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Northern Ireland Assembly

Monday 16 January 2012

The Assembly met at 12.00 noon (Mr Speaker in the Chair).

Members observed two minutes' silence.

Assembly Business

Point of Order

Mr Campbell: On a point of order, Mr Speaker. On a number of occasions, I understand, issues have been raised with you regarding the use of language in the Chamber. On this occasion, I ask you to review the use of language in statements by Ministers. The protocol has been well enough established by the Assembly regarding the use of a language other than English: if another language is used, whether it be Irish, German, Spanish, Portuguese or the language of any other bankrupt nation, what is said should be translated into English. However, the statement by the Minister of Agriculture and Rural Development that will be heard shortly and is already in tabulated form for Members, uses Irish at its start and end but with no English translation provided.

Mr Speaker: Order. The Member is quite right to say that Members have raised the matter with me on a number of occasions. I have continually said to all Members, especially to those who have raised the issue with me, and I say again now to Mr Campbell that, irrespective of the language that Members choose to use, even in ministerial statements, it is important that they then translate into English. I have continually said that, because it is important that it be done. I am not saying that Members should not speak in whatever language they want; it is understandable for them to do that. However, please understand, whether it be ministerial statements or any Member speaking in the House, Members should, as far as possible, then translate into English. That has always been very clear to me as Speaker and, hopefully, to the whole House as well.

Mr McCarthy: Further to that point of order, this is our first day here in the new year, and I am

absolutely disgusted to hear that that is all that Gregory Campbell, a man of long experience, has to worry about: which language we speak. That is a disgrace —

Mr Speaker: Order. That is not a point of order. Members know that this is a sensitive issue. *[Interruption.]* Order. It is a sensitive issue, and I allow Members to raise issues that are sensitive to them and to the House. I think that it is very simple: Members should just translate whatever they say in another language into English. That would be simpler for everybody. Let us move on, please.

Ministerial Statements

EU Fisheries Council: 15-16 December 2011

Mrs O'Neill (The Minister of Agriculture and Rural Development): Go raibh maith agat, a Cheann Comhairle. Tá fáilte romhaibh. Thank you, Mr Speaker. I welcome Members to the House as I deliver a statement on the outcome of the negotiations at the Fisheries Council held in Brussels on 15 and 16 December 2011, which determined fishing opportunities for 2012.

The topic that dominated negotiations was fishing effort or days at sea, an issue with which some Members will be familiar. There are controls on the number of days that our local fishing fleet can fish in the Irish Sea that stem from the cod recovery plan. The latest version of the cod recovery plan came into being in November 2008. We had serious reservations then about the plan and its mechanisms for controlling fishing effort. At that time, my colleague Conor Murphy, who represented Michelle Gildernew at the discussions, expressed those concerns because of the impact that that would have on the local prawn fleet. We opposed the approach then, and the circumstances that unfolded prior to Christmas reinforce our view that the plan was poorly conceived and designed.

The cod recovery plan provides for the automatic reduction in the total allowable catch (TAC) for cod and the reduction of days at sea for the fleets that are responsible for up to 80% of the total fishing mortality of cod. Those reductions will happen for as long as cod stocks are below the critical level, which has been set at 6,000 tons of spawning stock biomass in the plan. Scientists believe that the stock is currently below 2,000 tons, and there are no indications that cod stocks will recover beyond the critical level soon.

The cod plan allows member states to decide how the total number of days at sea is shared out among their vessels operating in the cod recovery zone, which includes the Irish Sea, the west coast of Scotland and the North Sea. There are limits set for each sea area, and the effort pots are based on the average fishing effort expended by member states' fleets in those areas during the period from 2004 to 2006. It is that fishing effort baseline that is eroded year on year by the automatic reductions

mechanism included in the cod plan. As Members will appreciate, that would eventually result in our fishing fleet, which is now almost entirely focused on fishing for prawns and catching very little cod, not putting to sea if cod fails to recover.

The issue of days at sea arose from the interpretation of article 13 of the cod recovery plan, which allows member states to buy back days at sea if their fleets comply with measures to reduce cod mortality. Those can include technical measures, such as more selective fishing gears, or management measures to avoid fishing in areas where there are concentrations of juvenile cod or places where cod spawning happens. The problem came to light in October 2011 when the Commission wrote to several member states setting out its interpretation of article 13 of the cod plan and the level of buy-backs. It was the Commission's view that member states could buy back effort only to the level of their allowable effort for the previous year. The authorities here, in Britain and in other member states believed that the plan allowed effort buy-backs up to the level of the original baseline position.

Negotiations were still ongoing with the Commission in November 2011 when it unexpectedly made a regulation imposing fishing effort reductions on a number of member states for exceeding their limit for fishing effort in 2010 based on the Commission's interpretation of the cod plan. As a result of urgent intervention by Fisheries Ministers, the Commission agreed to withdraw the regulation in order to provide time to clarify the figures.

Minister Richard Benyon from the Department for Environment, Food and Rural Affairs (DEFRA), Scottish Cabinet Secretary Richard Lochhead and I had a productive meeting with Commissioner Damanaki on 5 December. There was a shared commitment to find a solution to the problem of interpretation of the cod plan that was acceptable to the Commission and member states. That was a very difficult and detailed negotiation, with each side deploying legal arguments in support of its position. Official dialogue continued right up to Council level, but a deal remained in the balance. We were faced with a very serious situation — perhaps the most significant threat in recent years. If the Commission's interpretation of the cod plan had prevailed, the clawback and penalties imposed for the alleged effort overruns

by our fishing fleet would have meant an end to fishing by those vessels in the Irish Sea until such times as the cod recovery plan was modified or replaced.

We want to see cod recover, but there is little point in addressing that if it leads to the decimation of the fishing fleet and the processing firms that depend on their landings or if it leads to economic hardship for the hard-pressed rural communities that depend on the sea for a livelihood. Some 110 vessels, 400 jobs in the catching sector and 560 full-time equivalent jobs in processing businesses were at risk, and countless others here who are involved in the support industry provide engineering services, fish-selling businesses and other support services.

There is no doubt that the cod plan is flawed and needs fundamental change. It was hoped that the Commission's review of the plan back in 2011 would bring that about. The preliminary evaluation in June 2011 concluded that the effort regime was an ineffective conservation measure and that the plan had failed to restore cod stocks in any area. However, the full review of the plan will not be complete until sometime this year, and, with the focus now on the reform of the common fisheries policy, I fear that a window of opportunity has been missed.

As I pointed out to Commissioner Damanaki, we want to see cod recover. However, as I said, there is little point in that happening if it leads to the decimation of our fishing industry and imposes hardship on rural communities.

Following more discussions at Council, a deal emerged under which the Commission was prepared to accept our interpretation of buy-backs of effort under article 13 of the cod plan. In return, we agreed that further effort would be made to reduce cod mortality by our fleets through the introduction of technical measures. However, the Commission could not accept our arguments for setting aside the mechanism to automatically reduce effort annually. The cod plan does not have a mechanism for avoiding effort reductions if the cod mortality does not fall, nor does it give any discretion to the Commission or the Council over what the reductions should be. Consequently, the effort pot for 2012 was reduced by 25%, as provided for in the cod plan. However, article 11 of the cod plan provides an opportunity for fleets to be exempt from all effort restrictions if they deploy

fishing gears that reduce the cod catch to less than 1.5% of the total catch. The gears must be approved by the Commission's Scientific, Technical and Economic Committee for Fisheries (STECF), and member states must apply to the Commission to get groups of vessels exempted. Currently, there is only one gear, named the Swedish grid, that guarantees exemption. Following our meeting on 5 December, Commissioner Damanaki confirmed that vessels using the Swedish grid would be automatically exempt without the need for member states to apply to the Commission. She expressed the Commission's readiness to consider other gear solutions that are potentially more suitable for our fleets, and she gave a personal undertaking to ask STECF for a swift assessment of them.

I had discussions with our local industry on 13 December about the problems that we faced. At that time, it was uncertain whether we would be successful in the argument on the ceiling for effort buy-backs, and a fundamental change to the cod plan was unlikely. Ongoing discussions with the Commission suggested that there may be some prospect of compromise if more could be done to reduce cod mortality in the different areas of the cod recovery zone. There was also the prospect that the Commission would introduce emergency technical measures in January to ensure that that happened.

I was able to agree an objective with the local industry that, by July, our fleet would be fishing with gears that would enable them to be exempt from the effort control regime imposed by the cod plan. That means that the net must be capable of reducing the cod catch to below 1.5%. During the negotiations, that commitment was communicated to the Commission, and I have no doubt that it strengthened our position and enabled the Commission to be persuaded by our arguments. That commitment does not mean fishing with the Swedish grid, but that option is available to anyone in the fleet who wants to use it. Our industry dislikes that particular solution, because it considers it inappropriate to the vessels and to the geometry of the nets used in the Irish Sea prawn fisheries. It also has concerns about health and safety, storage of the device and loss of commercial catch. Industry representatives made those points very clearly during our meeting.

We cannot continue to simply say that the cod plan has not worked without offering alternatives. I am optimistic that the experience

and ingenuity of local fishermen can be used to come up with the very best solution, which will not only contribute to the objectives of the cod plan but be suitable and easily used by our fleet. Just last week, in partnership with the industry, we had the first meeting of a Seafished gear trials project, which my Department is funding through the European Fisheries Fund. The project team includes representatives from our two producer organisations, local net makers, Agri-Food and Biosciences Institute (AFBI) scientists and the Department of Agriculture and Rural Development (DARD) policy officials. As originally envisaged, the project provided for trialling three different gear types on twin-rig and single-rig trawlers for 45 days, full observer coverage, project administration and production of a scientific report for submission to STECF. The project team identified five designs for highly selective gears for trialling. We will extend the scope of the project to accommodate that. We intend to succeed in this endeavour because a successful outcome will ensure that our prawn fleet, which represents about 95% of local trawlers, will be able to fish the prawn quota unfettered by restrictions on the number of days it can spend at sea.

12.15 pm

I now turn to the outcomes for the fish stocks that are of interest to our local fleet. It should come as no surprise to Members that the area VII nephrops — prawns — TAC was my key negotiating position. That stock is the lifeblood of the County Down fleet. Our fleet catches around £15 million worth of nephrops, mainly from grounds in the northern part of the Irish Sea. The gross turnover of the processing firms that depend on that fleet amounts to around £70 million. The Commission proposed a cut of 19%, and, although it had concerns about the state of the stocks in some areas within area VII, the Commission's proposal was disproportionate. Furthermore, newer information indicated that nephrops stocks on the Porcupine Bank off the west coast of Ireland had responded positively to management measures put in place last year.

I worked closely with my counterpart in the South, Simon Coveney TD, and our officials developed a joint paper, which was given to the Commission in December. That set out an approach that took account of the scientific advice and fishing patterns of the member states involved in the fishery. Simon and I

used other opportunities at meetings with the Commission during the Council to press our case on nephrops.

There was no movement from the Commission until the second compromise text produced late on the second day of Council, in which the Commission reduced the cut to 5%. Undoubtedly, the lengthy negotiations on fishing effort and selectivity measures had a bearing on that timing. After further interventions by Ministers at the final plenary session of the Council, it was finally agreed that the nephrops TAC would remain unchanged. That was an excellent outcome. It means that the fishing opportunities for 95% of our local fleet will be maintained for 2012.

The Commission introduced a new policy this year of automatic TAC cuts where a full analytical assessment of the stock was not available. The Commission classed all such stocks as data-poor and proposed that they be cut by 25%. That was a completely arbitrary figure that had no scientific basis. The policy was strongly opposed by many countries, and a key objective was to get the Commission to consider the stocks on their merits and make use of the science available.

In spite of the same strong science for Irish Sea herring that earned an increase in the TAC last year, the Commission initially proposed a cut of 25%, again because of the absence of analytical assessment. The acoustic assessments of population size for the past four years indicate a very significant increase in herring abundance in the Irish Sea. Recent acoustic survey biomass estimates are higher than at any time in the past 18 years, and there is evidence that recent recruitment has been high. Therefore, it was extremely disappointing and frustrating that the final settlement resulted in a 10% cut for Irish Sea herring, bringing the TAC back to the level it was at from 2002 to 2010. This is a clear case of the Commission not following the science. The Independent Council for the Exploration of the Seas (ICES) advice for "no increase in catch" would suggest that the 2011 TAC should have been maintained. Ministers continued to press for a rollover during the final plenary session, but the Commission declined to move on that.

The outcome for herring is also disappointing because very significant progress has been made in developing a strong working

relationship between fisheries managers, scientists and the processing and catching industry sectors. On a positive note, the stock will undergo an in-depth review by ICES in 2012, and that benchmarking process will incorporate further survey information that has not been included by ICES. I hope that that benchmark will pave the way for the introduction of a long-term management plan during 2012 and that the fishery will achieve MSC accreditation at the earliest opportunity thereafter.

As for other so called data-poor stocks, the initial 25% proposed reduction for Irish Sea haddock was revised to a 5% reduction; the figure for Irish Sea plaice was eventually unchanged after an initial cut of 25% was proposed; and the figure for area VII anglerfish was reduced by 5% rather than the 25% cut initially proposed.

Irish Sea cod, sole and whiting remain in a poor state and received significant cuts. The Commission revised its proposal for Irish Sea cod where no cod could be caught to a 25% cut in the current quota, which is in line with the cod plan. The commitment made to move the nephrops fleet to more selective gears would have had a bearing on that outcome. Irish Sea sole was cut by 44% and whiting by 25%. However, those stocks are of little financial significance to the local fleet and are taken as by-catch.

The Clyde herring quota, which is fished mainly by our pelagic trawlers, has still to be decided. That will fall to the UK under arrangements that allow member states to determine the quota if the entire stock lies within that member state's waters.

I appreciate the opportunity to bring Members up to date on the outcome of the autumn fisheries negotiations as far as they affect our fleet. In copies of the statement that was circulated earlier to Members I provided summary tables that show the movements in the total allowable catch and the tonnages involved. I put on record my thanks to my colleagues Richard Benyon in DEFRA, Richard Lochhead in the Scottish Government and Simon Coveney in the South for their strong support throughout the negotiations.

Mr Frew (The Chairperson of the Committee for Agriculture and Rural Development): I thank the Minister for her statement on this important subject and meeting. When it met

most recently last weekend, the Committee was provided with and considered a written briefing from the Department on the outcome of the meeting of the Fisheries Council. It is fair to say that the Committee believes that the Minister achieved a reasonable outcome in a difficult situation. I also want to put it on record that the First Minister, Peter Robinson, made a direct telephone intervention with the UK Fisheries Minister, Richard Benyon MP, in Brussels at 1.00 am on Saturday 17 December to reinforce the importance of the fishing industry in Northern Ireland. I commend him for that.

Committee members and I are concerned about the medium- and long-term future of Northern Ireland's fishing industry. It has to go through what can only be described as a poker game every year in order to find out its quotas for the following year. It is extremely difficult for the industry to plan and, more importantly, to invest in the future when it does not know what that future really holds. What is the Minister doing to avoid that yearly poker game scenario?

I urge the Minister to ensure that AFBI's science research facilities are up to scratch and complement and are prepared and able to provide the necessary documentation and evidence to Europe to enable it to make informed decisions. I know that there have been problems there lately. It is hard for local fishermen to see that there is an imaginary line which has, on one side, a 60% increase in herring and cod and, on the other, a 9% decrease. It is extremely difficult for the fishing industry to get around that.

Mrs O'Neill: Go raibh maith agat, a Cheann Comhairle. I thank the Committee Chairperson for his comments. It was a successful negotiation for prawn fisheries, which equate to 95% of the entire industry, due to the fact that we were able to argue away the 19% cut.

I absolutely agree with the Chairperson's comments on longer-term plans. The longer term is closely connected to the common fisheries policy reform, which will come to the fore in the next year or 18 months. We need to support the industry to be productive and competitive and to continue its work and fish in a sustainable way. Key issues will have to be dealt with under the common fisheries policy, such as regions having more decision-making and being able to decide their own destiny. That will be important when it comes to all the

negotiations that will happen under the common fisheries policy. It will be key to our ability to change things.

With regard to the annual bartering that we have to do every December in those discussions and quota negotiations, I absolutely agree with the Chairperson that we should not have to do that dance every year. How can the fishing industry plan for the future if it is unsure from year to year? It can have a business plan for only one year at a time. Therefore, I absolutely agree with the Chairperson. We need to continue to make that case strongly to the Commission in common fisheries policy negotiations.

As regards stocks, the Commission is very reliant on science. The deal secured by Scotland and by Simon Coveney in the South was always based on the ICES advice that their stocks were at a particular level whereas ours were, perhaps, not at that level. That leads to the differential. I hope that that answers the Chairperson's question.

Mr W Clarke: Go raibh maith agat, a Cheann Comhairle. I thank the Minister for her statement and praise her and the Department for their negotiation skills in Brussels. My question concerns selective gear and the Swedish grid. I have spoken to skippers, and they are very concerned, as their vessels cannot be adapted to this particular gear. Will the Minister outline her thinking on the selective gear and, particularly, the Swedish grid?

Mrs O'Neill: Yes, absolutely. In advance of the December Council meeting, the Commission was of the view that the Swedish grid should be imposed on our industry, but the industry is adamant that it will not work with the vessels that we have in our prawn fisheries. Therefore, we had to go to Brussels on 5 December and put that case strongly. We had to argue with the Commission that this is not the way to go and that we will not accept the grid being imposed on us. At a meeting prior to that, I agreed the way forward with the industry and the position that I was going to put to the Commission, which was that we would work towards a selective gear that will be acceptable to the local fishing industry and the Commission by July 2012.

Following negotiation with the Commission, we won a reprieve and an opportunity for our local industry to come up with its own solutions. Therefore, that is positive. A lot of work will be

done over the next six months to allow that to happen and to support the industry, through AFBI and the Department, in coming up with the best selective gear that will allow less by-catch of cod.

Mrs Dobson: I thank the Minister for her statement. Minister, I note your commitment to review the Irish Sea herring stock in February, following the damaging 10% cut in the total allowable catch. Will you give a guarantee that you will seek a mid-year increase in that quota following your review?

Mrs O'Neill: In February, ICES will take a very in-depth look at the herring stock and the science involved. Hopefully, that will give us the position to go back to the Commission and argue that a closer look should be taken. The first step will be to get a successful outcome from the ICES benchmarking exercise and then see what we can do with that afterwards. I expect that the Commission will want to see some sort of long-term management plan in place before it agrees to any significant uplift in the quota, and, obviously, that will be the case that we will be taking. The information that we get from ICES in February will be the key to planning the way forward.

Mrs D Kelly: I thank the Minister for her statement. I am sure that the Minister will acknowledge that fishing remains a perilous occupation and will join me in expressing condolences to those who lost loved ones off the coast of west Cork at the weekend.

In the Minister's statement and in her reply to the Chairperson of the Committee, she referred to the sciences and the need to invest and plan. If I have picked the Minister up correctly, she suggested that the Irish Government were able to do better because of the science presented to them by the Commission and that the science that the British Government and, indeed, her own Department, presumably, provided was not accepted by the Commission. Will the Minister explain why the Commission chooses to disregard evidence provided to it? Can she explain why that might be the case? Is it the case that the Commission does not have confidence in the evidence produced by the Minister?

Mrs O'Neill: I also extend condolences to the families who lost loved ones in the vessel in Cork. The Member may have picked me up wrongly, or maybe I did not relay the information properly, but, when it comes to the Commission making its decision, it depends on ICES advice,

which is its own independent advice and not the Department's advice. I will give you an example. For the herring stock, we went out with very strong acoustic data which we did not have before and which, I thought, was quite strong. We put that case to the Commission very strongly, but it decided — foolishly, I think — to ignore that advice and go with its own advice. Therefore, all negotiations depend on the stock levels and where you are fishing. It depends whether you are fishing in the Irish Sea, the Celtic Sea or the North Sea and what the stock levels are like in those areas.

I will give you another example. Following strong ICES advice, it was recommended that the west coast of Scotland would have a 400% increase in its TAC because that still kept them to the maximum sustainable yield.

That is the difference; it was not that our science was not right. Everyone is fishing different areas, and it depends on the stocks in those areas.

12.30 pm

Mr McCarthy: I thank the Minister for her statement and for the work and effort that she and her team put into the negotiations. The Minister referred to the evidence that herring levels in the Irish Sea had improved. She said that she will go back to the European Commission to inform it of that. We urgently need information on those stock levels so that we can get our factories working and keep jobs in Northern Ireland. When will the Minister be in a position to go back to Brussels and tell the Commission that there are sufficient stocks in the Irish Sea? That would allow more of the fishing people in Northern Ireland to get in there and the fishing industry to carry on.

*(Mr Principal Deputy Speaker [Mr Molloy]
in the Chair)*

Mrs O'Neill: We have just over 100 fishing vessels, two of which fish for herring. However, the herring stock is obviously important to those two vessels in the pelagic fleet.

I intend to go back to Brussels to argue the case. However, we need to get the information in February from the benchmarking exercise, which is being carried out by the independent scientific body ICES. It will provide the information that we hope will support what we have consistently told the Commission: that the stocks are good.

In fact, they are at a better level than they have been at any time in the past 18 years. That information stands up on its own, but we need the independent scientific advice to help us to put that case to the Commission. After February, we will be in a better position to go back to Brussels and argue that case.

Mr Irwin: I thank the Minister for her statement. Does she accept that it is ridiculous that there will be a 10% cut in the Irish Sea herring quota when herring stocks are at a higher level than they have been at any time in the past 18 years? Will the Minister do everything that she can to redress that?

Mrs O'Neill: I thank the Member for his question. I absolutely agree. As I said in my two previous answers, the scientific evidence that we brought to the Commission was perfectly adequate and showed that our stocks are in a really good state. We need to drive that home with the Commission. As I said, the independent benchmarking exercise in February will hopefully give us the information that will help us to fight our case in Europe.

Mr McMullan: Go raibh maith agat, a LeasCheann Comhairle. I thank the Minister for her statement, and I congratulate her and her team for negotiating on behalf of our fishing industry. Will the Minister tell the House whether the reform of the common fisheries policy will allow us to set our own regional quotas?

Mrs O'Neill: Go raibh maith agat, a LeasCheann Comhairle. As the Member will be aware, all our waters are shared. Therefore, we will never be in a position to set our own quotas uniquely and unilaterally. However, what I am looking for from the reform of the common fisheries policy is meaningful regionalisation arrangements that will allow us to set our own destiny. Locally, that will mean that those with a direct interest in fishing in the Irish Sea will have greater control of their management plans, and we will be able to set our own management plans for our own fish stocks. It will also mean that any technical measures that are required to implement those plans can be locally driven. It is likely that the management plans will establish the framework for managing stocks sustainably, and that may include our being able to set the rules for our annual quotas.

Mr Wells: The Minister spoke at length about her contacts with her counterpart in the Irish Republic. However, she will of course know that

she was part of the British delegation that was negotiating in Brussels, and that she was part of a team that was composed of the Minister from Westminster, the Minister from Scotland and her.

During those discussions as part of the British delegation, did the Minister have any discussions on the payment of compensation to the hard-pressed fishing industry in Northern Ireland? If the state takes the decision to restrict the ability of our industry to catch and process fish, it is only right that we compensate the industry for that loss. In all the discussions and in her statement, there was no mention of any form of compensation after yet another round of cuts to our fishing industry.

Mrs O'Neill: Go raibh maith agat, a LeasCheann Comhairle. Yes, I was part of the British delegation, but not by choice. However, I do what I have to do, and I will fight the case for the local industry. The December Council meeting was not about compensation, but about setting quotas for the year ahead. Compensation was not discussed this time, but I am happy to keep the Member updated if it comes up in Europe and we have those discussions.

Mr Swann: I thank the Minister for her statement. In it, she referred to cod mortality in the cod recovery zone and the prospect that the Commission could introduce emergency technical measures in January. If those measures are introduced, how will they affect our fleet and our fishing industry? Could those technical measures be applied across other species as well?

Mrs O'Neill: The technical measures to which I referred are those that the Commission had considered imposing on the industry. We were successful in negotiating an agreement that that would not happen and that our industry would come up with its own solution by July 2012. That was the position that we were going to find ourselves in if we had not been able to successfully negotiate our own way forward, which we have been able to do.

Ms Gildernew: Go raibh maith agat, a LeasCheann Comhairle. I commend the Minister's work and join with others in the House in congratulating her and her team on what was another very difficult negotiation. Our main catch is nephrops, and there is a rollover in that stock; that is something that should be welcomed by the House. I also want to put

on record my thoughts for the families of the fishermen lost at sea this weekend and to remind the House that fishing is a very difficult livelihood. The current unsatisfactory way of conducting negotiations in Brussels does not make the Minister's job very easy.

Mrs O'Neill: Again, I extend my condolences to those families who have been affected by the incident at the weekend. Michelle will agree with me that the negotiations were long and protracted, but we got a good outcome. The fact that we were able to secure no cuts to 95% of our fishing fleet was a very good outcome and a good place to start. We will just have to keep fighting the case for the other stocks and putting the science to the Commission. I hope that we will be able to get better outcomes on herring and the other stocks in the future.

Ms Ritchie: I thank the Minister for her statement. I am sure that she will agree that the fish quota allocation for the various fish species on an annual basis makes a strong contribution to underpinning the fishing industry in the offshore and onshore County Down ports and to sustaining local employment. Will she, therefore, indicate what her stance is on trying to ensure that the cod industry has a future? What is being done to advance the sentinel fishery proposal, and — on a real basis, with the UK Fisheries Minister — to bring forward regionalisation for the fishing industry in Northern Ireland for herring, cod and prawns?

Mrs O'Neill: The need for, and the format and extent of, the sentinel fishery, or scientific cod fishery, cannot be assessed properly prior to the completion of the ICES benchmark process, which, as I said earlier, will take place in February. However, following that exercise, we will have a clear idea of what the scientific objectives should be. That will also help us to determine the overall scope of any scientific fishery that would be required at that stage. AFBI and DEFRA's scientific officers intend to use the benchmark process to highlight the problems and then propose a way forward, which gives us an opportunity to explore the sentinel fishery proposal in more detail and what it is that we need.

We have consistently said that the cod recovery plan does not work and will not work. The Commission has now acknowledged that the plan does not work. When the cod recovery plan was put on the table by the Commission,

Conor Murphy, who was at the negotiation for Michelle Gildernew, argued the case that it would not work and that it was not the way to go, but, unfortunately, that argument fell on deaf ears in the Commission. We need to continue to monitor and properly review the cod recovery plan. If it does not work, we will need to look again at how else we can improve our cod stocks without disadvantaging our local fishing industries.

Regionalisation is part of the common fisheries policy reform. We are looking closely at that, because, as I have consistently said in answer to other questions, we need to be able to control our own destiny, allow our fishermen to plan for the future and not go through the annual dance with the quota negotiations.

Miss M McIlveen: Can the Minister give us a definitive timescale for any announcement on fishing vessel decommissioning?

Mrs O'Neill: Go raibh maith agat. I thought that I would have been in a better position or further on at this stage as regards decommissioning, but I listened to the processing sector, which had concerns that were not highlighted to me previously about how removing some boats will affect it. So, I had to factor that into the business case, which is now going to the Department of Finance and Personnel (DFP). Once I get word back from DFP that it has cleared the business case, I hope to be in a position in the next month to announce that and move forward. However, I had to be careful to take into account the views of the fishing industry and the processors, who depend very heavily on the stocks coming in.

Mr McCallister: I welcome the Minister's statement and the fact that, as a new Minister, she resisted the temptation to blame her predecessor for all the failings.

The Minister accepts that the cod recovery plan has not worked. How does she see us truly engaging with the local industry, bringing the ingenuity that she mentioned in her statement to the fore and getting the Commission to accept what is happening locally in our waters and making it trust in our science? It seems to accept the science that suits it and ignore the science that does not.

Mrs O'Neill: I agree with you. The herring stock is a good example of where we had sound scientific evidence yet it still based the decision

on its own evidence. We got some improvement by moving from a 25% cut to a 10% one, but it was still not exactly what we wanted.

The cod recovery plan does not work, and the Commission has now acknowledged that and reviewed it. However, throughout the rest of this year, we expect the Commission to take a step back and take a proper look at the cod recovery plan. When we are out in Europe arguing the case that it does not work, we need to offer alternatives and ask how else we can protect our cod stocks and allow them to grow. As I said, the ingenuity in our fishing industry is evident. So, I will continue to work with the industry on a plan that we can put to the Commission to allow us to improve. The fact that we are moving to selective gear, which will be a local solution, is a very positive step forward, and we can possibly put that to the Commission. It has welcomed that, and that was reflected in the December negotiations.

Mr Allister: This outcome looks very much like another nail in the coffin of the white fish sector, in that there has been a huge 25% cut in the cod quota and a 25% cut in the days at sea. Has that sector got a future? What is the Minister's strategy to provide it with a future? Or has she abandoned it and written it off? In that regard, is she anticipating decommissioning for it?

Mrs O'Neill: Go raibh maith agat, a Cheann Comhairle. The proposed cut to Irish Sea whiting was 44%; it is now down to 25%. The Irish Sea whiting is of little financial significance to our industry. As I said earlier, 95% of our fleet depends on prawns or nephrops. When it comes to negotiations in Brussels, you have to prioritise what is most important for the industry, and, in this case, it was days at sea and prawns. The 5% that is left, which is made up of Irish Sea sole, plaice, herring and whiting, is not of massive financial significance to the industry. However, we need to continue to argue the case that any boats that fish for Irish Sea whiting should be allowed to do so where stocks are good. If our stocks are low, we need to take more conservative measures. That is the way forward.

Mr Kinahan: I thank the Minister for her statement. I want to put my environment hat on. The Minister talked about the west of Scotland and the North Sea, but we do not seem to be looking at sea angling or inshore fishing, which we are told is worth between £600 million and £1,300 million to the UK. That could be worth

a great deal to us in Northern Ireland, yet we do not seem to have any regulations that look at how we look after the nursery beds and inshore fishing. The Minister talked about stocks, but we need to look at the modiolus, cockles, whelks, sea bass, brown and velvet crabs, lobsters and much more. Has she any plans to look at regulating and protecting our inshore fisheries?

12.45 pm

Mrs O'Neill: Go raibh maith agat. The inshore fisheries sector obviously has an important contribution to make, and there is loads of scope for its further development. We want to be in the position of having an inshore fisheries strategy, and I have tasked AFBI with looking at that. It will be a strategy as well as a review of data requirements so that we can improve our stock assessment. I am happy to keep the Member informed as that moves forward.

Helm Housing

Mr McCausland (The Minister for Social Development): On 23 March 2011, my predecessor informed the Assembly that, because of the initial findings of my Department's inspection, Helm Housing had been suspended from the social housing development programme and was not permitted to undertake any further development of new stock. I can now inform you that the work of the inspection team has been concluded and that its final report is due to be published on the Department's website this afternoon.

The report highlights a number of significant failures of control and breaches of compliance across all business areas, which were the areas subject to inspection. Those indicate significant and substantial failings by the senior management team and a failure by the board to effect an adequate challenge function to the decision-making process in the association. This statement is qualified by the inspection team's awareness that, on occasions, the board either had not been fully briefed by the senior management team or had been misinformed by it. Some of the main issues identified were procurement procedures not being followed; breaches of statutory approvals; incorrect use of consultants; incorrect procedures for procurement of land; non-compliance with the housing association guide; and the use of middlemen or site finders.

The nature of the issues — especially in property development, which accounts for the provision of new housing stock — meant that the inspection team carried out a detailed examination of a significant number of development schemes to determine whether housing association grant had been improperly claimed. The outcome of that work confirmed the extent of non-compliance with procedures. However, it also established that, with the exception of four schemes, the grant was used for the purpose for which it was intended, namely to provide social housing in Northern Ireland. The amount of grant that falls to be recovered is £669,000, of which £142,000 has already been recouped. Discussions are ongoing about the recovery of the balance.

In that regard, I acknowledge the response of the board of Helm Housing to the findings. The board has acted with openness and integrity throughout the inspection and subsequent

discussions and has demonstrated a keenness to address all of the issues raised. The board has appointed a new interim chief executive with a proven track record of dealing with ailing associations across Great Britain and recruited three new board members, with plans in place to make further changes in board personnel over the coming months. A significant number of changes have already been effected in the senior management team, and an action plan to address all of the issues is being developed.

My primary concern in achieving a long-term solution to the problems that we have encountered in Helm is that security of tenure and the quality of service being provided to Helm tenants be safeguarded. I am pleased with the response to date of the Helm board in making progress towards those objectives. It has already taken action and is planning to take further action to ensure the effective delivery of services to tenants, and my Department will scrutinise the response to the serious issues identified in the report.

I also want to say something about the wider housing association movement. Clearly, it was important that I established whether the issues identified in Helm were also present elsewhere. To that end, the inspection team conducted a series of targeted inspections of the seven associations that received the highest level of housing association grant over the past three years. I am pleased to report that six of the seven associations inspected have received a satisfactory or better assurance rating, with the seventh receiving a qualified limited assurance rating. From that work, I am content that the significant control issues identified within Helm are limited to that association.

My Department has also increased the staffing levels within the governance and inspection team to increase the level of monitoring of associations throughout the year to ensure that the lessons learned from the Helm inspection are promulgated across the housing movement. Moving forward, I can assure you that I and my Department take very seriously robust governance of the housing association movement, and we will not hesitate to take action where required. Helm Housing is one of seven associations currently suspended from the social housing development programme. I have also asked my officials to consider what further actions might be taken to improve the regulatory regime.

Let me conclude by saying that the provision of affordable, well-managed social housing is one of my key priorities. I firmly believe that the housing association movement has had in the past, and will have in the future, a central role to play in the delivery of that priority. Much good work in the sector is carried out by dedicated and competent staff, delivering services for over 33,000 households. My vision is for a sector that strives for continuous improvement and that has the highest standards of governance, accountability and delivery, and I will work with the sector to see that vision delivered. In my view, the inspection process, as an accountability tool and a driver for improvement, is an important mechanism to help achieve that.

Mr A Maskey (The Chairperson of the Committee for Social Development): Go raibh maith agat, Principal Deputy Speaker. I thank the Minister for his statement on the important issue of the Helm housing association. I remind Members that there has been quite considerable public concern over this matter for some time, and it was important that the Department carried out a thorough investigation into the concerns expressed.

I thank the Minister for outlining the range of issues that the report found to give justifiable cause for considerable concern: the significant levels of compliance failure on issues of procurement, breaches of statutory approvals, incorrect procedures for the procurement of land, and so on. I place it on record that the Committee will in due course, but as early as possible, consider in full the detail of the report and the fallout from it. Nevertheless, it is important to say at the outset that those failures are absolutely unacceptable. It is important that the current Minister and his predecessor have made that clear. More importantly, they have taken the necessary steps to make sure that there is no repeat of this.

It is important to say that, notwithstanding all of the breaches of compliance that were identified, there has been absolutely no suggestion of fraudulent or illegal use of any public funding. In fact, we are advised that, from a sample of somewhere in the region of £88 million of public funding that went to Helm Housing, it has been declared that only somewhere in the region of £600,000 has to be recovered from that association by the Department, and the Minister stated that more than £120,000 of that has already been secured.

The response from the association has clearly been important. Significant changes have already been made: senior personnel have left or are due to leave and there have been significant changes at board level. Clearly, the failures identified in the report are absolutely unacceptable and it is important to root them out. The inspection went beyond Helm and activities around it to look at a number of other significant housing associations as well. It is important that we establish whether there has been any such bad practice elsewhere, and, where it has not happened, that also needs to be identified. What is important here —

Mr Principal Deputy Speaker: May I bring you to a question?

Mr A Maskey: OK. Thank you, Principal Deputy Speaker. I will come to that in a moment. To make the point on behalf of the Committee: clearly it is important that the public funding going to those associations is monitored robustly. It is also important that the rights and entitlements of tenants of those associations are guaranteed. Will the Minister reaffirm to the House that the Department will be fully given its own capacity to make sure that the inspection regime will also be much more robust in the future?

Mr McCausland: I thank the Chairman for his comments. A review of future inspections is under way. We see that as strengthening powers and regulation over the next while. The lessons that have been learned from Helm are being taken into account. We will ensure that we are robust, as we have been in the past, in that regard. I think the inspections that have been carried out on the seven larger associations indicate that the Department takes the matter very seriously and is committed to the highest standard of inspection and regulation for the sector.

Mr Campbell: I thank the Minister for his statement. I suppose that, when such a statement is necessitated because of problems that have occurred, there are usually two questions that come to the mind of most members of the public, or variations of the two. The first is: has every step possible been taken to ensure that the moneys are being recovered? The Minister answered that in part. Maybe he can outline what other steps are being taken. The other issue is around action that needs to be taken to ensure that there is no repetition, particularly by some of the associations that are not as large as those that have been investigated.

Mr McCausland: As the Member indicated, we have recovered £142,000 in regard to a site in Newtownards. There are three other sites for which grant is to be recovered, and work is under way in that regard.

Other housing associations were mentioned. The Department has taken a number of actions on that front. First, in regard to the Helm inspection findings, the Department carried out a programme of targeted inspections that focused primarily on the development activities of the major developing associations in Northern Ireland. As I said, six of the seven associations inspected received a satisfactory or better assurance rating. The seventh received a qualified limited assurance rating. Based on that work, I am content that the significant control issues identified within Helm are limited to that association.

The Department also increased the staffing levels of the governance and inspection team to increase the level of monitoring of associations throughout the year. It has promulgated the lessons learned from the Helm inspection across the sector. We also sought additional legislative powers to deal with poorly performing associations, and we met the banks and financial institutions to restore their confidence in Helm and the housing movement generally. I assure the House that everything possible is being done to ensure the future of a vibrant housing association sector in Northern Ireland.

Mr Copeland: I also thank the Minister for performing what must have been an unpalatable task this morning in bringing these matters before us. I also echo the views and comments of the Chair of the Committee for Social Development.

To get into too much detail at this stage would not be practicable or useful. I prefer to limit my comments at this stage and study the report in its entirety when it becomes available. However, I ask the Minister to assure us that the failings and circumstances that occasioned the report resided solely within Helm Housing. Did any investigations take place into any other agencies or departments of government that perhaps should have or could have ensured that it would not have been in a position to act in the way that it did?

1.00 pm

Mr McCausland: Helm Housing was inspected in 2006. On a four-yearly cycle of inspection,

it was due to be inspected in 2010, but, prior to that, information was coming forward and stories were being reported about certain difficulties. Therefore, that inspection was particularly important, and it uncovered the issues that I mentioned today.

I said that we have inspected the next seven larger associations, which, altogether, cover three quarters of the housing association sector in Northern Ireland. Nothing untoward similar to the situation at Helm has come to light there. The inspection process is ongoing on a regular rolling basis with other housing associations, and the intention in the future might be to move from a four-yearly to a three-yearly inspection cycle to ensure that we keep the maximum level of scrutiny that is appropriate for the sector.

Mr Durkan: Go raibh maith agat, a Phríomh-LeasCheann Comhairle. I also thank the Minister for his report, which, as other Members said, outlines a litany of shortcomings in and wrongdoings by an organisation with public money. It is very welcome that improvements have been made to the regulatory regime and that the possibility of similar abuses in the future has been eradicated. Will the Minister outline in more detail the limited assurance that was given to one of the housing associations in the recent audit?

Mr McCausland: I do not have the full detail of that particular inspection. However, I will simply say that that association was to have put certain measures in place. When the inspection was carried out, those measures had not fully worked their way through and we were therefore not able to assess the association post those changes. However, I have every confidence in that association, and I am also confident that those measures have been put in place and that things are now in a much better shape there.

The factors that can lead to a housing association's getting limited assurance can be to do with a wide range of issues. It is a very comprehensive inspection, and, if you fall down in a couple of the areas, you can get that limited assurance. That has now been put right for that particular association, but, as the Member is probably aware, there are still, I think, seven associations that are not able to develop at the present time. We need to be working with those that are in that difficult situation to get them into better shape and fit for purpose so that we

have as effective a housing association sector as possible.

Mr Easton: I thank the Minister for his statement. If Helm is to pay the £500,000 back on the grants to the Department, what is the Minister's position on how Helm will be financially?

Mr McCausland: That is really a question for the chief executive of Helm to answer, but I assure the Member that the Department has been in joint discussions with Helm's lenders. There is no doubt about the liquidity of the association. The lenders are content with the action that has been taken and with their future prospects. In fact, they have already released in excess of £5 million of further funding. That is a clear indication of the confidence of financial institutions in Helm housing. I think that that is encouraging for us, for the association and for the association's tenants.

Mr Brady: Go raibh maith agat, a Phríomh-LeasCheann Comhairle. I too thank the Minister for his statement. Minister, you said that Helm is one of seven associations that is currently suspended. Do you think that that situation will impact on the number of social houses that your Department has pledged to provide in the coming year?

Mr McCausland: I do not think that it impacts on the level of social housing provision in Northern Ireland. Generally, if an association is not able to develop, a particular scheme moves over to another association and the work is carried forward. As regards Helm in particular, its withdrawal from the social housing development programme really has no impact. Any schemes are automatically transferred to another association. The top seven developing associations are responsible for delivering over 70% of the housing programme. They have been confirmed as being in order and have been given a clean bill of health, and I think that that is reassuring for the entire social housing development programme.

Mr Byrne: I thank the Minister for his statement on this very important issue. Is he prepared to state whether it is the Department's intention to reduce the number of housing associations and have economies of scale? Does he accept that the Rural Housing Association has a unique and particular piece of work to do in trying to have social housing in rural areas? Does he recognise that it may be a special case that should remain independent?

Mr McCausland: The number of housing associations will fall — there is no doubt about that — because some have already merged. We have over 30 at the moment. Northern Ireland is a very small place, and many people would see having 30 or more housing associations as excessive. The number has already been reduced through a number of mergers, and others are well under way. Even in my constituency, four associations are seeking to merge into one.

There are economies of scale, but, for me, the key issue is the capacity and capability of housing associations to deliver on the task before them. In addition to mergers, we can look at collaboration and shared services between associations. We already have procurement groups, and such co-operation and collaboration could be extended. There are good reasons why we should have fewer associations, but that process needs to be taken forward carefully and sensitively.

Mr Douglas: I thank the Minister for his statement. I concur with the Chair of the Committee for Social Development that it was a thorough investigation, and I commend the officials. Did the investigation uncover any evidence of fraudulent activity in Helm Housing?

Mr McCausland: The inspection confirmed that the grant given by the Department to Helm was used for the purpose for which it was intended: to provide social housing. The Department's inspections did not highlight any indication of fraudulent activity. The Department considers that the issues arising out of that inspection were a result of senior management control failures. There is one scheme, Great Georges Street, into which inquiries continue, and the Department is working with the association to bring the work to a conclusion. However, I can assure the Member that the inspections have not identified or highlighted any indication of fraudulent activity.

Mr G Kelly: Go raibh maith agat, a Phríomh-LeasCheann Comhairle. I thank the Minister for his statement. One of the issues is around middlemen — or middle women for that matter — and site finders. There is concern in north Belfast about a couple of sites in particular. What does the Department intend to do about that? Is it a matter of cutting out that type of action? I understand that, in one case, a site was bought and sold for a £3 million profit. Will any regulations be brought in, or have any

regulations been agreed, to try to deal with those issues?

Mr McCausland: The difficulty that the inspection team raised with the use of middlemen or site finders was, in this case, the failure of the association fully to identify the role of the middlemen. Who were they working for? What was their financial interest or reward? What value did they add to the land deal? There needs to be clarity on those things. It is the Department's intention to bring out clear guidance on property and land acquisitions that will advise the associations of the risks associated with such deals and recommend procedures to manage such risks.

Mr Hamilton: The reference to the failure to comply with community consultation and the resulting recouping of £142,000 from Helm relates, as the Minister confirmed, to a case that I know well in West Street in Newtownards, where the residents of Old Market Square were treated by Helm with arrogance verging on contempt. Will the Minister assure the House that any recommendations resulting from the inspection that deal with the need for community consultation will be enacted in full?

Mr McCausland: I agree with the Member that that is a very important issue. Community consultation should be very much to the fore in the thinking of housing associations and is something that needs to be taken forward.

Mr Allister: Just to carry forward Mr Douglas's line of inquiry, has there been any police investigation, or is there any basis upon which to seek a police investigation, given that, in other cases where procurement has been at issue, the police have been readily consulted?

In relation to the board, there is a finding that the board failed:

“to effect an adequate challenge function to the decision-making process”.

Has that resulted in any changes of personnel on the board?

It has been reported that this came to light as a result of a whistle-blower's information, not as a result of the Department's own investigations. If that is correct, what does it say about the adequacy, at that point, of the Department's own investigative functions?

Mr McCausland: The Member poses three questions. I will take them in reverse order. As regards the whistle-blower prompting the inspection or highlighting the failings, the inspection of Helm was scheduled in October 2009, as a normal round 2 inspection. Prior to the commencement of the inspection, the Department was aware of a few Helm schemes that had attracted media attention. However, there was no indication that the problems within Helm were as significant or endemic as subsequently transpired. There was also no whistle-blower or third-party information to indicate any problems on the scale identified. The findings of this report have come about by the application of the Department's own robust inspection process. That should reassure the Member in that regard. The inspection process has been robust, and in future will be even more so.

The Member raised the issue of police involvement. I am not aware of anything in that regard. This is an inspection that has been brought forward. There is no indication that anything fraudulent has taken place and, therefore, I anticipate no reason for police involvement.

The Member raised an important issue as regards the board. The inspection identified failings in relation to the senior management team and the procedures that it operated. There was also a shortcoming and a failure in regard to the board, in that it did not properly carry out its role of challenging the senior management team. In some cases, information that the board should have had access to and which should have been provided to it was not provided. However, the onus is on the board to make sure that it gets the information so that it can interrogate and challenge it.

I commend the board in this regard: it has stuck with it, acknowledged its shortcomings and failures in the past and seen it through to this point. We have now got to the stage where the board has acknowledged that its make-up will change. Three members have already moved on and are being replaced in various ways and, over the next period of time, all the board members will be replaced. It is better that that is done in a managed way, and the Department has been working with the association and has been assured by it in that regard. We want to do it in a managed way because we do not want to cause unnecessary concerns about the future of the association and so on. It has a good and very viable future. It is a very viable

organisation, and I am delighted that, with the appointment of an interim chief executive and the other changes that have been and are being made on the staffing side, and those made to the board of the association, its future is bright.

Government Contracts: Payment of Subcontractors

Mr Wilson (The Minister of Finance and Personnel): On rare occasions, I listen to Radio Ulster in the morning on my way in. This morning, just as I was driving in, they were talking about Ministers and politicians apologising in the Assembly. They asked how many apologies there would be in the current Assembly term.

I will start by apologising to Members, because some of them may have a copy of my statement but find that only half of it was in their pigeonhole, and, therefore, they are not fully aware of all that I am going to say. May I be the first to say that I am not afraid to make an apology when a mistake has been made. I hope that Members will be not be put out too much by the fact that they have not received all the information that they might have expected to have ahead of my making the statement in the Chamber.

1.15 pm

I thank Members for the opportunity to make a statement on the payment of subcontractors engaged in government construction contracts. I requested this opportunity because, unfortunately, it appears that prompt payment by government to main contractors in the construction industry is not always percolating through the supply chain to subcontractors. In common with many Members and ministerial colleagues here today, I have received representations from subcontractors who have had payments unreasonably withheld from them by main contractors. In one case, it was reported to me that the payment was withheld for 17 months after it was due. Why is that happening? What are the reasons for it happening? More importantly, what can we as a Department do to try to stop it?

It is particularly difficult to understand why it happens, given that government has worked hard to improve the promptness of its payments to suppliers and contractors. Departments have made good progress in meeting the 10-day payment target for invoices. My Department, for example, now pays over 95% of its invoices within 10 days. Therefore, the problem is not that the main contractor has not been paid for the work.

Why should the Assembly be concerned? Why should we interfere in the commercial practices of private sector contractors? The reason that

it is so important is that the businesses at the receiving end of this unacceptable practice are, more often than not, small and medium-sized enterprises (SMEs), on which we are depending to help rebuild our economy.

Cash flow is the lifeblood of any business. That is particularly true in difficult economic conditions, with a credit crunch restricting the availability of working capital. Lack of cash flow can drive an otherwise healthy and profitable business into insolvency. Small, medium and micro businesses are particularly vulnerable to cash flow difficulties, and their viability can be threatened by the unreasonable withholding of payments due to them.

SMEs are the bedrock of the economy in Northern Ireland. Some 98% of firms here are SMEs, and they account for 67% of employment. Anything that threatens the viability of SMEs may, therefore, have a significant effect on our economy. In the coming years, we will rely on SMEs to drive economic growth and to rebalance the economy. It is important that our SMEs be able to use their working capital to invest in growth rather than the unproductive funding of main contractors.

The Construction Industry Forum for Northern Ireland addressed the issue as far back as 2009. At that time, the industry and government committed to implementing the principles of the code of practice for government construction clients and their supply chains, a key feature of which is the fair treatment of supply chain partners. Those undertakings were enhanced the following year with the inclusion in the code of practice of a model fair payment charter. It states:

"Companies have the right to receive correct full payment as and when due. Deliberate late payment or unjustifiable withholding of payment is ethically not acceptable."

Those are fine words, but I regret to say that not all main contractors are holding up their side of the bargain.

On the government side, the centres of procurement expertise (CoPEs) have implemented a number of measures through their construction contracts to promote fair dealing and prompt payment. Briefly, those include the need for the main contractor to report on payments made to subcontractors at each project meeting and

periodic checks on payments to subcontractors being made by the client's project manager.

In my Department, the construction contracts of Central Procurement Directorate (CPD) require the main contractor to submit each subcontract to the client's project manager for acceptance. That gives the project manager the opportunity to object to any less favourable payment terms than are included in the main contract. In addition, CPD, working with the other COPEs, is developing a guidance note on subcontracting for procurement board endorsement early this year. That will clearly set out good practice for public procurement staff to promote involvement and fair treatment of SMEs in supply chains for all government contracts.

The Construction Contracts (Amendment) Act (Northern Ireland) 2011 is due to come into effect later this year. That will improve the legal protection for parties in construction contracts, including subcontractors. That said, subcontractors appear to be reluctant to use the current legislation against main contractors, possibly in the belief that such action will jeopardise their chances of securing future work in a limited local market. I have, therefore, reached the conclusion that the Government need to take further action in support of SMEs, and I am determined that we will do our utmost to address those unacceptable practices.

For some time, I have been frustrated by the inability of government to penalise contractors whose performance does not come up to the mark, allowing them to tender for work when they have performed badly on a previous contract. I am pleased to announce that this is about to change. The procurement board will shortly endorse the publication of a revised procurement guidance note on contract management procedures and principles. That includes a new protocol for managing poor contractor performance. The protocol gives COPEs the authority to issue a certificate of unsatisfactory performance to contractors who persistently fail to deliver on key contractual requirements. Those will be defined in the contract and will include fair payment to subcontractors. The protocol will also apply to compliance with social clauses in contracts and will help underpin the Programme for Government commitment to include social clauses in all public procurement contracts.

The consequence of receiving a certificate of unsatisfactory performance will be that the contractor will be excluded from tendering for competitions undertaken by COPEs for 12 months. This action demonstrates how seriously I and the procurement board take this matter. I regret that this has been necessary, but voluntary agreements have failed to eradicate the problem of poor payment and, therefore, stronger measures are required.

I also encourage subcontractors to use existing legislation designed to prevent abuse of payment arrangements. Furthermore, I ask them to provide COPEs with specific details of malpractice, rather than broad expressions of dissatisfaction, so that these can be effectively followed up by COPEs. Poor payment is not sustainable economically, and we as customers and taxpayers pay for it in the end through reduced quality, disputes, defaults and company failures.

It is critical that the benefits of government funding are provided not only to main contractors that win government business but to their supply chains. I therefore seek support for the measures that I have outlined in my statement today. I am pleased to take questions.

Mr Murphy (The Chairperson of the Committee for Finance and Personnel):

Go raibh maith agat, a Phríomh-LeasCheann Comhairle, agus go raibh maith agat, a Aire. I welcome the Minister's statement with regard to both the progress being made by Departments in making prompt payments to suppliers and the steps to address compliance by main contractors, including compliance with social clauses. However, perhaps the Minister can address some specific points. The previous Committee highlighted concerns about the performance of arm's-length bodies in relation to prompt payment. What steps can be taken to ensure that arm's-length bodies are making prompt payments to main suppliers, and that subcontractors under those contracts are also receiving prompt payment? For instance, will it be possible for COPEs to issue certificates of unsatisfactory performance to contractors supplying arm's-length bodies?

I welcome the new measures that the Minister has announced. However, will he clarify whether they will apply to all government contracts, including services and supplies, as well as construction?

Mr Wilson: I thank the Chairman for his question. I will take the last part first. This will cover all public procurement. Whatever the COPE happens to be and whatever the Department dealing with contracts for the arm's-length bodies — sometimes arm's-length bodies will have their own COPEs anyway — it will all be covered by this statement. Therefore, if a firm takes out a contract that is covered by the public sector and is part of public procurement, that will be covered in the statement. As far as prompt payments are concerned, I accept the Member's point that there is some variation across Departments. Some perform better than others. I do not have all the figures to hand, but I know that because I answered an Assembly question recently in which I outlined the payments across Departments. There are variations, and that is something that needs to be considered.

By and large across the public sector now, 87% of payments are being made within 10 days and 95% within 30 days. That is the average across the public sector, but there will be variations. We do have, and are improving, our payments to main contractors. Today is about making sure that those payments are passed on once the main contractor has been paid.

Mr Humphrey: The Minister mentioned hearing the report on Radio Ulster this morning. He may also have noted some criticism of procurement, particularly the pre-qualification questionnaire, on the BBC yesterday. What is the Minister doing to simplify the process?

Mr Wilson: I did not listen to the whole of the Radio Ulster programme this morning. I got only a snippet of it; that was enough for me. However, I have seen reports of the criticisms made yesterday. I think that some were ill-founded. I see that Mr McGlone is in his place. For a long-standing Member of the Assembly, who fully understands the way in which financial arrangements work, to suggest, for example, that the Executive are withholding contracts until the final year of the Assembly term so that it looks as though we are spending more in the run-up to the election, shows a rank misunderstanding of how public finance works. Of course, he knows full well that we cannot carry over huge amounts of capital from one year to the next. In fact, I think that we are allowed to carry over only £15 million of capital from one year to the next. We could not possibly have done what has been suggested. So, some

of the criticisms are totally unwarranted, and those making them should hang their heads in shame at their lack of understanding as to how this place works.

Another point made was about how difficult pre-qualification was and the amount of work involved. We have been working with the construction industry to simplify the pre-qualification requirements and documentation. All the suggestions brought forward by the industry have been implemented by the Department. I recognise that we want to reduce the amount of bureaucracy for small firms.

Mr Cree: I thank the Minister for his report; it sounds a little bit more powerful. However, I am disappointed. The Minister will remember that, two years ago, we had quite a lot of discussion about subcontractors going to the wall because of non-payment on Government contracts. A raft of measures was brought forward. For example, Constructionline for the housing associations, which ended up having monthly site meetings with all the key stakeholders, including subcontractors, to ensure that they were paid. The Government Construction Clients Group and the Construction Industry Training Board agreed proposals for the introduction of a fair payment charge to be applied with effect from 1 March 2010. I take it, Minister, that all those things have not really worked? Is that the case?

Mr Wilson: If nothing else, I want to be blunt about where we are with all those things. I made it clear in my statement that a lot of the arrangements introduced were put in place after discussions with the construction industry and were, by and large, voluntary.

Those voluntary arrangements have not worked, which is the reason that we are now introducing the idea of a certificate of unsatisfactory performance. It will have real sanctions behind it, and that is the important thing.

1.30 pm

Although I would not say that the voluntary arrangement has not worked at all, it has not worked to my satisfaction. Of course, some events have been overtaken by the recession, which has put more pressure on industry. By the way, let me make this clear in case people misunderstand it: this will cover not just construction contracts but all government procurement contracts. With the recession, of course, firms have cash flow problems,

and sometimes main contractors have been tempted to hold on to money. This measure is a way of seeking to ensure that there will be consequences if they do that and are seen to act in an unfair manner, such as taking money for payments that they should have passed on to someone else.

Mrs Cochrane: I, too, welcome the statement on prompt payments and social clauses. Given that the focus of the statement is about sustainability rather than growth, does the Minister foresee the potential for further growth in the construction sector if the 10-day payment deadline for subcontractors is met?

Mr Wilson: First, this is about ensuring that there is fairness. If people work, they ought to be paid for it. Secondly, the measure is about ensuring that we do not put to the wall good businesses, which are required to have a healthy supply chain in place, because they face cash flow problems.

Growth of the sector will happen only if more money goes into the system. This is about using the existing money in the most effective way. Some responsibility lies with government, and we are looking at our capital programme. However, I have to emphasise this issue. We so often talk about rebalancing the economy, and people who talk about that always look to the Government to spend more money. That seems to be a kind of contradiction. However, there has to be an uplift in private sector investment as well. I suppose that one of the jobs that the Assembly can do is try to create the confidence that will allow private sector involvement to come through to give the growth.

Mr Boylan: Go raibh maith agat, a Phríomh-LeasCheann Comhairle. Thank you very much, Mr Principal Deputy Speaker. Cuirim fáilte roimh ráiteas an Aire.

I welcome the Minister's statement. Given that smaller subcontractors are further down the supply chain, what practical steps will the Department take to ensure that they are made aware of the protections that exist and are in a position to report malpractice by main contractors?

Mr Wilson: I thank the Member for that question. First — it is important that we communicate this — one reason why I wanted to make an early statement on this matter was to flag it up that we are actually doing something about it and are putting something in place. There are a number

of means by which we can communicate this information. We will have it on our website, and, when people go to look at what public sector projects are available, they will know that this will be one of the conditions attached to them. Secondly, we can put it in contract documents. Thirdly, to ensure that payments are passed on to subcontractors, we want project managers to be more proactive in the work that they do when payments have been or are submitted and made.

There is, of course, one other thing, and there has been a reluctance to do it: we have to get to the point where people in the industry are prepared to highlight malpractices so that they can be dealt with. There is no point in vague, general condemnations and complaints. If specific complaints are made, we will follow them up.

Mr McGlone: Go raibh maith agat, a Phríomh-LeasCheann Comhairle. I thank the Minister for his comments and wise words. Thank you again, Minister Wilson.

Will the Minister clarify part of his statement? He said:

"The consequence of receiving a Certificate of Unsatisfactory Performance will be that the contractor will be excluded from tendering for competitions being undertaken by CoPEs for a period of 12 months."

First, some people would probably argue that 12 months is pretty negligible, given that the time it takes to get through the PQQ assessment, especially for the likes of NI Water and some other major contracts, can be, I am reliably informed, as long as 14 months. Secondly, will the Minister clarify whether that applies exclusively — it appears from the statement that that is the case — to competitions that are undertaken solely by COPEs? I have written to the Minister, and he has been good to respond. It applies to other public bodies as well.

Mr Wilson: Most public procurement will go through COPEs or some procurement body anyway. Any public sector contract will be covered by the measure. My hope is that we will not have to exclude anyone from the tenders because the threat will introduce good practice into the industry. Obviously, the more people we have tendering, the more competitive a tender becomes. Twelve months was deemed to be a reasonable period for which to exclude people who have received a certificate of unsatisfactory performance. If we have to issue certificates

of unsatisfactory performance, it means that the practice has continued. Do not forget that it would not be for a one-off misdemeanour; it would be for continuous misdemeanours and complaints. If that is the case, the whole exercise that we are going through today in trying to get a better regime in place will not have worked. A certificate is almost a sign of failure rather than a sign of success. My hope is that the warning and the sanctions in place will improve the procedures and improve payments so that we do not get to the difficult situations that I have described.

Mr Allister: I welcome the Minister's statement. It is a good initiative to try to address what has been a persistent problem. However, I am concerned lest there is a loophole in it. The Minister anticipates a certificate of unsatisfactory performance resulting in the contractor being excluded from tendering for competitions. However, as the Minister will know, across the board, some people who are a main contractor in one contract will actually be a subcontractor in another and will then have a chain of people below them. The proposal, as drafted, seems to prohibit them only from tendering. Could we, then, have a situation in which they cannot be the main contractor but could still be an important subcontractor? Is the answer not to have the impact of the certificate of unsatisfactory performance to be to prohibit them from working on a government contract, full stop?

Mr Wilson: I thank the Member for the point that he has made. When we come forward with initiatives, I continually ask, "What devious ways will people find to get round them?". People will apply their brain to trying to find ways around the best-laid schemes. I take the point that he has made. A subcontractor would not, as he points out, tender for the contract; it would simply work for a main contractor in the job. Where there has been unsatisfactory performance in one way, there is, of course, potential for unsatisfactory performance further down the line or in other contracts.

The Member will understand that I am not too sure how we can legally stop a main contractor from using certain other firms, if it so desires. However, if there is a way — it needs to be looked at — to ensure legally that bad performance in one area will mean that there is punishment in all other areas of public sector contracts, that is the outcome that I wish to have. If the current proposals will not ensure that outcome,

it is important for us to look at whether we can legally close that loophole. I am not saying that it is possible — we do not have complete control over who a main contractor brings in to do work for them — but I will certainly look at it.

Executive Committee Business

Rates (Amendment) Bill: First Stage

Mr Wilson (The Minister of Finance and Personnel): I beg to introduce the Rates (Amendment) Bill [NIA 2/11-15], which is a Bill to amend the Rates (Northern Ireland) Order 1977.

Bill passed First Stage and ordered to be printed.

Insolvency (Fees) (Amendment No. 2) Order (Northern Ireland) 2011

Mrs Foster (The Minister of Enterprise, Trade and Investment): I beg to move

That the Insolvency (Fees) (Amendment No. 2) Order (Northern Ireland) 2011 be affirmed.

The order amends the Insolvency (Fees) Order (Northern Ireland) 2006, known as the principal order, which came into operation in March 2006. It brings the nature and level of fees to be applied by the Northern Ireland Insolvency Service up to date to bring them into line with actual costs.

I will give more detail. First, the order increases the fees payable to the insolvency practitioners appointed by the court to produce reports on debtors' affairs from £345 to £450 for each report submitted. Secondly, it updates article 6 of the principal order, which prescribes a reduction in the fees payable by a bankrupt to the Official Receiver when he is acting as supervisor of an approved individual voluntary arrangement. The amount payable has increased from £462.50 to £525. Thirdly, it increases the Official Receiver's case administration fee for the performance of his duties on the making of a bankruptcy order from £925 to £1,050. It increases the Official Receiver's case administration fee for the performance of his duties on the making of a winding-up order by the court from £1,615 to £1,800. Lastly, it introduces a new scale of percentages to be applied for the Department's administration fee, which is charged on cases with assets over £2,000, but the ceiling for fees to be charged in any single case remains at £80,000.

The amendments proposed to the fees have been agreed with the Department of Finance and Personnel. There is no statutory requirement to consult on the proposals. However, officials of

my Department wrote on 18 September 2011 to local insolvency practitioners, recognised professional bodies and members of the advice sector to inform them of the proposed changes in the fees to be applied and give them an opportunity to comment on them. Only one response was received, and, although not in favour of the proposals, Citizens Advice NI acknowledged that there were valid reasons for raising the fees.

Mr Newton: I welcome the Minister's statement. I also thank her officials, who briefed the Committee for Enterprise, Trade and Investment and answered the questions posed by members to the extent that the Committee was satisfied with the changes that the Minister is about to make.

I suppose that we should all be concerned by the rise in the workload of the Department in this area. It is unfortunate that, in these economic circumstances, that workload has increased for the Insolvency Service unit of the Department of Enterprise, Trade and Investment. It is only right that we recognise that and that the actions that the Minister is taking will be helpful in recovering costs.

The Minister has been extremely proactive in the sense of the consultation process. Many demands are made in today's society. I recognise that there was no requirement to consult on the legislation. The fact that there was only one response, which was negative towards the legislation, indicates that, in general, those who are engaged in that section of industry are pleased with the way that the legislation is going. Therefore, in summary, the Committee welcomes the changes. The Department briefed the Committee fully. I welcome the changes that the Minister has explained this afternoon.

1.45 pm

Mr Principal Deputy Speaker: If no other Members wish to speak, I ask the Minister to respond.

Mrs Foster: Thank you very much, Mr Deputy — I have forgotten your title — Mr Principal Deputy Speaker. It has been a long time since December.

I am grateful for my colleague's comments on the introduction of the statutory rule. I am pleased to note the broad support for it. As I said, it was consulted on even though there was no statutory obligation to do so. I always believe that it is best to try to get broad consensus on

these issues. The Member is absolutely correct: unfortunately, we have seen an increase in applications to the service that my Department provides. There is a need for cost recovery, and, with the increase in the number of insolvencies, that need is, obviously, greater.

One question that was raised with me was why it was not possible to pay deposits on insolvency applications by instalments. It emerged that the cost to introduce an instalment-based approach would actually introduce additional costs to the Insolvency Service, which would divert resources from the management of its significant workload. I know that everyone in the House would very much welcome the reduction of that workload, but we recognise that, at present, the Insolvency Service faces a significant workload. If we had taken deposits by instalments, the additional costs may have given rise to having to increase fees even further. I am grateful that everyone has an understanding of the difficulties that we have gone through on cost recovery during the past number of years.

I am thankful for the Committee's scrutiny of the legislation. I welcome the comments that have been made. It is no surprise that Citizens Advice, which provides an absolutely tremendous service to people who have debt difficulties, was not in favour of the legislation. It did, however, acknowledge, as I indicated, that it understood the rationale for having to increase fees. Therefore, I commend the order to the House.

Question put and agreed to.

Resolved:

That the Insolvency (Fees) (Amendment No. 2) Order (Northern Ireland) 2011 be affirmed.

Health and Social Care Review

Mr Principal Deputy Speaker: The next item of business is a motion from the Minister of Health, Social Services and Public Safety. The Business Committee has agreed to allow up to three hours for the debate. The Minister will have 15 minutes to propose the motion and 15 minutes to make his winding-up speech. All other Members who wish to speak will have five minutes.

Mr Poots (The Minister of Health, Social Services and Public Safety): I beg to move

That this Assembly takes note of the review of health and social care in Northern Ireland published on 13 December 2011.

Thank you, Mr Principal Deputy Speaker, for allowing the motion to be proposed today. As Members will be aware, on 13 December, I made a statement to the Assembly on the review of health and social care services in Northern Ireland. At that time, I said that I believed that it was probably the most important statement that I had made or that I would make on the health and social care system. I remain of that view. I was encouraged by Members' response to my statement during proceedings on that day and by the interest that members of the Committee for Health, Social Services and Public Safety showed when I met them on 14 December to brief them on the review. I felt that it was important that Members had an early opportunity to debate the content of the review, once they had had an opportunity to consider its analysis, conclusions and recommendations in more detail. That is why I tabled the motion. The proposals in 'Transforming Your Care' have the potential to reshape the way in which health and social care services will be delivered, and it is important that Members have an opportunity to comment on that to help to inform them of the next steps. Every citizen in Northern Ireland is affected one way or another by health and social care, and I am sure that many in the Chamber will bear testimony to the tireless and valuable work carried out every day by the vast range of health and social care professionals across Northern Ireland.

In my statement on 13 December, I set out a vision for the future of health and social care services in Northern Ireland. It delivers high-quality care for clients and patients, ensures the right clinical and social care outcomes and ensures that patients and clients of services have

the best possible experience in every aspect of care. In delivering on that vision, my priorities are to improve and protect health and well-being and reduce inequalities through a focus on prevention and earlier intervention; to improve the quality of services and outcomes for patients, clients and carers, with an emphasis on safety effectiveness and involving service users, as described in our quality strategy, Quality 2020; to be responsive to the modern world by developing more innovative, accessible and responsible services through promoting choice and making more services available in the community; to involve individuals, communities and the independent sector in the design, delivery and evaluation of health and social care services through strengthened local commissioning; to improve productivity by ensuring the effective and efficient allocation and utilisation of all available resources in line with priorities; and to ensure that the most vulnerable, including children, are looked after across all our services.

If we are to deliver an effective health and care system that is built around patients' needs, we cannot continue with the present model. We need to stop doing the things that do not work, challenge out-of-date practices and accept that some services and design are no longer fit for purpose. I initiated the review to examine the future provision of health and social services, including the acute hospital configuration, the development of primary healthcare services and social care and the interface between sectors. The key driver for the review was the very real concern that the system was not sustainable and could not continue to meet our priorities, with potential consequences for patient care and safety. Those concerns were borne out by the findings of the review, which make clear, on the basis of evidence, analysis and extensive engagement with stakeholders, that the full range of health and social care services currently provided 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. The report sets out a compelling case for change.

In Northern Ireland, we face a raft of significant and growing pressures. The demographic make-up is changing, with a growing and ageing population. Overall health is poor, and, with the growth in chronic conditions, there are increased demands and an over-reliance on hospital beds. There are advances in medicines

and technology and rising public expectations. In my statement on 13 December, I highlighted the fact that Northern Ireland had a population of 1.8 million. It is the fastest growing population in the UK and continues to grow. It is estimated that the number of people over 75 years of age will increase by 40% by 2020 and that the population of 85-year-olds will increase by almost 20% by 2014 and by 58% by 2020 over the 2009 figure. If we fail to respond to those pressures, the consequences will be equally stark. We will have haphazard and unplanned change, resulting in poorer care and treatment with poorer health outcomes.

Without a planned, coherent approach, we will not be able to meet future health needs, and we will fail our health and social care workforce. We need to acknowledge and accept that change is necessary. Indeed, the need for change is heightened in the context of the current very difficult financial and economic climate. Again, I want to be clear. The review was not about cost cutting; rather, it was about quality, accessibility and safety of patient care. What does that mean? It means that we need to ensure a strategic, focused and planned approach to the future delivery of health and social care that responds to the changing environment. We need to be better at preventing ill health by placing a greater emphasis on the promotion of prevention and early intervention measures. To that end, I have tasked officials with developing a new public health strategic framework that will focus on efforts and initiatives to improve health and to reduce health inequalities. We need to ensure that patients receive the right health and social care intervention in the right setting, at the right time and by the most appropriate health and social care provider.

We need to reduce over-reliance on hospital care and instead provide patient-centred care. We need to tackle health inequalities and deliver a high-quality service that is based on the evidence of what is needed and what is right. If we do that in the right way, we will see a society that takes greater responsibility for its own health and well-being. In return, when an intervention by the health and social care system is required, patients will be able to access those services more effectively and efficiently. That should lead to reductions in unnecessary hospital admissions and inappropriate attendance at A&Es.

The proposals set out in the review report 'Transforming Your Care' provide a framework within which service configuration can be progressed. The challenge for all of us, me as the Minister and you as Members of the Assembly, is to ensure that we reasonably and rigorously consider the proposals. We should also consider how they should be taken forward to create sustainable, effective and efficient delivery of health and social care that will improve the health and well-being of all the people of Northern Ireland. The Assembly has a duty to ensure that it provides the best health and social care services to our community — services that are safe and effective within the available resources. I appreciate that each of us will have considered the report from an individual constituency perspective. Although that is valuable and important, we should not let that unnecessarily impede us in delivering for all the citizens in Northern Ireland.

In total, 99 proposals were set out in 'Transforming Your Care' to support the development of a future model for integrated health and social care. The model correctly places patients and not institutions of health and social care at the centre, and it supports individuals in caring for themselves and making good health choices. The proposals represent a radical change to the way in which our health and social care services are delivered. That change is long overdue, and I am not alone in saying that. More than 3,000 people were engaged during the review, and the constant message that came from them was the need for change. We are fortunate in that we already have an integrated system of health and social care in Northern Ireland. The proposals are focused on enhancing and exploiting the opportunities that that can bring to patient-centric services, through the development of new models of integrated health and social care for the future. Quality and outcomes will be determining factors in shaping services. Individuals and not institutions will be at the centre, and individuals will be supported in caring for themselves and making good health choices.

For many patients, health and social care services will be increasingly accessible in their local area. To those accessing services, that may not seem different from the current situation. However, it is the way in which health professionals will 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. There will be a changing role for general practices working in integrated care partnerships across Northern Ireland, and that will join together the full range of health and social care services in an area. Patients will deal with fewer professionals and will be at the centre of decision-making about their treatment.

(Mr Speaker in the Chair)

There will be a significant shift from the provision of services in hospitals to a provision closer to home in the community and/or GP surgery, where it is safe and effective to do so. Service providers will regard a patient's home as a hub, and they will be facilitated to ensure that people can be cared for at home, including at the end of life. Where specialist 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. An urgent care model will be implemented in every area to provide 24/7 access to urgent care services.

The voluntary and community sector will also have an important role to play in providing services and improving service delivery.

Very often, it is better placed and has a better understanding of the issues to deliver services to patients. The sector will need to be supported in doing that, and it will be very important that every effort be made to remove any barriers and blockages to its engagement.

2.00 pm

In line with the review's basic objective, it is proposed that hospitals work as an interdependent system, with each facility contributing to the provision of a total service to its population. Specifying a function for each hospital will be a bottom-up approach designed by local politicians and professional practitioners, taking account of the principles and criteria set out in the review. That will be an evolutionary process, and change will be taken forward on all sites over a five-year period.

A key aspect of that approach is that critical clinical staff will be employed to work in a hospital system. They will, therefore, be a resource for each population, working, as necessary, across hospital services and facilities. At present we have 10 acute hospitals in Northern Ireland, serving a population of 1.8 million. On the one hand, that could be envied, particularly in more urban areas of the UK with a similarly sized

population, who are supported by perhaps only four large hospitals. On the other hand, it could be viewed as too much reliance being placed on our hospitals, with not enough services in the primary and community care settings.

In providing safe and sustainable services, it is implicit that our health and social care system be supported by acute hospital provision. However, that must be commensurate with the needs of patients and the types of services that are best provided in a hospital setting, and it must take account of those services that are best delivered in the community setting. 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 will be reconfigured to a more appropriate scale between those two extremes.

I accept that that will mean change in the acute hospital sector, but the key test for any future service configuration has to be safety, sustainability and clinical resilience. In that respect, it will be important for local commissioning groups to develop specific proposals for acute hospitals, taking account also of the potential to provide services to patients from the Republic of Ireland where it is appropriate to do so and where it does not negatively impact on the services provided to patients in Northern Ireland.

I noted the comment in the review team's report that it is likely that we will be able to provide resilient, sustainable major acute services on only five to seven sites, assuming that the Belfast Trust hospitals are regarded as one network of major acute services. I cannot say at this stage whether that assertion is correct, because the test will be one of clinical sustainability and resilience. It will be on the basis of that test, which is not optional, that we will be able to determine the viability of any of the acute hospitals.

The future model for health and social care services will require the coming together of many strands in order for it to operate effectively. Workforce planning and development is, and will continue to be, a critical building block in ensuring that staff are appropriately trained and confident in their roles. Our workforce planning will need to focus on demand signals from the local health economy and from patients and clients rather than simply on supply-side inputs. It will need to be linked to service planning and

underpinned by robust financial plans, making it more robust and linked to patient needs.

There is an opportunity for greater use of technology to support the delivery of services, and we are seeing that at present with the use of remote telemonitoring for patients with long-term conditions. There is an opportunity to build on that and exploit other opportunities where technology can support the delivery of effective health and social care.

We need to utilise resources more effectively, particularly in the light of the most significant financial challenge that the service has faced in many years. The proposed model means that there will be a shift of care from hospital settings to the community. Accordingly, there will be a shift in resources as funds are reallocated in line with service delivery. The key changes will include more care delivered in the home; changing care packages for people in nursing homes; increased roles for GPs; increased roles for pharmacies 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 by 2014-15 there will be a shift of funding of around 5%, or £83 million, from the hospital service budget to other services.

Mr Speaker: The Minister must conclude his remarks.

Mr Poots: There are some other issues, which I will deal with in my winding-up speech. I thank Members for the opportunity to have this debate, which I look forward to hearing.

Mr Dunne: I welcome the opportunity to speak today on this crucial issue, which ultimately affects everyone in Northern Ireland and all those in the Chamber today.

There is no doubt that the recent health review chaired by John Compton represents a significant and fundamental development for our healthcare service. Given its significance, it is vital that we do not have a knee-jerk reaction or make rash decisions. The review involved extensive consultation with stakeholders, and, as a result, there has been a good buy-in to its proposals. Our current healthcare system is very much in need of not just change but improvement, and that is why this is an important opportunity for everyone involved in

our health service to play a part in helping to deliver a modern, effective and efficient health service that is designed to meet the needs of the people of Northern Ireland today.

Improving outcomes and quality of care should remain the priority for the review, and I commend all those who have been involved in the process to date. The Minister is also to be commended for his leadership on this important matter, and I am glad that he recognises that change is vital to improving and developing our health service as we move forward. The easy option would be to bury our heads in the sand and pretend that everything is fine and that change is not necessary. However, the reality is that our health service can and should be improved and must change or else, several years down the line, we will be pressed into making enforced, unplanned cuts that will have a devastating impact on our patients' needs.

Last week, I got a complaint from a lady in Holywood whose 82-year-old mother spent 22 hours on a trolley at the Ulster Hospital suffering from a leaking aneurysm before eventually being transferred to the Royal. That is not acceptable, and the health service should not deliver that type of service. There is a need for improvement when a situation such as that occurs, and that is why it is important that our hospitals be fit for purpose. In general, patients are well treated in our hospital service and in the health service, but there are big problems with getting into the system and being treated promptly at the time of need rather than lying on trolleys or waiting on an unending waiting list.

Staff play a crucial and most valuable role in the delivery of our healthcare service, and it is important that they be recognised and fully valued. The workforce in our health service can help to positively shape its direction. Engagement across all levels of society is vital, including with healthcare professionals and organisations right through to ordinary men and women across the country. GPs and pharmacists are examples of health professionals who have to play their part in helping to shape our health service and taking an increased role to reduce the workload of our overstretched A&E departments.

Health promotion should also remain a central theme of the review. It is a practical, cost-effective and lasting way of reducing the pressure on our health service while at the same time

improving the health of our society. The review contains a wide range of measures designed to promote healthier living, and I welcome the Minister's commitment to tackling the fundamental issues that lie at the heart of improving healthcare. I support the proposal.

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 opportunity to address the House today as Chair of the Committee for Health, Social Services and Public Safety, and I thank the Minister for providing the opportunity for debate. I apologise for missing most of the Minister's opening remarks.

The Committee is well aware that there is a need for change in how health and social care services are delivered here. Since the beginning of this mandate, we have met many organisations, both formally and informally, and they have told us that things need to be done differently if we are to see a real improvement in the health and well-being of our people. The Minister has told us that the review aims to deliver change in a way that will improve care.

Many aspects of the review have been welcomed by all, such as the focus on health promotion, on more services being provided in primary care settings and on caring for people in their own homes and communities. However, it is fair to say that there is also a concern that change may mean the loss of some services being provided in local hospitals. Similarly, there is a worry that, when services are removed from a hospital setting, there may be a time lag before they are provided in a primary care facility. The provisions need to be available in primary care before they are removed from the acute setting.

The Health Committee was briefed on the review by the Minister on 14 December, which was the day after the report was published. At that stage, we were able to discuss the review with the Minister only in its broad terms as people had not had sufficient time to examine the report in detail. However, the Committee will be holding a further evidence session with the Minister on the outworkings of the review on 1 February, and, thereafter, we intend to hear from him at six-weekly intervals to receive updates on the progress that is being made. As a Committee, we need to know how the review's 99 recommendations will translate into concrete actions and changes on the ground,

and we will also need to know how many of those 99 recommendations will be accepted by the Minister, whether there are any that he is not accepting and his reasons for so doing. I say that from the point of view that I do not necessarily believe that all 99 recommendations should be implemented, and the Minister should take a careful look at all of them.

In the coming months, the Committee will also hear from those upon whom the review places a particular emphasis as far the delivery of services in a community or primary-care setting is concerned. To that end, the Committee will be hearing from the Royal College of General Practitioners and the British Medical Association in regard to the enhanced role that is envisaged for GPs in the review. We need to know how general practitioners feel about taking on additional responsibilities, how they will go about providing new services, what support they require to make that happen and how they can interface with local trusts' structures.

We will also be meeting the allied health professionals, who, according to the review, will have an enhanced role in health promotion and prevention. We will get their views on how best that should happen. We also wish to examine whether there they are sufficiently represented in the decision-making structures in the trusts, the board and the Department itself. The issue of self-referral for patients is also one that we will want to learn more about.

The review also sets out a greater role for pharmacists in delivering more services in the community, including health promotion and medicines management. As Members will be aware, a judicial review between the community pharmacists and the Department has been ongoing since June 2011. The judgement has recently been handed down, and, last week, the Committee held an evidence session with the Department on that matter. Obviously, much work needs to be done by the Department in working with Community Pharmacy to get the contract right so that the valuable skills that pharmacists possess can be best put to use in delivering the sorts of objectives that are set out in the review.

Finally, the Committee will keep a very close eye on how the Department intends to deliver the changes that are laid out in the review within its current budgetary envelope. We will want to ensure that, when a service moves

from a hospital setting to a community setting, the attached budget follows suit. We must remember that the needs of patients are the priority and that the changes that are set out in the review must ultimately mean better outcomes for them.

With your indulgence, a Cheann Comhairle, I will also say a few things as the party spokesperson on health. We heard from Gordon about the difficulty in A&E units and in hospital admissions, and we recognise that winter can be a difficult and challenging time for those who are tasked with delivering healthcare. The House is keeping a close eye on the delivery of healthcare not only at acute settings but across all of the areas of work. We have to —

Mr Speaker: The Member's time is up.

Ms Gildernew: I ask that we continue to work closely with the Minister and the bodies that are charged with delivering healthcare to find a way that benefits all our people.

Mr McCallister: As colleagues have done, I welcome the debate and the fact that the Minister initiated it. It is important, because of the scale of the review, not only that we had a statement before the Christmas recess but that we have this debate. It is important that the Committee keeps an ongoing interest, because the review will set the agenda for reform of the health and social care system for many years to come.

2.15 pm

There are areas to be welcomed in the report. I take some issue with the Minister's assertion that this has nothing to do with money, as our experience here is that most things in the decision-making process have something to do with money. Given the debate that we had during the Budget process about health and the budget for it, and given the fact that we argued strongly that health was severely underfunded, I am not sure whether the assertion that this has nothing to do with money and that all would be well no matter what the budget accurately reflects where we are in the debate.

We welcomed parts of the Compton review. We welcome the fact that the review took place and that we got a focus — as we should always have — on the best outcomes for patients. Setting aside all other interests, any service that government provides should be outcomes-focused — health more than any other. What

provides the best outcome for patients is what is most important.

Things such as moving spending from the acute setting into domiciliary care and supported living — supporting people in their home — are to be welcomed. However, do not underestimate the difficulties that the Minister will face in doing that. Look at the experiences in some Northern Ireland hospitals: in Antrim Area Hospital there are fairly constant breaches in waiting times. How will taking out further resources achieve target times? The Minister faces the challenge of getting £80 million out of the acute sector and moving it into social care. He also faces the challenge of finding the estimated £70 million over the three years that he feels are needed to implement the review. We are talking about large sums of money in the context of the already very tight budgetary position faced by the Department. Do not underestimate the challenges that face our health service and its budget. We have warned about those challenges constantly for over a year since the Department of Health budget settlement.

Mr Givan: I am grateful to the Member for giving way. Does he recognise that the necessity for reform is a result of the previous Health Minister's failure to tackle the health service, and that reform is necessary if we want a health service that delivers free care at the point of need? However, the previous Minister failed ever to bring forward any reform to tackle those problems.

Mr Speaker: The Member will have an extra minute added to his time.

Mr McCallister: I am not sure where Mr Givan has been living for the past four or five years, but I assume that he was about Northern Ireland. He must have missed the changes in the whole structure of the health service — the reduction in the number of boards and the formation of five health and social care trusts and the ambulance trust. All those reforms took place, along with the setting up of the Public Health Agency, about which I have another question for the Minister. I know that doing away with the Public Health Agency is in the DUP manifesto. When Michael McGimpsey was setting it up under the Health and Social Care (Reform) Act (Northern Ireland) 2009, I argued strongly, as the Bill went through the Chamber, that we needed a dedicated Public Health Agency. I am not sure what the DUP position is — whether it will axe that agency or whether

it has bought into the concept of public health. For the Lagan Valley Member to say that there was no reform is more of an indication that he arrived here only in 2010 and had not actually taken an interest in health before then. Perhaps, given that fact, I will overlook it this time and hope that he reads up on the issues before making such uneducated comments.

A huge reform programme has been going on in health and will always continue. The Department and hospital trusts will always be looking for extra savings, and we will always need to look for ways of doing things better.

Even the Compton review talks about that, saying that pathways of treatment and care change and improve constantly. We will have to respond to that, and it is something to be welcomed. It should be looked at and worked on so that we can deliver the best outcome that we can get for all our citizens and protect those hospitals and delivery care models in our local areas that we can.

Mr Durkan: I start by paying tribute to all those who were involved in the painstaking process that was the compilation and publication of the report, that is, the review team, the review panel, the staff and, most importantly, those who took part in the extensive public consultation process. The review has been acclaimed as a road map for the future, but, having now read and digested its contents, I am more inclined to describe it as a compass for the future. Although it gives us the direction of travel, it is not too hung up on the specific detail of how we are going to get there.

I must say to begin with that we are pleased with the destination, which basically crystallises a lot of the ideas that my party and others have espoused for some time now. Those are, namely, that there should be more focus on community-based and primary care services and, as a result, less dependence on secondary and clinical care services. In plain English, that will mean GPs and community pharmacies doing more work and a shift of emphasis, reliance and investment away from hospitals. Not only should that make treatments more accessible to patients but it will take pressure off hospitals and their staff, enabling them to reduce waiting times and improve results. Of course, it should also realise substantial savings for the Department.

A similar transition is anticipated in the care of our senior citizens. The huge demographic

shift that is occurring due to increased life expectancies is already placing a huge strain on the Department. More significantly, it is our opinion that the current model is failing users and carers alike. A greater emphasis on community care, that is, people being treated in their own homes, is accepted as the most desired and effective way forward.

More effort and investment is to be made in the areas of prevention and health promotion. That is also welcome. So much money is spent on the treatment of preventable conditions that it is logical to focus on their prevention. Obesity and illness related to smoking and drinking are prime examples, and I believe that any initiatives to tackle the roots of those are to be welcomed.

The review also nods — maybe not greatly, but it does nod — towards greater North/South co-operation. On an island the size of ours, it is vital that both Governments work together to maximise the impact of their ever-reducing budgets. Health is an area where results can be most beneficial. I acknowledge the open mind with which the Health Minister has embraced that concept, and I think that some of his ministerial colleagues could do well to learn from him. In my constituency, we will see the fruition of that co-operation with the establishment of the radiotherapy unit in Altnagelvin.

Throughout the review process, I consistently and persistently raised the need for money to be allocated to enable the transition from our current health and social care model to the one that we aspire to achieve. That money has now been identified, and Mr McCallister mentioned it earlier, but we need to make sure that, as well as being identified, it is made available. As stated earlier, we agree with the destination to which we are headed, but it is very important that we do not run out of petrol on the way. That would be disastrous, as it would create care vacuums and cause huge uncertainties for service users and care providers alike.

On the day that the report was published and the Minister made a statement on it, we were the only party, I believe, to raise concerns or ask questions about the implications of the review for staff. I acknowledge that the review was much needed, and, indeed, much welcomed by virtually all the staff in the health service that I have spoken to. However, I was unable on

that day to receive assurances from the Health Minister regarding staff or staffing numbers.

It is very important that work be done in that regard as a matter of urgency. There should be negotiations with unions, and so forth, so that staff feel very much part of the review. I understand that it is a review of the health service as opposed to a review of health servants. However, without those caring and professional people, we would not have much of a health service.

Mr Speaker: As Question Time commences at 2.30 pm, I suggest that the House take its ease until that time. The debate will continue after Question Time, when the next Member called to speak will be Kieran McCarthy.

The debate stood suspended.

2.30 pm

Oral Answers to Questions

Enterprise, Trade and Investment

Broadband: Rural Areas

Mr Speaker: Question 11 has been withdrawn.

1. **Mr Byrne** asked the Minister of Enterprise, Trade and Investment, in light of her statement on 6 January 2012, to outline the time frame for the delivery of high-speed broadband services in rural areas. (AQO 1033/11-15)

Mrs Foster (The Minister of Enterprise, Trade and Investment): On 6 January 2012, I announced that Onwave UK Ltd had become the Department's appointed supplier of satellite broadband service across Northern Ireland. That contract ensures that people living in areas where broadband cannot be accessed via telephone lines can continue to access broadband services using satellite technology. The high specification service available from Onwave offers download speeds of between six and 10 megabits per second, and has been available from the date of contract announcement. The contract complements the initiatives that my Department has already taken forward to deliver high-speed broadband services into rural areas, including the fibre-to-the-cabinet roll-out under the next generation broadband project and the fixed wireless networks deployed under the Northern Ireland broadband fund.

Mr Byrne: I thank the Minister for her answer and I welcome the initiative that she outlined on 6 January. Is the Minister confident that Northern Ireland will eventually enjoy 100% broadband access due to the satellite Onwave initiative? Can she give an assurance that places such as Tyrone and Fermanagh will have an affordable and dependable broadband service?

Mrs Foster: I thank the Member for his question. We have always striven to give 100% accessibility. Part of the difficulty is that a lot of our constituents believe that they should be able to access fixed-line broadband regardless of where they live, and they see the other

mechanisms for the delivery of broadband as being secondary or not as good. I find that a bit strange sometimes, because no one in Northern Ireland says that their Sky television signal is worse than their terrestrial TV signal.

However, we have to deal with those perceptions. We have a new contract which will deliver satellite broadband to those areas that we cannot reach by fixed line. We have fixed-line broadband, and the amount of investment that has gone into it has been quite large when you look at other regions of the UK and these islands. We have wireless broadband connections as well. That has come about through the broadband fund, which looks at new technology to try to assist constituents who are unable to get the fixed line. We are trying our best to look at all the new technologies, but one of the biggest challenges in moving forward — and I have said it many times in the House — is to make sure that we get the new mobile coverage right, and we are working strenuously on that. There is still a lot to do in the telecoms section, but it is certainly one on which I keep a very close eye.

Mr Doherty: Go raibh maith agat, a Cheann Comhairle. I thank the Minister for her answer. Minister, in your statement of 6 January, you talked about an increase in cost with the new services. Will you give the House further information on those increases in costs to customers?

Mrs Foster: There is an increase in cost. Rather than have customers find out about it when they contact Onwave, I thought it only right that it was flagged up to those customers at that time. I do not have the increases with me, but I am content to write to the Member and place a copy of the letter in the Library. It is more expensive; however, a better service will be delivered and, because of that, we felt that this was the right appointment to make at the time. As the Member knows, there have been previous appointments in relation to satellite provision: BT and then Avanti Communications were appointed. We listened to the concerns raised about those various contracts, and we believe that Onwave will be able to deliver a good service. However, we felt it only right to point out that it is a more expensive service.

Mr Buchanan: I commend the Minister and the Department for all the work that they are doing on broadband in rural areas. Can the

Minister inform the House how other methods of broadband delivery have been developing —

Mr Speaker: Will the Member bring the microphone a wee bit closer?

Mr Buchanan: I am sorry. Will the Minister inform the House how other methods of broadband delivery have been developing, whether satellite, 3G or 4G networks?

Mrs Foster: I thank the Member for his supplementary question. Indeed, we recognise that there are many areas of Northern Ireland which are of such a rural nature that we need to try to supplement the fixed-line broadband. We have been doing that through the broadband fund, for instance, of which there have been six calls to date, or through appointing a satellite provider, as we have been doing for some time.

The Member is right to point out the issue in relation to 3G and 4G coverage. It is important that we continue to lobby Ofcom and the central Government Department in Whitehall to stress to them that we need regional targets for coverage for our mobile phone operators. I also hope to have a meeting in the near future with the four largest mobile phone operators to help them to see why there is a need to bring more coverage to Northern Ireland and the benefits that there will be for them, as well as for many of our constituents.

Mr Beggs: As well as the services that the Minister has talked about, I understand that mobile broadband is also available specifically for mobile phone users. Will the Minister advise how she will ensure that that be fully examined so that that service, which is cost-comparable with fixed lines, is fully examined in clusters, rather than people having to tie up to satellite systems?

Mrs Foster: That is precisely what I was talking about in my last answer with regard to 3G and 4G coverage; we very much see the future of technology moving in that direction. Many people do not have a fixed modem; they work off their iPads or mobile handheld devices. Therefore, there is a need for us to have increased coverage. The Member will know from looking at the statistics for his area that there is a significant fall-off in the Larne area in relation to the percentage of no reliable signal. That is something that we should be concerned about. It is something that we need to see changing, and it will come about by lobbying, not only

by me, but by other Members and through engagement with the Whitehall Department.

Titanic Centenary

2. **Ms J McCann** asked the Minister of Enterprise, Trade and Investment for her assessment of the attention and resources focused by her Department on marking the centenary of the sinking of the Titanic. (AQO 1034/11-15)

Mrs Foster: As 2012 marks the centenary of Titanic's maiden voyage and tragic sinking, it provides a once in a lifetime opportunity for us. The story of Titanic is known worldwide, and now is our time to firmly place Belfast as the home of Titanic. A two-week festival will mark the opening of Titanic Belfast on 31 March. This is an amazing opportunity for us all in Belfast and, indeed, across Northern Ireland; I trust we will grasp it.

Ms J McCann: Go raibh maith agat, a Cheann Comhairle. I thank the Minister for her answer. Perhaps the Minister has focused too much attention and resources into the project. Will she be spreading them across the rest of the city?

Mrs Foster: I do not accept that. Titanic is a worldwide brand. It will help not only east Belfast and the rest of Belfast, but the entirety of the Northern Ireland tourist trade. It is wrong to say that we are focusing solely on Titanic, although I will readily say that it is a key plank of what we are doing in 2012. We were planning for seven international events for this year, but that is up to eight with the arrival of golf's Irish Open at the end of June in Royal Portrush. As well as Titanic Belfast, we have the Peace One Day concert in Londonderry, the Land of Giants in Belfast, the Clipper Maritime Homecoming Festival in Londonderry, the Peace Camp, Flags by Hans Peter Kuhn at the Giant's Causeway and, of course, the fiftieth Ulster Bank Belfast Festival at Queen's. All of those are international events, and all of them will bring people not only to east Belfast, but to the whole of Northern Ireland. It is a key element to all of this that every citizen in Northern Ireland grasps the opportunity for 2012.

Some very good work in relation to the community engagement programme across the city has been carried out by Belfast City Council. It has trained 62 Titanic ambassadors from across the city to engage and spread knowledge. I have been contacted by people from the Member's

constituency who want to get involved in the Titanic celebrations and centenary, because they know that it is a global brand and that people will come to the city, and they very much want to be a part of that.

Mr A Maginness: I agree with the Minister in relation to the importance of the Titanic development in the Titanic Quarter, and I wish it well; I hope it will be successful. I believe it will be a tremendous year for Northern Ireland tourism. There has been public ventilation about European funding. Will the Minister reassure the House that there has been an application for European funding, and will she reassure the House that, if that funding is not forthcoming, it will not in any way impede the development of this wonderful building and wonderful asset for the tourist industry in Northern Ireland?

Mrs Foster: Yes, I am content to confirm that that is the case. If the EU does not accept the grant application in respect of Titanic, and we have no reason to believe that it will not, given the advice that we have been given by our own legal advisers, other projects can be put forward to the European Union instead. The financing of the Titanic signature project is not at risk. I get very frustrated when I listen to some commentators who try to play that up instead of playing up the importance of it to our tourism industry. There is negativity surrounding the Audit Office report, and, if you look at the detail of the report, you will see that it is talking about visitors coming to the Titanic signature project on the same level as those who visit Belfast Zoo. If the Titanic signature project cannot attain the same amount of visitors as Belfast Zoo, we should not be doing the Titanic signature project. We must raise our game, start to have some confidence in ourselves and sell the city of Belfast across the world as a place for visitors to come to and have a tremendous experience. However, the more we talk ourselves down, the more likely it is that that will not happen. I will not take this anymore. I am simply frustrated to the end of the earth with the BBC, in particular, for talking down the tourist industry in this country. It is about time that every Member of the House stood up and said, "Thus far and no further".

Some Members: Hear, hear.

Mr Douglas: Thank you, Mr Speaker, for kindly — *[Interruption.]* Any chance here?

I thank the Minister for her statement. What are the anticipated benefits for the whole of Northern Ireland for this amazing and iconic wow-factor building opening in April and the other associated centenary events? And the Causeway. *[Laughter.]*

Mrs Foster: We are now going to have every Member from every constituency standing up. However, I am happy to take all those.

We now have eight international events spread across Northern Ireland. As well as that, we have what the Tourist Board calls our tier 2 events. The tourism events fund has had its adjudication in respect of the national tourism events fund, and it received 61 applications for financial assistance. There is plenty of excitement in the industry about 2012. The Tourist Board is communicating all the decisions to the events organisers and letters of offer are being issued in respect of the tier 2 events. I think that 2012 will be a fabulous year for international and national events.

Mrs Cochrane: Given that the Titanic brand is often better known than Northern Ireland itself, and we have "Titanoraks" all round the world, has the Minister had any communications with those responsible for marketing the Olympics in GB to ensure that we maximise the opportunity for those visiting London to add a Northern Ireland visit as a bolt-on to their trip?

Mrs Foster: I thank the Member for her question. It is a very good point and something that we have been developing with our colleagues in VisitBritain. During the break, Members may have seen that the tourism Minister on the mainland announced some very big advertisements relating to making it a great 2012 and holidaying at home. As well as England, each of the UK regions will be featured in separate adverts around the UK, and the Northern Ireland advert will feature nothing less than the Giant's Causeway as an iconic attraction.

Some Members: Hear, hear.

Mrs Foster: That is for the GB market. Tourism Ireland is working very hard with VisitBritain and the Olympic organisers to get Northern Ireland on itineraries for those who travel far to the Olympics. Therefore, those who come from Australia and elsewhere to the UK will spend some time at the Olympics and, no doubt, they will want to get out around the regions as well.

That being the case, we want to see Northern Ireland very firmly on the map for those itineraries.

2.45 pm

Golf: Irish Open

3. **Mr Frew** asked the Minister of Enterprise, Trade and Investment, given the announcement that the Irish Open golf competition will be held in Portrush, what plans are in place to ensure that it benefits all of Northern Ireland.

(AQO 1035/11-15)

Mrs Foster: Hosting the Irish Open in June will be an opportunity for the whole of Northern Ireland to shine. Such a high-profile event provides the opportunity to change global perceptions of Northern Ireland and boost tourism for the whole country. With the potential for up to 25,000 visitors on each of the four days, the impact of the event will be felt not only on the north coast but throughout all of Northern Ireland. The Irish Open will be integrated into the NI 2012 marketing activity and included in all the key communications. It will be a high-profile event that will showcase all of Northern Ireland.

Mr Frew: We will be keen to get as many visitors as possible to Northern Ireland, not only to see the golf action but to sample the beautiful north coast, where the Giant's Causeway, which is in my constituency, is.

There is also the potential for bed spaces. We are such a small country, but we need to think big. Is there a co-ordinated plan to help our main towns of Ballymoney, Ballymena, Ballycastle and Coleraine, which are near Portrush, to maximise bed spaces?

Mrs Foster: I do not think that you got all the towns in North Antrim into that question.

This has had a huge impact already. I was up in the Maiden City last week and was told by hoteliers there that they have been inundated with people who want to stay in that city for the Irish Open. That gives you an indication of how people are viewing this. They are looking at the Irish Open as an opportunity to come up to Northern Ireland, and we should all be very pleased about that. A partnership approach will be taken to this event. We are working with Coleraine Borough Council, Royal Portrush Golf Club and across government. The Department for Regional Development and Translink will have a critical role to play in the logistics of the

Irish Open. We do hope that we can top the numbers in Killarney last year and bring more and more visitors to Royal Portrush.

Mr McKay: Go raibh maith agat, a Cheann Comhairle. I echo some of the sentiments of the previous questioner. Ballycastle is only a stone's throw from where the Irish Open will be held. There is now an added impetus to provide hotel provision there. Does the Minister agree with that statement and can she provide us with an update on where things stand on hotel provision in Ballycastle?

Mrs Foster: I think that that is question 12 on the list. However, the development of four-star and five-star hotels in the region is, of course, documented as a strategic action in the 'Causeway Coast and Glens Tourism Masterplan' for 2004-2013. The Tourist Board supports that. I have met the Member, along with some hotel providers, and he will know that it is my desire to see a hotel of that standing in the Ballycastle area. That is something that is missing from the area and something that I hope will happen in the near future. Investment in the hotel accommodation sector will, of course, require the private sector to take a lead. However, as he knows, the sector can apply to Invest Northern Ireland for support.

Mr McClarty: I extend my congratulations to the Minister and all those involved in securing this prestigious tournament for the north coast. It is not surprising that the Giant's Causeway is mentioned so often here, since it forms part of the premier tourist area of Northern Ireland. Has the Minister or those who were successful in securing the Irish Open any plans to secure the British Open for the same golf course?

Mrs Foster: I have made no secret of the fact that it is my great hope and desire to see "The" Open come to Royal Portrush. I said last July when I visited Royal Portrush after the success of Darren Clarke that we needed to hold another event — an intermediate event, if you like — before we could go for the Open. I very much think that what happens with the Irish Open will have a bearing on whether we are seen by the Royal and Ancient Golf Club as appropriate to host the Open. I think that we will be, and I very much look forward to the day when we have one of our own golfing champions win the Open Championship at Royal Portrush.

Broadband: Rural Areas

4. **Mr Craig** asked the Minister of Enterprise, Trade and Investment to outline the actions her Department has taken to address poor broadband provision in rural areas.

(AQO 1036/11-15)

Mrs Foster: Over the past eight years, my Department has taken forward a number of initiatives that have been either entirely or substantially aimed at increasing access to and quality of broadband services in rural areas. Those include the £9.23 million local broadband access contract, which provided access to entry-level broadband services to all premises across Northern Ireland; the £19.8 million next generation broadband services contract, which has led to an investment of £51 million in the roll-out of the highest level of fibre-to-the-cabinet technology in the UK; the £1.9 million Northern Ireland broadband fund, which has seen significant deployment of high-speed fixed wireless broadband services; and the contracts with Avanti Communications Plc and now with Onwave Ltd, through which high-specification satellite broadband services have been made available region-wide.

Mr Craig: I thank the Minister for outlining that. I know the work that you have put into the wireless broadband option, and I thank you and your Department for that.

Has the Minister had any talks with landline companies to come up with a strategy to extend landline broadband options deeper into rural communities? Unfortunately, in today's market, unless it is one of the mobile phone operators or landline companies, there is no competition among other providers.

Mrs Foster: One reason why we have put so much government subvention into the alternatives to landline broadband is the fact that there is no competition there. However, that does not take away from the fact that there is a good alternative to the landline option, and I know that the Member has constituents who are very concerned because they cannot access the landline. However, we have to realise that, in very rural areas of Northern Ireland, there comes a point when the cost of putting the landline into the ground becomes disproportionate and we must find other ways, whether they are through fixed wireless, satellite or, indeed, the new mobile technologies. I will continue to work with Members to find solutions for their constituents,

but I urge them to try to get their constituents to understand that there are more ways to access broadband than simply through a fixed-line service.

Mr Flanagan: Go raibh maith agat, a Cheann Comhairle. I thank the Minister for her update on rural broadband provision. She will know that previous contracts that her Department has awarded to satellite broadband providers have, through no fault of her Department, failed to set the world alight. What trials were carried out prior to the award of the most recent contract to Onwave?

Mrs Foster: I do not believe that any trials have been carried out, although I stand to be corrected by officials. I am quite happy to let the Member see the process that we went through to award the contract to Onwave Ltd. My advice is that it is a step up in respect of the service that will be given to constituents. Therefore, I will write to the Member with the details, and, after he has looked at that, he can judge whether he wants to ask further questions.

Mr Nesbitt: Given the amount of public funding that is going into this, what steps is the Minister taking to ensure that landline and mobile roll-out is based purely on assessed economic need?

Mrs Foster: The key for us and our Programme for Government target is to deliver to 85% of businesses. That was always the key target, and then the Department of Agriculture and Rural Development rolled in behind us with its target to deliver more to its farming and rural communities, and, as a result, more money was put in for that.

There will, of course, always be value-for-money considerations in relation to these issues, and I mentioned them when I answered the question asked by my colleague Mr Craig. However, we feel that our subvention is needed for broadband services because people now expect to be able to access broadband in the same way that they access electricity. It is a very important part of our everyday lives, so our subvention has proved to be value for money. However, we need to find new and better ways to deliver the services.

Mr Speaker: Question 5 has just been withdrawn.

Economic Strategy

6. **Ms Ritchie** asked the Minister of Enterprise, Trade and Investment when the economic strategy will be implemented. (AQO 1038/11-15)

Mrs Foster: The draft economic strategy, which was published in November alongside the draft Programme for Government and draft investment strategy, sets out how the Executive intend to support the growth of a prosperous local economy to 2030. The draft strategy and supporting comprehensive action plan identify the actions that will be implemented during the current Budget period. The actions are designed to support the rebalancing of the local economy over the longer term and the rebuilding of the local labour market in the aftermath of the recession.

Ms Ritchie: I thank the Minister for her answer. Given the inability of Invest NI fully to utilise its resources for investment purposes, how does the Minister intend to address the issues of inequity and inequality in the location of industry to ensure that the south-east of Northern Ireland is given its full opportunity in terms of visits by potential investors and the location of manufacturing and business opportunities?

Mrs Foster: Invest Northern Ireland's hand-back was grossly misrepresented by no less than the Chairperson of the Committee for Enterprise, Trade and Investment on Radio Ulster before — that is the important word — the Committee had an opportunity to discuss the contents of the paper. I was so disappointed, for a number of reasons. When the Committee Chairperson goes on the radio before a paper has gone in front of the Committee, neither the Minister nor the chief executive of Invest Northern Ireland can comment because protocol dictates that the paper should be discussed by officials with the Committee members.

Had I been able to discuss the matter on the radio, I would have said that it had been stated earlier in the year that there were difficulties with the budget. It was signalled during the October monitoring round that there could be further impact on investment decisions. Over the past three months, international conditions have, if anything, worsened. Against that backdrop, a number of companies have delayed implementing plans. We have made cost savings — I remind the House that that is meant to be a good thing — and generated £1.5 million in additional receipts for reallocation by the Executive. That is money that was not allocated to Invest Northern Ireland; it was money made by Invest Northern Ireland and then put back into the centre. That has been a good thing as well. Invest Northern Ireland and the Department agreed that with the Department of Finance and Personnel.

Simple sound bites cannot give the totality of a paper in front of the Committee. That paper stated that £5.6 million should be released for projects that will proceed. However, where there is a risk that they may happen this year or very early next year, I have to give that money back in this year. The Budget's financial rules mean that I cannot carry it over into the following year. That is disappointing for the chief executive of Invest Northern Ireland and me, but there it is. I have taken some time to explain that because, unfortunately, I was not able to explain it on Thursday when the Committee Chairperson spoke on radio about the matter.

Mr I McCrea: Will the Minister detail how important the jobs fund and the Boosting Business programme are in helping to rebuild the local labour market?

Mrs Foster: The Boosting Business initiative has been roundly welcomed across the business community. A lot of people have been able to partake in our Focus on Finance seminars, which are a critical part of it, and to avail themselves of the jobs fund. We are seeing a considerable take-up of the jobs fund, with 60 projects now in the pipeline. We have been looking proactively at how we can help those people who need it at this time. Cash flow and confidence remain the two issues that I keep coming up against time and again. We need to talk about confidence. A lot of people are talking down the economy of Northern Ireland. When I was out and about with some retailers last week, they said that the one big problem for them was the lack of confidence. People do not want to spend because they are afraid that they may need the money later.

Confidence remains a huge issue for our economy, and I hope that we can start to deal with realities and not perceptions about that in the coming months.

3.00 pm

Environment

Mr Speaker: Questions 3 and 6 have been withdrawn.

Coastal Erosion: Whitehead

1. **Mr Hilditch** asked the Minister of the Environment for his assessment of the effects

on the environment of the coastal erosion at Quarry Cottages, Whitehead, Carrickfergus.
(AQO 1048/11-15)

Mr Attwood (The Minister of the Environment):

I thank the Member for his question. I know those cottages because I did not live very far from them and I worked in that area. I am also aware of the localised erosion that impacts on the small number of local residents who use the pathway. At this stage, my advice is that there are no significant environmental consequences, but I would like to hear more from representatives of the area.

Mr Hilditch: I thank the Minister for his answer. The question was tabled to highlight the predicament and, perhaps, frustration of residents where the vital link to the town of Whitehead is now down to around 15 in of a path and in a dangerous state. I was wondering whether the Department could help by maybe at least getting some stakeholders together to try to come to a resolution. I know that it is probably a cross-departmental issue, but, since it began with coastal erosion, I was hoping that the Department of the Environment would take a lead.

Mr Attwood: It would be difficult for me to take a lead on that matter because it does not technically fall to my Department. I will, though, bring it to the attention of other Ministers and Translink in particular. Given that there is a railway line along the Antrim coast from Carrickfergus to Whitehead and beyond and given the need to maintain that, which is the single biggest asset of the coastline in that area, I will bring the matter to Translink's attention to make sure that it is aware of the erosion and to determine what remedies, if any, it thinks appropriate.

Mr W Clarke: Go raibh maith agat. What are the Minister's thoughts about the materials used for coastal defences? Some experts prefer wooden groynes and others rock armour.

Mr Attwood: I am not a scientist and do not pretend to be one. I am a politician and do pretend to be one. *[Laughter.]*

Mr McCartney: You are not very good at it.

Mr Attwood: Thank you, Raymond — there is more to come. *[Laughter.]* Therefore, in all these matters, I defer to best science. If best science prefers A over B for coastal defences, that is what I concur with, subject to one caveat,

namely that, at all times, we should deploy and use materials that will cause the least damage to the environment and are most conducive to protecting the environment and the appearance of the area. Subject to that caveat, I rely on science.

Mr Beggs: The Minister said that he would bring the matter to the attention of Translink. In doing so, will he draw its attention to the fact that, if a path were to follow the railway line and Translink realigned its fence, it may be possible to protect the coastal route with minimal cost, minimal impact on the environment and minimal requirement for public funds?

Mr Attwood: Local representatives will know the area better than I and will know what remedies may be appropriate. I will include a copy of the Hansard report in correspondence to any Minister, Translink or any other third-party organisation where it may be the case that those who have primary responsibility may or may not be minded to adopt that particular recommendation.

Local Government: Double-jobbing

2. **Mr A Maginness** asked the Minister of the Environment what action he intends to take to prevent councillors from being Members of the Northern Ireland Assembly at the same time.
(AQO 1049/11-15)

Mr Attwood: I thank the Member for his question and remind the House that it is nearly a year since it voted against Dawn Purvis's proposal for a ban on double-jobbing in respect of those who were councillors and MLAs. That was a missed opportunity but is not one that we should miss again.

The consultation on my proposal to reduce the allowances for MLAs who remain as councillors concluded on 16 December. I intend to bring that forward in the very near future. As Members will be aware, the Executive, although they did not endorse my best advice in respect of a number of RPA matters, endorsed my recommendation in November that there should be an explicit ban on double-jobbing by MLAs and councillors in forthcoming local government legislation. I remind people that 33 Members of the House are still councillors.

Mr McNarry: Name them.

Mr Attwood: If the Member wants to name them, he should look to his right.

Mr A Maginness: I thank the Minister — *[Interruption.]*

Mr Speaker: Order. The Member must be allowed to continue.

Mr A Maginness: Thank you, Mr Speaker. I thank the Minister for his reply, with which I agree completely. I encourage him, before the RPA process ends, to legislate or deal with that matter effectively so that the question of double-jobbing in councils and the Assembly will be dealt with effectively.

Mr Attwood: I give that reassurance. The Executive have endorsed the principle. I trust that they will endorse the legislative words when those eventually come to them for approval before the Bill comes to the House. If the Executive flip-flop on that, they will ignore the consultation responses. There were only 11 responses. Nobody supported a proposal that allowances continue at the current level for MLAs who are also councillors: nobody endorsed that proposition. That sends a strong message about the mind of the public when it comes to the issue of double-jobbing in due course.

Mr Campbell: I believe that virtually every Member of the House endorses what the Minister has said about the move to limit allowances for councillors who are also MLAs. However, does he accept the fact, rather than the perception, that among many single-mandate representatives, whether they are councillors or MLAs, there is a level of incompetence, inadequacy or of simply not doing their job? He should examine more closely the level of under-representation of some single-mandate representatives with respect to questions, presence in the House, activity and actions. Although voters will, obviously, have the final say, will he also look at that?

Mr Attwood: Voters have the final say. We all have to be judged, sometimes unwillingly, by the democratic mandate. There should be more accountability regarding not just public policy and government but Members too. Various interventions through new media put the spotlight, over and above what happens in the House, on the content and conduct of Members' work. However, we need to be careful. There are many ways to judge a public representative. It could come down to the single matter of how

many questions someone tables. I know the quality of some of the questions tabled; Mr Campbell will be aware of that too. Although it is the democratic right of MLAs, I sometimes wonder about the true intention, thinking and ambition behind them.

I want to go further. I want to create a regime in the North that models democratic expression differently from any other part of these islands. That is why, at present, I have officials looking at some sort of ban on election posters in certain places during elections. That is why I have officials looking at the law and the desirability of putting into law a requirement for a minimum quota for women's participation in elections, so that, when it comes to the local government reorganisation, there is a minimum threshold for the number of female candidates who run for election for all parties that get state funding, which all parties in the House do in one way or another.

Mr Allister: Can I press the Minister further to be more precise about cutting off the funding stream? Undoubtedly, that is the action that will deal with the issue. Many Members of the House draw down an extra £10,000 as councillors, but it does not end there. They also draw down money as Chairpersons or as members of outside bodies, and many inflate their salary way beyond another 50% of their already generous salary. *[Interruption.]* Perhaps the Members who are intervening have most to account for.

Mr Speaker: Order. Allow the Member to continue.

Mr Allister: When can we expect that tap to be turned off to bring an end to this matter?

Mr Attwood: I have both sympathy and a lack of sympathy with the Member's remarks. Local representatives, Mr McAllister — *[Laughter.]* A long time before you chose to join our ranks, local representatives served the people of the North of Ireland with very limited income, at some risk and, very often, with a degree of hostility across constituencies in the North. I value the service of local councillors going back over the past 20, 30 and 40 years. That is why the Chamber was right to put into law an opportunity for councillors to get severance in the event of local government reorganisation. I will have more to say on that in the near future. Let us not demean or run down the public service of hundreds of people in very difficult

circumstances for very little income over many years.

Circumstances may have changed in order to bring about a fairer regime when it comes to councillors. However, what I am saying is that, when it comes to the issue of councillors being MLAs, that principle is not right. Although, legally, I cannot ban it, I will do something in respect of allowances. I anticipate that the regime will be in place before the summer.

Mr Boylan: Given the public perception and the potential conflict of interest that may be created between this authority and local authorities, will the Minister clearly outline when he proposes to introduce proper legislation that will stop the practice of double-jobbing once and for all? Go raibh maith agat.

Mr Attwood: I refer to my previous answers and to the decision of the Member's ministerial colleagues to endorse a recommendation from me that, if local government reorganisation happens in 2015, there will be a ban on double-jobbing, subject to the will of the Assembly. All parties endorsed that principle in the paper that I submitted to the Executive in November, and I trust that every November hereafter, up to the passage of the Bill that will give expression to that principle, they will endorse that recommendation.

Mr Kinahan: As the Minister knows, I fully agree with him. As the question that I wanted to ask about conflicts of interest has just been answered, I will go for a simpler question. Has he found my colleague Mike Nesbitt's research on election posters and whether we can ban them useful?

Mr Attwood: I was prompted by Members to look at election posters. As a consequence, last year, I wrote to all registered political parties in Northern Ireland to ask for their views about the display of election posters because we have control over the matter. I welcome the responses, although there were not many, and I welcome those who contributed in other ways, including Mr Nesbitt. I am working to the principle of doing something about election posters and restrictions on display.

Election posters are part of democratic expression and good practice. Therefore, I will not bring forward any recommendation to ban them, but I will bring forward recommendations that may see the exclusion of posters in certain places

in order to show due respect to other public institutions such as churches and schools and in and around polling stations in order to create as full, free and fair an election as possible.

Mr Speaker: Question 3 has been withdrawn and has been transferred to DRD for written answer.

3.15 pm

National Parks

4. **Mr Ó hOisín** asked the Minister of the Environment for an overview of the responses to the consultation on the proposals to introduce enabling legislation for the creation of national parks. (AQO 1051/11-15)

Mr Attwood: I thank the Member for his question. The specific answer is that there were 69 responses. If you were to filter out the responses, you would see that they had two themes: first, that, in bringing forward proposals for national parks, we were not going far enough to protect the environment; and, secondly, that we would impose heavy burdens on the management of lands in national parks in a way that was hostile to the interests of those who work and live there. Therefore, although there was a very substantial response — 69 responses — those were the broad themes.

As I have made clear before, I am a firm advocate of the concept of national parks being made in the image of the North of Ireland and different from the model of national parks in other parts of these islands. I am firmly convinced about that, and I believe that there are economic and other opportunities in bringing forward the proposals. That is why, as I speak and until the beginning of February, officials will meet with various organisations to give them a sense of where we are. I will bring forward firm proposals in this area in the near future.

Mr Ó hOisín: Go raibh maith agat, a Cheann Comhairle. Gabhaim buíochas leis an Aire as an fhreagra sin. Thank you, Mr Speaker, and I thank the Minister for his answer. Does the Minister agree with me that the Department should reassure rural communities about the benefits of national parks? What efforts has the Department made to undertake that work?

Mr Attwood: I agree with the principle that has been outlined. When the concept of a national park was proposed previously for the Mourne, a vigorous campaign was opposed to the principle,

never mind the practice, of national parks. People should learn from that. We need to create as great a consensus as possible across the range of interests, including the farming interest, in the event that a national park may be designated for one area or another. That is why we are having the consultations quietly over the next four or five weeks. We are informing people of a direction of travel before I make further announcements in February. I have met stakeholders, including the UFU, to reassure them that the model that we will develop will maximise the protection of the environment, respect the interests of local people, including farmers, and, at the same time, positively exploit national parks.

Earlier in Question Time, Arlene Foster outlined the potential of the Irish Open and the British Open coming to Royal Portrush or to another golf course in the North of Ireland. The Titanic signature project opens this year, Tourism Ireland is holding an event in London this week to promote all the opportunities in the North during 2012 and we have the City of Culture in 2013. All those demonstrate that we can use our history and our built and natural heritage to improve our quality and character of life and to attract tourism and increase tourist spend. In my view, the same principle governs national parks.

Mr S Anderson: Will the Minister outline to what extent he and his Department have liaised with their colleagues in England and Wales to ascertain the likely environmental and economic benefits of national parks?

Mr Attwood: As the Member knows and as the proposal for national parks in the North reminds us, every other jurisdiction in these islands has national parks. They may vary in their character, but every other part of these islands has one or more national parks. Going way back, even before restoration, there was liaison with other jurisdictions and the national parks in those jurisdictions to identify best practice and the model that they deployed. All that will inform how I take forward the proposal in both the legislation and the identification of potential candidates for designation.

If I can get the endorsement of the Assembly and the Executive, I do not want to see a situation where it takes two years to pass a law only for us to take two more years as we identify areas that may be designated as national parks. I want to create certainty in law and in implementation.

We will have a parallel process of law on one hand and implementation on the other, so that, on the far side of national parks legislation, we can move as quickly as possible to designation.

I have also said to officials that we should grab that moment if we come to it. We should do so not by designating one area for a national park but by designating at least two areas of Northern Ireland as national parks to demonstrate, in a very dramatic and public fashion, that our built and natural heritage is of such a scale and character that we have a lot to say and can say it more than once.

Mrs McKeivitt: I will expand on the Minister's previous reply and ask him to outline what areas of Northern Ireland his Department has designated as potential national parks. When will he announce his candidates for selection?

Mr Attwood: I remind the House that, in October, I appointed a small panel of people to identify possible areas for designation. Their recommendations are with me. I will announce shortly the three areas that they identified as being most likely to be suitable for designation. There might be some surprises in that. *[Interruption.]* Whatever about the three areas, I will not close my mind to Black Mountain. Nor should government close its mind to the possibility that, whatever the three recommended areas may be, there may be a late run from other areas seeking designation as a national park. Ensuring that all those who may have the will and the way to achieve designation have the opportunity so to do is one of the reasons why, when the time comes, I will be minded to argue for designation of more than one area.

Ms Lo: I very much welcome the Minister's positive responses so far on the proposal for a national park. He mentioned implementing it as soon as possible. Can he give us a definite timeline for implementing the legislation?

Mr Attwood: Yes. Subject to Executive agreement, I hope to have legislation before the House as early as autumn 2012. Thereafter, the legislation will take 18 months to proceed, and it will then receive Royal Assent. As I said, in parallel with that, there will be a process to implement what the legislation might eventually say, with the intention of designating national parks as quickly as is reasonable after the passage of the Bill.

Planning Applications: Wind Turbines

5. **Mr Dunne** asked the Minister of the Environment, in view of the need to meet renewable energy targets by 2020, for his assessment of the effectiveness of the planning application process in relation to applications for wind turbines that were received in 2011.

(AQO 1052/11-15)

Mr Attwood: I welcome the stream of questions in today's Question Time that address issues on renewables. As I said before and as Alex Salmond, the Scottish independence leader, said on Friday in Dublin, renewables continue to be areas of work that all the Administrations of these islands need to interrogate and move forward on positively, given the scale of opportunity that they present.

I confirm that 96% of all applications for wind farms have been approved. Eighty-three per cent of individual applications for wind turbines, which are the subject of Mr Dunne's question, were approved in the 2010-11 business year as opposed to 2011. In the two quarters for which we have figures in 2011-12, 84% of individual wind turbine applications were approved. So, there are good success rates, although I think that we should push the turnaround time more and, arguably, seek higher approval rates, subject to the caveat that I have tasked officials to interrogate the raw data around the approvals to ascertain that the figures that I am giving stand up to rigorous scrutiny.

Mr Dunne: I thank the Minister for his answer so far. When dealing with planning applications, does his Department give equal weight to the operating efficiency and economic benefit against the visual impact of wind turbines?

Mr Attwood: I thank the Member for his question. There is planning policy that informs planning decisions on wind turbines and wind farms, and certain factors are taken into account, including environmental factors, the visual impact and the economic benefit of achieving our renewable target, which is that, by 2020, 40% of our energy should come from renewable sources. In my view, that target should be pushed even further, as should the target of a 25% reduction in our carbon emissions by 2025 compared with those of 1990. All those factors are brought into account. Although there have been some, I have not come across many examples where, following approval of a wind farm or wind turbine,

local opposition has been sustained in the event of operational experience.

Mr McLaughlin: Go raibh maith agat, a Cheann Comhairle. There have been examples of inconsistency in the application of the policy. Does the Minister recognise the benefit of issuing revised guidelines to ensure that the planners not only apply rigorous objectivity but deal with applications in the most expeditious fashion?

Mr Attwood: I agree with the broad thrust of the question. There has been some experience, including up in the north-west, of the appearance, if not the substance, of inconsistent application. That was identified during the summer of last year, and, as a consequence and starting up in the north-west, we rolled out training on planning office management of individual wind turbine applications to ensure consistency in the application of current policy across the North of Ireland in every wind turbine application. That training is coming to a conclusion.

Going further, we are looking at taking up one of the points that you raised and amending the advice to planning officers about, for example, the location of wind turbines in peatland areas. There should be a degree more flexibility, borrowing perhaps from the Scottish model, on the establishment of turbines in peatland areas. That work is part of the work being taken forward by an ad hoc group of renewable industry representatives that I established to work with the Department to identify where we can, consistent with good environmental and planning standards, ensure that the system is flexible enough to accommodate what, I believe, is a growth opportunity and economic asset going forward. That is why, this week, officials are coming in to look at how we manage anaerobic digester applications, of which there are now 70 in the system. A total of 21 have been managed already, most of which got approval, and it is clear that, as with tidal power, we should exploit that opportunity going forward. However, we need to ensure that we have the right capacity, the right training and the right numbers in the planning system to maximise the opportunity.

Mr Agnew: The Minister has mentioned the high approval rate, and he is right to do so. However, does he agree that, if we are to maximise the economic and environmental opportunities of wind energy, we need to improve the efficiency of the planning process? The long time taken to

get planning approval may put off many potential investors.

3.30 pm

Mr Attwood: There has been good experience with the timelines for wind farms and wind turbines. In recent times, there has been some decline in the management of individual wind turbine applications, but, in general, I agree with your assertion. We need to have a planning system that is open for business, is fit for purpose and turns around those opportunities as quickly as possible, not least because of the scale of moneys that will be invested both by the individual and the corporate in taking forward applications. If we are to meet our 40% renewables target by 2020, we need to ensure that those wind turbines and wind farms get built. We can have planning approvals, but if applications do not mature into actual construction because of delays or doubts over the economic environment, we will not reach our target of 40% by 2020. Alternatively, we will reduce our economic opportunities or let down the green agenda.

Executive Committee Business

Health and Social Care Review

Debate resumed on motion:

That this Assembly takes note of the review of health and social care in Northern Ireland published on 13 December 2011. — [Mr Poots (The Minister of Health, Social Services and Public Safety).]

Mr McCarthy: The Alliance Party welcomes the publication of the document. We welcome the concept of the right healthcare being available at the right place and in the right time frame. Let us hope that that can be obtained. The document has some 99 recommendations — all very laudable — but, given that there were more than 1,500 contributors and nine pages of issues, it is imperative that the Minister and the Department listen to those voices, which include patients, carers, staff, unions, groups and the community in general, so that they can influence decisions and, as such, see benefits coming from their participation.

The Alliance Party supports recommendation 1, which deals with prevention and early detection of illness. The new Public Health Agency has played a very important role to get the message across to people to look after their health, and I have no doubt that it will continue to do so. Recommendation 46 speaks of a new Headstart programme. We urgently need to continue to give support to existing groups, such as Home-Start, Sure Start, and so on. Those groups have done fantastic work for Northern Ireland and for children from birth to age 5. That is where early lifestyles are taught, and, in the long run, it will pay dividends.

We welcome recommendations 7 and 25, which talk about an expanded role for community pharmacy. Hopefully, the mistakes of the past are now behind us and the Department will now sit down with urgency with Community Pharmacy Northern Ireland and properly fund that excellent community facility sooner rather than later.

We fully support proposals for senior citizens who fall ill and are in poor health to remain in their own homes with the community care that is already being provided continuing. I pay tribute to all those in the community who are

engaged in community care and provide an excellent service. Long may that continue.

Social care should be thought of as a preventative tool, as suggested by Age NI. A little bit of help at the right time can prevent serious illness further down the line. The review must continue to serve our ill and isolated elderly people by continuing to provide a good, nutritional meal each day through what was known as the meals-on-wheels service.

Speeding up the delivery of the Bamford report is paramount. Mental health has long been the Cinderella of the health service, as, indeed, have been people with a learning disability. Recommendation 33, the extra provision of respite facilities, is essential if we are to make inroads into those vital services.

Tackling the stigma and discrimination still associated with mental illness must be made a priority throughout society, including in the workplace. The Alliance Party supports the Mental Capacity (Health, Welfare and Finance) Bill, which will help to reduce stigma by treating all who lack mental capacity under the same legislation and with the same high level of safeguards. We need joined-up working between Departments to tackle stigma and promote good mental health and well-being. Cutting funding for the psychological therapy services strategy was, in our opinion, short-sighted, as it is well documented that such therapies can provide long-term solutions to mental health problems, thus aiding the person and saving money further down the line. The dementia strategy must also be taken seriously. The number of people who will suffer dementia or act as carers will increase rapidly. I think that that has already been recognised. It is, again, short-sighted to ignore that.

The Alliance Party supports the full implementation of the 'Equal Lives' report—

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

Mr McCarthy: — that arose from the Bamford review. Services should include a full range of respite options for people with learning disabilities.

In conclusion, Mr Speaker, page 142 —

Mr Speaker: The Member's time is up.

Mr McCarthy: I support the motion.

Ms P Bradley: I welcome the Minister's motion to debate the review of health and social care. As someone who worked in the health and social care system, I can speak from first-hand experience and state that the present health and social care model is in need of radical change. As the Minister has said on many occasions, doing nothing is not an option. The review focuses very much on the individual service user, which, sadly, has not been the case for some time. The one-size-fits-all approach has left many individuals and their families with a less than adequate service.

One of the review's major themes was service provision for older people. During my years working in Whiteabbey Hospital and Antrim Area Hospital, I witnessed a constant trail of unnecessary admissions, which led in some cases to unnecessary hospital-acquired infections and, of course, untimely discharges from hospital. I also witnessed the lack of services in the community to cope with the increasing demands of our ageing population. To me, this review brings a spark of hope that health and social care for our older population will at last be delivered in a manner that suits their needs and not the needs of the service. I have said before in the Chamber that we are failing the generation who brought us to where we are now.

The review has a strong theme of providing care and managing conditions at home or in the community, as opposed to through acute care. It talks about more "integrated" services and, most importantly, "personalised care" and encouraging independence. It promotes the empowerment of the service user in the delivery of services required. In Northern Ireland, we are fortunate to have a combined health and social care system that is delivered by a professional and dedicated workforce who daily go over and above their role. We owe it not only to the service user but to that dedicated workforce to embrace change and deliver a health and social care system that meets the needs of all who use it.

I opened my copy of the review with great anticipation. Reading it, I am encouraged by its findings and its proposals for the path ahead. It would be easy, at this time, to become short-sighted and to focus purely on my area of North Belfast, which definitely has its fair share of health inequalities. However, I believe that we

should look at the document holistically and see in it a clear path for improvement.

Ms Boyle: Go raibh maith agat, a Cheann Comhairle. I, too, welcome the opportunity to speak in the debate, and I thank the Minister for tabling the motion.

A lot has been said, so I will not deliberate much more on it; I know that there is a time for this. I welcome the review's findings on the early interventions that support positive life outcomes. It should be a life-cycle approach, with priority focus on early years, allowing for continuing early intervention, as some children and families will need additional support at different times of their lives.

Any early intervention must address the inequalities and barriers that hinder parents supporting the best outcomes for their children. The review team acknowledges the inequalities that exist, and any early intervention needs to be targeted at those areas most in need. There also needs to be increased funding for existing early-intervention programmes delivered by local providers. I, too, welcome the recommendations on the proposals for the integrated services, and I acknowledge that GPs are often the first point of contact for families and individuals with health issues.

Community-based and patient-focused primary care is a valued and much utilised area of our healthcare. Patient experience is at a very high level and, given that high level of confidence and trust and the fact that our GPs are well placed to do more of the work that is currently carried out in the acute settings, primary care should be resourced to provide more care in the community. Many elective procedures, such as dermatology and EMT, could be carried out by GPs with specialist training; the role of the specialist nurse practitioner could be better utilised in areas of care. That would be an effective use of resources, enabling GPs to develop skills to provide care in the community while taking the pressure off our acute hospitals.

I, too, welcome a continued focus on mental health and suicide, particularly the emphasis on young men, although we need to acknowledge that young men constitute one of many groups affected by suicide. The report needs to be clear on when intervention is recommended. Many groups and organisations do good work promoting mental health, but it is widely acknowledged that more can be done. We need

to ensure that there will be increased funding, allowing those groups and organisations to continue their good work.

There is serious concern among the public about what day services will provide for those in need. There has already been a downgrading of services, and there are regional inequalities, particularly in the west, the area that I represent. We need to place a particular focus on those with complex needs. The review advocates promoting independence and more community-based options; it also tells us that respite provision has increased, although service users would differ on that. There is a lack of provision in some areas, particularly west of the Bann. We need equality of access to services, particularly for rural areas.

The review tells us of a commitment to close long-stay institutions and to complete the resettlement process by 2015. Evidence of the impact assessment needs to be shown in that area, as feedback from carers is that resettlement will not work for everyone. They ask where individuals will be placed, and there remain service users who require full-time care in a core facility. Go raibh míle maith agat.

Ms Lewis: I speak on the motion as a member of the Health, Social Services and Public Safety Committee. The report is probably one of the most important for a generation in shaping and developing the health and social care service and making it fit for purpose. Its findings are stark. They suggest that if we, as legislators, stand idle, the health service will grind to a halt and fail to deliver for those at its centre — the users. Many will ask why we need change. Demand on our health and social care system in Northern Ireland is increasing due to an ageing population, and with age we all demand more healthcare and support. Demand for services could increase by 4% by 2015, for example, and the cost of that is glaring.

3.45 pm

Furthermore, we suffer from an increased demand for, and over-reliance on, hospital beds, which provides visible evidence of the need for change. A bed utilisation audit of 2011 showed that up to 42% of the inpatients reviewed should not have been in hospital. It is one aspect of our health service that we need to change.

The report outlines six compelling points at the centre of change: to be better at preventing

ill health; to provide patient-centred care; to manage increasing demand across all programmes of care; to tackle health inequalities; to deliver high-quality evidence-based service; and to support our workforce in delivering the necessary change. I, for one, do not think that any of us in the House could disagree with any of those points. Many of us will have experience of the health service at some point in our lives or even just have listened and spoken to people on the ground about their concerns around and experiences of the health service.

The new model puts the user at the centre of care and offers the patient the opportunity to work with health practitioners to maintain a good and healthy lifestyle. The new model is local, ensuring that services can be accessed locally and are community-focused. I welcome that as, far too often, people are expected to travel long distances to access care. Of course, the Minister has highlighted the fact that travelling further can lead to improved care and rates of recovery.

The new model also promotes a joined-up approach to healthcare, not only among healthcare professionals but among neighbouring jurisdictions within the British Isles. Users deserve nothing other than the best care on offer. The new model will ensure that that is the case, and it will be user-focused and user-friendly.

The findings of the report are not to be taken lightly or mothballed. I am pleased that the Minister is taking action to secure a system that meets the needs of its users. I know that the Minister is committed to our health service, which is free at the point of entry and committed to putting the user at the centre of care. The new model seeks to bring about a change for the better and strike the right balance in line with the needs of society and the funding available.

Mr Swann: I welcome the opportunity to speak on this issue today. It is only fitting to thank John Compton and his team for coming up with such a considerable and broad-reaching report. The review made a series of recommendations on how savings were to be made across the remit of the Department, and I do not intend to dwell on the points that have been made. However, I hope that the Minister and his party appreciate that the points that Michael McGimpsey and the senior departmental

officials made this time last year have now been proven to be justified.

Costs are rising, demand is increasing and, in light of spending reductions, change is inevitable. However, it is the extent and the speed of change that will be important. The review proposes fundamental change, the biggest and most overarching for a generation. Therefore, it is crucial that it be got right first time round.

It will not have come as a surprise to the Minister or the authors of the review that the headlines immediately following the publication of the review concentrated primarily on the remarks regarding the provision of acute hospitals across Northern Ireland. There are 10 acute hospitals in Northern Ireland. Interestingly, on 13 December, the Minister made the commitment that all 10 would remain open but that they would not all retain their emergency services provision.

The review noted that an area in Great Britain with a similar population of 1.8 million would only be catered for by four acute hospitals. However, it must be borne in mind that the rurality of Northern Ireland has historically influenced the number of hospitals provided. That may ultimately be why the review has recommended between five and seven acute hospitals in Northern Ireland.

Although the review does not spell out which hospitals will lose services, it does warn that the changes need to take place by 2016. Members have already been on their feet putting forward the case for their local hospitals, and I do not intend to be any different. There is a feeling across the north coast, particularly in Coleraine, that the proposals will downgrade the Causeway Hospital and rob it of its acute services. Frankly, I feel that that would be disastrous for the north coast and much of north Antrim and east Londonderry. I urge the Minister not to close the Causeway or any other hospitals through stealth, as we saw with the Lagan Valley and Belfast City A&Es. I hope that a trend does not develop of A&Es closing under the guise of senior staff positions going unfilled.

Of course, all this is currently hypothetical. Although the report is substantial in size, the actual recommendations are vague. As the saying goes, the devil will be in the detail. The implementation plan is to follow the principles laid down in the guidelines by June 2012. The problem I have is that the guidelines sound more like aspirations. There is significant

scepticism as to whether the timeline will be met, not least because of the complex mechanism that will be followed. The integrated care partnerships will have to advise the five local commissioning groups across Northern Ireland as they make proposals, along with the health board. Although it is appropriate that those bodies have a central role to play in formulating the new policies, I fear that the process has the potential to become cumbersome and unwieldy.

I hope that the Minister takes on board the points and concerns raised by Members, and I emphasise to him the need to be upfront and consult appropriately with patients and staff alike.

Mr Brady: Go raibh maith agat, a Cheann Comhairle. I too welcome the opportunity to speak in the debate. Tribute has been rightly paid to the review body, but it should also be paid to the people who currently work in the health service and do an invaluable job. There are many problems and challenges that face the health service, but one of the biggest challenges facing us in the future is the care of the elderly. It is projected that, by 2020, our elderly population will have doubled. People are living longer but not necessarily more healthily. Many of the report's recommendations in relation to the elderly are to be welcomed, particularly in promoting healthy eating and for more services provided at home and in the community. Also to be welcomed is more support for carers, who perform such an important and valuable role, which, all too often, is not recognised.

Mental health is an ever increasing problem. Since I became a Member of the Assembly, there has been much discussion and debate about the Bamford review. Perhaps, in the near future, we will see the implementation and outworkings of Bamford. That is long overdue.

Provision for people with learning disabilities requires long-term support, as mentioned in the review. Many older parents are reaching an age at which they feel provision has to be made for sons and daughters with learning disabilities, because those parents may not be around in the future to look after them. That needs to be addressed.

The Minister has mentioned the number of hospitals and acute care provision. Not unreasonably, a report like this, which is so wide-ranging, raises the spectre of parochialisation. No doubt, as has already been mentioned, every

MLA will put forward a strong case for their local hospitals. The Minister has told me in response to questions that no decision has been taken about any particular facility, so I will once again promote the case of Daisy Hill Hospital. The Health Committee, on our visit of 7 December 2011, was very impressed in relation to sustainability, resilience, safety that fits the bill, and best practice there. Evidence shows that people who suffer an ischemic stroke who receive thrombolytic treatment within three hours are more than twice as likely to have favourable outcomes. The current record at Daisy Hill for the provision of that treatment is eight minutes.

In the all-Ireland context, only two of the recommendations, as far as I can see, specifically mention other jurisdictions, with regard to very specialist paediatric services and child and adolescent mental health services. In my constituency, the cross-border dimension is already well demonstrated, with approximately 3,500 people from the South accessing A&E in Daisy Hill last year, and with people from north Louth accessing the renal unit at Daisy Hill.

I hope that the Minister is pragmatic in addressing that area. He has already stated that he will be, and I am sure and I hope that he will continue to take that approach. I also hope that he will take into account the recommendations of the North/South feasibility study that he recently made available and will implement some of its recommendations.

Ms Ritchie: I thank the Minister for facilitating this debate and for the report that is under consideration. Fundamental to every person's rights in Northern Ireland is access to health and medical provision. For me, this document is very much crystallised by the words "self-help", "prevention" and "independence". Clearly, all those things depend on very strong family, community and voluntary support mechanisms, working directly with the providers to deliver the care and health models that should lead, and which we would like to see leading, to optimum health and medical outcomes for all.

I want to ask a very cautionary question. Although I fully recognise the fact that Mr Compton, his team and the Minister want to ensure that there is an efficient use of resources and that there are good medical and health outcomes for everybody, will the outworkings of the report deliver the desired objectives in improving those

medical and health outcomes and in creating the efficiencies that we so earnestly desire? Is this the right way to do that? Will it ensure a fair and equitable allocation of resources? Will it address those issues? Will the final outcomes and outworkings of the report address the marginalisation currently felt by many rural communities with regard to their inability to access local health and medical resources? Some of those areas will be the benchmarks against which the contents of the document will be measured. Will it ensure that the suggested model, in which the use of the community and voluntary sector is envisaged, has the ability to be sustainable and resilient? What benchmarks have the Minister and Mr Compton's review measured that against?

In considering those issues, and in the outworkings of the document, I would like the Minister to give consideration to some local issues. I suppose all politics are local. I remember the assertion made by the Minister about me during the questions: he said that I was posing local issues. For all of us, health is local; it is particular to the individual, their family and the community in which you live or serve. Take the Downe Hospital, for example. With the closure, albeit temporary, of accident and emergency in a Belfast hospital, pressure is definitely being put on the Ulster Hospital, the Mater and the Royal Victoria Hospital. We in the south Down area have to travel to Belfast for necessary acute hospital care, and, in many instances, after 10.00 pm we have to travel for accident and emergency care. Since we have the capacity for accident and emergency and other provision during the day, is there not a case for the people of Belfast to travel to south Down for that necessary care? Could the Minister give that some consideration? If you can travel in one direction for that care, why can you not travel in the other direction? If we want to have balanced regional development and balanced health and medical care provision, why is that not a possibility?

There is already much North/South provision in Daisy Hill Hospital, particularly with County Louth. I would like to see a copper-fastening and underpinning of that North/South provision, and I think the document makes provision for it. With the provision of the second theatre, I am in no doubt that the area of specialism for which Daisy Hill Hospital caters — paediatric care and children's medicine — could be provided for there.

In conclusion, this document gives us much food for thought. It is a pathway and a direction of travel for an optimal healthcare and medical care provision in Northern Ireland, hopefully, but it will be measured against its outworkings and on whether our rural communities are properly catered for.

Mr Spratt: I welcome the opportunity to speak in the debate. I commend the Minister and the review team for producing the report. I would like to pick up on a couple of points in the report, one of which is provision for the elderly and those with long-term conditions and how that will focus more on the individual.

The report states that care should be provided either at home or as close to the patient's home as possible. That also applies to patients who require palliative or end-of-life care, and that is welcome in the community. Generally, people are more comfortable and relaxed in their own home, and they are entitled to have some dignity in their final days.

4.00 pm

I also want to draw attention to the work carried out by the Centre for Independent Living, an organisation that supports disabled people and allows them to provide their own carers, in many cases in their own home. The centre provides guidance on employment as well as payroll support for those who require it. It is an excellent provision, as it allows disabled people to have a choice in who cares for them and, at the same time, relieves social services of the task of allocating and managing carers. Those who avail themselves of the service are also allowed not only to have relatives as carers, if that is what the individual wants, but to have a stranger in their home if that is what is required. That needs to be encouraged in the community.

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

I want to touch on one other area. I declare an interest as a sufferer of type 2 diabetes. Some very good work is going on in GP practices throughout the Province. In my case, I was diagnosed through normal screening. Whenever you reach a certain age, you are screened every 12 months. I will not disclose that age unless the Minister forces me to. Through that screening, I was diagnosed as having type 2 diabetes. It was previously unknown to me that I had it. Over the past two years, all my drug control has been done through the GP practice.

A dedicated GP in the practice looks after diabetes sufferers, and a dedicated nursing sister looks after the care and screening every six months. To date, I have not had to avail myself of either hospital or consultant care. That is one of the areas that has been looked at in the report, and evidence has been taken on it. I want the Minister to assure the House today that, where there is good practice in GP practices — it is happening in many practices throughout the Province — the Department will ensure that funding for those areas will continue to be made to encourage and allow good practice. That would allow GP surgeries to continue with that sort of care, relieving the need for chronic diseases such as diabetes to be cared for at a local level, as opposed to putting more pressure on already busy hospitals and consultants. My experience proves that that and, I suspect, many other treatments could be treated in a similar way at local level. I hope that the Minister will ensure that the Department continues to fund those areas. I welcome the fact that I have been able to give that as an example of good practice in our Province's healthcare system.

Mr Wells: This document is the most significant publication on health service provision in Northern Ireland for a generation. I pay tribute to John Compton and his team for the excellent work that they have done. I have had the privilege of knowing John in various roles: first in the Down Lisburn Trust and later in the South Eastern Trust and then as the chief executive of the board. Many of us believe that he is one of the most competent, knowledgeable and experienced hospital clinical managers in the entire Province, if not the entire United Kingdom. Therefore, many of us come at this from the angle that we respect not only the contents of the report but the driving force behind it. I have good cause to trust much of John's judgement on many other issues. That flavours, to some extent, my view on his report.

The report is not only significant but crucial. As Deputy Chair of the Health Committee, I had many, many opportunities during the formulation of the Compton report to meet individuals and discuss it with them, sometimes privately, sometimes publicly. The very clear trend that I see among clinicians, the royal colleges, service users, politicians and unions is that the report is, in its general thrust, getting it right. It is one thing to say that privately, but, if we as an Assembly believe that to be the case, we will

have to step up to the mark and support its implementation.

There was some media coverage when the report was published just before Christmas, but I do not believe that the community has really grasped its significance. With the holidays and people's minds being on other things, they have not yet realised just how significant the report is. Only when they realise its significance might pressure be put on individual MLAs. It is one thing to say that we generally support the thrust of the Compton report and what it is trying to do, but, when it affects something in our backyard, we put up the barricades and start protesting. There are difficult issues in the report; we cannot run away from them.

Mr McCarthy: In supporting the document as far as it goes, does the Member agree that the volume of input into the consultation was such that it is vital for those voices to be taken into consideration when the Minister and the Department come to implement the review? There was, I understand, input from over 1,500 individuals, and the document contains nine pages of issues that the people we represent want to see implemented.

Mr Wells: I think, to a large extent, that they have been taken into consideration. This debate and the inevitable public debate will also flavour the Minister's view on these important issues.

Remember, Members — those of you who are old enough to do so — that we have been here before. 'Developing Better Services' is almost a decade old. We looked at that document and did not have the political courage to deliver on it because, for many people, it was just too painful. Having not acted on that, we face a very stark choice now: either we voluntarily plan for the future health service provision of Northern Ireland and implement good policy or we have that provision forced on us in a very unpalatable and disorganised way. That is the choice that we have to face up to.

Difficult decisions have to be made. Nobody has mentioned the document's recommendation that GPs be grouped into 17 integrated care partnerships. Some GPs will not like that. One-man GP practices and father-and-son practices up in the mountains, out in the sticks or maybe even in urban areas will not like the idea of coming together and co-operating with their fellow GPs. That will be a difficult issue.

Residential homes have hardly been mentioned. Three or four years ago, there was a proposal to rationalise residential homes, and we know about the political pressure that we all came under from concerned people throughout Northern Ireland. There were five people in a residential home in my constituency, and it was going to cost £800,000 to fix the roof. Although many residents were going to be moved on to other forms of care anyhow, a strong political lobby said that the home had to be saved. If we as individual MLAs believe that the document is best for the provision of health and social care in Northern Ireland, we must have the courage to stand up and disagree with some constituents and say that, for the overall good of Northern Ireland, we will have to go with it. It will be interesting to see how many take that stand and how many others will simply look at the opposition and buckle under the pressure.

There is, of course, the terribly difficult issue of A&Es. As the Minister rightly said, if his local hospital could not provide proper care, he would rather be driven past its door to a hospital that could than die on the operating table. The view must be that we need to get people to where they can best be treated.

A particular aspect of the document that I welcome is the fact that many of our hospitals are full of people who should not be there in the first place for various good reasons, either because of lifestyle choices that have an impact on their health or because they are using their hospital as their local GP surgery. I welcome the fact that there will be more emphasis on the prevention of smoking and alcohol abuse, which has to include minimum pricing, and obesity.

Mr Deputy Speaker: Bring your remarks to a close, please.

Mr Wells: Generally speaking, this document has considerable merit, and we as MLAs will have to get together and give it our full support.

Ms Lo: I welcome the review and the proposed structure to implement the recommendations. The Alliance Party is open to any change or reconfiguration that will result in improved outcomes for patients, including those in rural areas. The needs of people must be at the centre of the health and social care system. However, any changes in services need to be balanced by other actions, such as better information and a better transport system. Resources must be put into reliable transport

systems, including public transport, for patients. That would very much be an example of cross-departmental working so that everyone can have equal access to the services they require. Good information is critical to giving people confidence in changes to services and the understanding that travelling further is not a disadvantage but may provide access to better services and quality care.

Investment needs to be directed to emergency personnel and services, numbers of ambulance staff, training and state-of-the-art equipment for paramedics to allow excellent care en route to hospital. More non-acute services should be provided locally as well.

The Alliance Party supports the move to services in the community but would emphasise that the appropriate resources must be made available in the community to support such services. Those resources should include the necessary funding, the correct profile of staff and staff training and partnership working across all sectors — statutory, voluntary and community. All appropriate community services should be available, including community pharmacy, and my colleague spoke about that earlier. All the necessary professionals should be included in community teams, including allied health professionals, such as physiotherapists and occupational therapists, to provide treatment that can allow people to avoid hospital admission, remain in their own home and return to work, thereby improving the quality of life for the patient and saving money.

The Alliance Party is happy to consider a number of efficiencies, including many of those in the McKinsey report, but draws the line at charging for services. We support the need to reduce reliance on accident and emergency services. Too many people, due to a lack of awareness, use A&E as an alternative to visiting their GP, an out-of-hours doctor or a minor injuries unit. We support the proposal to make better and more integrated use of the community and voluntary sector. In terms of other efficiency measures, we support placing emphasis on public health — quality of diet, exercise, smoking prevention and so on — and on prevention and early intervention to ease demand and cost pressures. We support the proposal for better use of technology, for example, to support people in their home, to monitor and manage prescriptions and for remote care.

It is important to seek greater emphasis on better home and community services. We support the development of shared services on a North/South basis. Benchmarking with other jurisdictions should also be undertaken to ensure that best practice examples are taken into account.

In respect of public health, we believe that tackling the major issues of obesity, smoking and alcohol consumption will save lives and money, by preventing serious illness further down the line. The money saved can then be invested in other services. The Alliance Party welcomes the implementation of the obesity prevention framework. We support the prioritisation —

4.15 pm

Mr Deputy Speaker: Bring your remarks to a close, please.

Ms Lo: — of draft tobacco regulations and call for a robust and clearly timetabled tobacco control strategy.

Mrs Overend: Thank you, Mr Deputy Speaker, for the opportunity to speak on the motion. I am speaking on the issue not only as an MLA but as a mother of three young children who has depended on the National Health Service for many reasons on numerous occasions. My family connection, however, does not stop there. I have a 96-year-old grandmother, parents, brothers and sisters, including a sister-in-law who suffered a stroke only two weeks ago at the age of 52, all of whom I would expect to get the finest care. It does not matter who you are: the health service plays an important role in your life, from the youngest to the oldest in your family.

Health is arguably one of the biggest issues facing us as Members, as an Assembly and as a country. It is understandable, then, that people get emotional about possible cuts to and reform of the National Health Service. It has become like a family member to many of us. Those who depend on it, particularly the elderly and the young, need an effective health service, not just an efficient one. Health reforms should not be driven solely by statistics and cost but by the needs of the community. The Compton review is set against a background of increasing demand and diminishing resources. Many warned that the Health Department would not get the financial support that it needed under the current Budget arrangements, and I think that the fact that the current Health

Minister had to close some A&Es is a sign of that pressure.

There are several key recommendations in the report, the most eye-catching of which relate to acute hospitals in Northern Ireland. Antrim Area Hospital, which serves my constituency, is one such. In the report, we hear about transferring services from the hospital to the community. Over four years, £83 million will be diverted to community care services; that equates to 5% of their current budgets. Pressures on hospital budgets have already increased by 2% per annum because of Northern Ireland's ageing population and by another 2% per annum to allow for the advancement of medical and surgical techniques. Therefore, hospitals will be able to provide that additional 5% — £83 million — only if there is significant change to the number and profile of patients being admitted to acute hospitals. There is a significant number of unknowns in that equation. Dealing with the health service in such a manner is unacceptable.

Antrim hospital is already under pressure; not only is it overused, but it needs more nursing provision. If more pressure is placed on its budget, the situation will only get worse. We hear continually about the failings of Antrim hospital. I have one such story about a constituent who went to Antrim hospital with a heart complaint at 8.00 pm: he was not seen until 2.00 am and was on a trolley for a total of 44 hours. That demands change now, not in six months' time. It is wholly inappropriate to make choices based on money when dealing with everyday lives and, more important, life or death situations. I recognise that the status quo is not working and that we have to take a serious look at the health service. However, I do not support taking a slash-and-burn approach to services to do so.

We must best manage a process of reform that meets the needs of the people of Northern Ireland in the 21st century. I therefore question several areas of the report, not for political gain but because of the huge impact that it will have on everyday lives in Northern Ireland. Our constituents deserve a world-class service, be it in health, education or policing. We owe it to them to debate and scrutinise the future of health provision fully and rigorously. We have an under-resourced and understaffed health service, and yet we must ensure that it always operates in a safe and efficient manner. I therefore challenge the Health Minister to deliver a

sustainable and world-class health service but not one driven solely by stats and cost. May I dare to hope that the Minister of Finance and Personnel will find another £120 million, similar to what he found for the Department of Education, and give it to his colleague in the Health Department in order to help with the delivery of reform?

Mr Storey: I also welcome the opportunity to contribute to a debate on what is, as other Members said, a critical and vital piece of work by John Compton and his colleagues. I commend the Minister for taking the initiative on the issue. We now have in place an overview of the issues that face the health service.

It is only right and proper — other Members have said this — to place on record our gratitude to those who work in the health service. We so easily take for granted the provision that we already have in Northern Ireland. Although there are difficulties and, as the previous Member who spoke indicated, issues can be raised about an individual or individuals who face certain problems and difficulties, we have to set that against the background of the millions of pounds that are spent on health each year and the many thousands who are helped by the health service to address a variety of issues.

I also underscore the fact that, as politicians, we have a deficiency: we do not go to the closing of anything. We go to the opening of everything; that is what we do. We go to the opening of envelopes and the opening of doors because we think that that is the right thing for politicians to do. It is always unpalatable, difficult and challenging if there are, in our locality, services that have to close. I speak from personal experience. I have already had a discussion with the Health Minister, along with my colleague the MP for North Antrim, Ian Paisley Junior, and my MLA colleagues, on a number of health issues. In a letter that he sent to me in October 2011, the Minister said that the Causeway Hospital was here to stay. I welcome that, and I will deal specifically with that hospital in a moment.

When we look at services in our area, it needs to be remembered that my constituency of North Antrim is not serviced by an acute hospital within its confines: Antrim Area Hospital is in South Antrim, and the Causeway Hospital is in East Londonderry. Let us never forget that the people of Ballymoney and the surrounding area

have already made the sacrifice when it comes to acute provision. The Route Hospital is no longer open; it closed on the promise that the service provided elsewhere would be immensely better than the one that had been in place there.

I have gone through all the press statements from political opponents and commentators. Although the focus has been, to a degree, rightly placed on the Causeway Hospital, it seems as though Dalriada Hospital in Ballycastle has fallen off the face of the earth and is no longer an issue. It is for me. There are concerns about what may happen to Dalriada. Furthermore — the Minister knows about this issue — what about the provision at the Robinson Hospital? I pay tribute to those who, as a result of the Robinson Trust, ensured that, from the early 1940s, we have had a hospital on the Newel Road that has given immense service to the people of Ballymoney.

I listened to my colleague Mr Swann, who basically said that the Causeway Hospital was going to be closed by stealth. I remind him of what Mr McGimpsey said when it came to hospitals:

“we cannot sustain indefinitely local hospitals with acute services where it is virtually impossible to recruit”. — [Official Report, Bound Volume 51, p301, col 2].

That is what he said when he closed the A&E departments of the Mid-Ulster Hospital and Whiteabbey Hospital. Therefore, neither this party nor this Minister needs to take a lecture from a party that, when it held the Health portfolio, did not really deliver the goods. It is imperative, and I conclude with these comments —

Mr Deputy Speaker: Bring your remarks to a close, please.

Mr Storey: Having spoken to the cardiac service users in the Causeway Hospital —

Mr Deputy Speaker: Time is up.

Mr Storey: — I think that it is imperative that they be listened to. All who have a vested interest in the retention of the excellent services in that hospital should have a voice and be listened to.

Mr D Bradley: Go raibh maith agat, a LeasCheann Comhairle Tá áthas orm deis a bheith agam páirt a ghlacadh sa díospóireacht thábhachtach seo ar chúrsaí sláinte. I appreciate the opportunity to participate in this important debate about health matters.

Since the Compton report was published, I have spoken about it to many constituents, particularly in the greater Newry area. There is concern about one particular theme: ensuring that the present status of Daisy Hill Hospital is maintained into the future. Leaks prior to the report's publication created consternation in the area. Daisy Hill covers a wide rural catchment area that stretches into south Armagh and south Down. The topography of that area is such that it is not always possible to reach other hospitals within what is known as the golden hour. I would prefer to arrive alive in Daisy Hill than dead in Belfast, but Mr Wells may hold another view.

I welcome the recent investment in and developments at Daisy Hill. They should be built on and not diminished in any way. Daisy Hill has a very busy emergency department that, as was mentioned earlier, saw over 36,000 patients last year. That figure is repeated annually. Investment has enabled the A&E department to double in size. The Compton report recognises that Daisy Hill's emergency department sees 95% of its patients within four hours and meets the waiting time standards. Few hospitals can claim such an excellent record, and I praise Daisy Hill for what should be an important consideration in planning the future services at the hospital.

Mr Wells is right when he says that there is great public concern about residential care. We saw that concern in public campaigns in the past. I wonder whether Compton's views on residential care correspond with those of the public and whether the public in Northern Ireland want what Compton wants. In my experience, many residents and families are very happy with the standard of care that they receive in a residential setting and would take a dim view of proposals to close such highly regarded facilities.

All of that raises the question of consultation on the Compton proposals. As public representatives, we are glad to have the opportunity to express our views here today. However, that raises the question of whether the general public will be afforded the right to express their views. Perhaps the Minister would like to address that point later.

As other Members said, the report recognises that there is plenty of potential to share services on a cross-border basis. That will benefit people in both jurisdictions. In my area, we have already seen good work on that front in renal and

emergency services. The report recognises that there is still huge untapped potential. I ask the Minister to ensure that that potential is fully exploited. In doing so, perhaps his first step would be to designate a senior official from his Department to take responsibility for that area of healthcare.

There is much in the report to be welcomed, and time —

4.30 pm

Mr Deputy Speaker: Bring your remarks to a close.

Mr D Bradley: Thank you, Mr Deputy Speaker. I was just about to say that time does not afford me the opportunity to deal with all the issues. However, my other colleagues, I think, have dealt with them, and colleagues yet to speak will continue with that. Go raibh maith agat.

Mr I McCrea: As I have said in other debates, the further you are down the list, the less there is to say, so I hope not to use up the whole five minutes, which, I am sure, people will be glad to hear. Nonetheless, this is a welcome debate. Although I have not been in the Chamber for the full debate, I listened to most of it in my room. It is welcome that almost everyone who spoke accepts that change is required. How we go about that may not always be the thing we agree on. Nonetheless, there is a general acceptance that change is required. I commend the Minister for stepping up to the mark and taking the steps required to try to bring about that change.

It would be remiss of me not to continue in the same vein as others and keep the debate on a constituency basis. Anyone who has heard me speak on health issues will know that the Mid Ulster Hospital is very close to my heart in respect of its constituency facility and main healthcare provision. Unfortunately, the previous Health Minister saw fit to remove acute services from the Mid Ulster Hospital. Although I believe that that decision was premature —

Mr McCallister: Will the Member give way?

Mr I McCrea: Yes, I am happy to.

Mr McCallister: I realise that the Member may not have been in the Chamber for the opening statement by the Minister, who spoke about safety and the pressures that would result. The decision that the Member blames Michael McGimpsey for was based on clinical reasons:

there physically were not the staff to manage Mid Ulster and Whiteabbey hospitals. One of the drivers for the reform process — which Michael McGimpsey initiated and Minister Poots, when he took over the Department, continued with a different review team — is that such changes will have to be made. He is now arguing about Mid Ulster while supporting a process that could potentially halve the number of A&Es in Northern Ireland.

Mr I McCrea: The Member needs to check his facts. Acute services at the Mid Ulster Hospital were proven not to have been closed due to an inability to provide the services. It was a joint decision. It was joined with the decision to close or remove services from Whiteabbey because it could not provide the level of staff, and Mid Ulster was joined with that. The Mid Ulster Hospital has always been able to provide the level of service required to retain acute services.

I am not disagreeing with the premise of the debate, and if, within that debate, the Mid Ulster had to lose its acute services, that was part of the decision. I am saying that it was the wrong time to do that. Antrim Area Hospital took over as the main local acute hospital. Sandra Overend referred to one of the many people who are left on trolleys there. Mind you, the Minister was saying that they are not the trolleys that you find in a supermarket, so maybe it is not always that bad when you are left on a trolley. However, it is not that good either when you are left for many hours on a trolley.

Nonetheless, the decision was premature — maybe not always the wrong decision but a premature one — when it came to the closure of acute services at the Mid Ulster Hospital. The cracks are being papered over at Antrim Area Hospital. Anybody who listens to any conversation about Antrim — other than the visit that I believe the Minister made, when there did not seem to be too many problems — will hear that, on any night of the week, there are a lot of difficulties in people getting attended to at the acute services there.

A number of issues relate to debates that we have had in the past. One issue is the minor injuries unit at the Mid Ulster Hospital and the extension of its opening hours. I would certainly welcome that outcome of the report and the review. There are many issues. My colleague from South Down referred to the number of people who are in hospitals who should not

always be there. I accept that. As someone who does not attend a doctor's surgery or, indeed, a hospital too often and who, probably, should be there when I am supposed to be to learn how to eat properly and exercise — mind you, mine is a body of complete fitness — I believe that it is part and parcel of the entire process that needs to take place to encourage people not to use the health service for minor issues and, indeed, to use the minor injuries unit when appropriate.

Mr Deputy Speaker: Bring your remarks to a close, please.

Mr I McCrea: I welcome the debate and hope that we have a positive outcome.

Mr Beggs: I, too, thank the Minister for bringing forward the motion and the Business Committee for committing three hours to this very important discussion area. Changes are afoot in the health service. It is important that they are discussed and appreciated and that the best model comes forward.

The report highlights the demographic changes that are occurring in Northern Ireland. In particular, it highlights the growth of the elderly population. We are all growing older and can expect to stay alive longer. That is to be welcomed, but it also means that there will be an increasing burden on the health service.

There are also growing concerns about pressures on various A&E departments. Once again, I highlight Antrim Area Hospital, about which concerns have been mentioned to me. Clearly, unacceptable trolley waits have happened there. We need to create alternative pathways in order to prevent bottlenecks occurring in hospitals where there are major A&E departments if people could be treated better elsewhere and closer to their homes. At present, that option does not exist. I welcome the fact that better services can be provided locally.

The A&E department at the Moyle Hospital — formerly the Larne District Hospital — closed over a decade ago. It is, probably, two decades ago now. Why could some of the service that would have been provided in that type of facility not be provided locally? Surely that would be better. I know that, when there were plans to close the only remaining hospital ward in my constituency at Inver House, plans were floated to show that a minor injuries unit or GP-led unit could be created. They were, however, quickly pulled off the table towards the end of that

process when it was recognised that there were no funds for such a unit. I suspect that funds are needed to put those facilities into the community. Nevertheless, it would be an important improvement to treat minor injuries locally through GP services, so that lengthy travel times to A&E departments would not be required, consultants there could concentrate on the vital work that they do and minor injuries could be treated elsewhere. At present, those trolley waits are unacceptable.

Recently, I learned about a vulnerable elderly lady who lives in a nursing home who spent four and a half hours in A&E waiting for a planned X-ray — a planned X-ray, not an emergency X-ray. In fact, she was abandoned there. It was dreadful. Most local dentists have X-ray services in their local clinics. Why can GPs not have X-rays facilities, be able to use modern technology and pull in expert radiographers who will be able to give second opinions if they are needed or, if necessary, when concern has arisen, forward issues to main hospitals at that point? Clearly, more work should be delegated back to GPs. They should not simply be a referral service. More work should be carried out locally. Inver House is the last remaining ward in my constituency.

At present, there is a rehabilitation unit, and I argue that concentrated rehabilitation located in the community, along with the interaction of family and friends, aids recovery and the ultimate return of that person to a home setting or alternative care setting. It is also important that local palliative care continues. In bringing changes forward, it is easy to forget such important things, but they are needed so that family members can spend precious time with their loved ones when they are in difficulties. That was almost overlooked, so it is important that such issues are not overlooked as changes come forward.

I welcome the concentration on health and well-being in the report, because prevention is always better than cure. I noticed that the report highlights the concern about alcohol misuse, and I declare an interest as a member of Carrickfergus Community Drug and Alcohol Advisory Group. There are some interesting statistics. For instance, half of all smokers will die of cancer. That is frightening. Why would anybody smoke? The growing issue of obesity and the time bomb of diabetes is another issue that will add pressure in the future. We also

need to make use of everyone in the service, including our pharmacists, and ensure that appropriate services are provided for people in need.

Mr Irwin: I welcome the opportunity to comment on this matter today. This issue more than any other has generated the greatest interest from the perspective of both the public and those involved across the health service. I must also say that our current Minister more than any other has demonstrated that he is not afraid to take the issue on, and it is clear that he is keen to make a difference and see the health service transformed. It has not gone unnoticed that we previously had a Minister who was very much at odds with his Executive, and it seemed to me that his only public comments consisted of excuses and hiding behind his budget. That was not good enough, and it is refreshing to see that our new Minister is making progress.

Over the past few months, it has become clear that the majority of people agree that some form of change is absolutely necessary to ensure that our health service evolves and meets the challenges that are now before it. The debate, of course, is about how that change is managed and ensuring that we focus on the needs of the patient or individual. One key element of progress will be an absolute focus and buy-in by those involved in the management of the health service. No department or facet must be labelled untouchable, and no one should think that their sector cannot be improved. I am encouraged by the initial direction of the proposals, and I welcome the focus on care in the home environment. I would like the Minister to inform the House of his long-term visions in that regard.

Mr Beggs: The Member mentioned care in the home. I, too, support that, but I am concerned when I hear about vulnerable individuals who are at home with limited support from family and friends and who could perhaps end up getting two brief visits a day, one in the morning and one in the evening, to put them to bed. Does the Member accept that there has to be balance and that, for some, supportive housing, residential care or nursing care might be appropriate as well?

Mr Irwin: Yes, I probably agree. There will be different circumstances for different individuals.

We are all aware of the massive contribution made by carers across the country, and the argument

is often made highlighting the benefits of caring in the home and the resources that that saves the Department, for instance. However, there is considerable need for greater recognition of carers, particularly in regard to support.

The Minister is correct when he states that we must make the best use of the resources available to us. That will obviously involve a great deal of inspection and planning to ensure that services are being delivered to the highest standards and care is being administered accurately. The public need to be able to see the system working with minimal disruption.

Locally, in my constituency, we have heard whispers of possible changes to the services currently offered at the Daisy Hill facility, and I welcome greater clarity on what changes are being proposed. Daisy Hill serves a growing population in the region, and I am keen to see services retained and, indeed, maximised.

I am encouraged by recent announcements on the relocation of services to Armagh city under the business service transformation project and the fact that 86 jobs will be located at the St Luke's Hospital site. That is in line with my council's vision of ensuring that Armagh remains a location for public sector employment, particularly in the health setting.

4.45 pm

Given the remit of the review, I welcome the scope for targeting how we, as a population, look after ourselves, or, as may be the case, do not look after ourselves. There is obviously a clear need for education in a number of areas, including the excessive consumption and pricing of alcohol and junk food. I know that we have seen some progress on tobacco control, but I believe that there is room for improvement in that area. Although the review focuses on a real attempt to make our health system perform better in every facet, it is important not to overlook what people can do for themselves to reduce the pressure on the health service. We need to start taking much better care of ourselves, and by doing so, we can prevent problems from occurring further down the line and reduce the pressures on the service.

I wish the Minister well in his task, and I trust that he will continue his work and maintain his enthusiasm for change. That will be key in carrying the process forward to what will, hopefully, be a successful conclusion.

Mrs D Kelly: I noticed that, in the preamble to the report, the terms of reference initially included the question of where hospitals and community care settings, etc, should be located. That particular hot potato was passed from the review team back to the Minister. Therefore, it is not entirely true that the Minister was prepared to take some of the difficult questions. If the review team had answered those for him, he would have been very pleased indeed. Nonetheless, 'Transforming Your Care' is a radical document.

Thus far, Members have focused on the acute hospital sector. However, if the system is to work and work well, adequate resources will need to go into the community and into social care in particular. It will also require cross-departmental working. For example, if all residential care homes or all the long-term institutions that provide care to people with learning disabilities were to close within the next five years, a lot of work by and support from the Department for Social Development would be required to support those affected. Furthermore, if the reablement priorities are to be achieved for those who have suffered illness or injury, the Department for Employment and Learning (DEL), or wherever those functions will be, will also have a role to play. DEL currently plays a role in that area, but that will need to be enhanced. The community and voluntary sector will also need to be involved, as will the private sector. We all know that there are a lot of concerns about finances in the private sector. Corners are being cut, and many Members could tell stories from their constituents' viewpoints.

The health and social care budget in the Minister's Department has a shortfall of over £600 million over the next three years. Given that, he might give the House some indication at this stage of how he will manage and finance the changes. Dealing with that shortfall will be a challenge in itself, and I suggest that implementing the proposed changes will bring additional pressures. As some Members said, it is somewhat of a chicken-and-egg scenario, and there is a degree of scepticism.

I worked in the health service for 22 years, and when some of the statutory care homes were closed, for example, I often heard promises of money and change being made to the community. However, that money was never transferred to the community. The reference paper also suggests that GPs will take a lead in integrated

care pathways. However, who will take the lead in those negotiations with GPs?

My colleague Dominic Bradley referred to the consultation on the review. The title of the document, 'Transforming Your Care', suggests that the public will have a say in how that care will be transformed. I accept that, during the period of the review, the public had an opportunity to make submissions either as individuals or as members of organisations. However, those are not the same thing, and it will not capture the public's attention to the same extent as the closure of a local service. It seems that, at this stage, no consultation will be taken forward on that basis.

I wanted to refer to some other points about the Bamford review. We all know that there have been numerous documents; some members, including Mr Wells, referred to other healthcare papers that there was no political will to implement. The Bamford review was a radical document, but I suggest that it was not implemented not because of a lack of political will but because of a lack of finance. So how are all the new recommendations going to be taken forward?

Mr Wells: The Member may not be aware of the fact that the Minister will be bringing forward perhaps the largest piece of legislation that this Assembly will ever see, which will implement the Bamford review. That is coming along, and there will be more than ample opportunity to discuss that crucial issue. That will be delivered.

Mrs D Kelly: I welcome the fact that the legislation will implement the Bamford review, but we have yet to hear how the provision of care at the other end and the resources and the finances that will be required are going to be managed. I want the Minister to give us some indication of how that is going to happen.

In the brief time that I have left, I want to draw the Minister's attention to a particular issue. I understand that members of staff at trust and unit level throughout the service had the opportunity to put forward suggestions about how money might be saved. I speak to healthcare staff on a regular basis, and they have a lot of pragmatic and practical ideas, but some of those never seem to come up through the system. I will pass those suggestions on to the Minister later in private, given the time constraints.

The document is challenging. I welcome the proposals for end-of-life palliative care, the commitment to allow people to die with dignity in their own homes, and how nursing care is going to be used as part of palliative care —

Mr Deputy Speaker: The Member must bring her remarks to a close.

Mrs D Kelly: — to meet that particular objective.

Mr G Robinson: I am pleased to speak in this debate to welcome the proactive approach that the Minister has taken since his appointment. I thank the staff in the NHS for their dedicated service, and all the members of the review team, who have put in so much effort to deliver the report.

The Health Minister has one of the most difficult Executive portfolios, and I commend him for his approach to the many challenges that he has inherited. I also wish to use my time to highlight the integral role played by the Causeway Hospital in providing A&E services to a large geographical area in Northern Ireland. Having spoken on a number of occasions to the chairman of the Northern Health and Social Care Trust and senior clinicians about the A&E facilities that the Causeway Hospital provides, I am aware that it is a valued asset to the trust as well as to the population which it serves and who depend on it. I ask the Minister and his officials to do everything they can to ensure that that does not change.

Recent news reports have highlighted trolley waits and admission times in Antrim Area Hospital, with the Causeway Hospital and A&E working to full capacity. In my view, that proves the importance of the Causeway Hospital as a vital piece of our health infrastructure. Our population deserves a good service, and the truth is that it is being delivered, despite what the rumour mill would have us believe.

Many have welcomed the news in recent days that the Irish Open golf tournament is returning to the north coast, and have pointed to the number of visitors whom we expect to be attracted to that great event. That is just one event to add to those that annually benefit the north coast by attracting hundreds of thousands of people to the area. We have the North West 200 road race, the raft race and the air show. In forthcoming years, I believe, we will have more sporting events, and we must have A&E facilities

and infrastructure to serve them. I appreciate that the Minister has a challenging budget, and that the Compton review will, doubtless, leave him with more challenging decisions to take. I ask that he does his very best to ensure that the north coast and the rural hinterland do not lose their prized A&E services.

Mr Kinahan: I am afraid that I have missed a great deal of what various Members have been saying today because of other commitments. I am not a member of the Health Committee, but, like all MLAs, I deal with health issues in many things that I do, whether in hospitals or in care homes, and it is on the latter issue that I wish to raise some concerns.

I can see where the Minister is going with trying to get more care done in the home, but it terrifies me that it is being done without necessarily looking at how it will work on the ground. In the osteoporosis debate before Christmas, we were given a statistic that 25% of the fractures that require hospital treatment happen in care homes. That was put to me in a way that suggested we should be concerned about care homes, but, if you turn that statistic round the other way, it means that 75% of fractures happen in the home.

In most homes, whether they have staircases or slippery floors, a mass of work needs to be done before they are suitable places for families to care for their own. If you are caring for your own, it is not just about the structure of the house, the skills are also important, and not every family is cosy, loving and works well. We should think of all the elderly people who may be left at home when someone has gone out to work and they cannot get hold of anyone. I have enormous concerns that we are forcing something on families that we should not be putting in place, yet each and every home will need to be studied. We need some mechanism to check what is going on and to check that the elderly are being looked after well in their homes.

Last week, I went to a care home in my patch and was incredibly impressed with what I saw. You should think of the skills of the nurses involved in looking after the elderly and the way the home is built and set up with the special bathing units, but, at the same time, there was happiness and companionship there. You do not necessarily get that at home. We want something to be put in place to allow them the choice. I also got a call the other day from

someone who felt that his mother had been turned down a place in a home just because that was the policy. I had to ring to check, and I got her into a home. I am sure that many of us have done things like that. However, we must not let the policy drive the right decision. It should be a case of making the right decision once you have looked at all the factors. Therefore, I am very concerned with where we are going. I understand it, but some very clever mechanism has to be put in place so that nobody is left at home in such a way that they are not being looked after, considering the worst things that could happen there.

As a novice of the health world, I will move on to another area: the pharmacy side of life. I do not understand where we are going with that at the moment. There have been cutbacks in pharmacies yet, at the same time, we are being told today that we will work better with the pharmacies in the future. I hope that the Department will listen to the ways of all the pharmacies and use their skills so that we have a better health service. One pharmacist told me that, each week, about £400 of drugs was returned to the pharmacy. Although some are being returned, many wasted drugs are probably being binned at home. A mass of money can be saved, and I know that the Minister knows that. However, my concern is that we have grand and expensive strategies, such as the one suggested by Compton, and are trying to put them in place without listening to the people on the ground who know about the issues. Or are we? We need a more dynamic system for talking to and learning from the people on the ground.

Various people have raised the example of the appalling trolley waits at Antrim Area Hospital. However, I wonder how many people have spoken to and listened to the nurses there. They are not allowed to speak out, yet the problem is happening every Friday or Thursday when too many people are coming in. We need to find a more dynamic way of listening to the people who are skilled and coming up with the right solution. I am concerned that we have a little bit of an ivory tower situation here, and I hope that the Minister will look at that because I want our care homes to work but I also want a Northern Ireland in which everybody has a better health service. I know that the Minister will try to get us there.

Mr Wells: On a point of order, Mr Deputy Speaker. I think that history has been made this afternoon.

I want to put it on the record for posterity that I believe that Mr Kinahan is the first MLA in the Chamber to read his speech entirely from an iPad. Technology is moving on, and I congratulate him. He is very clever, and I think that that is the trend for the future.

Mr Deputy Speaker: Despite the new technology, Mr Wells, that is not a point of order. However, you have made your point.

5.00 pm

Mr Allister: There is no doubt that the Compton report is a serious piece of work, addressing many serious issues. However, I do not subscribe to the Jim Wells school of thinking that, because it comes from John Compton, it deserves, in some way, less critical examination. I am not suggesting for one moment that Mr Compton is a gun for hire, but I am tempted to remember that, around this time last year, when he was defending the previous Minister and going into battle in defence of the proposition that the health service might be facing bankruptcy, one of the voices that I heard on the radio disputing that and contradicting him was that of Mr Jim Wells. Today, of course, he rides the Compton bandwagon and pushes that agenda in a speech that demonstrates that he has the credentials to be the future slash-and-burn Health Minister and that he is wedded to all that is necessary in that regard.

In five minutes, some of which I have frittered away already, one cannot hope to address all of the many issues in the report that deserve to be addressed, so I will focus on one: the provision of acute health services as it affects my constituency. Causeway Hospital is the focus of that, and it was provided at a time when we were assured that it was an ample replacement for the Route Hospital. We were assured that it would be an abiding presence in that area and that it would serve that area. It made excellent provision, and, over the years, it has demonstrated good use of its modern facilities. Indeed, it has well met a regional need in that regard. However, it is now plain to anyone who cares to look that, sadly, the Minister and his party intend to downgrade the Causeway.

Of course, when hospital downgrades are on the way, one is never upfront about them. If you are the Minister or the Department, you usually use some sleight of hand to produce closure. It is always clouded in deliberate ambiguity. Take the City Hospital's A&E department, which, we

were told, would be only a temporary closure. Everyone knows that it is not just a temporary closure. Take the Causeway as far back as 2009. We had the first signs, with the closure and removal of the microbiology laboratory from Coleraine to Antrim. At the time, I warned that that was a forerunner to the ultimate downgrading of acute services.

Mrs D Kelly: I thank the Member for giving way. Does the Member think that the DUP's plan for the area will gag the North Antrim MP?

Mr Allister: I would be the last person to speak for the MP for North Antrim, but I notice that the plan has tempered the interventions of the North Antrim MLAs in today's debate. The only one of those who has deigned to speak is Mr Storey and his speech was not one of nailing colours to the mast but of preparing a soft landing for the downgrading of the Causeway. We noted that.

Over the years at the Causeway, clinical posts were left unfilled, and there was a heavy reliance on locums. The official excuse began to evolve of the inability to find suitable staff. That feeds into the master plan to downgrade the Causeway, and, on cue, along comes the Compton review, about which the Minister will not even consult but which is handed down as a done deal with only the detail left for discussion. Such detail includes whether there will be five or seven acute hospitals. Be it five or seven, one thing is clear: Causeway is not envisaged by the Department as being one of them. Denuding the north-east of the Province of acute hospital services may be a small thing to the Minister, but it is a very big deal for the people of north Antrim and of east Londonderry that he intends to rob them of their existing level of acute provision.

It will not wash to say: "Oh, you will have a better service elsewhere". Elsewhere cannot cope. We saw that last weekend, in Antrim, with the overflow of trolley use and the cancellation of some of the following week's hospital operations in order to get beds. So, it cannot be coped with elsewhere, and that is not something that people should be persuaded about.

When it comes to hospital closures and downgrades, the touchstone is how many acute beds we have at present. How many will we have after the event?

Mr Deputy Speaker: The Member should draw his remarks to a close, please.

Mr Allister: It seems quite clear to me that, when you look at the cumulative provision for the north-east of the Province, we will have many fewer acute beds after —

Mr Deputy Speaker: Your time is up, please.

Mr Allister: — the Minister and his party get their way in respect of the Causeway than we have at the moment. Thank you.

Mr McClarty: I suggest that we should have a small clinic in this place to deal with Mr Wells's dizziness as a result of his somersaults since this time last year. I also point out that I am the second person to do their speech from an iPad, but in my case the "i" stands for ink.

First, I congratulate the Minister, his Department and the review team on initiating the review of health and social care. Striving for better quality and more efficient health and social care should always be a priority for this legislature. The review is a positive first step of many towards ensuring that. The current system is largely failing, as we all know. Services and staff are severely under pressure and patients are experiencing horrendous waiting times and treatment cancellations. The Compton report addresses those issues and suggests proposals, within the constraints of the Department. Although not all the proposed changes are desirable, overall, change is necessary to improve health and social care in Northern Ireland.

As we all know, point of access to services is a significant problem in the current system of health and social care in Northern Ireland. A&E departments are overstretched because patients are using those services when, for example, GP out-of-hours services would be much more appropriate. Indeed, a trip to a local pharmacy would suffice instead of a costly visit to a GP. As the report suggests, we need to maximise the expertise of alternative services and educate the population about where they can easily access the appropriate care. Pharmacists are particularly underutilised in Northern Ireland. Rather than imposing severe cuts, we should make use of the talented pool of pharmacists who have been produced by the two universities here. Indeed, schemes already exist where pharmacists administer flu jabs, advise on minor ailments, conduct smoking cessation classes, provide weight-loss counselling and so on. Take pressure off GPs by advocating services that pharmacists are more than qualified to administer. I appreciate that

the road to achieving that will be long, but we need to maximise the resources that we already possess to get the best value for money, which is the essence of this review.

There is considerable uncertainty in my constituency with regard to acute services at Causeway. Although the report was careful not to mention specific hospitals, the likely proposal to close half of the 10 acute services has inevitably caused concern and fear, not only in my constituency but throughout the areas in Northern Ireland where we have A&E services. It is important that the Minister publicly discloses the position soon to alleviate that uncertainty among the general public and staff, again, not only in my constituency but across the board. He must also clarify the situation with regard to adequate staffing and opening hours in those A&E units that will remain open. This is not just an economic issue; it is about efficiency and quality of care.

Although each hospital will have legitimate reasons to maintain acute services, I represent the Causeway area. The Causeway Hospital is positioned in the heart of Northern Ireland's premier tourist area. The population almost doubles during the summer months, which increases the opportunity for accidents and emergencies. Causeway is central in providing quick access to acute services, particularly for those relying on public transport — obviously tourists.

The north coast is host to major sporting events, as has already been pointed out; I do not have to go over them again. All those sporting events are a credit to my constituency, but, unfortunately, all of them come with risk, both in the sports and for those who watch them. It is almost ridiculous to suggest that acute services will not be available close by.

I apologise to the Minister for not being able to stay for his response as I have another meeting to go to in this Building; however, I will read his response tomorrow morning. I reiterate my plea to the Minister to consider carefully and to consider soon.

Mr Poots: I will try to respond to all Members, but I may not be successful. The Chairperson of the Committee, Ms Gildernew, urged caution on the implementation of all the recommendations, advising that, in her view, there were some that should not be implemented, so I will be listening intently to hear what they are. Everyone

who spoke stated repeatedly that change is required; I, too, have said that many times. I have received the report from the review team, and its conclusions and the broad direction that it sets are very much about change. We are committed to taking things forward on the basis of change.

I noted John McCallister's arguments that the review has to do with money and that the service is underfunded. We heard a lot from John McCallister and his colleagues around this time last year. We were, apparently, entering chapter 11 administration shortly into the new financial year; we were, according to John McCallister and colleagues, going to have 4,000 compulsory redundancies in the health service. Of course, those things have not happened. We have to learn to live within our means and to spend money more wisely, as opposed to looking constantly for more money and subsequently wasting it, as some people seem to recommend.

Mark Durkan expressed his concerns about the implications for staff. I will seek to ensure that all staff are treated with respect at all times, that they are made aware of issues at an early stage and that they are properly consulted. Many staff will see no particular change in their area, but some will, and it is important that we work with them on those changes. Many of the changes will not be particularly negative; nonetheless, they will be changes and they will have implications.

Michaela Boyle stated that GPs are critical to the delivery of our services, and that is the case. Some things happened in the past that perhaps undermined GPs' work. The review, however, suggests an indicative reallocation of £21 million to design the way forward within clear parameters rather than having a top-down approach to specifying a function for each hospital. All the current hospitals will have an integral role in the delivery of services to their localities. The review is not prescriptive about the service configuration in those facilities, but it does set out its expectations of what should be included and what a major acute hospital must be capable of sustaining.

In response to Margaret Ritchie, there is nothing wrong with being local. I pass comment on Ms Ritchie's making the local case, and there is nothing wrong with that. She can be a bit local on occasions. The patient is the most important

in all that we do in the health and social care sector. I want to explore means of enhancing their experience. That does not just mean their treatment or even their aftercare but every aspect of how the service interacts with the people that we care for. I want to give patients choice. What really matters to patients is the design and delivery of a service that meets their needs and expectations. Patients want to be treated for non-urgent care at a time and place that is convenient for them; ideally, that is close to their home and in their community. I want to enhance patients' experience. Therefore, we need to explore how we can make services more responsive to patients' everyday lives.

5.15 pm

Ms Ritchie: Clearly, the Minister supports local accessibility at the point of delivery.

Mr Poots: Absolutely. We support local accessibility, but that does not mean that every service will be delivered locally. Many will be delivered better and more professionally by specialist teams, but specialist teams will not be available in every local hospital across Northern Ireland. There needs to be recognition of that and a mature discussion of the issues.

Jimmy Spratt highlighted the role of GP practices in helping patients to manage diabetes. We need to help to build on the role played by GPs, specialist nurses and allied health professionals in primary care to manage and treat patients with diabetes and other chronic illnesses. The report recognises this, specifically through the new model that it proposes for long-term conditions. The report has considerable recommendations on diabetes.

Jim Wells encouraged us all to be brave. Thank you for that, Mr Wells. I look forward to seeing courageous Members in the days and months ahead. I will try to give some leadership on the issue, but I am not sure whether there will be much "followership". We will just have to wait and see.

Mr Wells referred to residential accommodation. The future model makes it clear that the residential homes envisaged for people in the future will be their own homes. Mr Bradley and others suggested that people would perhaps prefer to be in residential or nursing homes. I do not know any older person who really desires to move out of their own home and into residential or nursing homes, if the proper care package

can be put in place. Perhaps they do exist, but I have not met them as yet.

Mrs D Kelly: I thank the Minister for giving way. He has very mischievously misrepresented Mr Bradley and others. No one said that they wanted to see people put into residential care, whether that is statutory or private sector care. They asked how the people who currently live in residential statutory care homes that, under the review's proposals, are scheduled for closure within five years will be treated.

Mr Poots: The problem that Members will have with residential homes is that, over time, new residents will not be coming into them. They will, therefore, become unsustainable, and that will have to be managed. The facilities can be used for the purposes of respite care. When the numbers of long-term residents are very low, there will be an opportunity to make those decisions while enabling people to stay in their own homes with the right care packages. I am not sure whether some Members — Mr Beggs, in particular — had actually read the report as far as the revision of care is concerned. Had he done so, he would have identified its proposals for how we can better manage care, ensure that elderly people can stay in their own homes, and provide appropriate care in their own homes.

Anna Lo and other Members said that the success of the review will be evident in improved patient care and better outcomes. In particular, I anticipate the benefits to be: enhanced overall patient experience; improved productivity and efficiency of health and social care; the promotion of greater involvement of front line professionals in decision-making and service development; the community and voluntary sector to be enabled to provide services; and the HSC to be assisted in finding solutions to complex issues. I also believe that we can support preventative and early intervention measures, reduce unnecessary hospital admissions, enhance local commissioning and enable the health and social care system to contribute to the economic prosperity of Northern Ireland.

Sandra Overend raised the issue of finance, which I dealt with in response to Mr McCallister. She also mentioned Antrim Area Hospital. Of course, the scenario for the current problems in Antrim Hospital was the simultaneous closures of Mid-Ulster Hospital and Whiteabbey Hospital. I am not sure that the Minister had advice that

he should close both those facilities at the one time. I suspect that it was not the case, and that has led to the current problems in Antrim Area Hospital. Members should be aware that there is an intention to build a new accident and emergency facility, and work on that will start very soon. I hope that it will be commissioned for service later next year.

Mr Storey, Mr Robinson, Mr Allister, Mr McClarty and others raised the issue of the Causeway Hospital. Mr Brady, Mr Irwin, Mr Bradley, Mr Wells and maybe a couple of other Members raised the issue of the Daisy Hill Hospital. The report concludes that local populations and, in particular, professionals should design the way forward within clear parameters rather than taking a top-down approach of specifying a function for each hospital. All existing hospitals will have an integral role in the delivery of services to their localities. The report is not prescriptive about service configuration in those facilities, but it sets out expectations of what should be included and what a major acute hospital must be capable of sustaining. It concludes that there will be changes on all sites over a five-year period.

I am sure that the community in Coleraine will be greatly heartened by Mr Allister's prediction of the demise of the Causeway Hospital, because he seldom gets it right. Therefore, when Mr Allister predicts that something is to close, it has a much greater likelihood of staying open. I suppose that he may get it right on some occasion, so if he keeps at it, he may create such an opportunity.

Mr Allister: Will the Minister give way?

Mr Poots: Providing that the intervention is brief.

Mr Allister: Perhaps the Minister will do me the courtesy of referring to what I said. I forecast downgrading, not closure — there is a distinction. The Minister has downgrading in mind, and the concern of my constituents is the extent of that.

Mr Poots: What is important is that all hospitals provide care appropriate to the people who come into them and that all those facilities are safe and sustainable. I do not wish the South Down, North Antrim or East Londonderry constituencies to have a poorer level of service than any other part of Northern Ireland. I do not want people to be using facilities that will provide a poorer service. That is not currently

the case, and it is not my intention that it will be the case.

Some of these things can, on occasion, be taken out of politicians' hands. Very often, the easy option can be to allow that to happen. We saw it happen, for example, with regard to the Dungannon hospital and other hospitals, when decisions were taken overnight by the Royal Colleges. I do not want us to be in that situation. I would much prefer that we had the appropriate discussions with communities about the services provided and that we provided those appropriate services.

Mr Kinahan referred to care homes and consultation. I can assure the Member that considerable consultation took place. In fact, workshops were attended by 150 clinicians; household surveys across Northern Ireland covered over a thousand people; there was an extensive range of meetings with staff representatives, health and social care trusts and independent voluntary sector bodies; public meetings took place; and an online survey was taken. Over 3,000 people were engaged in the process. A considerable amount of work has been done in seeking to ensure that as many people as possible were consulted.

Mr McCrea raised the issue of the Mid-Ulster Hospital. I think that the report can lead to a better future for it than has been the case heretofore. We can move to looking at the services that the hospital provides to see how we can do better, as opposed to what I inherited. I hope to leave that circumstance better in the future.

Mr Irwin also referred to care in the home. Mrs Kelly raised the issue of finance, and I should make it very clear that we have a number of things to ensure in that regard. We will require around £70 million of funding over the next three years: £25 million in each of the first two years and £20 million in the third. Thereafter, we will derive savings from that. I will raise that matter with my colleague Mr Wilson and see if assistance is available to help us achieve that.

Through our commissioning plans, we are also looking at what further action is needed in all parts of health and social care to deliver the savings that are required by the Budget. Work is in hand to ensure that we deliver cost savings of at least 4% in 2012-13 to balance the cash budget and to absorb the ever-growing demands in services. It is also our intention to move

funding from hospitals towards primary care. That has been made very clear in the report, and we believe that the form will follow the money, because that has been the experience before.

All in all, we are in a difficult period with regard to our health service provision. There are many challenges. There is an older population and many chronic illnesses. We, therefore, need to respond to all of that within the financial constraints that have been imposed upon us by the colleagues of the Ulster Unionist Party, many of whom stood for the Conservatives over at Westminster.

Mr Deputy Speaker: Please draw your remarks to a close.

Mr Poots: We live within those constraints. I recommend the report to the House; I think that it is the way forward.

Question put and agreed to.

Resolved:

That this Assembly takes note of the review of health and social care in Northern Ireland published on 13 December 2011.

Adjourned at 5.26 pm.



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