting self-management for adults living with long-term conditions is a key theme of the draft policy, which stresses the importance of information and education in helping people to take control.

My Department is developing a service framework policy for the health and well-being of older people, which is due to launch for public consultation in 2012. The framework will include standards in relation to person-centred care and, in particular, conditions more common to older people. There will be standards relating to falls, specifically the prevention of falls, screening in primary care, and falls presenting to intermediate or secondary care.

I trust that I have covered a wide range of activity that the Department and its bodies are progressing. We will continue to liaise with the National Osteoporosis Society and others as we develop our responses to the condition, which can be so detrimental, particularly for our older population.

Mr Wells: I apologise that I was not here for the early part of the debate. A report that was issued this morning has attracted particular interest. Most members of the Health Committee have been doing interviews and commenting on it.

It is clear from the debate that osteoporosis can be a devastating condition. When people with osteoporosis sustain a fracture, the result is often substantial disability, pain, reduced quality of life and, ultimately, a shortened lifespan. I hope that it has been made clear through the contributions of Health Committee members and other MLAs that the House takes the issue of osteoporosis very seriously. We are all aware that budgets are extremely tight. However, preventing fractures will save the health service hundreds of thousands of pounds in the long term, as well as saving people with osteoporosis

from the suffering often associated with breaking a hip or wrist.

Statistics show that the number of hip fractures has increased in the past 10 years and beyond, and given our ageing population, the numbers will only go up unless we act now. It is an area of our health service in which good public health messages and early diagnosis and treatment at primary care level can make a difference to people's outcomes. I urge the Minister to continue the work that he has begun to tackle those issues.

There were quite a few very useful contributions in this wide-ranging debate. As I said, I was not in for the first two contributions. However, I have notes on the comments made by Pam Lewis, who was the first of many Members to quote the shocking statistic that there are 72,000 people in Northern Ireland with osteoporosis. She welcomed the new service framework and highlighted the report of the fragility fractures working group and asked the Minister to explain what steps had been taken to implement his recommendation. Mr McCarthy also raised that point.

Sam Gardiner was the first to raise the issue of the increasing number of hip fractures and their devastating impact on people's life chances. I speak from personal experience as my late mother-in-law suffered from the condition. Mr Gardiner emphasised the importance of prevention and said that people need education on how to keep their bones healthy. He also spoke about the role of the fracture liaison service and said that one was needed in all the trusts. Michaela Boyle and several others made the point that it is absolutely essential that that service be available in all five trusts in Northern Ireland. She also said that there is an urgent need to train GPs to a standard at which they can play a greater role in diagnosing osteoporosis.

Mr McCarthy also said that 72,000 people in Northern Ireland have osteoporosis and talked about the need for the fracture liaison service to be available in each trust. He asked what progress had been made on the 2009 report and whether a group had been established to oversee it.

We then come to Mr Mickey Brady. When I hear him speaking, I think of three great mysteries of this planet: what happened to the crew of the *Mary Celeste*? Who shot JR? And is Mickey

Brady's hair real? *[Laughter.]* There has been great speculation in the Chamber as to the nature of Mr Brady's hair. I am sure that he would like to take the opportunity at some stage to intervene not only to reassure us that his mother lives to the ripe old age of 102 — I see her picture regularly in the local newspapers celebrating those important birthdays — but to tell us whether being far from follicularly challenged grows in the family.

Mr Brady mentioned the increasingly ageing population, the fact that a person is three times more likely to have a fall in residential care, and that although there is treatment available for osteoporosis, more needs to be done in prevention.

We then had a scurrilous contribution from Mr Gordon Dunne the honourable Member for North Down who impugned the integrity of all the decent, law-abiding vegetarians of this planet. He sees three fine specimens of manhood in the Chamber who are themselves vegetarians. To think that Mr Agnew is 59 — look how well he is preserved because he is a vegetarian. I am reminded of a constituent who came to see me in Downpatrick five years ago and said that he was having terrible problems with his neighbour. He said to me:

"Jim, she is an absolute lunatic. She is mad. I will tell you how mad she is: she is a vegetarian."

I can assure you that we vegetarians are not mad. We are healthy and there is absolutely no link between the vegetarian lifestyle and problems of osteoporosis. The important thing is the level of calcium, Mr Dunne, rather than the level of cholesterol in one's blood. Therefore, I refute entirely the scurrilous comment made by Mr Dunne. It is amazing how you go off people so quickly. However, he supported the motion and he wants fracture liaison services, which are essential, in every area.

Mr Mark H Durkan also supported the motion. He was shocked by the number of people suffering from osteoporosis and he indicated that fracture liaison services have enabled early diagnosis of the condition and limited the pain suffered by patients. As Ms Boyle pointed out, it is important that that is made available equally to everyone throughout Northern Ireland.

I see that Mr Brady still has not risen to make the intervention that I requested earlier.

Mr Durkan said that it must be ensured that anyone treated for fractures is tested for osteoporosis.

Mr Brady: Will the Member give way?

Mr Wells: Yes, I certainly will. *[Laughter.]*

Mr Brady: I feel obliged to comment because, as the Member is well aware, as I came down the stairs a couple of weeks ago, he nearly pulled the hair off my head just to check it. So it is real, I assure you.

Mr Wells: I am relieved to hear that. It is quite a remarkable assemblage of hair, I must say.

Danny Kinahan told us that he was working out and doing various exercises: we believe you. On a more serious level, he said that he had very direct personal experience of osteoporosis, as a close relative of his spent 26 days in hospital as a result of a fracture. Let me be serious: that indicates that when someone with osteoporosis falls, in addition to the considerable pain to the patient, the cost to the health service can be very high. Therefore, early interventions can have a dramatic impact, on the quality of life and in savings to the health service.

Many Members said that many fractures were happening in the home and that families need to know how to make homes safer for older people.

Mr Hussey: I thank the Member for giving way. My mother suffers from osteoporosis. At 83, she is fairly fit apart from that. It is not only actions in the home that matter, it is actions, full stop. My mother could break a bone simply by knocking against something. Another concern that I have is access to fracture clinics. You have to travel a very long journey to get that damage corrected. Certainly, actions in the home are a major issue, but incidents can happen as simple as knocking your arm against a chair.

I did not mean to interrupt the Member in mid-flow nor did I mean for him to get his hair ruffled.

Mr Wells: I can assure you that my hair is real as well.

Mr Kinahan introduced a new element to the debate that had been overlooked: the problems of the side effects of medication for osteoporosis. He said that there needs to be funding for exercise groups for senior citizens, which I thought was an interesting comment.

It was very useful to have Paula Bradley's contribution, as she comes directly, within the past few months, from the health service. She described her experience of dealing with patients with osteoporosis.

We had more scurrilous comments from Mr Ian McCrea about vegetarians. He also supported the motion and he raised an interesting additional point about the mental suffering, as well as the physical, felt by those with osteoporosis, as they often find themselves restricted to their homes and limited in the areas to which they can travel and walk. They have a fear that if they fall, it could be very serious indeed.

That was an interesting and novel point. The Member thanked the Minister for attending the event. Unfortunately, I could not attend the event in the Long Gallery that Monday afternoon, but I wish that I had been present because, clearly, Members found it useful to listen to those who suffer from osteoporosis.

4.00 pm

Mrs Boyle raised the issue of inequalities in treatment, diagnosis and testing for osteoporosis, and I welcome the Minister's comment that progress is being made in the introduction of those much-needed services at Altnagelvin.

We heard comments from the Minister, who, once again, showed his commitment to those who have the condition. It has been an exceptionally busy day for all of us in the Health Committee, and we welcome the fact that he was able to attend and to give an up-to-date position.

Finally, I wish to place on record my thanks to all who are involved in the field of osteoporosis for taking time to provide information to Members on this condition. We would have been unable to have such an intelligent debate today without the valuable information that was provided to us all. It shows the benefit of having a very vibrant NGO charitable sector in the health service in Northern Ireland. Groups are going out of their way to make certain that the needs of people who suffer from the condition — we are talking about 70,000 people — are well articulated. They must feel that they have done a very good job today.

It is clear that the motion will be passed without any dissent, and we hope that we can look back in two or three years' time and say that the treatment and care of people who have the

condition will have been advanced by taking this time on 13 December 2011 to air the concerns, difficulties and worries of people who have osteoporosis.

Mr Deputy Speaker: I apologise to anyone who is follicularly challenged.

Question put and agreed to.

Resolved:

That this Assembly calls on the Minister of Health, Social Services and Public Safety to place an emphasis on measures to prevent fractures resulting from osteoporosis in older people, aimed at helping to improve their health outcomes.

Mr Deputy Speaker: I ask Members to take their ease for a moment.

(Mr Deputy Speaker [Mr Beggs] in the Chair)

Private Members' Business

Payday Loans

Mr Deputy Speaker: The Business Committee has agreed that the debate will last one hour and 30 minutes. The proposer of the motion will have 10 minutes in which to propose, with a further 10 minutes in which to make a winding-up speech. All other Members who wish to speak will have five minutes.

Mr McQuillan: I beg to move

That this Assembly notes with concern the number of companies that are offering short-term payday loans to people who require additional money to make ends meet before their next payday; and calls on the Executive to engage with Her Majesty's Government and the Financial Services Authority to ensure fair interest rates and protection for people taking such loans.

I wish to put on record my thanks to the Business Committee for giving us the opportunity to raise this important matter. I am sure that many Members will be aware of the number of advertisements on television and radio promoting payday loans. The sector was worth £7.5 billion to the UK economy in 2008, which is highly significant, and I am sure that many will agree that it has been at the expense of some of the most vulnerable people.

Payday loans are short-term loans offered by various companies to help applicants meet a shortfall until they get paid. They are particularly short-term, and, if consumers are unable to pay back the loan within a designated period, they risk being further penalised with excessive fees. Many payday loans are lent on the basis of extortionate interest rates, some with APRs of between 1,000% and 5,000%, which would be ten times the amount initially borrowed if the borrower were to pay off the debt one year after they were granted the loan. Those rates represent extortion, to say the least. Those companies are legal loan sharks. One could compare payday loans to a scheme that was on offer a year ago, cash for gold. It offered a means of securing cash quickly and conveniently. These companies prey on the vulnerable and disadvantaged who, in hard times, are desperate.

Many people who resort to payday loans are likely to be unable to secure assistance from their bank. Such assistance is likely to be an overdraft, an extension to an existing overdraft, a loan or a credit card. Furthermore, consumers without a bank account are also likely to seek a payday loan as it is their only means of securing credit. Shockingly, approximately 3% of the population still do not have a bank account. That seriously hinders their ability to manage their money effectively and puts them in the position of living hand to mouth. Consumers without a bank account are reflected by the number of cheque-cashing shops seen on the high street, especially in low-income and disadvantaged areas. That puts them in a very difficult position in obtaining legal forms of credit, and, therefore, they resort to desperate measures. I, like, I am sure, many others in the House, have seen people in despair. Those people have no money and are not sure what to do, especially as we approach Christmas, when people feel much is expected of them, despite having to cope with other soaring costs, including fuel for the car, home heating oil, electricity, food and groceries.

In recent years, consumer credit companies that supply credit cards or loans have been brought into the public light and held to account for their business practices. There have been successful cases taken against such companies and rulings made in favour of consumers. That has led to more transparency in the banking system, whereby lenders have to provide a summary of fees and interest rates, in addition to making the rights of the consumer clear. In some cases, we have also seen fees reduced and consumers being offered a cooling-off period. Payday loans, however, seem to defy the odds and subject the consumer to harsh terms and extortionate borrowing rates.

Recently, the issue has been looked into by Her Majesty's Treasury. One idea floated has been the introduction of a cap on borrowing costs in order to protect vulnerable consumers. However, that has been ruled out by the Tory-led Government in London. The Westminster Government fear that, if we hinder and limit the business of such lending companies, we could see vulnerable consumers being unable to access any credit, as the only products they can access at present are those with high interest rates. It is feared that, if vulnerable consumers cannot access legitimate means of borrowing, they will resort to illegal forms of borrowing.

Comparison tools are nothing new and offer a way of securing the best deals. I am keen to promote shopping around for whatever you are looking for. However, many consumers looking for credit fail to know their chances of securing a particular form of credit or what chance they have of securing a particularly competitive APR. Those who apply may be fortunate in securing a product; others will be guaranteed use of a product but with a higher interest rate than that advertised. Those applying for other products who have been knocked back or offered an alternative high-price product may then apply for another product, not knowing that they risk damaging their chances further by applying for multiple products.

In the current climate, it is important that we protect the most vulnerable, and I welcome the numerous initiatives that have been launched by the Executive to assist those facing hard times. It is vital that the Assembly, through the Executive, sees that constituents in this part of the United Kingdom are protected from abuse by those who are out to exploit the vulnerable and make money out of them. I urge those with money problems to speak to someone. Many charities and organisations are willing to help, regardless of an individual's social status or circumstances.

I look forward to today's debate. With your permission, Mr Deputy Speaker, I will read from something about payday loans that I cut out of the paper yesterday. This is a letter from a constituent, not here, but in the United Kingdom. It states:

"Despite working full-time, my wages were low, and I ended up taking out six pay day loans. None was for luxuries, just household utilities and rent. I paid three back on time, but the other three have threatened legal action, because their interest rates mean I owe £2,300 for borrowing a total of £850. I wish the Government would change the law to cap those rates."

Today, I received correspondence from the Ulster Federation of Credit Unions. It says that new data published in the UK shows that 3.5 million adults are considering taking out a payday loan over the next six months. That is a very scary statistic. The Ulster Federation of Credit Unions believes that the credit union movement can provide a real alternative and direct competition to payday loans. I suggest that people who are considering payday loans check out their local credit union.

Mr Murphy: Go raibh maith agat, a LeasCheann Comhairle. I support and welcome the motion. It is a timely discussion, given not just our current financial climate but the fact that we are in the run-up to Christmas, which is when people are more likely to avail themselves of finances to try to provide luxuries for their family. The Member who spoke previously referred to essential goods, but there is huge consumer pressure on people to provide items for their family at this time of the year. That makes them more susceptible to the sort of people who provide the loans. Whether they are legal or whether they suffer from a lack of regulation, the approach of some companies is certainly very unscrupulous. Therefore, the debate is timely.

Whenever companies advertise loans to help people make ends meet until the next payday, the reality is that, for most people, that day is when the next benefit cheque arrives. That is simply their payday. With some interest rates at over 200%, it is clear that those activities are nothing short of legalised loan sharking. The proposer of the motion said that they exploit some of the most vulnerable.

The Assembly has little power or authority to take action against these practices as they operate here. It is incumbent on organisations such as the Consumer Council and the Financial Services Authority to look into imposing a cap on the rates that can be applied in these circumstances. I was not surprised to hear the proposer of the motion say that the current coalition Government have expressed some opposition to that. In fact, many of their policies are driving people to avail themselves of those facilities. Therefore, in a sense, there is an irony in the motion petitioning the Government to deal with a problem that their austerity policies have largely contributed to. Nonetheless, that is where the power and responsibility lie, and we should do everything in our power to highlight the situation and to petition those who have responsibility to take action.

The motion specifies that this practice is a recent emergence. However, companies have been involved in it for some time and have charged interest rates of 190% and more. As we said, it is particularly prevalent in the run-up to Christmas, when companies know that people are under a certain amount of consumer and financial pressure. I am sure that Members and others will agree with me that, in the absence of proper regulation, people should be very careful

of starting to use these opportunistic lenders. They should try to resist that temptation, and, if they are forced into a loan arrangement, it should be after very careful study of the fine print that governs that arrangement so that they can ensure that they are not susceptible, as was said, to exorbitant interest as the result of a failure to repay.

In the meantime, although there is an acceptance that the power to deal with the issue does not lie with us here, it is incumbent on us to highlight the issues that arise and to ensure that we press those who have a responsibility to take action. I do not think that we should accept the view of the coalition Government in London. More can be done, and the Government have a responsibility to do it. We must continue to press them to regulate the companies that operate in that vein so that we can protect the most vulnerable from what are, essentially, predatory lending activities. I congratulate those who tabled the motion. We support it, and we hope that, in highlighting the issue, we add some pressure on those who have a role in the matter to take action.

Mr Nesbitt: I am pleased to speak to the motion, and I congratulate those who tabled it. It is a critical issue, especially for Northern Ireland. It is not just me saying that: I base that on empirical research from the Consumer Council and its 2005 baseline survey of financial capability. It looked at five core competences, and the people of Northern Ireland were found to be behind the rest of the United Kingdom in at least three. Those competences were planning ahead, which was a major issue here; choosing products, where we are less capable than the rest of the UK; and staying informed of new products coming on to the market, where we also scored badly. In summary, the Consumer Council believes that we are not good at making prudent financial decisions. The research shows that that is particularly true of women. Payday loans could not be described as prudent financial decisions; they are necessary, perhaps, but not prudent. If anybody is in any doubt about the scale of the problem, one little modern measure is to go on to your computer and type "payday loan" in to Google. You get no fewer than 9.3 million references.

4.15 pm

The issue is easily defined. Four words cover it: rising costs, static wages. That is at the better

end. At the worse end, it is rising costs and no wages, as the unemployment figures go north of 60,000 in Northern Ireland. A solution, however, is more difficult to identify. I have no difficulty in supporting the motion's call on the Executive to engage with the Government and the FSA to ensure fair interest rates and protections for people taking such loans. I would go a little further and make another call to the FSA: to clarify its commitment to the Money Advice Service (MAS) that operates in Northern Ireland. That service began life last year as the FSA's financial capability division and has morphed in a couple of phases into the Money Advice Service. Earlier this year, in this very Building, it launched a web-based survey for consumers. I and other MLAs were happy to support it, endorse it and promote it. However, what I hear now is that it is not as committed to Northern Ireland as it might well be. I assume that it is not for the lack of resource, as the chief executive of the Money Advice Service earns a salary of £250,000 per annum, which is well in excess of the Prime Minister's.

I was called by a constituent who alleged that the Money Advice Service was withdrawing its staff from Northern Ireland. I decided to check, and, on 28 November, I spoke to a representative — perhaps agent would be a better description — of the MAS, who gave me a rather complicated explanation but no satisfactory answer to my question. However, he promised to e-mail me. I waited and waited. Yesterday, I began to phone. I phoned on four occasions: at 12.53 pm and 3.47 pm yesterday and at 9.24 am and 11.45 am today. On all four occasions, I was greeted by a recorded message that said, "Thank you for calling the Money Advice Service. Our opening hours are 8.30 am to 4.30 pm Monday to Friday". I am none the wiser as to the situation with the Money Advice Service. I call on it to clarify its position and make clear that it is not prepared to discriminate against the citizens of Northern Ireland compared with those in England, Scotland and Wales. It also needs to make clear that we have a level playing field and a level distribution of service to the people of Northern Ireland, who, judged on the baseline survey of financial capability that was conducted by the Northern Ireland Consumer Council, are most in need of that type of advice and service.

There is another call beyond calling on the Executive to engage with Her Majesty's Government and the FSA, and it is for the Assembly

and Executive to address the fact that this is the only region of the United Kingdom that has not brought forward a strategy to address the relative weaknesses in the financial capability of our citizens. That is something that we can and should do. If we were to do that in-house, it would do a great service to the citizens of this country.

I call not only for support for the motion, which calls for fair interest rates and protection, but for the Executive to bring forward a strategy on financial capability and for the Money Advice Service to clarify its commitment to Northern Ireland.

Mr Dallat: I thank the proposer of the motion. I was pleased that, towards the end of his speech, he mentioned the credit union movement, although he confined his remarks to the Ulster Federation of Credit Unions. For the history books, the credit union movement was started by two Presbyterian ministers in Germany 150 years ago. It spread to Nova Scotia, where it was taken up by fishermen. It came to Ireland in the early 1960s. I am very proud that my former party leader John Hume was involved in setting up hundreds of credit unions under the auspices of the Irish League of Credit Unions, which gave some help to the Ulster federation when it was setting up. That is the history over.

The motion is important in that it calls for regulation. The proposer was quite right to mention the credit unions, which he did at the end of his speech. We must be able to encourage people to look to the alternatives to the gombeen men who exploit people today, largely through the internet. When I was growing up in the 1960s, ordinary people were not welcome in the banks, so they did not know how to exploit people. Then, as now, people turned to loan sharks, who were probably working out of a suitcase or something like that. Payday loans had not yet arrived, but they are here now, and they are a problem. Equally, a lack of family budgeting has weakened many families.

The Assembly had a very positive relationship with the credit unions. Indeed, the Irish League of Credit Unions was very sad to hear the news that the Financial Services Authority is to take over next March. However, there is no reason why the Assembly should not continue that close relationship with the unions. The proper way to address the problem is to encourage credit unions to go into housing estates and onto the highways and byways to encourage

people to become members. In that way, we can take people away from the gombeen men and those who offer payday cheques. However, we can do that only if we appoint field officers, which is exactly what happened in England. Ironically, when the English discovered a few years ago that the Irish had a wonderful institution called the credit union movement, field officers were appointed for a fixed term and went out and sold the idea. I see no reason why that should not happen here. Indeed, given that we are in the economic doldrums, it seems only sensible that, rather than simply looking for regulation to curtail the excesses of loan sharks, payday people and so on, we should actually offer something positive.

Indeed, as someone who has been a member of the credit union movement all my life, I openly admit that I could not have survived without it, particularly when starting a family. So my sympathy goes out to people who are attracted by the offer of short-term loans or payday cheques only to discover, as the proposer said, that they then owe an astonishing amount.

The credit union movement, of course, does not simply offer realistic rates of interest but actually belongs to its members. It has an added advantage because people have an opportunity to run their credit union and acquire the entrepreneurial skills that everyone should have. Furthermore, at the end of the year, profits go back to members. On my borrowing this year, I got a 25% loan rebate, which means that for every £100 I borrowed, I got £25 back. I also got a 2% dividend on my meagre savings — I emphasise “meagre”. However, those are the sorts of positive things that I hope will spin out from the debate on the motion, with which I am in total agreement. I hope that those in the Department of Enterprise, Trade and Investment who read Hansard will realise that the relationship between the credit union movement, the Ulster federation and the Irish league —

Mr Deputy Speaker: Will the Member bring his remarks to a close, please?

Mr Dallat: — should be continued, albeit in a different way. The way to do it is to provide funding to credit unions for the first time so that they can send out field officers to promote them.

Mrs Cochrane: I also welcome the opportunity to speak to the motion. The motion, coming as it does the week before Christmas, represents

a fitting topic for debate, given the additional financial toll that the festive season takes of all, not just the most vulnerable. In addition to the traditional Advent and family celebrations, in December we face the prospect of buying numerous gifts for loved ones, stocking our kitchen for guests, attending Christmas parties and, of course, exhausting our home heating systems to combat the delightful Northern Ireland winter. This is arguably the time of year when people struggle most financially to make ends meet, and that struggle serves as the impetus for today's motion.

Research by Consumer Focus shows that the number applying for payday loans has increased fourfold in the past five years. Payday loans amounted to £100 million in 2004, and that had risen to £1.7 billion in 2010. The figures are well evidenced, yet they are a source of bewilderment when we learn of payday loans' high interest rates, which can range from 1,500% to 4,000%. However, much of a surprise as that may be, it is important to maintain perspective, and perhaps an even bigger surprise for consumers are the figures charged by some of our most prominent high street banks. Using the same logic applied to calculating APR for payday loans, in one high street bank, an unauthorised overdraft of £100 will see the consumer charged £200 for every 28 days that they are in the red, which is an equivalent annualised percentage rate of over 819,000%. Banks are quick to point out that using APR for short-term loans is misleading, yet that is the rate used when we assess payday loans. Viewing it in that light, we can perhaps better understand why people resort to payday loans as an alternative to unauthorised overdrafts. The simple reality is that, for many in our society, traditional paths to obtaining good credit and a stable credit history are neither accessible nor followed.

In its 2010 review of high-cost credit, the Office of Fair Trading concluded that high-cost credit lenders were providing a service. We are in a cold recession, and, with banks becoming increasingly stringent about how much and to whom they will lend, high-cost credit lenders provide an option for those unable to obtain finance elsewhere. There are, of course, reasons to be concerned about such loans, but it is wrong to assume that they are never put to good use. In the right circumstances and with the right information available, consumers can benefit. However, the explosive growth of payday

loans is such that the advertising and marketing techniques of lenders have transformed, migrating from daytime to prime time in the pursuit of their target market. A worrying level of social familiarity is creeping into the mainstream. For all that we know of Wonga.com's witty puppet-on-a-string advertising, knowledge around debt management and suitable lending alternatives is lacking.

I mentioned that the motion presents a timely topic for debate. It is more opportune still, given the consideration currently being awarded to the same issue at Westminster. The motion is correct in asserting that, from a legislative perspective, the Executive should seek to engage with their Westminster colleagues in addressing the issues around payday loans. Members will be aware that devolved aspirations that run contrary to the status quo, such as recent efforts evidenced in the Scottish Parliament, must ultimately yield on consumer issues to the Westminster powers that be. The legislative onus in those affairs lies with London, and it is from that point that we have to take our steer.

The motion calls for fair interest rates. I agree that interest rates that are consistent and better regulated represent fair practice for the lender and the consumer. The service needs to be balanced, and due caution and responsibility needs to be exercised on all sides. I do not oppose payday loans in their entirety, but we must protect our consumers. A better approach would be to help people to protect themselves through ensuring better communication of the implications and a better overall understanding of the process.

The prevailing concern is that payday lenders are only lightly regulated. The industry attempted to resolve that through the payday lending code, but many refused to support it, claiming that it did not go far enough. Westminster has agreed to investigate the impact of an interest rate cap but has also stated that restraint is necessary so as not to damage vulnerable people's access to credit and that alternatives should be explored.

Tighter regulation, as opposed to self-regulation, is required. That responsibility lies solely with Westminster. Therefore, should Members want to positively affect the financial well-being of our citizens, they could champion alternatives such as credit unions, which are limited by law to an APR of 26.8%.

Mr Deputy Speaker: Will the Member bring her remarks to a close, please?

Mrs Cochrane: We should also advocate enhanced financial education through Citizens Advice and others.

Mr Hilditch: I welcome the fact that we have been able to bring this matter forward today, as it coincides with the time of year when demand for a short-term loan system is at one of its highest levels, as has been stated. I welcome and note the comments of colleagues so far. We need to get a handle on the current situation.

This type of business is nothing new. It has existed one way or another through the ages. However, where we currently sit, it is probably at its most expansive ever, with the marketing side of the business flooding our society with material. Quite frankly, it is in your face daily. We heard the statistics that Mr Nesbitt gave.

4.30 pm

The motion is pitched at just the right level. Although we are aware of our responsibilities in the devolved Administration, we have concerns and it is imperative that we engage with Her Majesty's Government and the Financial Services Authority on this matter to ensure fair interest rates and protection for people who engage with those companies.

Regulation is crucial. Since the motion was laid in the Business Office, I have had the opportunity, on several occasions, to engage with folk who are users of the short-term payday loans system, and I have seen how it impacts on their lives. That is from a negative and dire situation through to, perhaps, a lesser percentage of people who make it work for them in a positive way but with strict discipline and controls on how they manage their personal situations. Unfortunately, not everyone falls into the latter bracket and, more and more, it is the desperate, needy and most vulnerable with spiralling debts who are drawn into the system by taking out expensive short-term payday loans, trying to give themselves a breathing space and a short period of reduced pressures. However, they are building on an already weak financial foundation and are putting off the inevitable collapse.

Most of us will have a fair insight into the extent of the problem through the issues and related matters brought to us through our constituency

offices. Although I mentioned people who use the payday loans system to their advantage in a calculated, measured and disciplined way, it is due to our concern for those who are desperate, victims of the economic climate and the credit boom of the past era, whose circumstances are now spiralling out of control, that we support the motion. It is clear that it is the despairing group of people that I mentioned who are being targeted, and we are concerned at the number of companies that have sprung up across Northern Ireland recently at a somewhat hurried and aggressive rate.

We have established that banning such shops and their services will not get rid of the need of those who want to borrow small amounts of money nor will it solve any of the problems of those who are in financial distress. In fact, throughout November, those shops and on-line services saw a 23% increase. Banning them would just mean that people who are struggling would go to informal loan sharks, who make the payday loans companies look like angels. There is no regulation of those loan sharks and, obviously, they resort to other means to get their money back.

A better solution would be to ensure that fair interest rates and protection are offered to people taking out such loans. Bankruptcy or binding arrangements on creditors could also be made much easier. In that way, lenders would take more care and time in giving credit to people who cannot really afford it. It is absurd that those shops can apparently make a decision on who to lend to within an hour of an application form being submitted.

I urge the Executive to protect vulnerable people and to be mindful that the Christmas period will force even more low earners further into debt. Anyone in negative equity or in a job and struggling with their debts should, perhaps, be filing for bankruptcy and not borrowing more. It is essential that appropriate action is taken now to ensure that the right advice is given to find a sensible long-term solution to the debts in our constituencies. Borrowing more with high interest rates is definitely not the answer, however small the amount.

We need to get the message out that people need to keep well clear of payday loans. We need to instil an attitude of, "do I need it right now or can I get it in two to three months' time when I have saved for it?" There is fierce

marketing of payday loans, and we have seen the shop-front advertising of the money shops, gold shops and cash converters. Those, and the online services being advertised, need to be addressed sooner rather than later.

We want to ensure that vulnerable people are properly protected, and the Executive are working with the financial industry and consumer organisations to ensure that people have the protection that they need. I support the motion.

Mr McLaughlin: Go raibh maith agat, a LeasCheann Comhairle. I support the motion as well and congratulate our colleagues for bringing this important subject matter to the Floor of the Assembly.

Debt and its associated problems are matters that constantly engage MLAs, MPs and councillors in their ongoing constituency work. We have all experienced that, even in the better times. However, although this issue is not new, these are not better times, and in the current economic downturn, we have seen an increase in the affliction of debt in our communities and an increase in those companies that offer short-term, high-cost loans, and which are, in effect, prospering on the backs of people who are already in quite significant economic difficulty.

The current global economic crisis has its genesis in the untrammelled greed and ambitions of banks and financial institutions. They, too, albeit at the macro level, were offering easy credit. The consequences of that are all around us, and many people now operating at the micro level and who find themselves compelled to turn to these high-cost loan companies are experiencing the same consequences from the application of the same principles. In my view, that is a call to action by Governments.

Therefore, I am surprised that we do not have an Executive Minister here. The motion is quite explicit in recommending to the Executive that they raise the issue with the Westminster authorities. They could go further by perhaps agreeing a common position with other devolved Assemblies. From some of the notes that I read in preparation for the debate, it is clear that there are problems elsewhere: Scotland was specifically referenced, as was the north east of England. There would be widespread support for some form of regulatory intervention and arrangement.

These companies are legal, and nobody is arguing that they are not, but their actions have untold implications at the social level. John Dallat explained the motivation and rationale for the emergence of the credit union movement. At that time, it was dealing with the growth in the loan shark industry and the fairly unscrupulous, and at times quite brutal, methods used by loan sharks to ensure that their financial return was secured.

We may well be heading into that spiral, when it comes to people who are either in low income jobs or dependent on benefits and find themselves circulating around these companies with a view to securing short-term loans and perhaps rotating loans where they find they are slipping into default. Given the interest charges, loans can double within six months. It is possible to do that and to go undetected if you are rotating loans between different companies. In the briefing pack, there was an example of a lady who found herself facing horrendous debt problems. She had loans with seven different companies and found herself increasingly being driven into unmanageable debt.

We have to get a grip on this problem, and we have to do so before it starts to visit us at our doors and when people are losing their homes. We have seen it happen with the banks. We have seen people being encouraged to take on ever more debt and being unable to cope. They end up in negative equity and find themselves losing their homes and jobs and slipping into the cycle of despair. That is what is in front of us unless we deal with this.

Again, I thank our colleagues for bringing this matter to the Assembly. I wholeheartedly endorse the recommendation for the Executive to take action. They are not here, but I hope that the Executive are paying attention and will respond to the motion.

Mr D McIlveen: I, too, commend the Members who tabled the motion. According to the Association of Business Recovery Professionals in November 2011, 60% of the population said that they were worried about their current level of debt. Therefore, it is right and proper that this motion is brought before the House, especially, as some Members have said, it is so close to Christmas and families in particular are feeling the pinch.

It is important to note that this motion is not about hindering entrepreneurialism. It is about

promoting ethics in business, companies being responsible in the way that they operate and ensuring that the most vulnerable in our society are protected. That should be of paramount importance as we look at this issue.

It is probably fair to say that we have all seen advertisements, whether on television or the internet, that offer, for example, 10-minute money at no extra cost or saying, "Apply in two minutes and get money fast." We have all noted with concern the interest rates of 1,000%, 2,000%, 3,000% or even 4,000%. We must ask ourselves how those companies can be allowed to exploit vulnerable customers so openly.

Recently, a lot of research has been done on the issue, prompted by widespread concern about short-term or payday loans, and some of that research is quite frightening. An Office of Fair Trading review of high-cost credit pointed to the characteristics of customers who access such credit. They tend to have an urgent need for credit and a more limited disposition to shop around. They also tend to have lower incomes and are less financially capable. Many have poor credit ratings or none at all. That paints a picture of very vulnerable customers and supports the motion's call for measures to be taken to ensure that those customers are protected.

A further statistic from 'Which?' shows that the value of payday loans has increased from £1.2 billion in 2009 to £1.9 billion in 2010. Unsurprisingly, it appears that as people feel the effects of austerity measures, particularly when credit from banks is increasingly difficult to come by, they are more inclined to seek out such loans. However, measures that are used by payday loan companies may also have added to that increase. A 'Which?' researcher found that when they applied for a payday loan from one company, they were plagued afterwards with e-mails from third parties offering more loans. The company itself phoned constantly to offer further loans or loan extensions. We need to look into such unscrupulous practices, as they are clearly designed to get less-well-off, vulnerable people into increasing debt.

As has been noted, the Westminster Government have been looking into the issue closely. They have examined a number of factors, including caps on the total cost that can be charged for credit. It is important that we see the outcome of the research that they have commissioned.

However, as has been noted, we are probably not looking at that hopefully. In some regards, it appears that they have already taken the side of the payday loan companies.

I welcome the call for the Executive to discuss payday loans with Her Majesty's Government and the Financial Services Authority. Much of the work that has already been done by Westminster should be looked at again. I hope that the coalition Government will look again at that research and, perhaps, change their view on the matter.

I agree with Members that credit unions are a suitable substitute. Indeed, they are more than suitable: they are superior by a long way. We should encourage our constituents who come to us with debt issues to speak to their local credit unions. It might also be worth reopening the conversation about high-street lenders, although some of their practices have been questioned. Although I hate to say it, high-street banks could perhaps learn one important lesson from payday loan companies: how to allow access to quick credit when it is needed, albeit charged at reasonable rates.

I support the motion and commend it to the Assembly.

Mr Hussey: I thank the Members who brought the motion to the House. The issue of payday loans is important, and I am grateful for the opportunity to speak on it. As an Assembly, we must ensure that advantage is not taken of the most vulnerable in society, and the debate can send that message to the public.

Payday loans are a concern, given the economic climate, which brings with it pay freezes and higher living costs for many. They find it harder than ever to make ends meet, and the temptation to use payday loans is, therefore, growing. That can lead to some people's debts spiralling out of control. What starts off as a relatively short-term solution can run into an ongoing scenario from one month to the next. That is not surprising, given that interest rates can be as high as 4,000%. For that reason, I have no problem in supporting the motion's call for fair interest rates.

I come from a family that has suffered financial hardship. My father died when I was 13 years old and my mother was left with a family of six. As my father had left no will, his estate had to go into probate. That meant that no

funds were made available until the estate was administered by the solicitor. For many months, my mother had to make do on the goodwill of local shopkeepers, and because of the community knowledge of families, she was able to obtain credit at no extra cost during her time of financial need. Otherwise, I and the other members of my family could have found ourselves in care. Therefore, I really appreciate the circumstances that are being discussed.

4.45 pm

The scale of the practice is worth mentioning. High-cost credit products are typically small loans that are borrowed over short periods. They commonly include home credit, pawnbroking and the issue at hand: short-term sum lending such as payday loans. Although there are no official figures for the number of people who avail themselves of payday loans, Consumer Focus, the statutory consumer body for England, Wales and Scotland, estimated that 1.2 million people took out 4.1 million loans in 2009. Consumer Focus research from 2010 and recent Citizens Advice figures show that the number of payday loan users quadrupled over the previous four years.

The recent Department for Business, Innovation and Skills/HM Treasury consumer credit and personal insolvency review of November 2011 gives some perspective to the debate. The review states that although there are obvious concerns about the high-cost credit market, it must also be acknowledged that without access to the products that are offered within that market:

"many poorer and more vulnerable consumers would struggle to access legal credit sources at all."

It is vital that we ensure that people in need do not rush off to loan sharks or to other illegal sources of income.

The dangers of overdrafts and charges, and the adverse credit rating that can stem from those, are also worrying. It is widely accepted that banning payday loans would not necessarily help consumers to avoid financial difficulties.

As regards tackling the issue, the final report of the Office of Fair Trading's 'Review of high-cost credit' suggested a number of remedies. One of those remedies was:

"Helping consumers make informed decisions".

A further remedy was:

"Promoting best practice among suppliers of high-cost credit".

Another remedy was:

"Enhancing understanding of developments in the high-cost credit sector".

The motion calls for fair protection for those who take out payday loans, and those three remedies would certainly do that.

For the reasons outlined, it is essential that there is a fair interest rate and protection for those who take out payday loans. I support the motion.

Mr Brady: Go raibh maith agat, a LeasCheann Comhairle. I also support the motion.

A Treasury report of November 2011 that dealt with high-cost credit stated:

"The Government recognises that there is widespread concern about the high cost credit market, in particular the cost of accessing affordable credit for some of the most vulnerable consumers. However, the Government also acknowledges that without access to the products offered within this market, many poorer and more vulnerable consumers would struggle to access legal credit sources at all. Keeping consumers out of the hands of illegal loan sharks remains a priority for the Government."

As my colleague Conor Murphy indicated earlier, it seems a bit ironic that the same Government are implementing policies to cut benefits, which will mean that some people will be left to run households on £67.50 a week. It is any wonder that people go to what might be described as high-tech loan sharks?

I worked in the voluntary sector and I ran an advice centre in Newry in the 1980s and 1990s. At that time, loan sharks waited outside post offices while women cashed their child benefit books and they then took amounts of money with high interest rates. Pubs in the area were known to take order books, cash them on Thursdays and charge high interest rates. They then retained the books and gave people credit in the form of drink or whatever. That was tolerated to some degree by the authorities even though it should not have been.

Here and in Britain, we have the meanest pension system in the developed world. That is well documented. Yet they wonder why older people, in particular, cannot manage and turn to these high-tech loan sharks.

The Office of Fair Trading published a report in June 2010, which alluded to tackling some of those issues. In its conclusion, the report refers to:

"securing a step-change in financial capability in a group of the population that, typically, has lower than average final educational achievement, through, for example, a large scale adult education initiative".

That is patronising to say the least. In my experience, you do not have to be uneducated to take out payday loans. Indeed, many people who are well educated find themselves in difficulties.

That report also refers to:

"effecting a cultural change in society's and individual consumers' approach to credit."

The OFT report goes on, ironically, to suggest other ways of dealing with those particular problems and talks about:

"either subsidising or requiring mainstream financial suppliers to offer loans in these markets that meet consumers needs at reasonable prices, and ... a substantial increase in the direct provision of credit to consumers in these markets through, for example, a much expanded version of the Government's Social Fund."

Under the proposed so-called welfare reform, the social fund is being abolished. Its whole format is being changed. In Britain, it is going to the local authorities where there are, possibly, the infrastructures to deal with it. Here, the Department for Social Development is still dithering and wondering what it is going to do about the social fund. Budgeting loans or crisis loans, which people rely on, will be gone very shortly, by 2013, unless a viable alternative is put in place. Fortunately, in my area in Newry, there is a very good credit union that has saved many people from going into the type of debt that we are talking about today.

In conclusion, the British Government seem to have a very laissez-faire attitude to loan sharks and loan companies. There is no proper regulation and there needs to be. People need to be educated as to how they are going to be affected and about the exorbitant rates of interest that are charged.

Dr McDonnell: I thank the proposers of the motion. It is particularly poignant at Christmas, because I am deeply concerned for those in our society who are unable to make ends meet and who

become the victims of payday loan companies. In expressing my concern, I cannot commend highly enough the credit union movement for the great work that it does. In doing so, it would be remiss of me not to commend the likes of the Society of St Vincent de Paul, The Salvation Army and the Methodist mission for the tremendous work that they do to alleviate poverty and to break the grip that some of those companies and loan sharks have on people.

Technically, payday loans are supposed to be short-term loans that are designed to tide people over until payday, but I wish they only worked that way. The reality is that, on many occasions, they are used as a long-term borrowing mechanism by vulnerable people who are underfunded. They cascade the loans, and one loan leads to another. Charges for payday loans, as other Members mentioned, typically range from £13 to £18 in interest for every £100 borrowed, but can be as high as £30 for every £100 from some online providers. When you multiply it up, paying £13 for every £100 for a week or two, or perhaps three weeks at most, can generate APRs of over 1,000% and in some cases, up to 2,000%. Annual APR rates are being faced by people who, in turn, due to financial pressures, default and spiral into a trap. That harsh financial reality is being faced by an increasing number of people as a result of the current economic and unemployment situation. It is particularly poignant as we approach Christmas, because people will borrow money against their better judgement to provide for their children.

A recent R3 survey found that 45% of those questioned struggled to make it to payday, rising to 62% among 24- to 44-year-olds not able to stretch their wages to payday. The fact that the greatest proportion of those using payday loans are increasingly among that younger generation is very worrying. If they are using payday loans, it means, effectively, that they have already begun to develop bad money management skills.

The concerns about payday loans are well documented by consumer financial organisations. The associated fees and charges beyond the initially agreed period are never displayed and are often exorbitant. Insufficient advice is available on what would happen if the terms of repayment cannot be met, in contravention of OFT responsible lending guidelines. In a few cases, potential borrowers have been refused information on deferral charges until they have

signed on the dotted line. That effectively means that they are entering that agreement blind. I also have serious concerns about the marketing, sales and debt collection methods of some of those companies.

The industry has been given plenty of opportunity to reform itself but has not made the changes needed to protect the customer from the debt trap. During the summer, the industry attempted to resolve this by launching a payday lending code, which provided a response to some critics. However, many organisations refused to support it, claiming that it did not go far enough or have enough impact. The Government have finally agreed to investigate the impact of a variable interest rate cap for the high-cost credit industry, and that is to be welcomed. However, there is concern that that is just a holding response that will not get much beyond the research page.

The reality is that the only sensible option is tighter regulation rather than simply leaving it to self-regulation. Sensible safeguards have to be put in place to stop payday loan users from getting caught in vicious debt traps. The key to that is limiting the number of loans that people can take out and limiting the number of rollovers.

Mr Deputy Speaker: The Member's time is nearly up.

Dr McDonnell: Banks must do more to provide short-term loans to cash-strapped customers and be much more transparent with their fees. I could go on because there is a lot to be said about this, but the House must do what it can.

Mr G Robinson: I welcome the opportunity to speak in this debate and congratulate my party colleagues for securing it.

It is a sad day when we have to consider what amounts to legalised extortion, such is the way that some payday loans are dealt with. There have been reports of interest rates of between 1000% and 4000%, and, like other Members, I encourage those in financial distress to contact their local credit unions instead for financial assistance. The fact that firms that offer those services are needed is proof that people are suffering due to the severe economic times that we are in. In some cases, people must feel great need when they have to turn to that solution.

It is also a shameful reality that a few — it is only a few — companies use the opportunity of

somebody's financial distress to make a profit. Therefore, as the motion says, it is essential:

"the Executive ... engage with Her Majesty's Government and the Financial Services Authority to ensure fair interest rates and protection for people taking such loans."

This time of the year is expensive for everyone, especially families. Come January and beyond, people will be faced with the bills that Christmas brings. However, I do not believe that payday loans are always the answer. Indeed, it is well known that some payday loans can make a difficult financial situation worse due to the extortionate interest that is charged if payment of the loan is not made in full on payday. That worry on its own can bring on health problems such as stress, heart problems, and so on. I urge all Members to support the motion to protect people from those who care not about the person but simply about profiteering. I fully support the motion.

Mr Girvan: I thank all those who contributed this afternoon to what is a very timely debate, and a number of Members made comments to that effect.

I will run through a few points, some of which link in very well with exactly what is going on. A number of Members referred to the fact that we are dealing with people who are acting as legal loan sharks, and that term was used. Conor Murphy mentioned asking the Consumer Council to look into bringing forward some guidance on the matter and on the predatory lending tactics used by some companies. In fact, on looking through the evidence, it was quite clear that when people make an application to one of those companies, they seem to be inundated with contact from others. Therefore, there is also the message that the companies are sharing information with other similar companies.

5.00 pm

Mike Nesbitt raised an issue, and I will not go down the same route by saying that women are less able to do this than others. Some of the ladies whom I know are probably much better at financial controls than some of the gentlemen. He also mentioned the Consumer Council and the Money Advice Service's lack of commitment to Northern Ireland on some of the points that have been made. In fact, he asked for it to be investigated and for a strategy to address some of the financial issues associated with it.

John Dallat gave a good history of credit unions. I am glad to say that they were formed by two good Protestants — Presbyterians. He referred to the two groups of credit unions. Adrian, who proposed the motion on behalf of our party, only received correspondence. He did not request it, but it was volunteered by the credit union, which sent it to him. Using credit unions is probably the safest and easiest way to save and to borrow in the short term. Among the briefing papers that Members received was a league table identifying that credit unions have some of the lowest repayment rates.

Judith Cochrane said that some of the lending practices of high-street banks needed to be seriously looked at. For example, a person who was £100 overdrawn could be paying double in 28 days due to fees and other reasons. Judith said that that should be taken to our MPs so that Westminster is asked to tighten regulation, as opposed to self-regulation. That needs to be seriously looked at.

David Hilditch mentioned the number of cases coming through the doors of constituency offices. I am sure that each and every Member receives people who are in financial hardship. Unfortunately, loan sharks are taking advantage of that. Mickey Brady said that they are hi-tech loan sharks who can hide behind a computer screen. Mitchel McLaughlin said that people have come to speak to him about debt problems. In the current climate, financial hardship is becoming more of a problem for many more people who are falling into the trap of being dependent either on loans or on benefits. Those most affected are in low-paid jobs or are living on benefits. The most vulnerable find it very difficult to make ends meet.

It does not affect only one social class. It affects others who have the increased commitment of houses that were purchased in the boom when the banks were giving out credit. That has contributed to the problem. People were allowed to buy houses that are now in negative equity; they are still paying the interest on their loans. Some of those people would have had disposable income, but, due to our economic crisis, they are falling into the hands of people who will offer them money to get through. Those who do not make the full payment by next payday are in big trouble. It is only then that you see the extortionate interest rates. I saw one advertised on television, which, when you sat back and read it, you realised would be 2,483%

if the loan were allowed to run on for a year. Now, that is horrendous, and some people get into the cycle of doing that.

David McIlveen said that 60% of people surveyed had worries about falling into debt. That is a worrying statistic. He also said that ethics needed to be promoted so that there is ethical lending as opposed to solely looking at profitable lending. That issue was raised. The other point made was that, between 2009 and 2010, there was an increase of almost £600 million to £1.9 billion in the amount borrowed through payday loans. That is a very worrying trend.

Ross Hussey also said that he was looking for fair interest rates. He then raised the family story. I feel that those are points to be made: we are dealing with individuals, we are dealing with families. Only that there was family support there, they could also have fallen into a similar position. Members referred to credit unions, which are an example of communities trying to look after communities. That issue is there: you have people who will have an interest in doing that.

Mickey Brady talked about the high-tech loan sharks. It is unfortunate that, after going through this revolving door, people are being driven into having not just one or two but five or six payday loans. They borrow off one to pay another, and they get stuck in a revolving door and keep moving forward on that basis. Proper regulation is needed. The only way to deal with this is through legislation to ensure that interest rates are fair and people still have access to lending. The point was made that it would be wrong for people not to be able to lend.

Alasdair McDonnell said that 45% of people struggled to make it to payday. Just add that to the figure of 60% of people with a fear of falling into debt, and we see that we need to move forward.

Finally, George summed up by saying that we need to look at this to ensure that it is not just down to making profit for the company. We have to consider a way forward. On that basis, the motion is timely, and I present it to the House.

Question put and agreed to.

Resolved:

That this Assembly notes with concern the number of companies that are offering short-term payday loans to people who require additional money to make ends meet before their next payday; and calls on the Executive to engage with Her Majesty's

Government and the Financial Services Authority to ensure fair interest rates and protection for people taking such loans.

Motion made:

That the Assembly do now adjourn. — [Mr Deputy Speaker.]

Adjournment

Primary Schools: South Belfast

Mr Deputy Speaker: I remind Members that the proposer of the topic will have 15 minutes. The Minister will have 10 minutes to respond, and all other speakers will have eight minutes.

Mr McGimpsey: I am grateful for the opportunity to bring this important issue forward. It is important particularly to communities living in south Belfast, and I am grateful to the Minister for being here this afternoon.

In inner south Belfast, we refer to three primary schools that are extant: one in Sandy Row, called Blythefield; one on the Donegall Road that services the Village area; and one at Fane Street that services the Lisburn Road community. All those buildings are long past their useful life. Indeed, they represent buildings from a bygone age, not simply in design but in scope, with small classrooms designed for large numbers of pupils. The proposal, which fits as well into the education strategy as it does into an economic strategy, is to bring the three primary schools together under one roof in a newbuild facility that will service the area. We are looking at a total long-term school population of around 400, which will require a school building with 14 classrooms. According to the Department's standards, around one and a half hectares will provide the required space for the build.

There have been long discussions in these communities over a number of years to get people to, first, agree to come together and, secondly, to agree on a site in south Belfast. The area is densely built-up and has been partially redeveloped, and it is awaiting further redevelopment. It is one of the most economically deprived areas anywhere in Northern Ireland, and it suffers from severe educational disadvantage. The area is tailor-made for the education authorities to invest properly in the future of the young people there so that they can get the start that they merit in our caring society.

It seems to me that the proposed amalgamation of the three primary schools clearly fulfils the criteria for the Department's long-term strategy. Indeed, the Department has indicated that it fits with that strategy. One site is available, which is the car park to the rear of Belfast City Hospital. The Belfast Trust agreed to release the site for the local community, and it is almost the required size of one and a half hectares. Sites on Blythefield, Sandy Row, Donegall Road and Fane Street are all less than half the necessary size. Sandy Row is being redeveloped, and the Village area is undergoing a similar process, so there are no other opportunities to provide a suitable site that fulfils the local community's requirements for access and will mean that they can regard the development as part of their community. Consensus is always the way forward in these issues, particularly when dealing with parents and communities. We need to get that local support on the ground, and we have it for this particular site. As I said, that took many years of discussions, and I am grateful to Councillor Bob Stoker in particular for the role that he played in keeping the issue to the fore. The Belfast City Hospital site has the opportunity to fulfil a basic requirement of those communities: a primary school that is fit for purpose, modern and up to date and that will give an opportunity for serious investment in education and, therefore, in the academic achievement of our young people. A new 14-classroom school building is what we are looking for.

The current problem is that, in April 2010, the Planning Service told us that the only way to absolutely confirm the viability of the project would be to prepare and submit a full planning application, as there were what it referred to as complex planning issues. That planning application needs £16,000, and, to date, the Department has failed to authorise the board to proceed with it. That is very disappointing for me and the people in the local communities, who have invested a great deal of time and effort in the project. That disappointment happened for the sake of the £16,000 that is needed to prove the viability of the project. Once we prove its viability, we can get investment for this area. I do not think that there is a more glaring need for investment anywhere in Belfast than in this community, and I am disappointed that we cannot get any movement on the issue. The Minister wrote to me recently about the project, about which I had written to him. One

line in his letter concerns me and the local community:

“There are valid reasons to support the rationalisation of these three schools in advance of a new capital build”.

Again, that fills the local community with concern that, somehow or other, the Department is looking to slip away from what we regarded for a number of years and with predecessors of the current Minister as a commitment. There is a clear need, and, with education, we have an obligation to address that need.

5.15 pm

It is also important because the Belfast Trust has agreed to allow a very large car park at the back of Belfast City Hospital, which originally would have been housing, to go back into community use. When we have that coming together of opportunity to use the site for local communities' needs, are we to be thwarted by not having the £16,000 to allow us to go to the planners to prove viability? I have absolutely no doubt that that viability can be swiftly demonstrated. That will allow us to go forward to the next stage, which is a newbuild. Indeed, the board is all set and ready to go. It has a strategy, as far as design and build is concerned, to rapidly put new buildings on the ground, as it is currently doing with the primary school at Taughmonagh. There is, therefore, a duty on us.

I know that capital is tight and is an issue, but there is an opportunity and a need here. As I understand it, there is also an opportunity coming, with capital being surrendered in other areas, but that is not a matter for me today. I feel strongly that to disappoint the communities in Sandy Row, the Village and on the Lisburn Road on this issue would be a grave error. We would let down not just those communities but current and future generations of children.

We have three primary schools. The one in Sandy Row is well over 100 years old. In fact, it is so old that it is listed. It is an old, industrial primary school, the sort of thing that was abandoned a generation ago. It is so old and so quaint in its build and the standard that it offered that it is actually listed as an architectural oddity and of architectural merit, as indeed is Fane Street Primary School, close to the Lisburn Road. Because it is so old, has been used for such a long time and represents

a design that was abandoned generations ago it, too, is listed. The third school, on the Donegall Road, is not in the same state. It was built around 50 or 60 years ago but, as I understand it, we look on the life of any school as being around 50 years. All of them, according to those criteria, absolutely fulfil the need to go forward on that issue.

I, therefore, ask the Minister to revisit that and, in particular, to revisit the permission to the board to go through the planning process to allow us to prove the viability and then to assure the community and our young people that the project will go ahead. He will save money in the long term by putting three schools into one. The Department will save money, the board will save money and, above all, the children will gain the advantage of having a fit-for-purpose primary school to fulfil, over generations, the educational needs of an area that is, as I said at the beginning, one of the most economically disadvantaged areas anywhere in Belfast, if not Northern Ireland, and, indeed, an area of severe educational disadvantage.

The project will also provide a facility for a nursery school, so we will meet the need right from preschool years — those early years, the key years for our youngsters — all through primary school. It will allow us to make the investment in our young people that all communities need to go forward.

I have made my points, and I am grateful to the Minister for being here. I should also say that I was stopped in the corridor by Mr Jimmy Spratt, who said that he could not be here but that he supports us. I am grateful to him and to other Members.

Ms Lo: I thank the Member for bringing the issue to the House. I very much support the subject of the Adjournment debate.

The whole process has been totally unacceptable. All the community groups in the area agree that there is a need for a new, better-resourced, amalgamated school. The process started in 2004, as Michael said. It has been a long process with unacceptable and protracted delays throughout its seven years. Promises were made. A feasibility study looked at all the land available in the area and at the potential for the three schools to be combined without a newbuild. The feasibility study ruled out all the options as not being right.

Michael, the then Health Minister, identified a strip of land, which raised the communities' hopes. However, those hopes were later dashed for various reasons, one of which was, as Michael said, that planning permission would cost too much money. However, the BELB had told the communities that, in many ways, the plans fitted in with its five priorities for saving money at the time. Amalgamation of the three schools met the BELB's priorities for reduced cost. The BELB supported the communities in saying that it would take only a few months to complete the feasibility study and submit planning permission. However, none of those plans went forward. The communities were told that there was no money and that it could not be done.

The communities had worked very closely together all along, and we want communities to work together for a common goal. However, they are now fearful that one of the schools will be closed and they will all be put into one location. Therefore, instead of community cohesion and working together, the three schools now have to compete against one another, which is not good for community relations.

People are very concerned with the process initiated by the Education Minister on the viability and status of all schools. They are concerned that Blythefield Primary School, one of the smaller schools, will be closed. There is a lot of uncertainty and fear about that possibility among pupils, parents, teachers and the board of governors. People are very concerned.

There is a clear lack of joined-up thinking. New social housing is being built in the area, and we have neighbourhood renewal, yet those communities are told that there is no money for a new school. Building a new school is the way to retain the community in the area and create community cohesion and continuity. The prospect of Dunmurry High School being closed next June is also causing parents a lot of uncertainty. Many parents have already taken their children out of that school rather than waiting until next year.

People are really angry about the lack of effort by the BELB and DE to address educational underachievement in this Protestant working-class community. There has been research, and there have been debates in the Chamber about the lack of achievement and the consequences of those young people facing long-term

unemployment. Getting them a good education is surely the way to get them out of deprivation and generational unemployment.

Many people in that area are very concerned that, if Blythefield Primary School is to be closed, it will threaten the long-term sustainability of the whole inner-city area. I appeal to the Minister to rethink and to put all his effort into giving that community a school that is fit for purpose. It is agreed by many that there is a need for it and that the site identified by Michael in the Belfast City Hospital area is convenient for everybody. I hope that the Minister will consider that.

Mr McDevitt: I am very happy to participate in this Adjournment debate. I thank Mr McGimpsey for securing it. I apologise for Alasdair McDonnell, who would have very much liked to participate in the debate but has a prior engagement as MP. As colleagues know, he has taken an ongoing interest in trying to address the future primary educational needs of the Village and the south inner Belfast area.

As colleagues have said, the Village, Donegall Pass and Donegall Road areas are communities in transition. They paid a disproportionate price during the Troubles and have been blighted by all the worst downsides of social deprivation. Frankly, they have endured substandard housing for way too long. Thankfully, we are beginning to see progress on that, as a great part of the Village is being regenerated as we speak. The prospect of a sound educational future for those areas is still uncertain.

One of the interesting things about the three schools is their fantastic histories, which go right back into the heart of industrial Belfast. The stories that emanate from their walls are stories that any community should be proud of and that are still evident when you visit the schools. There is a great culture of place in Fane Street, Blythefield and the Donegall Road. It is an interesting culture of place because, particularly in Fane Street Primary School, the student body has changed radically over the past decade, as new migrant communities have arrived in our city and it has become their school. The faces that you see coming out of Fane Street on any school day are an amazing kaleidoscope of modern Belfast. Those families have as much of a stake in the future of south inner Belfast as the traditional community that has lived there for many generations.

I think that Mr McGimpsey, Ms Lo and, to be fair, Mr Spratt and, I suspect, even Mr Maskey are at one with myself and Dr McDonnell in believing that a great and positive signal for the community would be to show it a good, new educational reality and make that essential investment in the south inner-city community, to say that that community will have families for many generations to come and those families will have access to the best education that this region can pay for in a facility that is shared and builds on that fantastic history of industrial Belfast but is a reflection of the new south inner Belfast and a beacon for the necessary regeneration not just of the Village area but of further on up the Donegall Road and the other parts of the south inner city.

It is worth noting that, although we make a plea for the primary sector through Mr McGimpsey's adjournment topic, those same communities suffer a very raw deal when it comes to post-primary education.

Most of the kids in those communities have to access post-primary education some distance away from their homes, and there is a great injustice in that. To the Minister's credit, he referred to that during Question Time. Even though they are surrounded by some of the finest educational establishments in this region, for one reason or another, there appear to be very high walls around those establishments when it comes to the children and young people from inner-city South Belfast.

5.30 pm

One of the best ways of bringing those walls down would be to invest even more in the primary school education of those children to build capacity so, as we reform post-primary education, they are taught to believe that the walls of those schools are not so high that they cannot climb over and that they could walk to a post-primary school within half a mile of their home. That is how close some of the best schools in Northern Ireland are to those kids' homes.

I do not want to detain the House longer, except to thank Mr McGimpsey again for showing leadership and securing the debate. I want to put on record the SDLP's ongoing commitment to the rejuvenation, reinvigoration, re-establishment and future-proofing of inner-city South Belfast — a community that is close to all our hearts for all sorts of reasons.

Mr O'Dowd (The Minister of Education): Go raibh maith agat, a LeasCheann Comhairle. I welcome the opportunity to respond to the debate and to respond to the comments from the South Belfast representatives who are present in regard to the proposed amalgamation of Blythefield, Donegall Road and Fane Street primary schools.

I want to put a few matters on record. This proposal is at the early stages. I understand the frustration of political representatives and local community groups when they hear such a comment, but when you match it against the proposed time frame that a number of schools across the North have been working to for new plans and new beginnings, this proposal is at the early stages. In fact, it does not appear in any previous announcements regarding proposed newbuilds by my predecessor, Caitríona Ruane, or by previous direct rule Ministers. However, that should not make the proposal any less important, and it should not demean the merits of any proposal in respect of the time frame or length of time that the proposal has been around. I put that on record only to put in context some of the timescales that schools can work to for newbuilds.

Events can overtake schools, even those that are on a list somewhere or that were announced by previous Ministers when we were in more favourable financial times. One of the events that can overtake schools is falling enrolments, which can happen for a variety of reasons. That is not always to do with the quality of education in the school or with the dedication of senior management or teachers. It is to do with demographic change, population shifts and decisions made by parents to move children to other schools.

One reason why there are school closures is because parents have decided not to send their children to a school in a particular place for particular reasons. That is why schools close. Across the three schools, there are 1,324 available places, but only 407 pupils attend across them. Across the North, there are 85,000 empty school desks and they are built up on numbers such as that.

In fairness, the local representatives and Mr McGimpsey and others have raised this matter with me several times. They have come forward with a proposal to amalgamate the schools and to build a new one on a single site. On

the face of it, that looks like a very worthwhile proposal, which is worth exploring further. I am not suggesting that we will not explore it further, but that might be the final destination of those schools. Surely, in the interim, we should be looking at the immediate future and at the amalgamation of those schools on one site.

I can understand the suspicions and, perhaps, the frustrations of communities and school leaders when they hear such comments. Mr McGimpsey referred to a line from a letter that I sent to him earlier in the term, which had hinted at such a proposal. However, the more pupils those schools lose, the less tenable they become as centres of education, and the education of the pupils who continue to attend those schools subsequently suffers. Although I respect the right of communities and local representatives to lobby for the optimum, as they should, we may not be able to provide a newbuild in the short to medium term. There is, therefore, an onus on the managing authorities of such schools to look at what we can do in the short term. An amalgamation is one proposal.

Mr McGimpsey referred to the viability of the new proposal. I am looking at these schools in a number of ways. I have asked for a viability audit of the schools that are under pressure. We had a number of questions on the issue at Question Time and we have had a number of debates around the matter. I am looking at the viability of schools going into the future. The three schools that we are discussing will be included in that. The board will come back to my Department with a report and that report will include not only the schools that are under pressure, but the future plans of the board for those schools and their pupils. At that stage, there may well be amalgamation, but I do not want to pre-empt the report.

Looking at the broader circumstances in which amalgamations of schools will take place, I, as a Minister, have a responsibility to look towards how we facilitate those amalgamations, how we improve the schools estate where those amalgamations may take place, how we use our capital build programme and how we use our minor works programme to improve, in some circumstances, the existing schools estate. Unfortunately, we do not have the finances to build new schools or as many new schools where we would like them in the time frame that we would like to do it in. That is the reality of the situation. I want to be looking at providing

proper and modern facilities for our young people where and when I can.

Although a school building does not necessarily equate to the quality of education contained within, I accept the argument that when a community and young people see investment being made in them through new infrastructure and new buildings, it is reflected in the outcomes of those young people's education. I can think of a number of examples, particularly in the Belfast area, where previous Ministers made significant investments in school buildings in socially deprived areas. In some instances, they are the only new government buildings that have been built in those communities for generations. Those communities recognise them as the Executive, Assembly and society making an investment in them.

I am not ruling out in any circumstances a newbuild for this proposal or, indeed, a number of others. I am saying that you are correct to lobby for a newbuild on the one site and should be lauded for doing so. In the meantime, we have to look at what is happening to those young children's education. We have to look for a short-term solution to the declining numbers across those three schools and ensure that we have a school on a site that is providing a top-rate education for those young people.

One of the most effective ways out of social deprivation and poverty is education. I note the concerns about the proposal around the high school in the area but I cannot go into detail on that. However, as has been pointed out by my colleague Mr McDevitt, there are other schools in that community that, in my opinion, should be opening their gates and tearing down the walls to allow people from the surrounding community in. Those schools should play their part in educating our society out of the current difficulties that we face. I cannot say that that is a debate for another day because it is connected to this debate, but it has been long debated. When I look at educational underachievement in inner city Belfast and hear people tell me that children have to travel long distances to secondary school, when they are surrounded by perfectly good schools, I think that there is a challenge there not only for the Department of Education, but for society.

In conclusion, I have listened carefully to the comments made by the South Belfast representatives. I am aware of the issue. It has

been raised with me several times. I cannot make a definitive comment on the future of the project and I cannot make a commitment to sign off the £16,000 for the planning process because we are looking at our entire schools infrastructure and the three schools fall into that. We are doing that because we want to ensure that the next range of schools that we build are in the right place providing the right service not just for this generation, but for generations to come.

Adjourned at 5.40 pm.



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