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Northern Ireland Assembly

Monday 3 February 2014

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

Members observed two minutes' silence.

Assembly Business

Lord Morrow: On a point of order, Mr Speaker. I seek clarification on an important issue on which, perhaps, you can give me some direction. It is about a situation that has developed, particularly in my area, whereby some 1,139 farmers across Northern Ireland have not received their single farm payment. Payments were due in December, but as yet those farmers have not received payment, which is causing great strain and hardship for those businesses. I feel that the Minister should come here and make a statement on the issue. I would like to hear some direction from you as to how best that can be achieved.

Mr Speaker: As an experienced Member of the House, Lord Morrow knows that that is an issue for the Minister. Lord Morrow, you now have it on the record, which is important, and I hope that the Minister is listening to what you said. That is where we should leave it. It is an area and an issue for the Minister and her Department.

Mr Wilson: On a point of order, Mr Speaker. This morning, a number of Members received in their pigeonhole notification from the Director of Corporate Services that there had been a breach of data security that resulted in the details of the salaries, employment dates and names of a number of employees of Members being released to a third party. The letter states:

"Like any responsible authority, the Assembly Commission has established protocols to deal with such circumstances through its data breach management plan".

It appears that the breach occurred on 24 January, but employees were not notified until either this morning or at the end of last week. Indeed, the casual way in which the notification came to Members — namely, the letter appearing in their pigeonhole — is hardly the act of "any responsible authority".

The point of order that I wish to make is: have you spoken to the Director General to get a report, what action is being taken, and what explanation is there for the delay in informing those whose information was passed to a third party in this way?

Mr Speaker: Order. I go back to Lord Morrow's point of order. The Minister of Agriculture will be in the House today for Question Time. There may be an opportunity to put your concerns to her directly then.

On Mr Wilson's point of order, the Member will know that data protection is a very complex issue. I agree with some of the Member's points, but I would prefer him to come and talk to me about it outside the Chamber. If he has concerns, I encourage him to talk also to the Director General.

Mr Wilson: Further to that point of order, Mr Speaker. I heard what you said, but these are the details of the employees of every Member who makes pension contributions, so I am not raising a personal issue. This is a serious breach of data protection. I think that the Assembly would like to hear a report from you or the Director General on why it took over a week to inform Members of this security breach and why it was done in such a casual manner.

Mr Speaker: The issue was fully discussed with the Director General and at our most recent Commission meeting. All Commission members were informed as soon as it happened and have been well kept up to date. Members, our Commission members are fully apprised of the situation. That is where we should leave it because there has been a wide discussion on this involving me, the Director General and, especially, Commission members.

I am not prepared to take further points of order on this. We really need to move on, but, if Members want to talk to me about it, please, please do so outside the Chamber or talk directly to the Director General. All I can say to the entire House is that all our Commission members have been kept totally up to date on

the situation. That is really where we should leave it.

Mr Wilson: On a point of order, Mr Speaker.

Mr Speaker: Is it on this particular issue?

Mr Wilson: No, it is not; it is on the issue of secrecy.

Mr Speaker: Order. The Member should take his seat. I have given the Member quite a bit of leeway on a point of order that was not a point of order. I say to the whole House that, if any Member has concerns about the issue, please come and talk to us outside the Chamber. These matters are better discussed outside the Chamber, so let us leave it.

Mr Allister: On a point of order, Mr Speaker. Further to Lord Morrow's point of order, can you confirm that that issue could have been raised today as a question for urgent oral answer to the Agriculture Minister? That is not an easy task, as I often find out. Today, for example, I was refused the right to raise such a question to the Justice Minister about the intended visit of a convicted terrorist and prison escapee to talk about his escape to prisoners in Hydebank Wood. That, to my surprise, was refused, but the type of issue that Lord Morrow raises could surely be raised by virtue of a question for urgent oral answer.

Mr Speaker: Order. A number of points of order have been made today. Mr Allister raised the issue of whether Lord Morrow's point of order should have been a question for urgent oral answer. Let me say this to the Member: the Minister will be in the House today for Question Time. That is where it should sit, and that is where it should rest. There will be an opportunity during topical questions to put those particular questions to the Minister. I would have thought that the Members who are raising those points of order would know that the Minister will be in the House this afternoon for Question Time. That is where we should leave the issue.

Public Petition: Immaculate Conception College

Mr Speaker: Mr Ramsey has sought leave to present a public petition in accordance with Standing Order 22. The Member will have up to three minutes in which to speak on the subject matter.

Mr P Ramsey: I thank you, Mr Speaker, the Business Office and the Business Committee for facilitating the presentation of this petition. I present it to the House on behalf of the many thousands of people who oppose development proposal 2148, which seeks the closure of the Immaculate Conception College in the Waterside area of my constituency.

As the last post-primary school in the Waterside, its closure will have a catastrophic effect on the local community. Parents are deeply worried about where their children will go. The principal point that parents are making is that they should have the right to choose for their children to be taught at a Christian-based Catholic school. Unfortunately, in Derry, the alternatives for the children who are at the school are St Cecilia's, which is oversubscribed and is an all-girls school, St Mary's, which is oversubscribed, and St Joseph's, which is vastly oversubscribed. The only other alternatives could be in the integrated sector, which parents do not want their children to go to.

We have seen Foyle and Londonderry College making a move. At the time, I met with the governors of the school and argued the case for the college remaining on the city side. They made a choice, which I will defend and support, to move to the Waterside. So, within the next year or two, we will have pupils from the Protestant community being taught in the Waterside and only Catholic pupils being taught in the city side. That is not what we want.

This school epitomises everything that is right about using the estate of a school. We have playgroups, youth clubs, GAA clubs and soccer clubs. We also have the Protestant community from Irish Street making use of community services in the school. It is the hub of good service to the Waterside.

Teachers and staff are deeply unmotivated. Morale is down since the Council for Catholic Maintained Schools made the decision to phase out the school with a view to closure. One can understand parents who hear that being disincentivised from sending their children there. So I am giving a petition to you, Mr

Speaker, which I know will be passed on to the Education Minister. I hope that he will be creative and imaginative in looking at some way for the integrity of the Immaculate Conception College, formerly St Breacan's High School, to remain intact through an amalgamation. The school makes a valued contribution to the wider community in the Waterside.

Mr P Ramsey moved forward and laid the petition on the Table.

Mr Speaker: I will forward the petition to the Minister of Education and send a copy to the Chair of the Education Committee, Mr Storey.

Committee Membership

Mr Speaker: As with similar motions, this will be treated as a business motion. Therefore, there will be no debate.

Resolved:

That Ms Paula Bradley replace Mr Simon Hamilton as a member of the Assembly and Executive Review Committee. — [Mr Weir.]

Executive Committee Business

Children and Families Bill: Legislative Consent Motion

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

That this Assembly agrees that the UK Parliament should consider the extension to Northern Ireland of amendments to the Children and Families Bill dealing with the regulation of retail packaging etc of tobacco products.

The Children and Families Bill was introduced in the House of Commons on 4 February 2013. The Bill's main purpose is to improve key services for vulnerable children and to support families in achieving a work-life balance.

12.15 pm

Although the majority of its provisions apply to England only, an amendment tabled by the Department of Health in London on 16 December 2013 concerns Northern Ireland and therefore must be agreed by the Assembly through a legislative consent motion. The amendment relates to the retail packaging of tobacco products, more commonly referred to as "standardised packaging".

Branding on cigarette packs provides one of the last opportunities for tobacco companies to promote their products. Research shows that branded packs increase the appeal of tobacco products, reduce the impact of health warnings and influence perceptions of product harm. Members may be aware that standardised packaging was introduced in Australia in December 2012. Work on similar legislation is already under way in New Zealand and the Republic of Ireland.

The effect of the Department of Health amendment would be to provide a Secretary of State with UK-wide regulation-making powers. The regulations may impose requirements on the appearance of, and markings on, external packaging of tobacco products, as well as the internal packaging and any product wrappers. The aim behind introducing such measures is to prevent the uptake of smoking by children and young people.

Smoking remains one of the most preventable causes of illness and death in our society and is a major contributor to health inequalities.

Despite substantial progress being made on tobacco control in recent years, 8% of 11- to 16-year olds in Northern Ireland are regular smokers. Evidence shows that that group is more receptive to tobacco advertising than adults and that young people exposed to tobacco advertising and promotion are more likely to take up smoking. If those children continue to smoke, half of them will face an early death as a result of their addiction. Preventing children from taking up smoking is therefore a key priority for my Department.

I am supportive of any measure that will bring about a reduction in the number of young people smoking. For that reason, I agreed to the inclusion of Northern Ireland in the UK-wide consultation on standardised packaging, which ran from April to August 2012. The consultation attracted considerable interest, receiving over 600,000 campaign responses and over 2,400 detailed responses. Members may wish to note that, of the detailed responses provided by individuals or businesses in Northern Ireland, 75% indicated that they support the introduction of standardised packaging.

The consultation summary report was published in July 2013. In the intervening months, the Department of Health in London has been keeping the policy under active consideration. A welcome decision was subsequently made by the Secretary of State for Health in November to commission an independent review of the effect of standardised packaging on public health. Sir Cyril Chantler, an eminent paediatrician, is carrying out the review and is expected to produce his report in March.

The Department of Health has clearly indicated that legislation on the retail packaging of tobacco products will be introduced if the review provides sufficient evidence for that course of action. In order to progress swiftly, it was decided to take advantage of an opportunity offered by the Children and Families Bill to table a Government amendment to take enabling powers for retail packaging. The enabling powers will be enacted if the finding of the Chantler review is that standardised packaging will have a positive impact on health.

The Health Ministers from the devolved Administrations had previously expressed their support for a UK-wide approach to any legislation on the issue. The amendment to the Bill was drafted to allow for that. Members may be interested to hear that similar legislative consent motions have been debated and approved in the Scottish Parliament and the Welsh Assembly. It is my view that the extension of provisions in the Children and

Families Bill presents the best option for ensuring parity across the UK on the timing and content of the legislation on standardised packaging. The UK-wide approach will ensure consistency across the four jurisdictions on the detail of the regulations and how they are implemented.

One of the advantages of this is a reduction of the burden on businesses, particularly for manufacturers of tobacco products. Manufacturers would have one set of requirements to comply with, and one established time frame. It is unlikely that that would be the case were the devolved Administrations to introduce primary legislation separately on this issue. There are also advantages to consider from a public health perspective, including the ability to deliver clear and consistent public health messages across the whole of the UK.

Given the additional time that it would take for primary legislation to be brought before the Assembly, the extension of the relevant provisions to Northern Ireland will also prevent a situation arising whereby our population is exposed to tobacco promotion through packaging for some time after it has been banned in the rest of the UK and the Republic of Ireland.

I would like to reassure Members that, if they agree to the extension of the amendment to the Children and Families Bill to Northern Ireland, any decision taken by a Secretary of State to introduce regulations on the retail packaging of tobacco can only be undertaken on behalf of Northern Ireland with the consent of our Executive. This ensures that we in Northern Ireland will have a further opportunity to make a decision on the policy issue based on the outcome of the Chantler review. On that basis, I ask the Assembly to support the motion.

Ms Maeve McLaughlin (The Chairperson of the Committee for Health, Social Services and Public Safety): Go raibh maith agat. On behalf of the Committee for Health, Social Services and Public Safety, I support the motion. The Committee was advised in writing by the Health Department of the proposals to bring forward the legislative consent motion on 9 December 2013. We were then briefed by departmental officials on the issues involved on 15 January 2014. However, at that stage, the legislative consent memorandum had not been cleared by the Executive or laid in the Assembly. The legislative consent memorandum was laid on 24 January, and the Committee considered it formally at its meeting on 29 January 2014. The Committee agreed

that it was content with the proposed legislative consent memorandum, and we produced a report, which was made available to all Members last Wednesday.

As the Minister said, the legislative consent motion is being introduced to allow for regulations to be brought in at a later date on the standardised packaging of tobacco products. However, before any of the regulations can be made, the British Secretary of State must obtain the consent of the First Minister and the deputy First Minister.

Evidence clearly shows us that children and teenagers are more receptive to tobacco advertising than adults. Those children who are exposed to tobacco advertising are more likely to take up smoking. It also shows that the branded packs increase the appeal of tobacco products. The Committee understands that an ongoing review in England of the public health implications of introducing standardised packaging is due to report in March 2014. Again, the British Secretary of State will then take a decision on whether to introduce regulations for England on standardised packaging, and we will await with interest to see what decision is taken there.

The Committee took the view that the legislative consent motion would be the most efficient mechanism for introducing legislation on standardised packaging in the North, pending the findings of the review. We felt that it was important that we are not left behind if standardised packaging is introduced in England, Scotland, Wales and, at a future date, the Twenty-six Counties. The motion is important for public health and because of the impact on businesses. As the Minister said, it will reduce the burden on manufacturers if there is one set of requirements and one timetable to comply with.

Although the Committee fully supported the motion, we expressed some concern that the normal procedures and timescales for the legislative consent motion had not been followed. However, we accept that some of the timescales were outside the Department's control. Given the huge significance of this issue, it is important that we show some flexibility. On behalf of the Committee, I support the motion.

Mr Wells: I support the Minister on this legislative consent motion. We need to keep emphasising the fact that 2,300 people die every year in Northern Ireland as a result of smoking-related diseases. Indeed, 900 of them die as a result of lung cancer. I have had the

misfortune recently to lose four friends through lung cancer, all of whom, as it turns out, were ladies. All of them endured the most horrific, long-term and painful death imaginable, and all of them died knowing that they were heavy smokers and were entirely responsible for their condition. That made it particularly difficult for them to accept that they could have done something to avoid it. All of them took up smoking as teenagers and regretted bitterly that they had been lured into accepting smoking as a glamorous, exciting experience. How difficult was it then to accept that the price that they paid for that was a horrific and very unglamorous death?

We know that 83% of all the smokers in Northern Ireland take up the habit before the age of 20, and that, in the United Kingdom as a whole, 200,000 people took up smoking in 2011, the year for which the most recent statistics are available. What is even more frightening is that, in the same year, 100,000 people in the United Kingdom died as a result of smoking, and, of course, 83,000 of those started the habit before they reached the age of 20.

There is absolutely no doubt that, as is presently permitted, the industry is spending millions and millions of pounds creating the most glamorous and eye-attracting type of advertising on its packets. Recently, of course, we had the point-of-display legislation, and, already, in big supermarkets in Northern Ireland, you do not have in your face these cabinets that clearly advertise the glamorous aspect of cigarettes. Eventually, by 2015, all displays will be removed from shops and supermarkets in Northern Ireland. This is part of a raft of measures that have been introduced to try to bring the rising rate, which is, unfortunately, beginning to rise again, of smoking in Northern Ireland under some form of control. We had the very welcome pubs and restaurants legislation that stopped many of us having to sit in a cloud of smoke as we enjoyed a meal. That was introduced, and, of course, there were predictions of Armageddon and that all was going to be doom and gloom, when, in fact, the trade took that on its chin, and now people can enjoy a meal —

Mr Wilson: Will the Member give way?

Mr Wells: Certainly.

Mr Wilson: Would the Member like to tell us whether he regularly sits in pubs inhaling this smoke or did he in the past?

Mr Wells: I can tell the honourable Member that I do not sit in pubs and that I do not drink intoxicating liquor. I cannot say, as Dr Paisley can, that alcohol has never touched my lips in my life, but, certainly, less than £5 worth of alcohol has gone down my throat in 56 years, and some of that was adulterated drink that was meant to be orange.

I was referring to pubs and restaurants. Note the "and restaurants". I certainly —

Mr Givan: What about sherry trifle?

Mr Wells: Sherry trifle is all right, because you are allowed to eat alcohol but not to drink it.

The legislation on pubs and restaurants has been a great success. We have also had the point-of-display advertising ban, which, again, went through the House. We had a ban on vending machines, which has been extremely successful. More recently, we have had the very strong controls that we put on the purchase of cigarettes by underage buyers. So, things are moving in the right direction. The industry has been given time to adapt to these changes. It would be absolutely hypocritical for the Minister to have introduced this raft of changes, some of which his predecessor, Mr McGimpsey, introduced and which, in my opinion, are quite right, if he were still to allow young people to be seduced by an attractive package that says, "If you want to be part of the in-crowd, if you want to be glamorous and to attract members of the opposite sex, smoke cigarettes". That is the message that we are sending out to the young people who are adopting this dreadful habit.

The situation as we know it is that, initially, the Conservative/Liberal coalition in the rest of the United Kingdom had proposed to introduce plain paper packaging. Then, as a result of political pressure from a rising political group in the UK, they pulled back on that. Then, when, quite rightly, there was an uproar saying that they were bowing to extremists on the issue, they decided to commission a review under an eminent academic. Part of that review will look at the situation in Australia, where the ban came in in 2012. I think that the Australian situation is very similar in many respects to that of the United Kingdom. They are both English-speaking countries and are developed nations that have tremendous problems with young people taking up smoking cigarettes.

12.30 pm

It will be fascinating to see the results of the plain paper packaging legislation in Australia to see how that goes and whether the statistics, information and research show that it is having an impact. There is already interesting opinion poll research in Australia that shows that young people no longer regard cigarettes as glamorous because, frankly, the packages are quite ugly, and so they should be. All that is on them is the health warning, and the brand of the cigarettes is in very small print.

It is also noticeable that the packaging in Australia before the ban included slimline packets, which were particularly attractive to young girls and sent out the message, "This is how to be in the in-crowd. Smoke cigarettes." Of course, nothing could be further from the truth. We will see the results of that research. All the legislative consent motion does is ensure, if the research stacks up and the rest of the United Kingdom goes down that route, that we in Northern Ireland will not lag behind; we will do as the rest of the UK is doing.

In the Irish Republic, there is also a move afoot to introduce plain paper packaging. If we did not have this legislative consent motion, we could have faced the rather ridiculous situation where all the rest of the United Kingdom and the Irish Republic had plain paper packaging and there was one little island of bright, sparkling, glamorous advertising on the packets just in Northern Ireland. From a practical point of view, that would never have worked. I do not know how the manufacturers could have coped with that situation. I do not know how you could have prevented the ordinary packets leaking out into other parts of the United Kingdom and into the Irish Republic. Therefore, we could not really have run with that particular scenario. So, the situation is that this is permissive legislation. I know that there will be Members here this afternoon who will have concerns about employment in Ballymena, and those are valid concerns, but this will give time for the industry to adjust. It will also mean that any final say on the issue will be with the Executive. The Executive will have to approve it, and they will take into account all the issues outlined by me and others.

As we speak, several dozen underage people in Northern Ireland will take up smoking today. Half of those people will die young because of smoking. Anything that we can do to stop even one young person taking up this dreadful habit has to be a good thing. If cigarettes were invented today and were introduced on the market, they would be banned immediately. They would never be tolerated with what we now know. We owe it to the memory of all the

people who will die a needless death this year because of smoking to do something to stop future generations of young people taking up this truly awful habit.

Mr McKinney: I welcome the opportunity to speak in my role as a member of the Health Committee and stand in favour of the motion. We received evidence on the issue, as the Chair has reflected, and believe that a legislative consent motion should be carried in order to introduce plain packaging here. The reasons are numerous. However, the one that stands out and has been reflected here by colleagues is that the legislation will play a major role in discouraging our young people from taking up smoking in the first place. It is essential that this House actively attempts to reduce the numbers of our young people who smoke, as more and more are taking it up —

Mr Wilson: Will the Member give way?

Mr McKinney: Yes, I will.

Mr Wilson: He throws out this statement that the evidence that has been produced to the Committee shows that the legislation will dissuade people from taking up smoking. Where does the evidence come from? The only place where this has been tried is Australia. It has not been in even a year yet, so there has been no assessment done of the impact of the legislation. So, where did he get the evidence from?

Mr McKinney: Thank you for the intervention. The British Heart Foundation commissioned research and compared the situation in Australia with here. It found that, in Australia, around 48% of young teenagers who were involved in the research were deterred from smoking, and something in the order of 20% here were discouraged or deterred from smoking. That is the British Heart Foundation.

Mr Ross: I thank the Member for giving way. I think that we need to differentiate between research that asks young people, "Would you be less likely to take up smoking if you had standardised packaging?" and evidence. The Member has not quoted any evidence. The point has to be made very clearly that evidence has not yet been produced from where this has been enacted to show that it has a real impact in reducing the numbers of young people who are taking up smoking in the first place.

Mr McKinney: My colleagues cannot have their cake and eat it. I was asked whether any research was being done. Of course, research

forms the preliminary approach to all these things. Research itself produces some evidence. I am sure that colleagues do political polling and consideration among their membership and the wider public when they consider making moves, as they do from time to time. That produces evidence sufficient for them to move; and I think that it is an appropriate means in this case. This is an important issue, and I think that that is entirely appropriate.

The amendments to the Children and Families Bill being considered at Westminster have a two-pronged approach, as we have been talking about. Of course, you are going to take issue, but the approach is that the amendments will reduce the appeal of cigarettes to younger people by restricting brand. To take that point full on again; if millions of pounds are being spent on a brand and on trying to encourage people, then it would, at least, lead people to suspect that, by removing the brand, the opposite might be the case. Secondly, the prominence of health warnings on the packets will be increased in an attempt to further reinforce the harmful effects of smoking.

In our opinion, the legislative consent motion brought to the House today is the best opportunity to introduce standardised packaging for cigarettes here. The cigarette industry is a multi-billion-pounds one. As I said, cigarette companies pay large sums to refine the advertising of their product. Colour association and symbols also play a large part in luring younger people to take up smoking. It is true that increased tobacco duty means that something in the order of £10 billion is collected in returns to the UK Government, but, as we have also seen through research, smoking-related costs in the UK are in the region of £13 billion. In Northern Ireland alone, £119 million is spent on hospital costs each year to treat smoking-related illnesses. As recent debates that we have had over the past few weeks and months suggest, we must do all in our power to reduce the pressures that are being put on our health service as a result of cigarette smoking.

Mr Wells referred to lung cancer, which is the most common cause of cancer death here. Smoking causes nearly 90% of those fatalities. Some 24% of adults here smoke, which is the largest figure in the UK. Something has to be done. If we are to reduce these statistics then we must actively seek to put in place measures that discourage people from smoking in the first place. There is considerable evidence, which I referred to earlier, particularly from the British Heart Foundation and on the early days of the Australian model. If it is producing some

positive results then I think we should be encouraged to follow that lead.

If we do not adopt the legislation then the timescales involved in creating a new piece of legislation that would perform the same function could take an inordinate amount of time. During that time, hundreds, if not thousands, of young people will be encouraged to have a cigarette. That could lead to a long-term addiction, and Mr Wells has eloquently reflected on the impact that that has on many thousands of individuals. Half of all smokers are, sadly, destined to pass due to their long-term addiction.

In summary, the Committee and the SDLP feel that the House should vote in favour of the legislative consent motion on the Children and Families Bill. We support and encourage the Minister and the Department in that regard. Plain packaging is a reasoned, research-supported mechanism for reducing the number of young people who take up smoking. We should all protect future generations from the harmful results of cigarette smoking.

Mr Givan: Will the Member give way?

Mr McKinney: I have just concluded.

Mr Beggs: I too support the legislative consent motion covering aspects of the Children and Families Bill. It would enable standardised packaging of tobacco products to be brought into effect throughout the UK in a consistent manner. Standardised packaging legislation is designed to reduce the attractiveness of smoking or tobacco packages and increase the prominence of the health warning. The packet itself is an advert and can attract new customers.

Other Members have talked about the word "slim". People may be attracted to a slim cigarette because they think it makes them slim. Nonsense. The damage it does to their health is enormous. I have seen some very sophisticated designs of cigarette packages. You think you are buying perfume. There are very fancy mechanisms to open them. Why do tobacco companies spend so much time and effort in doing that? It is because they know that adverts pay and that the glamour factor pays.

It is widely recognised that standardised packaging could have a significant effect on young people by reducing the numbers being drawn into smoking and, subsequently, addiction. I have not heard the word "addiction"

mentioned very often in the debate. Once someone has adopted smoking, it is one of the most difficult habits to break, so it is important that we try to reduce the numbers that catch the habit in the first place.

In moving forward with standardised packaging, it is important that we do not reduce the ability to include security coding on packaging. Enabling manufacturers to continue to do that helps in the fight against counterfeit tobacco manufacturers. I do not see why that cannot be the case. Counterfeit tobacco avoids tax, and those selling it frequently do not worry whether the person they sell it to is an adult or a young person. They are already trading in an illegal product, and there is no traceability for ingredients.

It would be more efficient to have consistent UK-wide legislation, which would reduce the introductory administrative costs in the UK regions. It would also be more efficient for the industry because, if each UK region were to introduce slightly different legislation, manufacturers would potentially have to produce different batches of cigarettes for Northern Ireland, Wales and Scotland. It makes sense that the legislation be introduced consistently, if that is deemed appropriate. I certainly think that it should be. If different types of packaging had to be produced for different parts of the UK, that would add cost to manufacturers and, ultimately, consumers, so there would be no point.

Mr Wilson: I thank the Member for giving way. The assumption the Member makes is that, if there were legislation that covered the rest of the UK, manufacturers would still feel obliged to have branded packets here. If the Assembly decided not to follow the rest of the UK, the option would be for manufacturers voluntarily to have unbranded products. Indeed, if his argument that the cost of cigarettes would go up quite substantially is correct, they would probably choose to do so.

Mr Beggs: My point is that, if you had to have smaller production runs for a special run for Northern Ireland, there would be additional costs of some sort. If it is introduced on a much wider basis, there should be no significant cost.

Why do I think that it is important? I have not heard other Members for East Antrim refer to the 2,300 deaths a year that are directly attributable to smoking — not as an additional cause but directly attributable to smoking — the 28% of cancer deaths. Smoking increases the risk of a range of other illnesses such as coronary heart disease: smokers are twice as

likely to suffer a heart attack. We are talking about trying to prevent new young people being attracted to smoking in those impressionable early years.

Some might say that a wide range of restrictions are already in place and ask why we need more. Northern Ireland has a particular problem. As others stated, almost one quarter of our population are smokers, with the adverse health effects that go with that and the pressures on our health service, which is struggling at present. That figure is staying consistently high, which is of more concern.

Mr Wells: Will the Member give way?

Mr Beggs: Yes.

Mr Wells: The Member will be interested to note that it is indicated that smoking costs the health service in Northern Ireland £119 million a year. As was said, there is a direct link between smoking and those who get lung cancer and heart disease. If that £119 million were saved, it would have a dramatic impact on health service provision in Northern Ireland. The Minister is constantly trying to find more money to plug various gaps in funding. If he had that money in the morning, life would be much easier.

12.45 pm

Mr Beggs: The Member makes an important point. However, I am even more concerned about the quality of life of many people in their latter years, when some of these ailments will strike, and they will be afflicted by ill health because of the addiction that started in their early years.

Mr Wilson: I thank the Member for giving way. I wish that he would listen to the logic of his argument. On the one hand, he argued that there are already numerous restrictions on smoking — he did not go through them, but he could, and it would take him some time. Yet, consistently, 25% of people in Northern Ireland smoke, and the figure is rising. Does that not tell him something about the effectiveness of gimmick legislation?

Mr Beggs: It tells us that we have to do more. I repeat that 2,300 people a year die because of this. Many also fight and struggle and successfully kick the habit in their latter years. Despite that, the number is staying consistently high. In other words, a considerable number of young people take up smoking each year. It is important that we do not allow the advertising

on packaging, the images and the glamorous effect to continue. In particular —

Mr Ross: Will the Member give way?

Mr Beggs: I want to pursue my argument a little further.

Mr Ross: Just on that point.

Mr Beggs: I may give way later.

Mr Speaker: Order. Let us not debate across the Chamber.

Mr Beggs: I am particularly concerned about the level of those starting to smoke between the ages of 16 and 19. That number increased between 2008 and 2010 in Northern Ireland from 15% to 21%, I am told. So there is a particular problem of significant numbers of young people smoking, and we are told that about 80% of smokers pick up the habit in those impressionable years. Smoking is highly addictive, so the best defence that we can give is to try to reduce the number of young people who are attracted to smoking in the first place.

I would like to pose a question to the Minister about the wording in the Westminster legislation. I notice that clause 87(12)(a) states that the Secretary of State must:

"obtain the consent of the Scottish Ministers".

Clause 87(12)(B) states that the Secretary of State must:

"obtain the consent of the Welsh Ministers".

So why does it say that, in Northern Ireland, the Secretary of State must:

"obtain the consent of the Office of the First Minister and deputy First Minister"?

I would welcome an explanation from the Minister, if he has been involved in any discussions on that issue.

I commend the range of charities that have highlighted the need to legislate to protect our young people: Cancer Focus, the British Heart Foundation, the Northern Ireland Chest, Heart and Stroke Association and Cancer UK. I noticed a particularly concerning video on the Cancer UK website of children giving their reaction to cigarette packaging. This may be of interest to Mr Wilson and Mr Ross. Children

were being questioned about their impression of the packaging in front of them. It highlighted the sophistication of the wording used to describe such packaging. They found it attractive. They found it glamorous. It even mentions that they thought some packaging was similar to a children's cartoon image. The packaging is designed to attract new smokers.

There is clear evidence, in my opinion, emerging from Australia that something needs to be done. As others said, plans are afoot in New Zealand and the Republic of Ireland.

Mr Wilson: Will the Member give way?

Mr Beggs: Yes.

Mr Wilson: As we will have a decision to make on this, would he be prepared to share some of the evidence that he has found from Australia, which may help the Assembly? After six months, have the Australian Government been able to identify how effective that legislation has been?

Mr Wells: Will the Member give way?

Mr Beggs: I would prefer to answer Mr Wilson, and then, perhaps, I will give way.

I note that some 59% of under-18s in Australia thought that the new standardised packaging would make more people of their age less likely to smoke and that 10% of teenagers in the UK make the incorrect assumption that certain cigarette brands are healthier than others. There is clear information. When you have a direction like that, you can choose to ignore it; you can choose to put it off; and you can wait until something definitive happens. Why do the manufacturers put so much effort into their attractive packages? The answer is, of course, to attract someone to purchase their brand and, when they purchase their brand, to start smoking and, ultimately, risk addiction.

Mr Wells: Will the Member give way?

Mr Beggs: Yes, I will.

Mr Wells: The Member may find it useful to know that 37 studies have been carried out already in other parts of the world on the impact of plain paper packaging on the demand for cigarettes. Many of those have shown a very clear correlation between plain paper and a reduction in the attractiveness and the take-up of cigarettes. Therefore, some of the work has been done already. However, I accept that the

Australian model will be extremely interesting. Mr Wilson need not be too concerned, because the Westminster Government have made it clear that they will wait for the academic report before they make their decision. I hope that, if the evidence is overwhelmingly in support of plain paper packaging, Mr Wilson's concerns will be allayed and he will support it.

Mr Beggs: I also highlight a recent survey from a charity that indicated that just over one quarter of young people are put off by the current packaging: in other words, three quarters are not put off by the current packaging. That ought to be of concern to everyone. It also indicated that eight out of 10 young people would support the standardisation of packaging with the greater health warning and for the packaging to be less attractive than currently presented.

When first introduced in Australia, the Government indicated that they would reduce the attractiveness and the appeal of tobacco to consumers, particularly young people; increase the noticeability and effectiveness of mandated health warnings; and reduce the ability of the retail packing used by tobacco producers to mislead customers about the harmful effects of smoking or using tobacco products. Surely those reasons are valid also for the United Kingdom.

With approval of the legislation at Westminster, I recognise that an independent review of evidence will occur. I believe that evidence supporting standardisation of packaging will be found. It is right that Northern Ireland could be quickly included in any such national changes that result.

Changing the packaging will not stop anyone purchasing their favourite brand of cigarettes, and those who have a particular brand at present will be able to continue to do so. However, it will reduce the number of our young people who become addicted in the future. Prevention is much better than cure. I support the motion.

Mr McCarthy: As a member of the Health Committee, I support the comments made by the Chair and the Deputy Chair of the Health Committee, other members of the Committee, and the Minister on their efforts to get support for this legislative consent motion. I am a wee bit concerned about the tone of the interjections coming from the other side of the Chamber, and from Mr Wilson in particular. I see that he is writing furiously. He is mad to get in. I suggest to Mr Wilson that, as the Deputy Chair said, if we can, through supporting this legislation,

prevent the death of one of our children, whether there is evidence or not, we should go for it. That is what it is all about.

Mr Ross: Will the Member give way?

Mr McCarthy: Wait a minute. I have in my head the idea that I will do an Oliver McMullan. When Oliver McMullan rose to speak last week, he advised the Chamber that he would not take any interventions. Therefore, I am going to do as Oliver did. Members will have loads of time to contribute later, and maybe we can cross-examine their comments. That is where we stand.

The Alliance Party is content and happy to support the legislative consent motion. Our children are our most precious asset. We would be failing in our duty if we did not use every avenue and means available to us to educate, encourage and persuade our young people of the danger that tobacco smoking can do to their health. As has been said already, the tobacco habit, or addiction, kills some 2,300 Northern Irish people each year. That is truly shocking — horrendous — and it is preventable if only we could stop young people from starting the filthy habit in the first place.

I use the word "filthy" because — I say this as someone who smoked as a young person — smoking stinks. It affects your lungs, your breath, your clothes, your hands and your home. Nobody wants to be near you, and you almost become an outcast, simply because you got hooked on tobacco by big companies only interested in making money out of your misery. We should wise up, and the sooner, the better.

As has already been done, we express our gratitude to all the local groups and organisations for their dedication in working to inform our young people not to start smoking. Last week, the Public Health Agency's stop smoking bus, supported by Cancer Focus, visited Parliament Buildings, and that was very welcome. The bus is touring Northern Ireland and will hopefully get the message out. We want to give it all the support that we can.

According to Chest, Heart and Stroke — I think that it was the Deputy Chair who informed us of this in an interjection — it costs our health service £119 million each year to treat smoking-related illnesses, illnesses that could be avoided if tobacco products were not as easily available. Of course, there is also the enormous family grief when a loved one is cut down and taken away as a result of smoking.

I support the legislation, and the sooner that it is enacted, the better. I want to say well done to our Executive — all parties included — for agreeing to it. When the lives of our young people are threatened, we can all agree.

The Alliance Party believes that there is overwhelming support for the measure and that the weight of evidence about it reducing smoking, particularly among young people, is very strong. As I said earlier, the conditions caused by smoking are preventable. We should therefore do whatever we can to prevent smoking-related conditions. Most smokers start young, so measures to deter smoking among our young people are especially important. It is recognised that they are particularly influenced by advertising and branding, which makes the proposals on standardised packaging most appropriate. The measures have strong support from the public and are endorsed by experts domestically and internationally, including the British Medical Association (BMA), many cancer-related charities and, indeed, the World Health Organization.

As has been said, many countries around the world have already either introduced standardised packaging or are actively considering it. The measure is set to be introduced in England, Scotland and Wales. It is also to be introduced in the Republic in the very near future. Therefore, for us not to introduce it when all our neighbours are doing so would be strange and, indeed, unforgivable.

I support the legislative consent motion and hope that it gets through as soon as possible.

Mr Ross: This is a serious issue. When the Health Minister indicated the serious health consequences for people who smoke tobacco products, his words should have reiterated the fact to everyone in the Chamber that it is a serious issue.

I say from the outset that I am particularly disturbed by a comment from Mr McCarthy. In his opening remarks, he said that it does not matter whether there is evidence or not. That is an absolutely appalling statement for a Member to make.

Mr McCarthy: Save the life of one kid.

Mr Speaker: Order. Let us not have a debate across the Chamber.

Mr Ross: It is an appalling statement to make. People should be concerned if legislators in the House are stating that we should just ban

something and that it does not matter whether there is evidence for doing so. They should be concerned, particularly people in Strangford, if one of their legislators makes such statements. No matter what legislation is introduced in the House, it should be tested robustly. Arguments should be put forward, and we should debate the issue. Legislation that passes through the House without any challenge or debate is not good legislation. It is important to remember that here today.

My opinion does not differ from that of the other Members who have spoken about how dangerous smoking is. I do not smoke, so I am not coming at the argument from a smoker's point of view. I listened to Mr Wells's comments, and I hope that I did not have to be a smoker to be cool or attractive to members of the opposite sex, particularly my wife.

Mr Wilson: It would take more than that.

Mr Ross: Indeed, it probably would.

I do not think that we should patronise young people by saying that they still think that, but that is what some Members have done today. Any young person growing up in Northern Ireland, or anywhere in the UK or Europe, who is not aware of the dangers of smoking is living under a stone.

1.00 pm

There are those who have talked about the glitzy and glamorous tobacco that is currently available. There are pictures on it, and there are messages on it, and we hear, day and daily, the dangers of smoking. So, I do not think that this is a matter of young people not being aware of the dangers. They are aware of the dangers; they should be aware of the dangers. I think that all of us are. I do not think I have ever heard anybody say that it is a good idea to start smoking and that young people should start. It is important to put that on record at the very beginning.

Mr D McIlveen: I thank the Member for giving way. I too share a number of the views that my colleague has raised. At the start, we talked about evidence base. A KPMG report has been released recently which shows that, so far, this has had virtually no impact on new smokers or existing smokers ceasing in Australia. However, in the short time in which the report has been commissioned, there has been a 3% rise in illicit tobacco. Will the Member ponder upon that piece of evidence?

Mr Ross: I thank the Member for that contribution. It highlights some of the issues that I want to speak about, but, primarily, it highlights the issue of evidence, because good law should be well evidenced. Since only one country has introduced standardised packaging, and it is far too early to tell the consequences — although I absolutely agree with the Member about some of the early indications of the experience in Australia — we need to ensure that if we are to pass laws, we have them well evidenced. Some of the contributions so far in the debate have not been from a position of knowledge or evidence on the matter, but from a more generalised view of things, without backing those positions up.

Mr Wells and Mr Beggs spoke about a number of measures that have been introduced to combat smoking or to try to prevent people taking up smoking, from bans on advertising to bans on the display of tobacco products in shops to raising the age at which a young person can buy tobacco products. As my colleague Mr Wilson said, there is little evidence that any of this has had a major impact on smoking or on the number of people who have taken up smoking. To that, Mr Beggs said that we, therefore, need to do more. Perhaps it is worth examining the point. When Mr Beggs asks, "Should we do more?", is his endgame that we should be banning tobacco altogether? If it is, that is fine.

Mr Beggs: Will the Member give way?

Mr Ross: I will.

Mr Beggs: Has the Member viewed on the Cancer Research UK website its video of a group of young people being asked to describe what they see in front of them? Has he understood the attractiveness of the current tobacco packaging to young people? If he has, why does he not want to make it less attractive, so that, in future, fewer of them will be attracted to smoking? The Member appears to be doing a classic, "Oh, not an inch; if you take this wee step, then you are going to ban smoking." I have indicated clearly that I believe that those who choose to smoke should be able to continue to buy their product, but in a manner that does not attract new users. They should have the ability to purchase their product.

Mr Ross: Of course, the people who legally can buy tobacco products are adults. So, the decision to start smoking is taken by an adult, with all of the information available to them. They see the tobacco products that they buy at the moment, with the health warning on them

and, indeed, some of the gruesome images that we have seen already. I fail to understand how extending the size of the gruesome image on the front of the box and removing any colours of branding to differentiate a product will have a major impact.

Mr Beggs: Will the Member give way?

Mr Ross: I will give way in one second. If the Member is saying that he does not want to ban tobacco products, he must understand that, as we stand today, they are legal products, and therefore a lot of the legislation that is being passed is trying to prevent what is still a legal product from being available to adults who will decide whether to use those products. I give way to the Member.

Mr Beggs: The Member seems unconvinced about the benefits that would come about by reducing the advertising that currently exists on tobacco packaging. I suggest that he speaks to his party colleagues the Health Minister and the vice Chairman of the Health Committee who, having heard the information, have a completely different view than him.

Mr Ross: That is fine. Mr Beggs, I am capable of coming to my own conclusions and asking my own questions about matters; maybe you are not.

The front of every box has the words "smoking kills". If you are an 18-year-old adult deciding whether to pick up a product, and if that product uses the words "smoking kills", you are well aware of its health risks. If we are talking about making something less attractive, I have to say that I think that the packaging is not particularly attractive now. I have never walked into a shop, seen glitzy boxes and decided that I want to be a smoker, because I do not. They can have as many glitzy boxes as they like; I am not, as an adult, going to decide to take up a habit that could ultimately kill me. However, I think that adults should be able to take that decision for themselves.

Let us examine good law and bad law, with good law being evidenced well. My colleague Mr McIlveen talked about the early experiences in Australia. Unintended consequences have been raised any time that standardised packaging comes up. Many laws that are passed have unintended consequences. They come from a good place, but some of the outworkings are not so good. Mr McIlveen talked about the risk of counterfeit tobacco. Around the world, one in nine packets of cigarettes that is smoked is a counterfeit

product. In Northern Ireland, that figure is one in five. That means that we have illegal counterfeit tobacco in the market at the moment. There are genuine concerns that, if we move down the line of having standardised packaging, there will be an increase in the number of counterfeit products on the market. I listened to one Member talk about how we can have coding on standardised packaging. I think that that would go some way towards helping to combat counterfeit tobacco.

However, one of the easiest ways to recognise counterfeit packaging is to visually identify it. That is a concern from not just Members but people who are working in organised crime. Indeed, I noted some comments by Peter Sheridan only a few months ago. He is an individual who spent some 30 years in Northern Ireland combating organised crime. He said that it would make it much more difficult for some of the authorities to identify counterfeit products and to remove them from the market. Of course, many of the counterfeit products, or the whites, as they are called, have no health checks on them at all or quality controls, so they are much more dangerous to people's health. If we ended up getting more of those sorts of products in the market, which would be even more damaging to people's health, I think that that is perhaps a sign of where some of the legislation's unintended consequences will have been identified.

A report by PricewaterhouseCoopers (PwC) published last year said that, in the UK, Northern Ireland is the capital of counterfeit products in not just tobacco but alcohol, clothing, DVDs and all those sorts of things. I think that that is something that we need to pay particular attention to. We do not want to do something that will end up helping counterfeiters and organised gangs to sell their products in Northern Ireland. I know that the House of Commons Northern Ireland Affairs Committee has looked at counterfeit material before.

As I said before, I find some of the language used on glitzy packs to be quite insulting and patronising towards young people. I find quite insulting the idea that a young person who is legally allowed to buy tobacco products at 18 cannot decide for themselves whether a product is going to damage their health.

Mr Wells: Will the Member give way?

Mr Ross: I will give way in one second. It actually demonstrates a drift in not just this legislature but legislatures right across Europe towards paternal politics, whereby we want to

take decisions for adults. That is not a particularly useful thing to do. I think that we should empower individuals with the information that they need. I have grave concerns about any individual who claims that, at the age of 18, they do not know the risks that are involved in smoking tobacco products. I will give way to Mr Wells.

Mr Wells: Does the honourable Member accept that 80% of all smokers in Northern Ireland are very keen to give up? They want to stop smoking, but they are finding it extremely difficult. Is it not a bit of a contradiction in terms for society to try to help those people when, every time they look at a cigarette packet, they see that it sends out the message that smoking is acceptable, glamorous and exciting? Surely we have to help those people by making it as unattractive as possible to continue the habit.

Mr Ross: I fail to see how looking at a tobacco product now is attractive. There is a massive sign on every packet of cigarettes that states that smoking kills and that smoking will give you lung cancer and has a range of other health implications. There are gruesome pictures on the front of every pack. I fail to see how anybody can determine that sort of packaging as glitzy.

Mr Wells: If that is the case, Mr Ross, why on earth are all the leading cigarette companies spending millions of pounds a year on designing more attractive packaging? On the basis of your argument, that is a total waste of money. When you go into any tobacconist or newsagent, you see that clearly they have spent months developing new packaging. Why? To attract more smokers.

Mr Ross: No. The reason is actually very simple. If you have a legal product and there is a market, you have to differentiate your product from others that are available to the consumer. That is why they look different. It is not about making some sort of glamorous, glitzy packaging that nobody could say no to, because quite frankly, that is not the case. It is to differentiate their product from other products in the marketplace. That is self-evident and, indeed, is the case for any legal product on the market.

Mr D McIlveen: I thank the Member for his indulgence in giving way. I wonder whether the Member would agree that perhaps one of the ugliest things that most of us have in our pocket at the moment is one of these phones, which, Mr Speaker, is on silent, I can assure you. Does the Member agree that, in an attempt for

most of us to make our mobile phones more attractive, companies have jumped onto the fact that cases and holders for them are much more attractive and are a way of making our mobile phones more glamorous? Does the Member agree that there may be a risk with this legislation that we could go back to the days of cigarette cases? We are trying vigorously to discourage young people from taking up smoking, yet, due to the accessories that come onto the market, it could make it more attractive to them.

Mr Ross: The Member makes a very good and valid point: if we make cigarette boxes so unattractive or ugly that nobody would want to carry them around, of course the natural conclusion is that people will simply get a case that they can either slot their tobacco packaging into or that they will put the cigarettes into having taken them out. Individuals who look closely at the experience in Australia will see that there has been quite a growth in cigarette cases there already. That is one of the biggest dangers: that suddenly young people are trying to look cool with tobacco accessories. I think that that is a valid point.

Mr McMullan: I thank the Member for giving way. We are talking about glitzy packaging for cigarettes, but one thing that we have not touched on yet when we talk about targeting young people is that the majority of the young people smoking today are young girls. The numbers are far outstripping that of young boys, who are giving up the habit of smoking. When we look at rolling tobacco and so on, we see that that has not changed. The glitzy packaging on that has not changed, so young people are definitely being targeted. What are your views on the fact that there is an alarming rise in the number of young girls taking up smoking?

Mr Ross: I am concerned by that, because I do not think that any young person, whether male or female, should take up smoking. The health implications are as clear as they have ever been: smoking is damaging to one's health. I do not think that I have ever heard anybody saying that young people should take up smoking. Indeed, it is illegal for young people to purchase tobacco products until they are an adult at the age of 18, and I think that that is important.

One of the other issues that we need to examine more closely around standardised packaging — and it is important that do discuss this — is whether, by introducing gruesome plain packaging, we are more likely to get people to stop smoking or we are more likely to

see them swap brands. If the packaging is not there to differentiate between products, I think that we will actually see people swapping brands. What we will do is not stop people from smoking but simply make them swap to cheaper brands. That has been acknowledged even by those who support this measure in GB. So, it would not actually have the impact that some say it would.

One of the other bizarre consequences, if we were to introduce plain packaging right across the United Kingdom, is that the most glitzy packages available would be those that would be counterfeit tobacco products coming in from other markets; from the US, for example, or other parts of Europe that will not introduce standardised packaging. The most glitzy packaging will come from other markets where there are no restrictions. Members also have to bear that in mind, particularly if our local market is flooded with coloured tobacco products from China, or places such as that, where we know that there is very little by way of regulation of the content of tobacco products.

1.15 pm

I accept that the motion will pass with the overwhelming support of Members across the Chamber. I also accept that the House of Commons will probably vote in favour of introducing standardised packaging across the United Kingdom. However, if we are to do our jobs properly as legislators, and if this legislature is to do its job properly, we have to examine the issues around the introduction of legislation and challenge some of the presumptions made. It is not good enough to stand up and say that this is about saving lives without producing any evidence that that will be the case. This is lazy legislating and is the type of legislating that we should avoid. We should have well-evidenced discussions in the House.

As other Members said, the Executive will take a decision on whether we introduce standardised packaging in Northern Ireland. I hope that they do so after looking at the evidence from elsewhere and examining the unintended consequences. It is not just about the health of individuals but how we ensure that we do not unintentionally help organised criminals to bring in counterfeit products.

It would also be remiss of me if I did not mention the economic impact, not just in the reduced tax take for the Treasury if we get more counterfeit tobacco products in the UK but the impact on jobs in north Antrim, south Antrim and east Antrim. The JTI factory in Ballymena, which employs many people across the Antrim

area, has had to cope with legislation from Europe on the size of their tobacco products and on how many cigarettes can be in a box. This is having an impact on its ability to sell what is still a legal product into other markets.

Mr Poots: Will the Member give way?

Mr Ross: I will.

Mr Poots: The Member stressed very strongly that the argument should be on the basis of evidence. That is fair enough. Will he give us the figures for the amount of tobacco that is exported from the factory in Ballymena and what is used in the Northern Ireland market? If the argument is that if Northern Ireland goes down this route it will damage hundreds of jobs, then what is the evidence to support that? I do not think that that evidence exists either.

Mr Ross: There is evidence with respect to the cost of tobacco products in other markets in Europe. Some of the regulations brought in mean that it is much cheaper to buy tobacco products in Europe. If you are coming back, even from the heart of the European Union in Belgium, you can buy tobacco products there that are much cheaper, as you do not have to pay the same level of duty, and bring them into Northern Ireland. If we continue to restrict the availability of tobacco products in the UK, more people will import counterfeit tobacco from elsewhere in Europe. That has been clearly demonstrated in the comments of representatives of Her Majesty's Revenue and Customs and by many in the police.

I hope that we have a serious think about some of the unintended consequences of the legislation. Thank you for listening to my contribution.

Mr Brady: Go raibh maith agat, a Cheann Comhairle. I also support the motion. It was quite interesting to watch what might be termed internecine warfare on the opposite Benches, albeit it was fairly civilised.

I think that the message is very clear: smoking is bad and, as it says on the package, smoking can kill. Unfortunately, recent surveys have shown that smoking is on the increase here. In a 2010-11 survey, 24% of respondents said that they smoked and, in a survey in 2011-12, 25% of respondents said the same, so smoking is, unfortunately, on the increase.

It has been mentioned by other Members that smoking is the single greatest cause of preventable illness and premature death. It kills

around 2,300 people each year, which is more than 100 people in each of our constituencies; a shocking statistic. Tobacco use is one of the four main modifiable risk factors for many chronic diseases, including cardiovascular disease, cancer and chronic obstructive pulmonary disease.

Cost was mentioned: £119 million a year. However, that does not take into account the cost in human suffering of those who are dying from what may have been preventable diseases and their families.

Mr Wilson's scepticism — possibly his cynicism, I am not sure which —

Mr Wilson: I am not a cynic.

Mr Brady: Of course not; you have proven that over many years. Look at the evidence. Mr Wells referred to 'Plain Tobacco Packaging: A Systematic Review', which was undertaken as part of the Public Health Research Consortium, which is funded by the Department of Health policy research programme. Some 39 studies were made, providing evidence of the impacts of plain tobacco packaging. The review provided conclusive evidence that the branding and design of tobacco packaging is used to make the product more attractive and target specific audiences, including young people. Branding also distracts attention from the health message on the pack and misleads smokers about the harmfulness of different products. There is growing evidence that standardised tobacco packaging is likely to have most impact on discouraging young people from taking up smoking.

The key findings of the review were that non-smokers and younger people responded more negatively to plain standardised packs than smokers and older people. Nineteen studies examined the perceptions or ratings of the attractiveness of standardised packs. All the studies found that standardised packs were rated as less attractive than branded equivalent packs.

Twelve studies examined perceptions of standardised packs in terms of their perceived quality, taste, smoothness and cheapness. The studies, which compared perceptions of standardised and branded packs, consistently found that standardised packs were perceived to be of poor quality by both adults and children. Thirteen studies examined perceptions of smoker identity and personality attributes associated with standardised packs.

Ten qualitative studies examined appeal, and four key issues were identified as being important: standardised pack colours have negative connotations; standardised packs weaken attachment to brands; standardised packs project a less desirable smoker identity; and standardised packs expose the reality of smoking.

So, much evidence has been garnered. With the legislation, it is important that, as legislators, we take all reasonable measures to prevent the spread of smoking.

Mr Wilson: At the start of my contribution, I will say a couple of things about my view on legislation and regulation. Some people judge the Assembly on how many laws it passes, regulations it introduces etc. I do not believe that that ought to be the judgement that people place on a body such as this. As we now see at Westminster and hear from the lobbying of the many people who know how to make the economy work, the less regulation, the better. If you are going to introduce regulation, there ought to be tests for it. Is it simply a response to a well-organised lobby, or is it to address a specific problem? Will it be effective in addressing that problem? In addressing the problem, do you balance it with all the other things and objectives that we, in a democracy, wish to see?

This kind of legislation illustrates the problem. There is a problem with smoking. I am not a smoker. In my time as a public representative, before bans were placed on smoking indoors etc I can remember coming away from many a housing association meeting in east Belfast, and I could hardly find the door of the room. Of course, your clothes, hair and everything else were stinking. I am not a supporter of smoking, but I recognise that a quarter of the population, for one reason or another, wishes to engage in it. It creates health problems, but then so does drinking alcohol.

Mr Poots: Will the Member give way?

Mr Wilson: I will give way in a moment or two when I have finished this point. We regularly hear that our A&E provision is inundated at weekends, and many of the problems happen because people present themselves intoxicated with alcohol.

We had discussions recently on the degree of obesity because of people's attraction to fast food. The question is this: how many of these problems do we believe should be addressed by legislation, regulation and tighter

restrictions? At what point do the general population say, "Let us make up our own minds rather than you making our minds up for us"? That should be a fundamental point as we start the debate and examine all the issues. I will give way to the Minister.

Mr Poots: The Member said that a quarter of people wish to smoke —

Mr Speaker: I encourage the Minister to turn towards the mic.

Mr Poots: Sorry, Mr Speaker. The Member said that a quarter of people wish to smoke. Actually, 83% of that 25% wish that they did not smoke, and that is a very important element. Many of them choose to smoke when not even an adult. That is what the legislation is about: creating a system whereby it is less attractive for children and young people to take up the most addictive habit and most addictive drug in Northern Ireland.

Mr Wilson: Let me come to that point, which is important. If there are detrimental consequences of smoking, what do you do to discourage people from starting down that road? I heard some Members say that we have to do something. In legislating, it is not good enough that we introduce regulations that are ineffective, or are shown to be ineffective, and then have to keep adding restriction on top of restriction.

I agree with the Minister that, if there is a problem and you believe that you have an answer to it that does not unnecessarily infringe on the other liberties and entitlements that you believe people should have, of course you go for it. To do that, however, you have to have evidence that it works. So far, only one other country in the world has tried plain packaging, and it has not been in place for very long. There is no indication that it has reduced the level of smoking, and, as Mr McIlveen said, it is seen to have detrimental side effects, which were, perhaps, unintended but are, nevertheless, even more damaging.

Mr Brady and Mr — yes, the UTV man, Fearghal McKinney — talked about evidence and research. It is not research; they quoted surveys. People were asked, "Do you find this more attractive?" Listen to the language. "Do you find these branded products more attractive and of higher quality than non-branded products?" It was not, "If you were presented with this, would you stop smoking?" At least, both Members were clear that this was a product comparison. The real question should

have been this: "Would this stop you smoking?" rather than, "Would you find this less attractive than this?" That is the weakness of the research that they quoted — it is research, not evidence. The only way to get evidence is to introduce the legislation, practise the thing on the ground and see whether it leads to fewer people smoking.

1.30 pm

Mr Beggs: Will the Member give way?

Mr Wilson: Yes, I will.

Mr Beggs: The Member said that the only way to have evidence is to introduce the legislation. In every country and society, there are a range of other factors afoot, and perhaps the only way we will know if it works will be if we introduce the legislation in the United Kingdom. Does he not agree?

Mr Wilson: The Member, in his speech, talked about that. Yes, we only have one country at the moment in which we can test this. One of the things that the Government in Westminster have said is, "Let's wait and see if, after having the legislation working for a period of time, it does what was intended." There is no evidence to date, but we have research by the Public Health Research Consortium — whatever that is — Cancer UK and Chest, Heart and Stroke quoted.

One of the things that I used to always say to youngsters in school when we were talking about dealing with data was, "Ask yourself what the source of the data is." If people are producing data and are starting off from a certain point of view, of course the questions they ask, the way they interpret the answers to those questions and the way they analyse the data will colour the conclusions that they come to.

Mr McMullan: Will the Member give way?

Mr Wilson: I will give way in a moment or two.

That is fundamental. All of the data that we have heard quoted today has been from research by people who have a vested interest in showing that, somehow or other, the policy that they wish to pursue would be effective. There is no indication that that policy actually would be effective. Even the questions illustrate that.

Mr McMullan: I thank the Member for giving way. I am a little bit confused by the line that he is taking. Is he telling the House that organisations such as Cancer Research and Chest, Heart and Stroke are wrong and that what they are putting out is misleading? What exactly are you saying? Are you saying that there are no credible statistics on smoking and its effects on health?

Mr Wilson: No, and if the Member had listened to the argument, he would have heard the logic of it. If the DUP came up with research that indicated that 100% of the people in Northern Ireland want the Union flag to fly over the City Hall, I guarantee that Sinn Féin would say, "We can't accept that because it is coming from a point of view that already colours" —

Mr McMullan: Will the Member give way?

Mr Wilson: No, let me finish the point. Sinn Féin might say, "Yeah, you produced this, but what question did you ask, how did you interpret that question and who did you put the question to?"

Mr Brady: Will the Member give way?

Mr Wilson: No, let me just finish the point. Those are the kinds of legitimate questions you would ask.

All of the groups — and it is significant — whose research we have had quoted here today have a certain objective. As I pointed out, the research uses one basic question, which has been used as a source of much of what some Members have called "evidence". The question is, "Choose between branded and non-branded and tell us which is more effective." That does not tell you whether people would stop smoking if the only choice that they had was unbranded products. It tells you that they made a choice. That is the point I am making. It is nonsense to ask, "Are you saying that they're wrong, are you saying that they're lying?" No, of course I am not. I am simply saying that they approach research from a particular point of view and that, whilst the questions that they ask and the way they deal with those questions may be legitimate, we have to remember the source of the information.

Mr Brady: I thank the Member for giving way. You said that some organisations have vested interests, but of course they have: they are trying to save lives. I am chair of an all-party group on chest, heart and stroke, and we have regular presentations from experts, people who

are at the coalface of dealing with the effects of smoking and tobacco use, misuse and abuse. So, the vested interest that they have is to try to save lives and deal with the problems that smoking and tobacco cause daily. They are not necessarily just people who have opinions. They actually deal with the issue daily.

Mr Wilson: With all due respect, the debate is not on the effects of smoking but on the most effective way of preventing new clients from coming into the smoking market. Nobody is questioning that the experts are genuine in their desire to stop people dying a horrible death from smoking. The question is this: are we going in a direction that will be effective?

Mr D McIlveen: I thank the Member for giving way. In many ways, he has made one of the points that I was going to raise. Does he agree that the debate has become a little bit convoluted, when it is specifically about whether the legislative consent motion, if it comes into law, will in itself be effective? The only emerging evidence is from Australia. The Member mentioned earlier that the two objectives of the legislation in Australia are to stop new smokers coming into the market and to aid with cessation. Does he agree that it is interesting that the lobby in Australia that was dealing specifically with cessation has now fallen silent?

Mr Wilson: Of course, and I am not surprised. The other research showed what influences people to start smoking in the first place. One of the reasons that smoking is more prevalent among young people from lower socio-economic groups is because their parents are more likely to smoke. Parents are an important influence. Peer pressure is an important influence. Curiosity is an important influence. All the packaging changes in the world will not affect those things. That is why, as other Members mentioned, education is important.

Let me turn to Mr Beggs's point that we should introduce the legislation to try to see what happens. It might be useful to ask what has been the effect of all the other things that we have introduced. There have been advertising bans, which were designed to stop the very thing that people have been talking about; namely, making it seem attractive in many ways. Vending machines have been stopped. People are not allowed to smoke inside pubs and in other public places. There has been a reduction in the ability to display pictures on cigarette packets. There are gory pictures on packets. There are attacks on those who sell cigarettes to people who are underage.

Members have accepted that the impact of even all those restrictions has not been to reduce the level of smoking; rather, there has been an increase, with 25% of people consistently still choosing to smoke.

The Minister says that 83% of smokers wish to give up, and I do not dispute his figures. However, if banning advertising, stopping people smoking in public places and all the other measures that we have undertaken have not resulted in people giving up, and, in fact, we now see a small increase, we have to ask ourselves these questions: is this the way to deal with it? Is this kind of legislation effective? As I said in my intervention to Mr Beggs, if it is not effective, there is no point in engaging in gimmicks to placate lobby groups or to pretend that we are doing something. If there is any way in which to undermine legislation and a legislative Assembly, it is to make promises that we can do something and that it will be effective, only then to find that it is not effective.

Mr Wells: Will the Member give way?

Mr Wilson: I will give way.

Mr Wells: The Member cannot have his cake and eat it. He cannot say that the changes will have no possible impact on the number of cigarettes being smoked yet also say that jobs will be lost in Ballymena as a result of the same measures. If they will have no impact, no jobs will be lost.

Mr Wilson: I have not said that yet, but I was going to say it. Now that the Member has warned me that he will intervene on that point, he has given me time to make a number of arguments, which I will do in a moment or two.

All that I am saying is that we cannot run away with the idea, because we already have real, statistical evidence that these kinds of restrictions do not work. Therefore, why do we say that we want to introduce more of the same if it is not going to be effective?

Mr Ross: Will the Member give way?

Mr Wilson: Yes.

Mr Ross: Will the Member acknowledge that the job losses will come from the fact that if the market is flooded with counterfeit tobacco products, the legitimate manufacturers of tobacco products will not have as much business? That is where the concern for job losses comes from. Their concern is that standardised packaging will help not just

counterfeit products coming in, but illegal products.

Mr Wilson: That was the point that I was going to make, but I will elaborate on it in a moment or two. Yes?

Mr Beggs: It would be helpful if the Member could highlight a little more how standardised packaging assists counterfeit products. As I understand it, packaging can be made for between 5p and 15p, so no matter what one produces it can be replicated. It would be helpful if he could indicate how it might adversely affect the fight against counterfeit packaging, particularly, as I indicated, because it is important that the ability to use security coding continues.

It would also be helpful if the Member would clarify whether he is proposing reversing all the legislation that has been introduced to try to minimise the use of tobacco and its adverse health effects. Is he proposing that smoking should be reintroduced in pubs? What exactly is he saying when he says that all that legislation has not been effective? An important aspect, which he has not taken on board, is that sometimes it takes many years for changes to have a significant effect, particularly when there are large numbers of people who are addicted to the consumption of tobacco.

Mr Wilson: I will deal with the Member's last point first. It does take many years, but some of these measures have been in place for many years and have not had any impact. None of the measures that I have highlighted were introduced yesterday; some of them were introduced 10 years ago. How many years is many years? To say that we should wait and see is an easy argument for the Member to make. How long do we have to wait and see? If that is the case, why is he so willing to readily quote surveys or research that has been done on legislation that has been in place only for six months in Australia? He cannot have it both ways; either it takes a long time to work or it does not.

He also asked whether I wanted to reverse the legislation that is there. Once legislation is introduced, especially legislation in this kind of field, whether it is effective or not, it is always very difficult to reverse it. I am not suggesting that it should be reversed. All I am saying is that it has proved to be pretty ineffective, and on the basis of his figures, not mine. You do not simply keep adding on to ineffective legislation.

Mr Beggs: Will the Member give way?

Mr Wilson: No, I am not going to give way. We are coming close to 2.00 pm, and I assume that Members want to get this over with before Question Time. I do not think that the Member can suggest that I have not engaged in debate on the issue. I have taken plenty of interventions.

The last point is about the issue of whether we should continue with branding. Anyone who has done business studies will know that one of the purposes of branding and advertising of that nature is that it is defensive. It is not about getting new people in; it is about defending your product against similar products. That is one of the reasons why companies want to keep their particular brands. It is not, as the Member suggested, to make them so glitzy that people going to buy cigarettes think they are buying perfume. Many daft arguments were made in this debate, but the Member said that people thought they were buying perfume and when they opened it up, lo and behold there was 20 fags in it. In the name of goodness, if we have to reduce ourselves to those kinds of arguments, it shows how flimsy they are.

Mr Givan: I appreciate the Member giving way. I have listened intently throughout his contribution and that of Mr Ross, and I have some degree of sympathy for the arguments that have been made about people's choice of a particular brand. He has stated clearly that we need evidence, and that is something that, hopefully, the Minister will touch on when he is winding up.

The Member will be aware that an amendment has been passed in the House of Lords to ban smoking in cars where there are children. That is an area where there is irrefutable evidence of the damage that passive smoking causes to those young people who have no choice but to suffer what is inflicted upon them when they are travelling in a vehicle. The vast majority of smokers are responsible in that way, but there are some, as Members will know when they see them driving past, who smoke with a child in the infant's seat. Members will know of the impact that that has on the child's immune system. Where there is irrefutable evidence, as there is on that issue, will he encourage the Minister to take forward a particular piece of work when we have to deal with this in the future?

1.45 pm

Mr Wells: Will the Member give way?

Mr Wilson: Let me answer this question first. If the Member had been listening carefully at the start, he would have heard me say that there are a number of tests that you should apply to any legislation. The first is whether it addresses the problem and the second is whether it does so effectively. The third test is to ask this: does it have an impact on other things that, in a democracy, we expect people to have an entitlement to, that is, the freedom to make certain choices? There is also the question about the enforceability of any legislation to consider. I have to ask, on smoking in cars, where do you stop? Would it extend to smoking in people's homes etc? Also, how enforceable is such legislation? I think that we have to put that kind of decision in the context of a whole lot of other issues that one would consider when introducing legislation here.

Since I have not given way to Mr Wells and I took an intervention from the previous Member to ask, I will take Mr Wells's intervention.

Mr Wells: The honourable Member is in fine form, I have to say. Once again, he has proved himself to be one of the finest orators ever to have been in this Chamber. However, he made a point earlier that I must refute in the nicest possible way. He said that the branding of cigarette packets is intended to move customers within the existing brands rather than to attract new smokers. Where that argument falls down flat on its face is that 100,000 people die in the United Kingdom every year as a direct result of smoking, so the industry has to attract 100,000 more people a year to take up the habit to keep up its production levels. That is the problem, and, each year, 100,000 people are taking up smoking in the United Kingdom. So, it must be working.

Mr Wilson: Again, if the Member had listened to the point that I made, he would know that some of the surveys and research have shown that new people are recruited for reasons such as parental example, peer pressure, curiosity and a whole range of other things. So, it cannot be put down purely to packaging. I have no evidence for this but neither does he, so I am not saying that there is not an element of that that is due to branding. All that I can say, however, is that given that, along with the name of the particular company, gory details are given on each package about the effect that smoking will have on you, I doubt very much whether packaging, in whatever shape or form it takes, will have the impact of attracting new customers.

That brings me to my last point, which is on employment. I will not dwell on it, because Mr Allister raised the issue anyway. I am sorry, it was Mr Ross; I said Mr Allister.

Mr Poots: He gets blamed for a lot of things.

Mr Wilson: Yes, I can blame him for a lot of things, but not this.

There will be an impact, and that will be that we will make it easier for criminals who sell cigarettes without paying tax and where the quality is not monitored, making them far, far more deadly. That will also impact on employment here in Northern Ireland. Do not forget that, in my constituency, there are hundreds of people who are employed in Ballymena in well-paid jobs. Those people's jobs will be affected not as result of stopping people smoking but as a result of switching people to the criminal gangs who import cheap cigarettes and sell them on the market.

Mr Speaker: I did not want to interrupt the Member during his contribution, but, before I call Mr McNarry, I remind the Member, for the second or maybe the third occasion, that he should call Members by their proper name. I am talking about the comment referring to Mr McKinney as "the UTV man". Mr McKinney deserves the same respect in this Chamber as every other Member. Once again, I say that to the whole House.

Mr McNarry: I was going to refer to "what's his name?" over there, but I am not going there. *[Laughter.]* I heard the debate, and it has been very interesting. Members have talked about a promotion for a cottage industry to make cigarette cases. That is not a bad idea, despite the fact that the product and those who use it are called stinkers. The Member is not here, but he called them stinkers. I take personal exception to that. It also appears that young girls are hooked on cigarettes because of glitzy packaging, and I will return to that.

We then moved into what could be called rights issues. We covered criminality and the illicit selling, off the back of a lorry, I take it, and into the mix, quite rightly, was the issue of jobs. Those of us who have had representation from the cigarette manufacturers know that they make the case on the basis of what Mr Wilson said, which is that it was purely for their jobs. That is what they manufacture, and they were making that case on the basis of their product. I think that that is fair enough.

Perhaps one could have some fun in this debate by weaving in tree-huggers, wind farm suckers or climate change whingers. It seems to me that those people find themselves appropriately in the lobby of fog bashers. They are the same people, coming from the same direction. Those same people seem to keep a distance and have very strong views that are anti-fracking. So, there is a mobilisation of people who seem to want to get into this type of thing, and they seem to be — they do not just seem to be; they are — making issues where I fail to see the issues.

I could also express irritation at the bellyaching about health costs, which says nothing about taxes paid and even less on departmental expenditure on wastage, not just in the Department of Health but throughout the Executive. Yet, some will not allow the debate to tread into the economics of it.

Mr McKinney: Will the Member give way?

Mr McNarry: I will, surely.

Mr McKinney: Will the Member accept evidence presented earlier that some £10 billion is collected from tax returns in the UK, but £13 billion is expended on healthcare related to smoking?

Mr McNarry: I thank Mr McKinney for his intervention. I understand that there is no abuse of the revenue figures. I accept that they are correct, but I must say to the Member that I do not have the same confidence in accepting the figures about expenditure, because they come from many areas —

Mr Wilson: Will the Member give way?

Mr McNarry: I will, certainly.

Mr Wilson: He makes a very important point there. That £13 billion also has a notional figure for the cost of people dying, lost production and that kind of thing. Once we enter into those realms, it is not a like-for-like comparison, whereas he pointed out that we know the actual figures for tax revenue.

Mr McNarry: I think that the House has got that message throughout the debate; or, at least, I hope that it has. As always happens, figures are bandied about, and, with all due respect to Mr Wilson, he used to do the same when he was Finance Minister, and they did not always stack up.

Let us be clear: smoking is not good for your health. What does it say on the packet that I bought this morning? It says, and let us do the money bit, "UK duty paid." So, it did not fall off the back of a lorry. I paid my duty. It says, "Smoking causes ageing of the skin." So much for the macho ads for men's cosmetics and skincare that seem to appear in the middle of rugby matches. The packet says that smoking will damage your skin. I would like the Minister to refer in any summing up to how it damages your skin.

Finally, of course, the big message is that smoking kills. Nothing could be clearer. Here is a package that does not look glamorous or seductive to me or to anyone else. It shows a clear message — smoking kills. What it tells me is the brand that I want to smoke as a smoker, which I bought this morning. I should add, so that I do not disappoint the Minister, that I am a reducing smoker. That is a compliment to him for badgering me at times about smoking at all. I am doing my best to reduce in order to acknowledge and recognise the hospital staff and consultants, who I help to pay for, who helped me in a difficult situation not so long ago. I am grateful to them.

Mr McKinney: Will the Member give way?

Mr McNarry: Again? I will.

Mr McKinney: Does the Member accept that much of what we heard this morning, particularly from the Benches here, and in what he has just talked about, is an emphasis on brand and that brand sells? In this case, the brand sells cigarettes; and in this case, cigarettes kill.

Mr McNarry: I will come to that in a minute, if Mr McKinney will be just a wee bit patient. I am going to support the motion because I have read what it says. There is a message in the motion, and it is an exercise in an outcome that is beneficial to our young people.

I say to some others, and to Mr Wells who is not here, that the nanny state that he wishes for is not for me, nor is it an equaliser for the life as he sees it. It is far from it. He talks about seduction and glamour as if they are some kind of selling aids. I can tell him that they are not persuasive factors to a smoker, which leads me to ask the Minister about one point on plain packaging. I have read out what is written on the current packaging. If I may, I will refer to the blue bit without the brand. The brand comes in blue, red and green. The blue colour tells me its strength. How will the proposed

packaging show the strength of the cigarette inside the pack? How will the strength be shown to the purchaser, irrespective of their age? The strength of a cigarette is an important factor to many smokers when choosing to buy the packet that they buy.

I heard the talk about evidence, first from Mr McKinney. I say to those who are proposing that evidence and making it a point, if evidence is so —

Mr Speaker: Order. I do not want to interrupt the Member, but I remind him that Question Time is at 2.00 pm.

Mr McNarry: OK, Mr Speaker. Thank you.

I say to the Member: if the evidence being presented is so strong, why not make cigarette selling illegal? If your case is so strong and you have all the evidence — and I do not think you have — do the honourable thing for children and others and make cigarette selling illegal. I will end there.

Mr Speaker: As Question Time begins at 2.00 pm, I suggest that the House takes its ease until that time. The debate will continue after Question Time, when the next Member called to speak will be the Minister to conclude the debate.

The debate stood suspended.

2.00 pm

(Mr Principal Deputy Speaker [Mr Mitchel McLaughlin] in the Chair)

Oral Answers to Questions

Social Development

Social Housing: Choice-based Lettings

1. **Mr Brady** asked the Minister for Social Development whether he plans to introduce choice-based lettings as part of his review of the social housing allocation system. (AQO 5425/11-15)

Mr McCausland (The Minister for Social Development): Currently, I have no such plans. My Department commissioned research from the universities of Ulster and Cambridge to review the current allocation system, look at best practice elsewhere and bring forward recommendations. One recommendation is for choice-based letting. My Department is seeking views on that and the other recommendations at a series of public events. The academics recommend choice-based letting on the grounds of its success in Great Britain and the Republic of Ireland in promoting consumer choice, shortening relet times, reducing refusals and improving tenancy sustainment. I will, however, wish to hear further evidence and the views of stakeholders before bringing forward any policy proposals.

Mr Brady: I thank the Minister for his answer. At Committee level, all parties agreed that choice-based letting would not be feasible, particularly given the nature of housing in the North. Does the Minister agree that it would not work in areas of high demand?

Mr McCausland: It is important to look at things on the basis of evidence. I commissioned the research, but it was undertaken by independent academics. We must look at what they produced after a detailed analysis of the market and what can be done elsewhere. It is one of a number of suggestions. We need to talk to stakeholders and a range of interest groups, look at the evidence and then make a judgement. I do not want to make a judgement until I have seen all the evidence, which as yet I have not seen. There are GB regions in which there is high demand, and it seems to work there. At present, however, I have no view either way. I

am simply seeking views so that I can formulate an opinion in due course.

Mr McGlone: Go raibh maith agat, a Phríomh-LeasCheann Comhairle. Gabhaim buíochas leis an Aire as a fhreagra. Will the Minister assure the House that, whatever lettings take place, the principle of need will be at the very core of the letting of any property and that the process will be fair, open and transparent?

Mr McCausland: I can indeed assure the Member of both those points. It is absolutely fundamental that the allocation of housing should be on the basis of need. The system should be clear, transparent and fully understood. We need a system that is fair and is seen to be fair. I am determined to ensure that that happens as we move forward.

Mr Storey: Apologies to the Minister for not being present for the first question. Will he explain why he felt that it was time for such a fundamental review of the allocation system?

Mr McCausland: The current allocation system has been in place since 2000, so, after 14 years, the time is right for a review of its operation. The system has many shortcomings, including a lack of transparency, perceptions of point chasing and queue-jumping, and a high level of refusals, so there are weaknesses. The system asks applicants to specify areas of choice at the very local level of common landlord area, which is often only a number of streets. In effect, that can restrict people's choices, lead to unrealistic expectations of when they might be housed and exclude people from being considered for possibly suitable properties adjacent to their area of choice. The fact that a number of academics from here and GB who have looked at this put forward a series of recommendations suggests that it was timely to look at a review of the allocation system.

Social Housing: Underspend

2. **Mr Nesbitt** asked the Minister for Social Development to outline the reasons for previous underspends in the social housing development programme. (AQO 5426/11-15)

Mr McCausland: The Department did not declare any underspends in the social housing development programme in the monitoring rounds this year. The programme is on target to deliver all of the planned units for 2013-14, and, in fact, the target may well be exceeded. The Northern Ireland Housing Executive,

however, was able to realise efficiency and other savings in the Bamford aspects of the programme and declared these to the Department in the last January monitoring round. I am glad to report that those funds have been successfully utilised by the co-ownership scheme to enable applicants to purchase a home and thereby help the wider economy and construction industry.

Mr Nesbitt: I thank the Minister for his answer. Is he considering any changes to the policy or its implementation that would make the provision even more effective?

Mr McCausland: I am indeed looking at how the social housing development programme is delivered. We are delivering on target, but I want to go beyond the target and see what more we can do to ensure the delivery of more social houses. A number of pieces of work have been and are being undertaken. The first of those was the performance and delivery unit (PEDU) report on the delivery of social housing.

The second is work to identify issues that were brought up in the PEDU report. Many of its recommendations have been implemented and some are being implemented.

Thirdly, we are looking at the issues identified by housing associations as an obstacle to their delivering more. A range of potential major difficulties has been raised, including the slowness of planning and issues with site acquisition. Sometimes, there are issues with the provision of water and sewerage supplies to sites and the capacity of housing associations to deliver. In the past few days, examples have been brought to my attention of housing associations identifying themselves as undertaking a scheme that they were allocated but pulling out at the last minute because they did not have the capacity to deliver it.

So there are a number of issues there, and officials are working to ensure that we get a more efficient and effective delivery mechanism that is better tuned, fit for purpose and will, therefore, enable us to go beyond our targets.

Mrs Hale: I thank the Minister for his detailed answer. How many social houses have been delivered since he became Minister in 2011?

Mr McCausland: I thank the Member for her question. My Department is responsible for implementing the current Programme for Government commitment to deliver 8,000 new social and affordable homes by 2015. By the end of the last financial year, we were well

ahead of target, with 4,389 new homes delivered, of which 2,789 are social housing. The plan is to deliver a further 1,275 social houses this year, and plans that I approved in December will result in 2,000 more starting next year. So the Programme for Government target will be achieved.

Mrs D Kelly: Is it not the case that the quota for social housing newbuilds is not the most challenging and has been reduced in the past two years? Minister, have you considered or would you consider creating a special task force to address the dire housing waiting lists in parts of Northern Ireland?

Mr McCausland: First, the target was set by the Northern Ireland Executive and endorsed, across the board, as part of the Programme for Government. It is, therefore, one that we are achieving, and I am glad to be able to report that. However, as I indicated in answer to a previous supplementary question, I want to go beyond that. There are a number of weaknesses in the current delivery system. I have identified a few of them, but there are others. I will give this very specific example: a housing association had a scheme that was half finished but could not finish it off for virtually six months because there were issues around the water and sewerage connections for the houses. That sort of delay is unacceptable.

There are issues around site acquisition for housing associations, which is why we have, in a sense, front-loaded the system this year by ensuring that there was a substantial amount of site acquisition at the end of the financial year so that we could move forward into the next year with the sites already acquired. It is that sort of forward planning. There is also an issue around the capacity of our housing associations. Quite a number of them are not really involved in house building; they are simply maintaining their existing stock. The number of houses is largely being delivered by about five housing associations out of the whole range, and those housing associations are right at their limit. We need to see how we can ensure that there is greater capacity in the system, and that is why I have been doing the work. It is not only the PEDU report; there are all the other issues, and I have mentioned a few. We are looking very closely to see what can be done to speed up the system so that we can achieve a lot more.

Rather than setting up a task force, we have already done the analysis of how we could deliver more. That is being worked on to see that we address the issues that have been identified.

Rent Arrears

3. **Mr Gardiner** asked the Minister for Social Development to outline the current level of rent arrears within the Northern Ireland Housing Executive. (AQO 5427/11-15)

Mr McCausland: The Housing Executive has advised that, at 5 January 2014, the current level of rent arrears was £11.3 million for domestic dwellings.

Mr Gardiner: I thank the Minister for his very direct answer. Will he tell us what proportion of rent arrears owed to the Housing Executive is comprised of individual arrears at a high level and what percentage of its tenants in arrears have agreed budget plans with the Housing Executive.

Mr McCausland: I do not have to hand the figures for those very detailed points that the Member raised. I am more than happy to provide the Member with those details, but I do not have that with me and available today.

Mr Campbell: The non-implementation of welfare reform has implications not just for benefit recipients but non-benefit recipients. Will the Minister outline the extent of the rent arrears problem in the private sector, where welfare reform through housing benefit has been carried out already?

Mr McCausland: The Member raises an interesting point. Private rented sector tenants have already experienced housing benefit changes. That was prior to all the changes yet to come. It was several years ago, in April 2011, and we are almost three years on from that. At that time, changes included how local housing allowance rates were calculated and the introduction of a shared accommodation rate for single people aged 34 and under. Research carried out by Sheffield Hallam University on the housing impact of welfare reform in the private rented sector was published in the late part of last year. That research showed that, despite the changes implemented in the private sector through those earlier reforms, few claimants surveyed were in arrears. Those who were in arrears stated that those arrears were caused by a change in circumstances rather than the changes to housing benefit. They indicated that they had been able to meet the shortfall by reducing expenditure in other areas. In fact, there was evidence that the changes introduced at that time had the effect of driving down rents in the private sector, because landlords were particularly willing to reduce rents for existing

claimants. There is also evidence to indicate that most of those affected are simply managing their money differently. Therefore, the anticipated level of difficulty that there might have been in the private rented sector has not necessarily materialised.

2.15 pm

Housing: Repossessions

4. **Mrs Overend** asked the Minister for Social Development to outline the number of house repossessions in each of the past three years. (AQO 5428/11-15)

Mr McCausland: My Department does not hold information on the number of houses repossessed each year in Northern Ireland. However, the Department of Justice issues quarterly statistics on the number of writs and summonses issued for mortgage possession actions. The statistics show that the number of writs and summonses issued was 3,903 in 2010; 3,588 in 2011; 3,732 in 2012; and 2,899 up until September last year. A total of 3,004 cases were disposed of by the courts in 2010; 2,698 in 2011; 3,157 in 2012; and 2,025 up until September 2013.

It should be noted that not all cases disposed of result in a possession order or in the enforcement of that order to evict the householder. For example, in some cases, an arrangement may be agreed between the householder and lender. Furthermore, lenders granted a possession order by the courts have up to 12 years in which to enforce it. Therefore, the number of possession orders granted in any given year may not translate into the number of enforcements or, indeed, evictions.

Mrs Overend: Behind every one of the repossessions is an individual or a family, many of whom have suffered the trauma of their home being taken away from them. At a time when the Executive continue to squander money left, right and centre, does the Minister still believe that a mortgage rescue scheme like the one in England, Scotland and Wales would be too expensive?

Mr McCausland: I will pass over the general criticism that the Member directed towards every Department, including her colleague's Regional Development Department.

Mr Wilson: Especially.

Mr McCausland: The point has been made that it was probably especially directed at her colleague Mr Kennedy's Department. I am sure that he will be very upset and deeply hurt by that criticism from a Member of his own party.

I have sympathy for the concept of a mortgage rescue scheme. However, in reality, I believe that it would help only a small proportion of those facing repossession and be extremely expensive to operate. It is estimated that a full proposed rescue scheme would cost more than £8 million over a two-year period and enable direct intervention for only 72 rescues in each of the two years. Therefore, the number of cases addressed would be extremely small. Those are all real cases of people facing real situations, and I do not want in any way to minimise or detract from that. However, the numbers that you would be able to help are extremely limited.

I am conscious that, when allocating money, the Executive have to weigh up all the needs and priorities for the people of Northern Ireland, be they education, health or whatever. The numbers that a scheme would help could be extremely small. Nevertheless, as the Member will be aware, we have set up the housing repossession task force to look at a whole range of issues around repossessions.

Mr D Bradley: Go raibh maith agat, a Phríomh-LeasCheann Comhairle. Gabhaim buíochas leis an Aire as ucht a fhreagra. Ba mhaith liom a fhiafraí den Aire cad iad an comhráití a bhí aige leis an earnáil airgeadais agus leis an earnáil tithíochta ó thaobh sealbhóirí tithe agus tionóntaí a chosaint.

The Minister said that he has put in place a task force. Has he had any discussions with the financial sector to examine ways in which homeowners and tenants can be protected from repossessions?

Mr McCausland: It will be helpful if I set out what we are doing to help to address the repossession issue. The fact of the matter is that my Department cannot resolve what is an underlying problem, or range of problems, leading to possible home repossessions. As I said, I empathise with those who find themselves in that distressing situation, with the prospect of court action. We have established the housing repossession task force to investigate what the impact is and what further action might be taken, if there is the possibility of doing something further. Indeed, the Member is looking at the goodwill and generosity of spirit of some of our financial institutions. I noticed that he was almost

shaking his head when I referred to those terms.

Through that task force, we are trying to harness the experience and the expertise available from all the stakeholders to identify ways in which government and others can assist in alleviating the problems. The first meeting of that task force is scheduled for tomorrow, with the aim of producing outline recommendations by the month of June. That is in addition to the funding we give to the mortgage debt advice service and, of course, as a support for mortgage interest. All those things are in place. I ask the Member to bear with me while we get the response from the task force. There seems to be a fondness for task forces over there in that corner.

Mr Anderson: I thank the Minister for his responses so far. In relation to house repossessions, can the Minister tell us of the level of demand for the mortgage debt advice service and what it has achieved?

Mr McCausland: The formal contract for the mortgage debt advice service commenced in May 2011. Since then, the service has experienced demand at a level well above that originally envisaged. In 2011-12, the service provided advice and assistance to 1,310 clients, directly preventing homelessness for 280 households and providing representation and advocacy services, such as negotiation with lenders and attendance at court, for 804 clients. In 2012-13, it assisted 1,695 clients, directly preventing homelessness for 434 households and providing representative and advocacy services for 774. In 2013-14, up to December, it assisted 1,126 clients, preventing homelessness for 249 and providing representation and advocacy for 490. So, I think that that gives some indication of the extent of the excellent work that is being done by the mortgage debt advice service.

Boiler Replacement Scheme

5. **Mr Dunne** asked the Minister for Social Development how many homes have benefited from the boiler replacement scheme including its precursor pilot scheme. (AQO 5429/11-15)

Mr McCausland: Over the 16 months in which the current boiler replacement scheme has been in operation, 10,103 homes have had their old, inefficient boiler replaced. The scheme is not due to finish until March 2015, and, by that time, we aim to have helped 24,000 homes replace their boiler.

The pilot boiler replacement scheme, which was launched in June 2011 and finished on 31 March 2012, assisted 1,743 homes to replace their boiler. Therefore, over the two schemes, to date, we have helped almost 12,000 homes and made a significant difference to the energy efficiency in those homes.

Mr Dunne: I thank the Minister for his answers today. It is also right to welcome the initiative and to put on record our thanks to the Minister and DSD for going a long way to addressing fuel poverty. Can the Minister provide details on the amount of grant that has been paid out and the average cost of each installation to each property?

Mr McCausland: I thank the Member for the question, because it helps to give a better picture of the profile of the programme. Twenty-nine per cent of the applicants received the maximum allowable grant of £1,000; 39% received a grant of £700; 14% received a grant of £500; and only 18% received a grant of £400. So a significant number, almost 30%, received the maximum allowable grant, and they were folk on lower incomes. That indicates, I think, that the scheme is being directed to those who are most in need.

The average cost of installations is £1,587 for oil to oil; £1,853 for oil to oil with controls; £1,522 for wood pellet; £1,908 for gas to gas; £2,212 for liquefied petroleum gas (LPG) to gas; £1,826 for LPG to LPG; and £2,191 for oil to gas. So, the cost of the installation is very much dependent on the type of change that the individual chooses.

Mr Byrne: I thank the Minister for his answers thus far. How many homes does he hope will be included in the scheme next year? What budget allocation is he hoping for to continue the good work on boiler replacement?

Mr McCausland: The initial amount that was set aside for the scheme over the three-year period was £12 million. I was able to secure an additional £6 million from the European regional development fund, so the overall package over the three years is £18 million. It is difficult to tie an amount to a specific year, because you have a process that may well span months, in which people make an application, that is processed, and they might then not even get the installation done for a number of months. That means that there can be a delay at the applicant's choice. It is hard for me to pin down what exactly would be spent in a particular 12-month period, but, if you are looking at the overall period over the

three years, £18 million has been set aside for it.

The aim is to have a total of 24,000 installations over the three-year period. If I had to set an average figure, because of the reasons that I set out, around 8,000 boilers would be installed for vulnerable households over that period.

Mr Principal Deputy Speaker: Ross Hussey is not in his place.

Housing Executive: Chairperson

7. **Mr Milne** asked the Minister for Social Development for his assessment of the performance of the current chair of the Housing Executive, in particular in relation to the allocation of funds in the social housing sector. (AQO 5431/11-15)

Mr McCausland: The chairman of the Housing Executive, Donald Hoodless, has a wealth of experience in social housing. When I appointed him in November 2012, he took on an incredibly difficult job. Since then, he has shown his determination to put in place clear governance and assurance systems to tackle the issues and to make the organisational changes that are required to ensure that appropriate services are delivered to tenants, along with value for public money.

I do not forget that he has inherited some extremely difficult legacy problems. In response to those, he has worked clearly and methodically to identify all the issues, particularly in the area of contract management. He has put and still is putting in place measures and procedures to deal with those and to reform the systems, the processes and, indeed, the culture of the organisation to ensure that they will not recur in the future. That is all within the parameters of good governance and achieving value for money. I am confident that the chairman has demonstrated clear leadership in that regard and that he is taking the right steps to address what have been endemic and long-standing procedural and cultural issues.

Mr Milne: Go raibh maith agat, a Phríomh-LeasCheann Comhairle, agus gabhaim buíochas leis an Aire go dtí seo. I thank the Minister for his answers thus far. I hear what he said, but is he still not aware that the Housing Executive has underspent in all aspects of its housing budget at a time of growing waiting lists and problems with maintenance? Does the Minister not think, even given what he has said about the chair, that the chair should resign in the light of that?

Mr McCausland: As I indicated in answer to Mr Nesbitt, the underspends were not really in the social housing development programme. We are on target there. The issues arose primarily in planned maintenance and so on. The fact is that the weaknesses in contract management by the Housing Executive have been the cause of those underspends. In a number of areas, work had to be put on hold because contracts were not properly managed and difficulties arose of which we are all aware. Those weaknesses in contract management by the Housing Executive go back eight, nine or 10 years, well before the current chairman's tenure.

I welcome the fact that the current chairman has acknowledged that there is a problem. There was a state of denial for a long time in the Housing Executive about the fact that contracts were being managed and monitored so badly. Not only has he identified and acknowledged the problem but he is now putting in place the necessary measures to ensure that that sort of thing does not happen again. Both the chair and the vice-chair have brought a level of experience and expertise that was seriously wanting at that top level in the organisation.

2.30 pm

Mr Principal Deputy Speaker: That brings us to the end of the period for listed questions. We now move to 15 minutes of topical questions.

Housing Need: Dolores Kelly Comments

1. **Mr Newton** asked the Minister for Social Development for his view of the recent comments on housing need from the SDLP's Dolores Kelly. (AQT 641/11-15)

Mr McCausland: I thank the Member for his question. Mrs Kelly made a statement that was issued on 15 January in cooperation with the Participation and the Practice of Rights (PPR) project, a lobby group in north Belfast. She said of north Belfast in the course of her contribution:

"Any objective analysis or examination of the facts" —

this was in the context of north Belfast —

"can come to only one conclusion — Catholics in need of housing are being discriminated against. ... The conditions that

the people of north Belfast have been subjected to are intolerable and would not be accepted in any other functioning democracy."

I again emphasise her words:

"Catholics in need of housing are being discriminated against."

She went on to say that it:

"is nothing short of 21st century gerrymandering."

I want to put on record today the actual figures for north Belfast, not the myths that have been manufactured and peddled by the SDLP and republicans and the dissidents who were out on the streets of Belfast on Saturday — I think that about 50 of them turned up for their rally. The truth of the matter is that they have manufactured and peddled myths. The facts are these: there is no disadvantage, and there is no discrimination. The waiting lists in the North Belfast constituency as of September of last year were as follows: 2,059 Protestants on the waiting list and 1,986 Roman Catholics. The waiting list in North Belfast was a list —

Mrs D Kelly: Massaged.

Mr McCausland: I am glad that the Member across the way has said that the figures are massaged —

Mr Principal Deputy Speaker: The Minister's time is up.

Mr McCausland: What she is doing, in that case, is accusing the Housing Executive of massaging the figures, because those are the Housing Executive's own figures. If she wants to look at —

Mr Principal Deputy Speaker: I remind the Minister of the two-minute rule. The Minister's time is up. Let us address remarks through the Chair.

Mr McCausland: I will happily do that.

Mr Principal Deputy Speaker: The Minister's time is up.

Mr Newton: Could the Minister outline his investment in social housing in Belfast since he took office?

Mr McCausland: I want to take the opportunity in addressing that to also address the housing stress figures in North Belfast, because they were not very much different. There were 821 Protestants in housing stress and 898 Roman Catholics. In other words, in a constituency like North Belfast, where roughly 50% of the community is from the Protestant community and 50% from the Roman Catholic community, the need in both communities is roughly the same. There is not the level of disadvantage and discrimination that has been manufactured and invented by people like Dolores Kelly, who concocted these ridiculous figures and have thereby had a damaging, indeed, toxic effect on community relations in the north of the city.

The truth of the matter is that these are the facts; these are the figures. People like Dolores Kelly can deny it, argue about it, dispute it, query it, calculate or whatever they want to do as much as they want, but they cannot get round the facts that these are the Housing Executive's own formal, official figures that were presented and made public. There is an old saying: "A man convinced against his will is of the same opinion still". The truth of the matter is that Mrs Kelly, like many others, simply cannot face up to the facts. They do not like facts; they prefer myths, and they prefer invention.

As regards the money that has been spent on housing in Belfast, I confess that I do not have the actual figure in front of me, but I will be more than happy to provide that figure to the Member shortly. I thank him for his question and for the opportunity to rectify the falsehoods and the innuendos that some people propagate in this regard.

Orlit Homes

2. **Mr Dunne** asked the Minister for Social Development whether he is aware of social homes that were constructed without cavity wall insulation, commonly known as orlit homes, the extent of this issue and what he proposes to do to address the problems of damp and condensation in these properties. (AQT 642/11-15)

Mr McCausland: I thank the Member for an important question. The issue of single-skin properties that are particularly cold and very difficult to heat and are often affected by dampness has been around for many years. There is a range of such properties, and I will come to the figures in a moment. Sadly, the issue was cast aside and ignored by some previous incumbents in the Department. It has

now been identified, and I am happy to put the figures on record to show the challenge. We are facing up to it and are working very closely with the Housing Executive and others in that regard.

There are 5,296 no-fines single-skin properties, 740 orlits, 615 easi-form properties, 801 rural cottages, and 3,444 pre-1940s terrace houses that are likely to be of single-walled construction. When you total all that up, you get around 10,000 single-skin properties. Bearing in mind that the Housing Executive's stock is around 90,000, this shows the extent of the problem and the percentage of the stock affected.

We have introduced a piece of work that is being carried forward in Springfarm estate in Antrim to look at the best way to deal with the problem technically. That work will not only shape our work in addressing the problem in the future here, but, because it involves people from across the United Kingdom, it will ensure that the lessons learned are applied across the United Kingdom. It is a problem that is not unique to Northern Ireland, but it is a significant problem here. I am glad that we are now in a position where we are really getting to grips with it. We will know what the work is, what the challenges are and what needs to be done, and we will be able to take that forward.

Mr Dunne: I would like to put on record our thanks and appreciation to the Minister for his efforts to address the issue. Does he recognise the difficulties in heating such homes and the consequences of that? Does he have any idea when a programme of rectification may come into place for areas such as Holywood in north Down?

Mr McCausland: The challenge is quite considerable. Examples of retrofitting carried out in various parts of Great Britain show that it can cost in the region of £15,000 to £20,000 per property to do a really good job. When one bears in mind the number of properties that need to be tackled to address the problem and the cost per property, one can see very quickly what cost there will be. It will have to be done over a period of years.

I agree entirely with the Member that there are major difficulties for people who live in a number of these properties. They have to spend a lot more to heat them, and it is unfair that they have to do so while others in much newer Housing Executive or housing association properties have a much more energy-efficient home that costs a lot less to heat. I visited a home in Liverpool that had

been retrofitted very efficiently, and the lady there commented on the huge reduction in her heating bill. In fact, in the previous eight weeks, she had not even had the heating on. We have also visited recent examples in Germany to see what they are doing there. A lot of work can be done to improve life for the residents of these homes.

Campbell Tickell Report

3. **Mr B McCrea** asked the Minister for Social Development whether he supports the Committee for Social Development's attempt to get the original unedited report by Campbell Tickell published. (AQT 643/11-15)

Mr McCausland: My understanding is that the report is either with or on its way to the Committee. It was requested by the Committee and is to be provided to it. Therefore, the matter has been resolved.

Mr B McCrea: I am not sure that that resolves the question. The question is about whether you support the Committee's call for the report, not the fact that it will happen. However, I will ask you this: on 10 June, you came to the House and announced that there was an overpayment of some £18 million, which, you said, I think, was likely to be a conservative figure. Do you regret rushing into the House at that time, given that the figures now seem to be considerably smaller than that?

Mr McCausland: As for the report being provided to the Committee, it is not for me to hold back or inhibit the work of the Committee in any way. It has made the request and will receive the document very soon.

As regards last year's announcement about maintenance contracts, it is clear from the Campbell Tickell report that the manner in which the Housing Executive drew up, monitored and managed contracts was deeply flawed. It is a pretty damning indictment of the way in which the Housing Executive managed and monitored contracts. It was not done properly, and it was open to all sorts of difficulties. That is one of the issues that go back a number of years. The contracts were set up a number of years ago, towards the end of direct rule and before the Assembly came into operation again. The problem was endemic — or, rather, institutional — in the organisation. In that regard, we are in a better place now because the Campbell Tickell report has identified the problems, and we can move forward.

There are lessons to be learned. I notice that Mrs Kelly, who is a great fan of the Housing Executive, is shaking her head. The truth is that it is a damning report because it states that there is a huge issue with the skills, ability and methodology used to monitor the contracts. It was very hands-off management. With the sort of thing that was going on then, it should not have been hands-off but very much hands-on management.

Double Glazing: Housing Executive

4. **Mr Clarke** asked the Minister for Social Development to update the House on the status of Housing Executive double-glazing contracts. (AQT 644/11-15)

Mr McCausland: I am glad to say that I have just been informed that those housing contracts have been signed, and work can now move forward again with getting windows installed. Some time ago, I identified two things as being particularly relevant in addressing energy inefficiency: double glazing and single-skin properties. We are now back on track with double glazing, and, as promised and committed to in the Programme for Government, all Housing Executive single-glazed properties will be double-glazed by 2015, which is a much shorter timescale than was originally envisaged by the Executive. We will be on target to get that work done.

Mr Clarke: I thank the Minister for that, and I am sure that the public will be pleased that the double-glazing programme will be back on track. There was a meeting some time ago and a discussion about the Glass and Glazing Federation's guidelines. Will the Minister outline to the House what potential savings the Northern Ireland Executive will receive from that?

Mr McCausland: The Housing Executive has advised me that, in relation to the double-glazing framework, the overall value of the three double-glazing contracts awarded is around £23 million and that that combined cost, following the secondary competitions, represents an average saving of around 21.5% when compared with the average cost in the previous contracts. The attention that was focused on the Glass and Glazing Federation guidelines and the competition have brought us to a point at which we now have a saving of around 21.5%. We were originally told that it would probably bring a saving of £15 million, and now we have the actual figure. A 21.5% saving is excellent. It keeps more money in the public sector to spend on housing or whatever,

which is important. We are in a time of financial constraint, so we need to deliver value for money. If we can deliver a 21.5% saving as a result of looking at the Glass and Glazing Federation guidelines, that was a wise decision indeed.

2.45 pm

Agriculture and Rural Development

Mr Principal Deputy Speaker: I inform Members that question 15 has been withdrawn.

Single Farm Payment: Update

1. **Mr McKinney** asked the Minister of Agriculture and Rural Development to provide an update on the current level of single farm payment issued for the year ended 2013. (AQO 5439/11-15)

Mrs O'Neill (The Minister of Agriculture and Rural Development): This has been an excellent year for processing payments for single farm payment, and I am pleased to report that the highest ever number of farmers received their payments promptly this year. My priority right now is to speed up the processing of the tail of inspection cases that occur every year, and I expect that the last case will be paid approximately two months faster than last year and four months faster than the year before.

Members have recently expressed concerns about remote sensing cases. I can reassure farmers that those cases are being put through for the final stages before payment. I expect a significant number to be in farmers' accounts by the end of the month.

Mr McKinney: Shortly, we will debate the mental well-being of farmers. Will the Minister outline whether all outstanding payments will be paid to farmers within that period?

Mrs O'Neill: Yes, and I am aware of the upcoming debate. It is a key area, and I am delighted that it will be discussed in the House. It shows that people have an interest in the welfare of farmers and the stresses that they face in their everyday job.

We have made significant improvements in processing applications. We are now four months ahead of where we were two years ago, so strides are being made and we will continue to do that. Some 93.6% of people have been

paid, and we hope to have the remainder paid as quickly as possible. We have put particular emphasis on those whose inspection was done using remote sensing.

Mr Frew: Minister, 1,139 farm businesses were inspected through remote sensing. Some farmers did not realise that they had been inspected or that their single farm payment would be delayed until the very week that they were due to get their money. That has caused great harm to the cash flow of those businesses, hurting not only farmers and their business but the suppliers and merchants who live in those areas. You picked two concentrated areas, one in my constituency of North Antrim and one in Fermanagh and South Tyrone. Will you explain why those areas were picked, why the Department has not been able to process the remote sensing inspections and why you have left those farmers in disarray?

Mrs O'Neill: It is important that people do not lose the run of themselves. Put it in context: over 37,000 applications were received by the Department, and, of those, 35,228 have been paid, which is 93.6%. That said, I have always said that I understand the stress and tension caused to those in the remaining 6% waiting to be paid, but you have to put that in context. We have seen improvements year on year. We have ramped up the number of inspections by remote sensing from 250 last year to almost 1,200 this year. Compared with last year, payments are being made two months earlier; it is four months earlier compared with the year before. There have been year-on-year improvements in the system. This year was always going to be difficult because we were moving towards remote sensing. Those problems will not be there next year.

I can give assurances to the remaining 2,409 cases that have not been paid. There is a variety of reasons why those people have not been paid. The Member will be very aware of probate cases, and we have over 300 of those. There are various issues with bank details. However, as I said, if you are in that 6%, I understand your angst. We are trying to get those people paid as quickly as possible and will have the majority of them paid by the end of February or early in March. A lot of work is ongoing, and there are a lot of positive developments. We are changing things for the better. It is taking time, but we are certainly getting there.

It worked out better for claimants that they were not notified until December. The reason is this: it is an inspection, and it is part of the control process that 5% of claims must be inspected.

Had claimants been told earlier in the year, they would not have been able to change their claim. I did not have to inform people, but I chose to inform people in December so that they would be aware of why they had not yet had their payment.

Mrs Dobson: It would be remiss of me to not thank Mr Frew for quoting my colleague Robin Swann's press release word for word following the meeting in Glarryford last week. It is good to know he is reading Ulster Unionist Party press.

It is another year, and there are more problems with DARD's administration of single farm payments. The incompetence festers on. Does the Minister go out of her way every year to mishandle administration of the payments? That is how farmers see it.

Mrs O'Neill: There was no question in that. I have very clearly set out to the House the steps that were taken to improve things. Again, I say that you have to put it in context: we have significantly improved things, with 93-6% of people being paid.

Mr Allister: The Minister said that it had been an excellent year for the payment of single farm payments. It has not, if you are one of my farming constituents in the Portglenone area who, utterly unexpectedly, as we have heard, have had their payments withheld because of the remote sensing. Why could those payments not have been paid in December and recovered in the subsequent year if anything was found to be wrong rather than punishing them all with this punitive approach across the board?

Mrs O'Neill: Obviously, we are working under European rules, and one of the rules is that you cannot make any payment until the whole process of inspection has been completed. That is why we are not able to make payments. You have to remember why we are trying to improve things and why we are trying to do all of the inspections by remote control sensing. We are trying to get to a position where we are able to make early payments. That is something that the House has called for repeatedly over the past number of months. We have had quite a few debates on it. I, too, want to be able to pay people early, which is why we are taking forward the measures with the remote control sensing.

I want to pick up on a point that I failed to mention in answer to Mr Frew's question on why those areas were chosen. They were

chosen at random. There will always be a difficulty when a particular area is chosen, and, given that satellite imagery is used, it makes sense to do it in one area. That being said — I will not hide behind this — if you are in the 6% of people who have not had their payment, I accept that you will be feeling angst. You need your payment to pay for feed, and there are implications from that. So, we want to get the payments out as quickly as possible.

Coastal Flood Defences

2. **Mr Sheehan** asked the Minister of Agriculture and Rural Development for her assessment of the coastal flood defences during the recent storms. (AQO 5440/11-15)

Mrs O'Neill: Rivers Agency has responsibility for 26 km of designated coastal defences around the coastline of the north of Ireland. Those defences performed well during the coastal storms at the start of January in that they provided protection to the people and property situated behind them. To ensure that any damage to those defences is identified and repaired, initial post-event inspections of the defences are progressing well, with completion anticipated by early February 2014. More detailed structural inspections are also being progressed in parallel, with the completion of those anticipated by the end of March 2014.

I am pleased to advise that, at this stage, there appears to have been no major damage to the defences as a result of the storms. That said, other Departments have responsibility for stretches of the coastline, and I urge them to take whatever action is necessary to repair any damage caused and consider what further work is required to protect their infrastructure from future coastal storms.

Rivers Agency had already identified the likelihood of tidal flooding in Belfast and, in the light of the recent surge tides, is reassessing the level of risk to determine what further measures may be needed.

Mr Sheehan: Go raibh maith agat, a Phríomh-LeasCheann Comhairle. Gabhaim buíochas leis an Aire as an fhreagra sin. I thank the Minister for her answer. By coincidence, I was speaking to my colleague Oliver McMullan earlier. Some towns in his constituency, particularly Cushendall and Carnlough, have faced difficulties over the past few months. Are the flood defences fit for purpose, particularly given the tidal surges that we have witnessed recently?

Mrs O'Neill: I thank the Member for the question. There is absolutely no doubt that coastal defences were severely tested. The defences that Rivers Agency is responsible for performed well. The effectiveness of those designated flood defence assets is constantly reviewed under a rolling inspection and maintenance programme that is operated by Rivers Agency.

Whilst Rivers Agency is responsible for designated sea defences only, it has developed mapping of coastal flood risk for the whole of the North of Ireland, and it is already sharing that with key infrastructure owners and the public.

The agency is willing to provide whatever additional support is required by other organisations in their assessment of the infrastructure and coastal defences for which they are responsible. Where property for which no other public body is responsible has been significantly affected by flooding from the sea, Rivers Agency can examine the options for improving the level of protection. However, any works would have to be cost-beneficial and be subject to competing priorities for available funding.

Mr Dunne: Does the Minister recognise that there are areas, such as Kinnegar in Holywood, that were not identified by the various agencies as being risk areas but should have been? Kinnegar has been subjected to the very heavy swell of Belfast lough. The area was protected mainly through the efforts of local residents, the PSNI, the council and the army, with some late support from Rivers Agency. Should an area such as Kinnegar have been identified early on?

Mrs O'Neill: I cannot speak about that individual area, but I will be happy to give the Member more detail in writing if it is, in fact, an area that Rivers Agency is responsible for. As I said, Rivers Agency is responsible for only 26 kilometres of coastline. There is obviously an awful lot more coastline that is looked after by various agencies, including DRD, councils and harbour authorities. Quite a range of people are responsible. We are happy to assist any of those agencies where we can, particularly with maps.

One of the efforts that will happen, as a result of all the incidents since the first warning of potential tidal flooding in January, is an analysis of the work that was done and how everybody responded in order to see whether there are any gaps. However, in the area that we are

responsible for, Rivers Agency defences performed well.

Mr Rogers: Minister, given that the greater the volume of water that a river can hold, the less likely there is to be flooding, and given that corresponding bodies in England are reviewing the policy of the non-dredging of rivers to help alleviate the flooding problem, have you any plans for a similar review here?

Mrs O'Neill: I am very much guided by the technical expertise of Rivers Agency. As I said, it will now carry out a post-event analysis of how things performed. The agency will bring forward recommendations on any measures that need to be taken. I am quite sure that dredging or non-dredging of particular watercourses will be considered.

Mr McCarthy: I heard what the Minister said, but I am sure that a number of people who listened to the response will not be enamoured by the fact that she said that there was not serious flooding in some areas. I can tell her that there was serious flooding in my area. People will expect her Department to come up to the mark. In view of that, will the Minister commit to an audit of all coastal defences to ensure that investment is available to secure our homes, farms and businesses in times of future high tides or coastal erosion around the North of Ireland?

Mrs O'Neill: I will just correct the Member: I did not say that there were areas that did not flood but that the coastal defences that Rivers Agency is responsible for held up where they needed to. As I have already said, there will be a post-event analysis of all the events that occurred and how everybody responded. Recommendations will also come from Rivers Agency if there are areas where we need to strengthen our defences. I look forward to getting those. We will have to look at any suggestions that come forward and then at what funding we have available to be able to do some work.

Rural Development Programme

3. **Mr Swann** asked the Minister of Agriculture and Rural Development what discussions she has had with the Minister of Finance and Personnel in relation to funding for the next rural development programme. (AQO 5441/11-15)

Mrs O'Neill: I consulted with all my Executive colleagues on my proposals for the 2014-2020

rural development programme as part of the consultation process. That included asking for views on the funding and prioritisation of my proposals. However, I have had no discussions with the Minister of Finance and Personnel on funding for the next programme.

The programme is still being developed. The projected costs will be refined once the review of the consultation responses has been completed. A number of decisions still have to be made on the final shape and size of the next rural development programme. Once the decisions have been finalised, there will be further substantive engagement with the Department of Finance and Personnel on the overall funding requirement.

Mr Swann: I thank the Minister for her update. In the debate that we had about the transfer of moneys to the rural development programme, I asked you to lay in the Library all your correspondence with the Minister of Finance so that all Members could be aware of it. Have you done that yet?

3.00 pm

Mrs O'Neill: Yes, I am happy to say to the Member that my officials sent a copy of the draft proposals. In the debate, I said that I had sent them to all Members and would be happy to place them in the Library. I have done that. No, I will correct myself: I will do that. I intend to put what you have asked for in the Library, and it will be done in the next number of days.

Mr McAleer: Go raibh maith agat. When will the Going for Growth strategy be brought to the Executive?

Mrs O'Neill: The Member will be aware that it is a joint paper from my Department and DETI. The strategy was developed in partnership with the industry, which was very much in the lead. I recently wrote to Minister Foster to encourage her to forward the paper to the Executive, and I am disappointed that that has not happened to date. However, I am sure that that will happen in the next number of weeks.

It is now more important than ever that we show the industry that we are willing to support it, that we have a plan set out and that the Executive are committed to supporting the industry and moving forward with the asks that have been set out in the Going for Growth strategy. I met the chair of the Agri-Food Strategy Board over the past number of weeks to assure him of my commitment to moving forward with the agrifood strategy report and bringing the

Executive paper forward so that we can test Executive support for it.

We need to remember that a significant body of work has been done, and we do not want to lose any momentum. We are talking about the creation of 15,000 jobs and a 60% increase in sales, a 75% increase in exports and a 60% increase in value added. That is an opportunity that is not to be missed; and it would be remiss of the Executive to miss it. I look forward to the paper being tabled and discussed and to reaching agreement on the way forward over the next number of weeks at the Executive.

Mr Byrne: I thank the Minister for her answers. When does she hope to be in a position to put a formal paper to the Executive to make sure that the uncertainty around the rural development programme is ended?

Mrs O'Neill: I have a paper that has been drafted along with my DETI colleague, Arlene Foster. I am waiting for that to be cleared to go to the Executive. I have written to Minister Foster to ask for that to happen so that we can have a discussion at the Executive table. As I said, it is so important that we do not lose momentum, that we build on what has been done — the strategic plan that has been set out by the industry — and that we show the agrifood industry that the Executive are serious about helping it.

Ms Lo: What conversations has the Minister had with the European Commission in relation to the court case on top-slicing single farm payments?

Mrs O'Neill: The Commission is very aware of the situation here and that there was no agreement on the transfer. It was alert to the fact that I wanted to transfer 7%. I have very clearly set out in this House the need for a balanced approach to rural communities and the need to look after our farming community, the environment and rural dwellers. That was why I wanted to transfer 7%.

Unfortunately, because of the court challenge and the subsequent non-agreement of the DUP on the 7% transfer, the Department for Environment, Food and Rural Affairs (DEFRA) notified the European Commission, which led to a zero percent transfer. That being said, I still understand what I have to do. I still want to create a rural development programme that is fair and balanced and meets all the needs of all rural communities, and I am committed to doing that.

Alongside that, we also want to have the agrifood strategy report agreed so that people can see that the Executive are committed to supporting the agrifood industry. The Member will be aware that we would have been able to deliver some of the key asks in the agrifood strategy document through the rural development programme. Some people, for whatever reason — they can account for themselves — decided to object to that. I will not be sidetracked; I will continue to do what I need to do regardless of the fact that we were unable to have any transfer of funds.

DARD Headquarters

4. **Mr Ó hOisín** asked the Minister of Agriculture and Rural Development for an update on the progress made on the relocation of her departmental headquarters to Ballykelly. (AQO 5442/11-15)

9. **Mr Copeland** asked the Minister of Agriculture and Rural Development for an update on the relocation of her departmental headquarters. (AQO 5447/11-15)

Mrs O'Neill: With your permission, Mr Principal Deputy Speaker, I will answer questions 4 and 9 together.

The business case for the relocation of the headquarters to Ballykelly is currently undergoing internal assurance. The preferred option points to a phased approach to construction, with 400 workstations being completed in 2016 and a further phase of around 200 workstations being completed in 2020.

My officials are continuing to progress this project, with a major focus on the development of the HR strategies that are needed to ensure that the skills, experience and knowledge that are available in my Department are retained and available when we move to the new headquarters. The success of relocation will be measured against my Department's ability to retain the high standard of service that our stakeholders and customers are used to. The phased approach will allow my officials the time required to properly manage the move from a Belfast-based headquarters to one that operates from the north-west.

Mr Ó hOisín: Go raibh maith agat, a Phríomh-LeasCheann Comhairle, agus gabhaim buíochas leis an Aire as ucht an fhreagra sin. I thank the Minister for her answers thus far. I know that she has had recent discussions with the Minister for Regional Development, so what

advances have been made in the provision of a rail halt for the Ballykelly site or, indeed, for a shuttle service from one of the other proposed sites at either Eglinton or Bellarena?

Mrs O'Neill: The Member is aware that I recently met Minister Danny Kennedy to discuss the provision of a rail halt. I think that it is a good suggestion, and, obviously, we need to scope it out more and take a look at the options. I think that it is fair to say at the outset that there are a number of challenges in taking it forward and in providing a railway halt at Ballykelly. The turnaround times on the rail network are very tight, particularly in the north-west, so there is not a lot of room for manoeuvre there. However, we are exploring other options, such as a shuttle service going maybe from Eglinton or from Bellarena, as you suggested. So, there are some areas that we still have to scope.

Although it might not be feasible at this time to have a railway halt, I think that we need to explore it further. Given the size of the site and the potential for private business to come and invest in the site alongside our Department and any others that intend to move to the site, there may well be even more of a need in the future.

Mr Copeland: I thank the Minister for her explanation thus far. What significance does she place in the fact that, when the strategic outline case was submitted to the central finance group towards the end of 2011, no reference at all was made to the Ballykelly site?

Mrs O'Neill: I assure the Member that, throughout the process, we have engaged with OFMDFM, which obviously owns the site. We are not running away with the idea on our own. OFMDFM is very aware and is very alert to us making sure that we move onto the site. We have identified the area that we want for the headquarters, and OFMDFM is supporting that. Obviously, it is also a Programme for Government commitment.

Mr G Robinson: Can the Minister confirm whether the Department has any other plans to secure further areas of the Shackleton site for any other agricultural purposes?

Mrs O'Neill: Not at this moment. At this moment, we are looking at the site for the headquarters alone. In the future, if other things can complement the headquarters, I will be quite open to looking at them at that time, but we are currently looking at the headquarters only.

Single Farm Payments: Remote Sensing

5. **Mr Eastwood** asked the Minister of Agriculture and Rural Development what action her Department is taking in relation to the delay of single farm payments being issued as a result of remote sensing difficulties. (AQO 5443/11-15)

Mrs O'Neill: Control with remote sensing has contributed significantly to helping DARD to make faster payments in 2013, which was a scheme year when there was very significant change to systems as a result of the introduction of a new mapping control. Had only traditional inspections in the field been used that year, the Department could not have envisaged paying so many farmers so quickly. Resources have been dedicated to funding remote sensory cases for payment as a top priority from early February. The aim is to have the majority of inspected claims paid by the end of February 2014, with the remainder paid by April 2014. That will mean that inspection cases generally, including remote sensory cases, will be processed much more quickly than inspection cases in previous years.

Mr Eastwood: I thank the Minister for her answer. Given the difficulties that we have seen and that farmers have seen with the drone-based system, is the Minister still confident that this is the best way to do this?

Mrs O'Neill: I am, and I think that the figures speak for themselves. If you looked at it, you would see that, at this moment, 93.6% of payments are made on time. There are significant improvements on last year and the year before. So, yes, I am confident that this is the way to go. This year was particularly difficult, because we had to line up the new remote-control sensing with both the payment system and the mapping system. Now that we have got over that and have done it, the priority is, obviously, to get everyone paid. As I said, the start of issuing those payments will be over the next number of days.

So, yes, I think that it is the way to go. It will allow us to be able to move to a system where we can continue to make payments even earlier year-on-year. I know that the industry wants that.

Mr Wilson: I think that those farmers who find themselves cash-starved at the moment will be very angry at the dismissive way in which the Minister said that Members should not lose the

run of themselves over the issue. I think that that will be noted.

At what stage was she aware that there would be difficulties in making payments to the farms that were surveyed in this way? So that they would not get into cash difficulties, why were farmers not informed that there may be slowness in payments? What is the very latest date that any farmer will be paid as a result of the present delays?

Mrs O'Neill: My comments around people losing the run of themselves is primarily around the fact that you need to put it in context. I said after the very first question that I took at Question Time today that I understand that anybody who is in that 6% of people who have not been paid is anxious about their payment. I am not dismissing that for one moment, but my aim is to get the majority of people paid as quickly as possible.

I have improved things year-on-year, and I will continue to do that. Remote sensing is something that we must do if we are serious about trying to ramp up the number of inspections, get them done earlier and get the payments earlier. My aim is to move to a point where we get the majority of people paid as early as possible. We are making improvements. All I am saying is that you need to put it in context. That is the point that I was making.

In respect of the delays, as I said, when it came to processing the claims, I have made sure that there is extra resource to make sure that the payments are made as quickly as possible to those remaining people who need to be paid. As I said, we have improved things. We have paid two months faster compared with last year and four months faster compared with the year before. We hope to have the majority of all claimants paid by April, which is a significant improvement compared with years gone by.

Mrs Overend: A number of farmers in mid-Ulster came to my office to complain that they received no notification that they were undergoing the inspection. So, they were not able to plan for their financial situation, and they are very disappointed with that. Can the Minister assure the House that she will personally check that those letters are delivered next year so that those farmers can make plans for their financial situation?

Mrs O'Neill: I do not think that the Member is suggesting that I will personally go and hand deliver all the letters, but, that being said,

everybody who was being inspected was supposed to get a letter. If they have not got a letter, I do not know what that is about, but we can look into it if you want to talk to me outside of Question Time about anybody individually. All the people who had an inspection by controlled remote sensing received a letter, which was posted to the address that DARD holds for them. So, if there are any discrepancies, I am happy to talk to you about it outside of Question Time.

Animal Cruelty

6. **Mr Lyttle** asked the Minister of Agriculture and Rural Development if she plans to review how her Department tackles animal cruelty. (AQO 5444/11-15)

Mrs O'Neill: The welfare of animals is protected by the Welfare of Animals Act 2011, which recognises that causing an animal unnecessary suffering is a very serious offence. To reflect that, it significantly increased the penalties from those that were available under the previous Act. The Act provides powers for inspectors to take a range of enforcement actions appropriate to the circumstances of each case, including giving advice, giving a warning, issuing a legally binding improvement notice or prosecution.

The Act also sets out very clear enforcement roles. It gives my Department responsibility for the enforcement in relation to farmed animals. The PSNI has responsibility for enforcement in respect of wild animals, animal fighting and welfare issues where other criminal activities are involved. Since 2 April 2012, the Act has given councils responsibility for enforcement in respect of non-farmed animals such as domestic pets and horses. My Department provides annual funding for councils to support that work.

The involvement of councils has been a major step forward, as it is the first time that the North has had a dedicated manpower resource to investigate animal welfare complaints in respect of non-farmed animals and a budget to fund the work. Since April 2012, councils have investigated over 8,000 animal welfare complaints, carried out over 11,000 inspections and served over 360 improvement notices. They have also successfully prosecuted in four animal welfare cases, and I am aware that there are a substantial number of other cases being prepared for prosecution.

I believe that the involvement of councils in this work is a very positive development, and I am

encouraged by the valuable work that they have undertaken to date. It is important that we allow sufficient time for the enforcement arrangements laid down in the Act to fully bed in before considering further changes.

Mr Lyttle: I thank the Minister for the work that she is doing to tackle animal cruelty. How effective have the sentencing guidelines set by her Department been in deterring people from partaking in such heinous crime?

Mrs O'Neill: Sentencing within the legislative framework is a matter for the judiciary. I have engaged with Minister Ford to ensure that the sentencing is sufficient and reflects the actions that have been taken forward. In making sentencing decisions, it comes down to the judiciary and the law. Following the introduction of the Act, I met Minister Ford, and he assured me that he raised the issue with the Lord Chief Justice, and in his programme of action on sentencing, he has enhanced the structures by which the judiciary ensures consistent and appropriate sentencing. I think that it is important that there is consistency when all these cases are taken before the courts. I am delighted that that has now happened, and we have something in place that all judges can refer to when it comes to dealing with cases of animal cruelty, which, in my opinion, should be dealt with in a way that makes sure that there is a proper deterrent so that it does not happen again.

3.15 pm

Ms McGahan: Go raibh maith agat. I thank the Minister for her response. Minister, what funding do you provide to councils to assist with that matter, given the recent horse cruelty in Clogher valley in my constituency?

Mrs O'Neill: My Department is providing annual funding to help councils to implement their new role of investigating complaints and carrying out enforcement actions, including employing nine full-time animal welfare officers. I made £760,000 available for 2011-12, £780,000 for 2012-13 and £800,000 for this financial year, so the figure will increase by £20,000 for 2014-15. The funding also allows councils to assist animal welfare officers in carrying out their role by providing administrative support, bringing in specialist veterinary advice, paying for animal care costs and securing legal costs.

Mr Principal Deputy Speaker: That ends the period for questions for oral answer. We will now move on to 15 minutes of topical questions.

Badgers: TVR Trials

1. **Mr Irwin** asked the Minister of Agriculture and Rural Development, mindful of the TB threat to cattle from badgers, to update the House on the test, vaccinate or release (TVR) badger trials taking place in Northern Ireland. (AQT 651/11-15)

Mrs O'Neill: As the Member is aware, the trials are ongoing. It is a very novel approach that we have taken forward. We have an EU-approved eradication programme in place that we are continuing to work through. Alongside the TVR, we also have our government/industry partnership, which, you will be aware, I launched and came to Committee to talk about a number of months ago. On 17 September, I announced that I was going to establish the government/industry strategic partnership to look at TB alongside the TVR approach.

As you know, we have identified the two areas that we are looking at. The testing is ongoing. We have had a very high response from the farming community in those areas, which we are very pleased about. In the second area, we had a bit of a problem in getting responses from farmers because they had just dealt with the snow issue at that time last year. Now that we are moving back into spring and summer we can start going out and looking at the badger setts again. I am happy to provide the Member with any more detail that he wishes in writing, if he thinks that would be helpful.

Mr Irwin: I thank the Minister for her response. Does she agree that TB in badgers must be dealt with if TB in cattle is to be eradicated in Northern Ireland?

Mrs O'Neill: Absolutely, and the Member is aware that we are striving towards that. All the work that we are doing, including the TVR approach and the government/industry partnership, is to try to get us to a stage where we can drive out TB. You are aware that there is no simple solution or quick fix to the problem, otherwise we would take that avenue. If we look towards best practice in other areas and continue to take forward the research and initiatives that we are, I think we will be in a better place.

It is worth noting that the level has now decreased. I do not know the percentage off the top of my head, but we have had a decrease in the level of TB, which is something to be welcomed.

Young Farmers' Clubs of Ulster

2. **Mr Swann** asked the Minister of Agriculture and Rural Development whether she agrees that Young Farmers' Clubs of Ulster are an integral part of rural Northern Ireland and play a vital role in the development of many rural young people. (AQT 652/11-15)

I declare an interest as a member and past president.

Mrs O'Neill: Yes, I agree with the Member about the role that they play. I am actually going to meet them over the next number of weeks to discuss their plans for moving forward. They have done significant work, particularly on equality, in a lot of campaigns that they have been working on, so I am very happy to support them and look forward to meeting them and hearing about their plans for the future over the next number of weeks.

Mr Principal Deputy Speaker: I call the young Mr Swann for a supplementary question.

Mr Swann: I thank the Minister for announcing to the House that she is planning to meet them, because I know that they are due to reach the end of their current funding period. I would not like her to fall into the same dilemma as her predecessor when she tried to remove funding from the Young Farmers' Clubs of Ulster. I think that that was a very bad mistake, and I encourage the Minister to encourage the funding at the current level, if not at an extended level.

Mrs O'Neill: I do not think that it is fair to make that assertion about my predecessor. The previous Minister worked with the Young Farmers' Clubs to look at the areas of work that they are working on and to try to tie what they are doing in with the strategies that we have in the Department. That has worked very successfully, which has been evident over the past number of years. I hope to be able to build on that after I meet them.

EU Infraction Fines

3. **Dr McDonnell** asked the Minister of Agriculture and Rural Development what the current level of EU infraction fines is, particularly in the past year. (AQT 653/11-15)

Mrs O'Neill: I do not have the figure with me, but, on disallowance, we are somewhere around £100 million in terms of the mapping from the start of the programme to date.

Dr McDonnell: What steps are we taking, can we take or might we take to reduce the fines and restore our status and credibility in Brussels?

Mrs O'Neill: Unfortunately, we are victims of how Brussels does its business and carries out retrospective inspections of how we take forward our mapping system. It has identified problems with our maps, and we have taken significant steps to rectify them. We are communicating that to Brussels all the time, and the level of disallowance keeps coming down, year on year. We now have a positive engagement with Brussels, and it is alert to how we are trying to tackle the problem it has identified with our maps. The mapping system was a major piece of work; we had 750,000 fields to remap. That has all been done, and we have made significant progress. As I said, that has been communicated to Europe.

Single Farm Payment

4. **Mr Elliott** asked the Minister of Agriculture and Rural Development whether she is aware that other areas of the European Union make advance payments to farmers eligible for a single farm payment, even where inspection, particularly remote sensing inspection, has occurred and will she use the CAP reform process to bring about a similar policy in Northern Ireland. (AQT 654/11-15)

Mrs O'Neill: I said that my aim is to move to a system whereby, in the first instance, we pay everybody as quickly as possible and make part payments. That is absolutely my aim. I know that other areas across Europe do that, and they are, I suppose, more advanced in remote sensing. We hope to get to that place very soon. Given CAP reform, there is now a significant opportunity to allow us to be able to do that.

Mr Elliott: I thank the Minister for that. As a follow-up on CAP reform, has she made any final decision on a single-tier or two-tier payment system for farmers?

Mrs O'Neill: The Member will be aware that the consultation has just closed. I am looking at all the responses and will take a decision on the way forward based on those. I am delighted to have received so many representations, even on that one issue: over 400 farmers from the Member's constituency contacted me with their views on regions and our many systems. I will take decisions in the round based on all the consultation responses.

Mr Lyttle: Question 5 — *[Laughter.]* Apologies, Mr Principal Deputy Speaker; it was bound to happen at some point.

Flood Alleviation: East Belfast

5. **Mr Lyttle** asked the Minister of Agriculture and Rural Development for an update on Rivers Agency flood alleviation work in east Belfast. (AQT 655/11-15)

Mrs O'Neill: The Member will be aware that work is ongoing, and we are on target, as set out, to complete the work by 2016. Obviously, there were delays at the start, because we are working in conjunction with Belfast City Council. However, quite a number of works have already started, and we are pleased with the progress. As I said, we are on target for early 2016.

Mr Lyttle: I thank the Minister for the works that are ongoing in east Belfast. Has she any plans to bid for extra funds to increase the rate and scale of flood alleviation for homes and businesses in east Belfast?

Mrs O'Neill: The Member will be aware of the scheme that has been worked up with the £6 million of investment. The Rivers Agency, with its technical expertise, has suggested that it is the best way forward and that those are the measures needed, and I am confident about its assessment. Like any area, when it comes to any additional resources needed, the Rivers Agency will talk to me about those needs. However, the £6 million investment will tackle a problem. The people of east Belfast have been waiting for that, and it is long overdue.

Single Farm Payment: Eligibility

6. **Mr Girvan** asked the Minister of Agriculture and Rural Development, in relation to the current policy on the single farm payment and the exclusion of areas — for example, where the canopy of a tree is causing an area to be excluded from payment — what engagement her Department has had to ensure that those areas will be included. (AQT 656/11-15)

Mrs O'Neill: That is an ongoing discussion. We try to communicate that message to farmers. When the single farm payment application goes out, we send guidance so that farmers can look at what is and is not eligible. Those discussions are ongoing with Europe. A lot of what I said earlier in the conversation about disallowance has come about because of Europe's interpretation of what is deemed eligible and ineligible. We continue to have that

conversation with Europe, but it is most important that we communicate the issue to farmers.

Mr Girvan: I thank the Minister for her answer. A number of farmers whose farms are sited along rivers have taken a scorched earth approach. Given the current policy, it looks like we will end up with trees being totally cleansed from certain areas. However, that is having a negative impact on river life and the angling fraternity. Is there any engagement with those involved in that end of things to see how we can move forward and ensure that we get a united approach to resolving this matter?

Mrs O'Neill: I agree with you that we need a united approach, because we want to look after the environment. We do not want land to be stripped of trees: we are trying to increase planting, not the opposite. So it is important that everybody gets together and that, moving forward, anybody who is a partner has that discussion. We are making sure that we do that.

Single Farm Payment: Timescale

7. **Mr McCallister** asked the Minister of Agriculture and Rural Development to give clarity and certainty to farmers, following her reply to Mr Elliott, in which she gave details of the number of responses, by providing a more definitive timescale of when she will and must have made decisions. (AQT 657/11-15)

Mr McCallister: I draw Members' attention to my interest as a recipient of single farm payment.

Mrs O'Neill: As I said, the consultation closed on 17 January, so we are working our way through all of the significant number of responses. I want to make sure that the decisions I take are based on listening to the consultation responses and taking on board the issues that people have identified and what they think are the correct ways forward. I aim to do that as quickly as possible because I know that any change is difficult for anybody to manage, but farmers have a particular angst about CAP reform and what it means for them. You may have seen that we have published on the DARD website — in fact, some of the farming papers covered it last week — a question and answer guide to CAP reform, which I hope gives some clarity to farmers. We are also trying to make sure that we get as much clarity out there as quickly as possible. I assure the Member that I intend to take decisions as quickly as possible and on the

back of the consultation responses that I have received.

Mr McCallister: I am sure that the Minister accepts that this is the big topic in rural communities and among farmers in her constituency and in mine. It is a huge issue that will set the agenda and define the support for farming families for many years to come. So does she agree that the quicker she can respond and the more engagement she has, the better, and the better informed her decision will be?

Mrs O'Neill: I absolutely agree, and, from the number of public meetings that were held, I have seen for myself the engagement of the farming community. No matter where we went, halls were packed, which shows me that people want to know what is happening. I want to be able to give them the answers as quickly as possible. The consultation closed just two weeks ago, but we are working our way through all the responses, and I will take speedy decisions that will allow the farming community to plan their personal affairs and the Department to plan for the new systems that will come into place from 2015 on.

Lough Neagh Working Group

8. **Mr Clarke** asked the Minister of Agriculture and Rural Development for an update on the working group that was set up to consider Lough Neagh and to state when a report will be available to Members. (AQT 658/11-15)

Mrs O'Neill: I intend to bring a report to the Executive. I have had discussions with the Culture, Arts and Leisure Minister, Carál Ní Chuilín, because her Department has taken forward work that complements the work of my Department with the working group. The interdepartmental working group has been recalled and is looking at both reports, and we hope to bring a paper to the Executive early in the spring — we are probably talking about March or April.

Mr Clarke: Will you outline the reason for the delay? It seems to have been some length of time since this group was initiated. Will you update the House on why there has been a delay? Why April and not now?

Mrs O'Neill: As I said, two pieces of work were on the go: one in DCAL and one in my Department. You can imagine the scale of the work, given the potential and scope of Lough Neagh. Also, many Departments, including

DCAL, and other bodies have an interest and a remit. I now have the report from DCAL. We met in December, discussed the two reports and decided on a way forward. We will bring together the interdepartmental working group and draw up a paper that we will bring to the Executive very shortly.

Rural Isolation

9. **Mr Dickson** asked the Minister of Agriculture and Rural Development what action she is taking on rural isolation, particularly for people in my constituency in the glens of Antrim and other isolated rural areas. (AQT 659/11-15)

3.30 pm

Mrs O'Neill: I am very committed to that area. You will be aware of my tackling rural poverty and social isolation framework, which is a whole range of measures about access to benefits, including rural enablers going door to door to households, and youth employment schemes. The Member can pick quite a range of issues off the website. It is a serious effort to try to tackle the isolation that exists in rural communities. Quite often, people in rural communities feel like the poor relation when it comes to services. It is a pot of £16 million, but I would call it leverage funding. It draws in areas of work and cooperation from other Departments to do projects, particularly around rural transport and such issues, that would not have happened had we not had this pot of money and this plan in place. I am very committed to making sure that that piece of work continues. We are taking forward quite a range of areas of work.

Executive Committee Business

Children and Families Bill: Legislative Consent Motion

Debate resumed on motion:

That this Assembly agrees that the UK Parliament should consider the extension to Northern Ireland of amendments to the Children and Families Bill dealing with the regulation of retail packaging etc of tobacco products. — [Mr Poots (The Minister of Health, Social Services and Public Safety).]

Mr Poots (The Minister of Health, Social Services and Public Safety): I welcome the opportunity to respond to a number of the issues that were raised during the debate.

In general, most Members who spoke, including the Committee Chair, supported the proposals in the legislative consent motion. Quite a number of Members spoke in favour of it.

Mr Beggs wanted an explanation as to why OFMDFM was making the decision, as opposed to me, and the answer is very simple. The issue has not been debated in the House heretofore because it came quite quickly, nor, indeed, did it have the opportunity to be debated by the Executive at that point. Therefore, it was an urgent procedural decision, and it was decided that, in that instance, it would be best left with the First Minister and the deputy First Minister with my support. They decided that we would proceed with the legislative consent motion. Given the issues that we have had in the courts previously, it ensures that we have cross-community support so that a Minister is not doing a solo run on the issue.

Most of the issues that were raised were raised by Mr Wilson and Mr Ross, and I propose to respond to some of them. I see that Mr Wilson is not in his place yet, but I hope that he can make it and that we can deal with a number of the issues.

Before I go to that, I should say that Mr Beggs also raised the issue of security coding. Security markings will remain on the standardised packaging. The EU's revision of the tobacco products directive will seek to improve tracking and tracing of tobacco products, and those provisions will be introduced by 2016.

I welcome the debate, and I think that it is useful to have such debates in the House. It is good to be able to hear all of the issues, so that we can give a robust defence of what we are doing. I believe that we can robustly defend what we are doing. Mr McNarry also made some points, and I will deal those as well.

There was a strong presumption that there should be evidence and an evidence base on which to do something. The first element of the evidence is the fact that 25% of people in Northern Ireland smoke. The next element is that half of those people will die as a result of smoking. There are 2,300 deaths each year, with 900 from lung cancer, and we cannot afford to ignore that. The evidence would say that to do nothing is not satisfactory; you need to do something.

Mr Wilson was somewhat sceptical as to whether efforts heretofore had achieved an awful lot. The figures do not indicate that that is the case. In fact, the figures indicate that there has been a dramatic fall in the numbers who smoked previously compared with the numbers who are smoking now. For example, in 1983, 33% of the total population in Northern Ireland smoked, and today it is 25%; 39% of males smoked and now males account for 28% of smokers; and 29% of females smoked and that has fallen to 24%.

If one considers that 8% of people who previously smoked do not do so today and that we have a population of 1.8 million, one will see that there are around 150,000 fewer smokers today as a result of the actions that have been taken. If you want evidence that the actions work, that is your evidence. There are 150,000 fewer smokers today than there would have been had we just carried on as things were in 1983.

Further evidence of that is that 75,000 of those people would have died as a result of smoking. Therefore, the argument that we should do nothing because actions do not work anyway does not stand up. It is wrong, and I am pleased to oppose it robustly.

Mr Ross: I thank the Minister for giving way. I think that it is a good thing that far fewer people are taking up the habit now than did in the 1980s. However, does he acknowledge that much of that is down to the fact that nobody now has the excuse of not knowing that smoking will cause them some serious health difficulties and that to use the argument that anybody would take up smoking now because of a glitzy packet is therefore wrong? What we should be doing is ensuring that we allow adults

to take informed decisions for themselves. The emphasis should be on health campaigns to make people understand the dangers of smoking and why they should not take it up in the first place.

Mr Poots: That is more rehearsing of a previous argument. I will deal with that in a moment or two.

In terms of evidence, why should Northern Ireland do something more on smoking? Smoking prevalence in Australia, for example, is around 17%.

Mr McKinney: Will the Minister give way?

Mr Poots: In a moment.

Smoking prevalence is around 17% in California, less than 20% in England, around 20% in Canada, and over 20% in Scotland and Wales. However, Northern Ireland as a region has the highest smoking levels in the UK. The concept that the rest of the UK may move to standardised packaging to reduce the prevalence of smoking while Northern Ireland does not do so is not one that we can sustain. I do not think that that argument is sustainable at all. We as a region smoke the most. Everybody else is trying to do something to take people away from smoking. Are we going to stand alone and be the only part of the British Isles not to have standardised packaging? That is not a sustainable position to adopt.

Mr McKinney: I thank the Minister for giving way and for bringing to the House the statistics that, in the period, 150,000 people are now not smoking and that, as a result, 75,000 people have not died. Does he accept that, given the nature of passive smoking, the number of people living longer could in fact be bigger?

Mr Poots: Certainly, passive smoking is a major issue. I remember watching 'Record Breakers' as a child. Roy Castle, who was a great presenter, died from passive smoking. He raised the issue of passive smoking. Mr Givan quite rightly raised the issue of people smoking in cars containing children. I have heard people argue that it is a civil liberty that people are entitled to smoke, which it is. However, let me make this very clear: I do not regard it as a civil liberty to blow smoke around a confined space in which there are young children. That is not a civil liberty, and we should do something about it. I note that Westminster is looking at the issue. We will have to do that in due course, and, for me, the sooner, the better.

Mr McCallister: I am grateful to the Minister for giving way. He will know that, a number of years ago, I brought such a motion to the House, and he pledged his support. Will he now give an undertaking that, if Westminster does not act, he will? I know that he looked at consulting on it, but this is a chance. I wholeheartedly agree with and support him, unlike some of his colleagues who are a little less enthusiastic about the measures that he is speaking for. I support the Minister on this action. Smoking has been and will continue to be one of the greatest challenges to public health, unless we do something about it.

Mr Principal Deputy Speaker: Members should remind themselves of what it is that we are discussing.

Mr Poots: Thank you for reminding us of that, Mr Principal Deputy Speaker. It is certainly something that I am very keen to see happening, because it is wholly wrong that young children are exposed to second-hand smoke in that way. I think it is very irresponsible, and it is something that we can do something reasonable about, and we can take these issues into account.

We have recognised the prevalence of smoking in Northern Ireland; we have recognised the consequence of it, which is lost lives; and we recognise the benefits of engaging in campaigns, because they have reduced the levels of smoking thus far. We are now looking at next steps.

What can be done? The argument has been made, and made very strongly, that only one country, Australia, has introduced plain packaging and that, therefore, the evidence base is not strong for us to pursue this with the knowledge that it will reduce the number of people smoking in future years. Quite rightly, the evidence from Australia is not particularly strong at this time, because it has been in place for only around 14 months. However, the evidence that has emerged from it, certainly at an early stage, is that smokers have less satisfaction with their cigarettes because they perceive them to be of poorer quality.

A further study was carried out in New South Wales, which showed a 78% increase in the number of calls to Quitline in the months after standardised packaging was introduced. So, there is evidence from Australia that it is having some impact on smokers. However, what we are targeting here, with standardised packaging, is not actually smokers. We are targeting younger people to ensure that they do not get the habit of taking nicotine.

I think that it was Mr Ross who talked about not patronising young people. That is important. Our office is beside Lisburn college. We see many young people out smoking, so I carried out some investigations of my own as to why a young person still takes up smoking, in spite of all of the evidence that is available. It is seen to be cool, it is seen to be trendy and there are people in films who are cool that smoke, and so forth. So, there are still a considerable number of things encouraging young people to smoke, in spite of everything that is being said. Peer pressure, of course, is an element of it.

Then, of course, there is a message put out there, and it is not an official advertisement, that, because smoking can suppress your appetite, it helps you to control your weight. Girls in particular want to be thin, and so forth. That is one of the reasons why the number of female smokers is not going down to the same extent as the number of male smokers is going down. We need to challenge those perceptions.

Mr McNarry: Will the Minister give way?

Mr Poots: I will, in a moment. We need to challenge those perceptions and ensure that young people get the message.

I have a bit of grey matter up here now; I have a bit of grey hair, and so forth, but I can still remember being young. I can remember thinking, "You know what? We are indestructible. We can do anything". I know full well that when the young people of today are taking that cigarette, they are not thinking about having lung cancer when they are 30, 40 or 50 years of age; they are not thinking of having a heart attack; they are not thinking of strokes; they are not thinking of mouth and oral cancer; they are not thinking of all of those things that can kill them, in spite of the fact that it says "Smoking kills" on the packets. In fact, many of them do not see the packet when they take their first cigarette. In spite of the fact that it says that, many young people will still take up smoking because they see somebody else doing it. Of course, the colourful packaging, particularly the wee dinky ones that they have for the girls — the slim fits and all of that there — is an element of the branding of cigarettes.

Mr McNarry: I thank the Minister for giving way. He talks about, and has rightly produced, some startling figures and statistics. In the debate, however, there seems to be an absence of how many young people are actually attracted to taking up smoking. The proposed legislation might be introduced. Would the Minister be

able to give an undertaking to the House that, 12 months after its introduction, he will be able to give an assessment to the House of how many young people have not taken up smoking because of the introduction of the legislation on the packaging?

3.45 pm

Mr Poots: I accept that the arguments that we are making are less evidence based and more research based. Australia is the only country that has moved ahead on this, so in the context of how this is happening across many parts of the world, we are at an early point of policy formation. The Western World always moves ahead of the rest on these issues. To that extent, research work is being carried out that will indicate whether people are less or more likely to take up smoking. A lot of that is very subjective. So, I accept all that.

When you are looking at these things and weighing them up, you look at the potential upsides and downsides. The potential upside is that cigarettes become less attractive to young people. They will be less visual. Mr Ross is maybe too young to remember cigarette advertising, and maybe Mr Wilson is too old. I am in the middle, and I remember it. I remember following the Circuit of Ireland, and there were really cool guys going about in their brilliant looking Rothmans jackets. I remember the Marlborough advertisements with the wild west scene and all that. Those are all things that still stand out in my mind, which is a demonstration of how skilled the cigarette industry was at getting its message across. Now it has to be much more subtle, but it is still hugely skilled at getting its message across. The reason why it is opposed to standardised packaging is because we would take another tool out of its advertising armoury. Why would the cigarette industry be opposed to this if it did not work anyway? That is the argument that was made earlier. However, it would still be selling as many cigarettes.

The upside is having fewer young people starting smoking. That is a huge benefit. If young people start smoking, they will have a life of it, given that the vast majority of people start when they are teenagers. The downsides include the potential loss of business. I do not think that that argument was made particularly clearly, and people diluted it by saying that it does not work anyway. All the evidence is that the factories here in Northern Ireland that manufacture cigarettes export most of them. So, whatever decision we take in Northern Ireland, it will have a modest effect, if any, on the local tobacco industry.

The issue of —

Mr Allister: Will the Minister give way?

Mr Poots: Certainly.

Mr Allister: To bring absolute clarity to that point, is the Minister saying that he therefore anticipates that any cigarettes that are produced for export will not be in plain packaging?

I also ask him to bring clarity to a second point. Will the localised plain packaging still carry the anti-smoking message?

Mr Poots: I thank the Member for the intervention. On the first issue, plain packaging would apply only to the countries where it is legislated for. So, the manufacture and sale of cigarettes in branded packaging would continue for the countries that do not have legislation. Currently, the only such country is Australia. The Republic of Ireland and the rest of Great Britain are considering this, as are we. So, in that respect, plain packaging would apply only to us and Australia. It would have no impact whatsoever on the branding on exports because no other country has legislated for it. However, I suppose that there is a fear that, if it has an impact, other countries will introduce it, so there could be some consequence. The benefit, if it has an impact, however, is that many fewer people will be smoking. Huge benefits will be derived from that, because there is nothing good health-wise that can be said about smoking.

The second element that Mr Allister raised was —

Mr Allister: Will the plain packaging still carry an anti-smoking message?

Mr Poots: Yes, thanks for reminding me. Yes, in fact, the messages will become larger. So, in that respect, that message will be got across in a more powerful way. I do not believe that the downsides vis-à-vis the upsides of proceeding with this have been well argued.

Mr McNarry asked how smoking can affect your skin, because it said that on the packet of cigarettes that he got this morning. He is doing well. I would encourage him to do more, but he is doing well in reducing his cigarettes. Smoking accelerates overall ageing of the skin, causing wrinkles by narrowing the small blood vessels in the outer layers of the skin, thereby reducing the amount of oxygen and nutrients that can get to the skin. It also damages

connective fibres like collagen. You are a very fresh octogenarian, Mr McNarry. You see many people — sometimes when you see people on television — and immediately realise that they are a smoker never having met them because you can see damage done to their skin as a consequence of their smoking cigarettes.

This debate has been useful, albeit that this is not a day for decisions. This is purely enabling us to participate in what might happen in the rest of the United Kingdom. Again, we go back to the evidence base. The Chantler report that has been commissioned will be the evidence base for taking this to the next stage. So, we are not saying at this point that all of the evidence exists, but we have asked for a course of work to be done so that we can potentially move to a further stage. That is what this is about; it is about Northern Ireland being part of what everybody else in the United Kingdom is doing, and indeed, in the British Isles, because the Republic of Ireland is doing it. It is putting us in the same position as everybody else on these islands. I think that it is imperative that we do it and it is something that we cannot avoid.

Mr Wells: I thank the Minister for giving way, and I apologise to him for speaking when he was speaking. All attempts to convert Mr Wilson have failed, but we will keep working at him. Has the Minister had any direct contact with his colleague in the Republic, Dr Reilly, the Minister, as to the progress that the Irish are making on this? Obviously, if the rest of the United Kingdom went down the line of not introducing plain packaging, but the Irish Republic did, that would undoubtedly raise issues for Northern Ireland. Do we know where we stand as far as the Republic is concerned?

Mr Poots: I have not had a recent update, but I know that Dr Reilly is very keen to proceed with this. It is something that he considers a high priority. He is a former general practitioner and can see the real benefits of reducing smoking because he has seen the damage that has been inflicted in many of his cases over the years. That is a course of work that they are doing, and I hope that they will proceed. I understand that they have a Bill in the making, so that is making progress, and that will be left to the Dáil.

I commend the legislative consent motion to the House. I know that everybody can vote for it, because it is, as has been explained, an enabling motion. This is not decision day, as such, but it will ensure that we do not fall behind the rest of the United Kingdom. I warmly welcome the opportunity to have had this

debate because we have been able to get some facts and figures out to the public. That will ensure that more people hear about the damage that smoking does and hopefully dissuade more young people from taking up smoking in the first instance.

Question put and agreed to.

Resolved:

That this Assembly agrees that the UK Parliament should consider the extension to Northern Ireland of amendments to the Children and Families Bill dealing with the regulation of retail packaging etc of tobacco products.

Mr McCarthy: On a point of order, Mr Principal Deputy Speaker. I understand that reference was made to a comment that I made during my speech, and I was accused of referring to smokers as "stinkers". I said:

"I use the word "filthy" because ... smoking stinks. It affects your lungs, your breath, your clothes, your hands".

I did not call any smokers "stinkers".

Mr Principal Deputy Speaker: OK. You have it on the record.

Committee Business

Health Inequalities: People with Learning Disabilities

Mr Principal Deputy Speaker: The Business Committee has agreed to allow up to one hour and 30 minutes for the debate. The proposer of the motion will have 10 minutes to propose the motion and 10 minutes to make a winding-up speech. All other Members who wish to speak will have five minutes.

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

That this Assembly notes with concern the health inequalities experienced by people with a learning disability; and calls on the Minister of Health, Social Services and Public Safety to use the opportunities associated with Transforming Your Care to prioritise and tackle this issue.

Go raibh maith agat. As Chair of the Health Committee I am pleased to propose the motion. I want to declare an interest as a director of Destined, a learning disability organisation in Derry.

The Committee decided that the implementation of Transforming Your Care (TYC) was one of its strategic priorities for 2013-14, and we undertook a piece of work that focused on a number of the Department's key programmes of care. The first programme of care the Committee selected was learning disability. We decided to start by looking at what is set out in the TYC strategic implementation plan, which was signed off by the Minister a number of months ago. It states that one of the key objectives of the entire TYC model is the reduction of health inequalities. As Members will be aware, the Health Committee carried out a review of health inequalities that focused on early intervention. It was published in January 2013 and then debated in the Assembly. To build on that work, the Committee agreed to look at health inequalities in the context of learning disability.

Given that the TYC strategic implementation plan sets out the future service model for learning disability, the Committee decided to examine that service model and how effective it might be in tackling the health inequalities experienced by people with a learning disability. In undertaking that work, the Committee took evidence from departmental officials on the

Department's current and planned approach. It also commissioned a research paper from the Assembly's Research and Information Service on the relevant issues. In addition, the Committee held a stakeholder event with representatives of learning disability charities, families and carers and those with learning disabilities.

I want to look now at some of the health inequalities commonly suffered by people with a learning disability. As the World Health Organization has explained, health inequalities are:

"systematic differences in health status between different socioeconomic groups."

The causes of health inequalities are complex and are often driven by what are called the "social determinants" of health. Put simply, those are the risk factors that can have an adverse impact on health. Research has shown that having a learning disability is one of the risk factors that can lead to poor health. People with learning disabilities have worse health than the general population. For example, they have higher incidences of coronary disease, epilepsy and a range of other illnesses. Significantly, their overall life expectancy is shorter. Many of those illnesses are preventable, but, because of the barriers that prevent people with a learning disability accessing timely and appropriate healthcare, the conditions are often undiagnosed. As a result, complications can develop, leading to poor health outcomes.

I now want to discuss some of the Committee's findings and recommendations. As I said, the Committee wanted to understand how the service model for learning disability, as set out in the TYC plan, will reduce the health inequalities experienced by people with a learning disability. We were told by officials that there were a number of policies in place. However, significantly, they are all existing policies that predate the publication of Transforming Your Care. The Committee sees the merit in building on existing policies and programmes, but we need to avoid the duplication of work. We think that an opportunity may have been missed to use TYC to set out a more wide-ranging and ambitious proposal for tackling the health inequalities experienced by the learning disability population. We would not like to think that TYC simply pays lip service to the idea of reducing health inequalities, and I seek the Minister's reassurance that that is not the case.

4.00 pm

Turning to some of our specific recommendations, I begin by focusing on the issue of reasonable adjustments. One of the recommendations of the 2005 'Equal Lives' report was that each GP practice and acute hospital should have formalised arrangements to facilitate equity of access to services. During our evidence sessions with departmental officials, they reiterated the fact that the health service should make reasonable adjustments to accommodate the needs of people with learning disabilities. However, in relation to attending a hospital for care, particularly an A&E department, the people who attended the stakeholder event told us about a range of problems commonly encountered by people with learning disabilities. They felt that reasonable adjustments were not always made to help people to access the care they needed.

Some of their key concerns included the fact that attendance at hospital often involves a patient having to interact with a number of different staff — a receptionist, a triage nurse and a doctor — and people with a learning disability often find it difficult and stressful to have to repeat their personal details, medical history and current symptoms to more than one person. Long waiting times in an unfamiliar and often noisy environment, particularly in emergency departments, can be stressful for people with learning disabilities. There is a perception that staff are not skilled or experienced in communicating with patients with a learning disability and are often not aware of their particular needs. The Committee was provided with very little information by the Department on what work is being done to improve the experience and treatment received by learning disability patients when they need to access hospital care. Perhaps the Minister will be able to update us on that issue today.

Even if that work is being progressed, it is clear from our discussions with stakeholders that many further improvements are required. Therefore, one of our recommendations is that the Department should request baseline data from all the health and social care trusts regarding the reasonable adjustments provided at each of the hospitals for patients with a learning disability who require elective care and attend at emergency departments. A further recommendation is that the Department identify examples of good practice on reasonable adjustments provided at hospital settings and communicates them across the trusts.

I now turn to what we discovered about patients' experiences of GP services. We learned that a range of barriers can prevent people from accessing good care. They include

long waiting times in a GP waiting room, which can be distressing for people with a learning disability; appointment slots being too short to allow people to communicate adequately with their GP; the perception, in many cases, that some GPs do not listen to the patient but simply take note of what their carer says; and the use of technical language and medical jargon by GPs, with the result that patients often do not understand what the GP is saying or what treatment they will receive. Given the importance of GPs in spotting the early signs of illness and disease, the Committee believes that it is vital that GPs provide a service to people with learning disabilities that meets their particular needs. We have recommended, therefore, that the Department engage with the BMA to consider options for providing more effective training for GPs on the reasonable adjustments that may be required for people with a learning disability and how best to communicate them to patients before, during and after their appointments.

The learning disability population is already a vulnerable section of society in many ways, and people face a raft of problems in access to meaningful day care post-19, employment, housing, welfare and so on. In addition, the fact that someone has a learning disability means that their health outcomes are generally poorer than the rest of society. Many of the illnesses and conditions from which they suffer are preventable through early diagnosis and treatment. However, in order to get that care, people need to feel comfortable in accessing health services, and they need to be listened to and taken seriously when they access the system. The key to that happening is the healthcare system and healthcare professionals recognising the need for reasonable adjustments and making that a reality for people.

Mr Dunne: I, too, welcome the opportunity to speak on the motion tabled by the Health Committee. As the roll-out of Transforming Your Care begins, the motion is timely. It is imperative that we do all that we can to eliminate the health inequalities faced by those with learning disabilities and to develop social inclusion and opportunities.

I am sure that everyone in the House knows someone, through family or close friends, who has a learning disability. Therefore, we should all be familiar with the real challenges and inequalities that can exist for people with a disability. Real challenges can exist in employment, education, housing and in generally trying to live as normal a life as possible. A learning disability is a lifelong

condition and requires lifelong support. The provision of such support must be through a multi-agency approach. It is not just a health issue.

People with a learning disability are a vulnerable group who, sadly, experience health inequalities. They have diverse needs, will often experience multiple health problems and often have difficulty communicating. That can lead to real challenges in identifying their health issues. It is vital that services are in place to provide an acceptable level of care and support and that they are consistent across all trust areas in the Province. As with many other areas in our healthcare system, there are often gaps in different trust areas. The approach to early years provision must also be consistent across the trusts.

Getting access to services such as occupational therapists, physiotherapy and language therapy proves difficult for those with a learning disability. Annual GP checks for adults with a learning disability are a positive development, but it is important that, with a response of just 69%, further progress is made. We welcome the work that has been done, including that of the facilitator nurses who chase up clients who do not appear for their check, and appreciate the efforts already made.

Another matter brought to my attention is the vacuum that appears when these young people go beyond school age. One of many gaps in health provision relates to opticians. Eye checks are normally carried out when they are young children in hospital. As they get older, they have to revert to normal opticians, where, in many cases, the necessary skills and time commitments may not exist.

Dental care is another area that needs more support. A recent evidence session of the Health Committee highlighted the case of a person with Down's syndrome who was suffering from toothache, but, because there was no speech communication, no one knew. These people need proper support.

The indications are that the number of people with a learning disability here will increase in the next 10 years. Therefore, it is essential that services are given the funding that they deserve and that support is in place to meet any longer-term rise. Day services must also be improved, particularly their diversity and age-appropriate nature.

A gentleman whom I know in my constituency of North Down told me that his brother, who has been living with learning difficulties, had

recently been moved out of Muckamore Abbey Hospital. That is one of the positives to come out of Bamford. He had lived in Muckamore Abbey for 41 years and has now been moved to Seaconnell care village. That is an inspiring story, a wonderful story: someone who had spent 41 years in institutional care now lives in a sheltered community. That is positive, and we welcome it. We need more care village provision for people with long-term needs. I understand that 200-odd long-stay patients in learning disability hospitals still need to be resettled in the community. The promotion of independent living must be prioritised as we seek to end long-term residency in such hospitals. The Bamford report set out its theme and vision of improving community based services for those with a learning disability.

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

Mr Dunne: With that vision, it is essential that the right networks exist to support such patients. I support the motion.

Mr McKinney: I welcome the opportunity to speak on the motion. The health inequalities suffered by those with a learning disability should be highlighted and, more importantly, tackled. That is not just a vain hope, it is an imperative.

Health inequalities are described as preventable and unjust differences in health status between groups, populations or individuals. People with a learning difficulty have diverse and often complex needs. They may face a multitude of health problems and can have difficulty communicating. For those reasons, identifying health issues can become very challenging.

Research has indicated that those with a learning disability are more likely to experience poor health outcomes and have shorter life expectancies. The SDLP believes that healthcare should be provided free at the point of need, as is consistent with the founding principles of the NHS. Even though those with a learning disability are afforded the same rights, it is clear that they often face significant barriers in health provision here.

One of the key problems in this area is diagnosis. Those with a learning difficulty are much less likely to receive the regular evidence-based checks that are needed to monitor their health. It is argued that one of the reasons for that is the relationship between those with a learning disability and general

practitioners. GPs are often our first point of contact in primary care. However, those with a learning disability are statistically less likely to see one regularly, and that can lead to a delay in diagnosis and result in poor health outcomes.

The TYC document has highlighted that greater day opportunities are needed for those with a learning disability. That has also been a focus in the Assembly, in the Health Committee, and through public consultations. Health provision for those with a learning disability has reformed throughout the past 40 years and must continue to do so to provide a model of care that incorporates greater flexibility and is in line with the Bamford review.

Historically, those with a learning disability were often stigmatised and, through longer stays in institutional care, removed, if you like, from society. The social integration of those with a learning disability and the promotion of their independence will be necessary to actively address the health inequalities that they experience.

A proportion of adults with a learning disability are cared for in specialist centres, and that can also lead to separation from society. Furthermore, only one in 10 people with a learning difficulty is in paid employment. It has been proven that a move away from institutionalised care and greater stimulation for those with a learning difficulty can improve their health outcomes. In this specific instance, a focus on community care, given that 82% of those with a learning difficulty are cared for in this way, is merited. However, more must be done to structure health provision for those with a learning difficulty.

Perhaps the main driver for a reformation in health provision for those with a learning disability has been the Bamford review and the subsequent 2005 'Equal Lives' report, which stressed the importance of GPs to those with a learning difficulty and recommended robust health records and regular health checks. We have been hearing about the difficulty in relation to those.

The SDLP recognises the improvements that were made through the first Bamford action plan but notes with concern a few worrying trends that recent evaluations have unearthed. Around 7,000 people with a learning disability in Northern Ireland are on GP registers. The proportion of those people who have had a health check is 68%. That means that a significant number of people with a learning difficulty have not yet had a health check. Moreover, there are people with a learning

disability who are not on a GP register in the first place.

The SDLP is also concerned about the level of data on those with a learning disability region-wide. An estimated 26,500 people in Northern Ireland have a learning disability, yet no accurate register exists. That means that some people who have a learning disability are hidden and, consequently, so is the state of their health.

Another concern that the SDLP has is about the money and the budgetary deficit that exists now in comparison with when the first Bamford action plan was set out in 2009 and the possible effect that that may have on care for those for those with a learning disability in the future. It is clear that a joined-up-government approach is needed to address this issue fully. People with a learning disability have numerous needs, not just health ones. They also have education, transport and culture needs. Cross-departmental focus will be needed to improve the quality of their life and, consequently, to begin truly to address the health inequalities that they experience. I support the motion.

4.15 pm

Mr Beggs: The Transforming Your Care strategic implementation plans states that one of its key objectives is the reduction of health inequality. I am pleased that the Health Committee investigated health inequality in the context of those with learning difficulties. Useful evidence emerged, and recommendations were made that, I hope, will be followed up and adopted by those referred to. I hope that the Minister will pursue the issues that we have highlighted.

Annual health checks have been identified as an important aspect. Medical conditions that may have been missed in the course of a year can be identified in such checks. There is sometimes a difficulty with communicating with people who have a particular learning difficulty. They may have difficulty advising others of their discomfort or ailment. The annual health check is an important mechanism by which a professional GP can identify whether there is an issue and, if so, assist those with a learning difficulty.

In the course of our investigation, we learned that only 75% of patients' carers take up the offer of checks. I have to ask this question: what about the other quarter? Who decided that those people would not have an annual check-up with their GP? If I had a close family member with a learning disability, I would do my

best to ensure that they had the opportunity for such a check-up to address any health difficulty that might otherwise have been overlooked. Health officials advised that, although all GPs were invited to take part in the annual health checks, only 76% of GPs offered the service. Therefore, almost one quarter of GPs do not. How are those who are not offered the service coping? Is the service provided by someone else? Is there a formal mechanism that enables checks to happen? It is important that there be a mechanism to encourage GPs to ensure that checks are available to everyone.

The second recommendation is to use a range of measures to advertise the health checks. I agree that the community and voluntary sector could be a useful mechanism for that. The use of health facilitators to accompany patients to health checks is important, but it transpired that few people actually knew of them. There needs to be engagement with the community and voluntary sector and wider information for the learning disability sector to ensure that people are aware of the service that is available. Will there be a need for more health facilitators when there is greater awareness of the service provided?

Waiting rooms and waiting times can be particularly stressful for people with a learning difficulty. People with some well-known types of disability find such strange situations particularly stressful. There is clearly a need for the BMA to look effectively at its training for reasonable adjustments and to pass on good practice to improve the situation. Similarly, there is a need for reasonable adjustments in our hospitals. Hospital accident and emergency departments and general waiting areas can be very noisy and stressful, particularly if you have to wait a considerable period and do not understand why you are having to do so. We need to look at how we can improve the service. The issue of multiple questioning arose. Someone who has had an accident may be questioned by a nurse and then a doctor. We need to see whether there is a better way of dealing with people who have a learning difficulty, depending on the nature of the illness or accident. There has to be greater awareness of the needs of patients who present at hospital, and good practice should be passed on.

During our investigation, we learned that some public health messages could not be understood by some people with learning difficulties. It would be helpful if the Public Health Agency engaged with the community and voluntary sector and the charities involved to try to identify the key messages that might be

better transmitted to improve the lot of people with a learning difficulty.

The Committee learnt that there was no central register of people with learning difficulties. Without a central register, how can the health service determine whether there is a particular need that needs to be addressed in a particular area? I ask the Minister to respond to that —

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

Mr Beggs: — and to the other recommendations that the Committee made as quickly as possible in order that the lives of those with learning difficulties and of all those in this vulnerable community can be improved.

Mr McCarthy: As a member of the Health Committee, I welcome the opportunity to further contribute to this very important issue. People with a learning disability — I speak with hands-on experience — are fully entitled to exactly the same first-class health provision as other people. It is wrong and unacceptable if that is not the case. It is vital that the Health Committee, having seen the evidence of this anomaly, takes whatever action is necessary to put the matter right.

The motion asks the Minister:

"to use the opportunities associated with Transforming Your Care to prioritise and tackle this issue."

It seems to me that, as we are already on the journey with Transforming Your Care, no time should be lost before we see signs of improvements and, indeed, the total ending of these inequalities for people with a learning disability. Transforming Your Care and the learning disability service framework provide more contemporary guides as to how we can drive up the quality of service and outcomes and to the actions that we should be taking. Again, however, we must ensure that we follow through and, more importantly, deliver.

The health service will be interacting with people who have learning disabilities across a wide range of situations, from children's services through to providing support in ageing and palliative care. We must acknowledge and welcome the very particular support that comes from a range of community and voluntary agencies. I would like to pay tribute to the work of Maureen Piggot, who has been a voice for people with learning disabilities, working through Mencap, for many years; I think it is 30

years. Maureen has decided to retire, and I am sure that Members will join me in thanking her for her service over so many years and in wishing her a happy retirement and every success.

On 16 October 2013 we were pleased to hear from the Health and Social Care Board's director and assistant director of mental health and learning disability. They presented an outline of the content for service transformation in respect of learning disability. They said that Transforming Your Care is:

"a transformation model to improve overall health and well-being, and that includes placing individuals at the centre of care with the focus on prevention, protection and improved integrated care provision."

That is what we wanted to hear. They acknowledged, as did Bamford, that:

"the promotion of social inclusion in terms of better health and well-being is very important."

They also said that:

"'Delivering the Bamford Vision' and the Bamford action plan are all about health inequalities for mental health and learning disability, and recognising that there are a number of social determinants of poorer health outcomes, such as employment, education, housing and poverty. All of those things are covered on a cross-departmental basis within the Bamford action plan".

One of the big concerns has been the implementation of the annual health checks and the role of health facilitators across all our trusts. That has already been acknowledged and spoken about by our Chair. It was heartening to be advised by the board's directors that they were determined to minimise any gaps or disparities experienced by the learning disability population. That is surely welcome.

Our Committee's recent visit to Carrickfergus was extremely useful, and we thank all the people whom we met. We listened and spoke to people in that locality who were affected; it would, most likely, be similar throughout Northern Ireland. We have their experiences on record and, hopefully, vast improvements can be made when the professionals examine that report.

We also express our gratitude to Dr Lesley-Ann Black from the Assembly's Research and Information Service for her excellent paper on this vexed subject. I was taken aback, as were others, to learn that the exact number of people with a learning disability in Northern Ireland is not known. The Department suggests that around 26,500 local people have a learning disability, and, because of that, difficulties in assessing and monitoring healthcare needs and in mapping appropriate levels of support are experienced. Perhaps the Minister will wish to comment on that.

In 2010, a major report was undertaken throughout the UK entitled 'Health Inequalities and People with Learning Disabilities in the UK'. The report contained many of the issues that were raised —

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

Mr McCarthy: — by our friends in Carrickfergus.

The 'Equal Lives' review of 2005 and the Bamford action plan 2009-2011 are serious efforts in ensuring that all people with learning disabilities are treated equally. We insist that no stone is left unturned until these inequalities disappear.

Mrs Cameron: One of the Department of Health's primary aims is to ensure that people have the opportunity of enjoying the best possible health outcomes and quality of life. To do that, we must ensure that, where barriers exist to accessing health services, they are reduced to the lowest levels or removed completely. The motion highlights people with learning difficulties, and I am pleased to speak on their behalf.

Often, people with a learning difficulty and those who love and care for them experience a range of barriers to accessing health resources. I am pleased to learn that 76% of our GPs have opted in to the process of offering annual health screenings to people with learning difficulties, as is recommended in 'Transforming Your Care'. I am pleased to note that, of the people who are eligible to attend those appointments, we have a take-up rate of 69%. That is indeed impressive and seems to suggest that GPs and individuals in the community are acknowledging the benefit of that annual health check. Although that is, of course, to be welcomed, it begs the question of why 24% of GPs are not offering the service. Perhaps the Minister will be able to respond to that query.

Often, small changes can make the biggest impact, especially in the case that we are talking about. These are people who need even the tiniest aspect of their routine managed to ensure that they are able to cope without adding anxiety or stress to their lives. Often, individuals with a learning disability also have a co-morbid condition, such as autistic spectrum disorder or epilepsy. That also needs to be considered when we are thinking about how to reduce barriers to health. For instance, crowded and noisy waiting rooms may be a major source of distress and confusion to someone, and the simple option of a smaller, quieter area in which they can wait for their appointment would make a person more likely to attend appointments. If the doctor is aware that the person with whom he is dealing has a learning difficulty, he may have other ways that allow that person to communicate with him, and tools such as the incredible 5-point scale can be an easily used alternative to verbal communication.

We must also be aware, however, of the fact that those health inequalities are caused not just by health provision. For example, we know that families where there is a caring role for anyone are more likely to experience poverty. We know that poverty can lead to poor dietary choices, and we know that poor diet leads to poor health. I am encouraged to learn that the Department for Social Development and the Department of Health strive to work together to minimise those risks. One positive example of that is the issuing of a free book giving quality nutritious meal ideas to those on a budget. I believe that steps such as those are also vital to reducing health inequalities.

We as a society must be aware of the inequalities that exist, and we must use the benefits of devolution to deliver real change for people on the ground. We must strive to work to reduce inequality wherever it exists so that everyone can have the basic human right of the right healthcare that is delivered in the most appropriate way when it is needed. An ounce of prevention is better than a pound of cure, and I believe that, through the implementation of TYC by the Department, we can ensure better health for those in this very vulnerable group. I support the motion.

Mr Brady: Go raibh maith agat, a Phríomh-LeasCheann Comhairle. I too support the motion. People with a learning disability have the right to access healthcare in the same way as everyone else. A person with a learning disability is more likely to have a range of needs and to require support from a variety of health professionals. They are also more likely to be

exposed to the social determinants of health — poverty, unemployment and social exclusion — and to have poorer outcomes.

A report entitled 'Health Inequalities and People with Learning Difficulties' was published in 2010. It reported that people with learning disabilities have poorer health than their non-disabled peers and that they have a shorter life expectancy. Health screening of adults with learning disabilities registered with GPs reveals high levels of unmet mental and physical needs. Health inequalities start early in life and result in barriers to accessing timely and appropriate care. Existing patterns of care are insufficient and inequitable.

4.30 pm

The report also provided evidence of specific healthcare issues that affect people with a learning disability. For example, there is a higher incidence of stomach cancer and coronary heart disease and an increased incidence of psychiatric disorders. There are other reports about health inequalities in the learning disability population. Findings have demonstrated that people with a learning disability die younger than the general population and that they have greater health needs, often because they have multiple, complex health problems.

An investigatory report published in 2013 investigated the deaths of 247 people with a learning disability aged four or older in south-west England between 2010 and 2012. Those included in the study had multiple health problems. The main findings were that men with learning disabilities died 13 years earlier than men in the general population, and women with learning disabilities died 20 years earlier.

The main reason for those deaths was a delay or problem in their treatment. Some 37% of the deaths of people with a learning disability in the inquiry could be prevented and were avoidable. The inquiry concluded that there was considerable evidence of fragmented care, which failed to take account of the needs of people with a learning disability. The report also concluded that:

"The quality and effectiveness of health and social care ... has been shown to be deficient in a number of ways ... many professionals are either not aware of, or do not include in their usual practice, approaches that adapt services to meet the needs of people with learning disabilities."

Here in the North, there have been no wide-scale independent inquiries into the lives of people with a learning disability who may have died prematurely. For the majority of people, the first point of contact when they are ill is their GP, yet, here, people with a learning disability utilise their GP significantly less than those in the general population. That has implications for diagnosis and treatment. Access to an annual GP check is welcome, yet when the Health Committee spoke to some groups in Carrickfergus, they were not aware of that.

The advent of TYC is surely an opportunity to introduce policy for people with a learning disability, which has inclusion at its core: inclusion in society; inclusion in decision-making; participation, as far as is practicable, in mainstream education, employment and leisure; integration in living accommodation; and the use of services and facilities, not least in the field of health and personal social services. A report published in 2006 stated that:

"The acid test of a national health service is not whether it works for people who are generally healthy but whether it benefits those with the shortest life expectancy, the greatest problems accessing services and the biggest risk that poor health will stop them taking part in society."

Mr D McIlveen: I want to start by paying tribute to the Committee staff, under the leadership of Dr Kathryn Aiken, for facilitating much of the evidence and the stakeholder events that we have benefited from as members of the Committee. It has been eye-opening to hear all the different views that are coming from the sector. It was absolutely critical that we had as broad a research as possible on this issue, and the Committee staff have undoubtedly delivered in that regard.

This is a very important issue, and it is very telling that many of the self-anointed Jeremiahs of the health service that we had last week queuing up to attack the Minister over a made-up crisis are not here to be as animated about an issue that is of much greater importance. The question has to be asked of those people why they are not in the Chamber today to make their point around this particular issue.

We could not ignore some of the information that was passed to us from the sector. Many of the issues that were raised have already been rehearsed, and the excellent research document that was put together was very beneficial in making many points known.

I want to come from a slightly different angle in my contribution this afternoon. I have been very fortunate to work closely with some very progressive pharmacies in my constituency, many of which are under the auspices of the Ulster Chemists' Association (UCA) and other representative organisations. Those pharmacists are forward thinking and exceptionally dynamic. They are ready to flexibly alter their services to provide the best possible services for the communities they serve and work in. As a sector, they are extremely excited about the changes that Transforming Your Care seeks to make, and hope to offer an increasing diversity of services to their clients.

That is where I believe those folks who suffer from learning disabilities can really benefit, because it was highlighted during screening that 43% of those screened were found to have weight-management issues, particularly obesity. Look at the excellent work that Community Pharmacy has done on smoking cessation, which has been very well funded by the Public Health Agency. I believe that we could find other condition-management programmes, such as weight management, that could be very successfully managed by our pharmacists and Community Pharmacy. The Department has been quite clear that the issue of weight management would be a real target. From my work with pharmacists, I believe that this is an avenue that we should definitely explore.

It may be useful at this point to re-highlight what the Chair of the Committee mentioned regarding the barriers facing people with learning disabilities, such as long waiting times. Those can be eradicated through Community Pharmacy. Appointment slots being too short could also be successfully dealt with through Community Pharmacy. The issue around jargon and so on, which was also of concern, could be dealt with very well within the communities.

It seems to me that some of those difficulties could be addressed by other branches in the health service. I believe that perhaps our local pharmacy could be in a position to provide a more end-user-friendly approach. As the Minister will be aware, pharmacists have been doing a lot of internal work around social enterprise and embracing the themes of Transforming Your Care. I suggest to the Minister that they are ideally placed to overcome some of the barriers to healthcare faced by people with learning disabilities. I look forward to hearing his thoughts on the matter and I commend the motion to the House.

Mr Gardiner: It is important to realise that there is a whole range of health inequalities in the health service. Many of them are set out in the Health Department's publication 'Equalities and Inequalities in Health and Social Care in Northern Ireland'. They include the fact that 13% of people who live in areas of high-intensity violence suffer from ill health, compared to just 4% of people in other areas. Teenage birth rates are 70% higher in socially deprived areas than elsewhere. Some 96% of teenage births were to unmarried mothers. Incidence of lung cancer is 59% higher in socially deprived areas. Only 30% of professionals and managers suffer from longstanding illnesses compared to just under half, some 47%, of unskilled workers. Access to opticians takes almost three times as long in rural areas compared to non-rural areas.

There are many inequalities in our health sector, and I sometimes think that it would take the wisdom of Solomon to prioritise between them. There are disturbing differences in assessing what exactly constitute learning disabilities. I find it discouraging that the rate of moderate, severe or profound learning disability, based on HSC trust data, was 9.69 persons per 1,000 of the population. In contrast, the information from social security suggests a rate of 4.41 per 1,000. That is an enormous difference and it needs some explaining. We can all make guesses at the reasons. It could be that the HSC trust and the Social Security Agency are looking at very different measures of what constitutes learning disability. However, guesses are not good enough; we need to know precisely why the massive discrepancy exists.

So, although I welcome today's motion as a member of the Health Committee, I believe that it needs to be put into the context of all the competing inequalities in our health and social care provision. We need to be alert to the fact that resources are finite and that there is a cost to every measure that we demand, no matter how desirable. I support the motion.

Mr Poots (The Minister of Health, Social Services and Public Safety): I thank the Health, Social Services and Public Safety Committee for bringing this very important motion to the House.

We know that those living with a learning disability are more likely to experience major illnesses, to develop them younger and to die of them sooner than the population as a whole. Evidence indicates that they have higher rates of obesity, respiratory disease, some cancers, osteoporosis, dementia and epilepsy, and that a

number of syndromes are associated with learning disabilities that carry specific health risks.

Although health deficits are faced by people with learning disabilities, much is being done in the primary and secondary care sectors to address those health inequalities. It is vital that those improvements be consistent, standardised and sustained.

The health and social care system is making progress in addressing health inequalities in general. However, it is important that other Departments and sectors are also committed to addressing the common social and economic risk factors of poor health, such as poverty, poor housing conditions, unemployment and social exclusion, which people with learning disabilities are more likely to be exposed to; otherwise health inequalities will remain. I will continue to work with ministerial colleagues to address the underlying causes of poor population health.

It is fundamental that those with a learning disability have access to the same range of services as the general population. We know that, even with a poorer health profile, the learning disabled population is less likely to get some of the evidence-based screening, checks and treatments that they need. They continue to face real barriers to accessing services. Information on and activities in health promotion and protection can be difficult to access. We need to change that, and changes are under way.

Last year, 76% of GP practices were providing health screening for adults with learning disabilities under directed enhanced services (DES). A further 14% of GP practices are signed up to deliver such screening. Thus, at 31 March 2013, only 10% of practices were not registered to provide DES.

In addition to DES health screening, the Health and Social Care Board and the Public Health Agency have commissioned health facilitators for learning disability, and over nine whole-time equivalent health facilitators are now in place. Those are learning disability nurses who work alongside GP practices to ensure follow-up appointments with secondary care and other actions as recommended by the GP surgery. Health facilitators work with people and families to ensure maximum attendance at screening appointments. They have an important role in training staff, family carers and people with learning disabilities themselves in preparing and implementing person-centred plans to promote good health.

Alongside DES and health facilitators, there are other specific initiatives to help to meet learning disability health needs, including the visual impairment services, women's cancer screening and aortic aneurism screening for men. Those screening services make adjustments to normal processes to encourage as much take-up as possible in the learning disability population. We need to ensure that everyone, including vulnerable people with learning or other disabilities, have access to general health screening for different conditions at the appropriate time.

Going into hospital is a time of anxiety and stress for everyone. It is an unfamiliar environment, with different people and unfamiliar procedures and terminology. Added to that, you may be severely ill and/or in pain. Imagine all that and also having a learning disability that may leave you unable to understand fully what is happening or to explain how you feel.

4.45 pm

The guidelines and audit implementation network (GAIN) were published and launched in 2010. They aim is to ensure that the specific communication needs of individuals are met within hospital settings. They set out best practice procedures to prepare for the admission of a person with a learning disability for inpatient treatment and his or her care while in hospital. These include seeing the person and not just the disability; communicating sensitively and appropriately; adopting a person-centred approach; delivering dignified, respectful and compassionate care; and adopting non-judgemental attitudes. Put into practice, many of these procedures can be quite simple and may involve, for example, the opportunity for a pre-admission visit to a ward, informing ward staff of the key needs of a patient or of additional support requirements, as well as about specific risks that may need to be managed or the need for increased clinical observation.

Hospital staff should respect the wishes and choices of patients who have a learning disability and involve them in decisions about their care. Families and carers who know the patient best also have an important role. The implementation of these guidelines is currently subject to evaluation, and I have no doubt that we will all learn from the findings. I can speak personally on this, having had a learning-disabled brother whom I had to be with 24/7 when he had to go to hospital because staff were unable to understand and deal with the circumstances. My view was that they could

have done better. I know from personal experience that we have much to learn, and, given my experience, I will be paying a fair bit of attention to the issue.

Another focus is on health promotion. A number of ongoing campaigns are specifically targeted for those with a learning disability, such as tackling obesity, improving diet and promoting physical activity. Such initiatives also involve the voluntary and community sector. Work is under way, for example, for a community-based nutrition education programme, which aims to increase knowledge about healthy eating and food hygiene and to develop food preparation and cooking skills.

In another instance, Friends of Glenveagh School aims to provide 28 weekly youth club sessions to an estimated 200 young people. The Cedar Foundation will provide accredited training to six coaches in the sport of boccia. My Department, along with DCAL, DE, DSD and OFMDFM, also provide funding for the Special Olympics scheme in Northern Ireland, involving some 74 clubs, over 1,700 athletes and some 1,300 family members participating. We were glad to welcome their representatives to Stormont last week. This provides a range of sporting activities for people with learning disabilities and/or autism. In addition to promoting physical activity and a healthy lifestyle, it also assists with diet and weight advice, provides social interaction and support for participants and their families and carers. Other campaigns include those on sexual health and relationships; drugs and alcohol misuse; smoking cessation; and diabetes.

Research also shows that those with a learning disability are happier and healthier when they live an active and purposeful life with families who are well supported, or when living independently in supported housing and not in institutional care. The process of resettlement and the community integration programme is there to ensure that, in future, no one will live in a hospital.

By 2015, we aim to have moved all long-stay patients in learning disability hospitals, but who no longer require hospital treatment, into appropriate settings in the community. The key consideration is that their lives will be improved by the process and that other people in the future will not spend long periods, or even much of their lives, living in an institutional setting. As it is for all of us, a healthier life for someone with a learning disability is a life that is safe, where services and support address their physical and mental health, and their social care needs; and where they progress through

play, education and life experience to an adulthood that fulfils their wishes and aspirations, encourages their independence and offers meaningful and varied activities that take place along with, and not apart from, the rest of the population.

As the recent day opportunities consultation summed it up, people with learning disabilities need and have the right to have “a meaningful day”. That could mean individuals being in supported, paid employment or availing themselves of training. It could mean accredited further education; involvement in their community; voluntary work; a chosen sport or leisure activity; or simply providing opportunities to meet people and make friends.

As Bamford’s ‘Equal Lives’ document stressed, people with a learning disability are individuals first, and each has a right to be treated as an equal citizen. They must be enabled to use mainstream services and be included in the life of the community. I view improving access to information on the services available for people with a learning disability as crucial to achieving greater equality in health.

Service user and carer involvement is integral to tackling health inequalities. The Public Health Agency is taking forward the regional learning disability healthcare and improvement group action plan. Service user and carer representatives will be sought and supported to become active members of that group. The Public Health Agency already has contacts and links with a range of community, voluntary and charity groups and will continue to sustain and build its relationships with them.

Although people with a learning disability are living longer, and that is to be welcomed, there remain differences between their health outcomes and incidence of health conditions and those of the rest of the population. I am determined to minimise those gaps and disparities wherever possible.

I support the motion. I will utilise the resources of the Health and Social Care system to continue to address those issues through specific commissioning priorities; dissemination of information and guidance; promoting greater awareness, including training programmes; and through liaison with voluntary and community organisations and the private sector. I will continue to work with my ministerial colleagues to reduce health inequalities and to improve the quality of life for our citizens, especially those in this vulnerable group. My officials will work with other Departments and their agencies to tackle

this and other issues as part of the implementation of the Bamford action plan.

Mr Wells (The Deputy Chairperson of the Committee for Health, Social Services and Public Safety): Mr Principal Deputy Speaker, may I emphasise that this is the Northern Ireland Assembly rather than the “Northern Ireland Health Assembly”? I reckon that, over the past three weeks, 75% of the workload in plenary sessions has been health related. Indeed, today we have this motion and one on the mental health of farmers, and the Health Minister will respond to both debates. Tomorrow, we will have the fifth health-related Adjournment debate in a row. I raise that because, although the Business Committee has to reflect the large number of motions on health in its timetabling, it should try to spread them out. It places quite a difficult burden on the Department, the Minister and the Committee. I just wish to get that off my chest, because I think that most honourable Members are fed up listening to me summarising every one of these motions and wish to move on to something a wee bit more interesting, if not more important.

Mr Poots: I thank the Member for giving way. I wonder whether the Business Committee is a bit like ‘I’m a Celebrity ... Get Me Out of Here!’, in that it keeps picking the Minister whom it dislikes most to respond to debates.

Mr Wells: It is unfortunate that the Business Committee seems determined to lock the Minister in the Chamber rather than having him out dealing with the real day-to-day issues regarding the health of our community. If it is a ploy to keep him and me locked in here, it has been very successful.

I will move on to the substantive nature of the motion. Ms McLaughlin is not here to hear my comments, but we were pleased with the way in which she raised the issue on behalf of the Committee. She outlined the Committee’s very successful visit to Carrickfergus, where we had a stakeholder engagement event. This was particularly unusual in that it was certainly the Committee’s first visit to Carrickfergus — we were very conscious that we were in David Hilditch country so had to be very careful of what we said — and we had a unique opportunity to meet not only those in the statutory and charitable sector in the field but some of the service users. That was the first time that I had ever been in that sort of forum. It was very interesting to hear the views of the students who go to special schools and use the services. During that meeting and, indeed,

throughout this debate, several themes have emerged.

First of all, many people believe that Transforming Your Care was somewhat of a missed opportunity in as far as dealing with this sector is concerned. I appreciate the comments made by Mr Fearghal McKinney, the honourable Member for South Belfast. He was the only person to put a figure on the number of people in Northern Ireland with learning disabilities. It is, in fact, 7,000. That is the population of Comber, so it is a very significant part of our community. Many of those who care for such individuals feel that Transforming Your Care could have gone further to help.

Concern was also expressed about GP health checks. What many honourable Members do not know is that any individual in Northern Ireland can go to their GP and demand an annual health check as of right. Unfortunately, precious few of us do that. Certainly, when it comes to this sector, it is absolutely vital that all 7,000 people, young and old, go to their doctor, because, as many Members such as Mrs Cameron, Mr Dunne, Mr Gardiner and Mr Beggs emphasised, it is inevitable that many people in the sector will have multiple conditions. It is very unusual to find someone who just has a learning disability; there are often physical manifestations as well. We heard about the issue of obesity and many other complex cases. Therefore, it is essential that all 7,000 have that annual health check-up.

We heard from Mrs Cameron that, of those eligible for a check-up, 69% go to the 75% of GPs offering the service. However, I still find it quite alarming that about a third of those who should go for check-ups do not do so. If they did, it would help to reveal ongoing conditions that will cause problems in the future.

Again, the issue of better training for GPs came up. I have to say that, although we have the benefit of many very able and capable GPs, they struggle at times with the more complex personal relationships that they have to deal with. I totally support the calls for the British Medical Association to instigate a series of training courses to make GPs more aware of the need to be particularly empathetic when dealing with this sector.

The other issue that I am very much aware of, and which was raised in an Adjournment debate about the Londonderry area a few months ago, is this cliff edge that these young people fall off at age 19. It is a year later for those with learning disabilities than for standard pupils.

The general view from Carrickfergus and from the research was that provision for under-19s in Northern Ireland is quite good, that we have a well-qualified team of staff who look after children in day centres, special schools etc and that the level of provision is excellent. Of course, the vast majority of these young people have very good carers looking after them, but parents worry intensely about what will happen when they turn 19. The ideal model would, of course, be a mixture of work experience, further education and day centre provision, but that is extremely patchy in Northern Ireland. Parents expressed a universal concern that there was so much variability as to the view that they did not know where they stood. I think that we as a society need to make certain that there is adequate provision at 19.

Several Members, including the Minister, raised the issue of Muckamore and similar institutions. The target is that, by 2015, all 200 people in long-term care in that type of institution will be in the community. That is a lot easier said than done. I know that because, when the first target was first stipulated for 2013, we as MLAs were approached by a lot of parents and carers who said that they did not want it to happen for two reasons. First, they felt that their loved ones were happy and comfortable in Muckamore or similar institutions and wanted them to continue on with the high level of care that they were getting. Secondly, they had no confidence that there was adequate provision in the community for their loved ones.

The Health Committee has been lobbied several times by the parents and relatives of those in Muckamore because they do not want to go down that route. As you get further and further down the list and as you come to people who have profound needs, you see that it is going to be very difficult to provide community places for them all. I certainly wish the Minister well with that, because I know that he has very lengthy personal experience of the situation. He knows the difficulties that are out there. I will be interested to see whether we can hit the 2015 target.

5.00 pm

In his contribution, Gordon Dunne said that it is imperative that we create a situation in which we eliminate health inequalities. This was a theme throughout all the contributions: that those 7,000 people must have exactly the same entitlement and opportunities as the rest of the community. He said that there is a real challenge for those with learning difficulties accessing healthcare.

Tomorrow, my daughter goes into Craigavon Area Hospital for a minor knee operation. I know that that is quite a stressful situation for her and the family. It must be terribly difficult to have people of that age, with learning difficulties, going into hospital, because, as Mr Dunne, Mr Gardiner, I think, and, of course, Mr McCarthy said, the individuals concerned may not be in a position to express their health needs adequately to the clinicians. Therefore, someone has to be with them. It is important that we make a real effort to be certain that those people can make themselves well and truly heard. Mr Dunne also emphasised the fact that there is an inconsistent approach across the trusts and that we should put in place funding and support for people with learning difficulties.

Roy Beggs was one of the first Members to mention Transforming Your Care. He said that it must lead to the elimination of health inequalities. He mentioned the importance of annual check-ups, as did most Members who spoke. He also said that there have to be improvements in GP surgeries as well as in hospitals so that they, too, adjust to the needs of those with learning disabilities. He said that the Public Health Agency should engage with the community and voluntary sector to improve key messages. He raised a very interesting and novel point that no one else made, which is that there is a need for a central register for those with learning difficulties because, at the minute, we do not know exactly the extent of the problem and the various needs.

As I mentioned earlier, Fearghal McKinney said that the importance of GPs was stressed in the 'Equal Lives' report of 2005. He estimated that there are 7,000 people with a learning disability in Northern Ireland and quoted the fact that only 68% had an annual health check-up. He also stressed the need for a central register. He also suggested that there is a need for a cross-departmental approach to tackling the issue.

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

Mr Wells: Finally, I pay tribute to Kieran McCarthy. Kieran has very personal knowledge of the situation. We always find his input in the Committee particularly helpful. The good MLA that he is, he was, of course, always campaigning to try to ensure that adequate resources are made available for this very important sector.

Question put and agreed to.

Resolved:

That this Assembly notes with concern the health inequalities experienced by people with a learning disability; and calls on the Minister of Health, Social Services and Public Safety to use the opportunities associated with Transforming Your Care to prioritise and tackle this issue.

Private Members' Business

Farming Community: Mental Well-being

Mr Principal Deputy Speaker: The Business Committee has agreed to allow up to one hour and 30 minutes for the debate. The proposer of the motion will have 10 minutes in which to propose and 10 minutes in which to make a winding-up speech. All other Members who are called to speak will have five minutes.

Mr McMullan: I beg to move

That this Assembly recognises the detrimental impact the current financial situation, compounded by adverse weather conditions during the past year, is having on the mental well-being of those within the farming community; and calls on the Minister of Agriculture and Rural Development to liaise with the Minister of Health, Social Services and Public Safety to bring forward proposals to promote the mental health service provision available to farmers, agricultural and agrifood workers; and further calls on the Minister of Health, Social Services and Public Safety to address the stigma of mental health issues and promote the development of therapies and practices best suited to supporting those working in the agricultural sector.

Go raibh maith agat, a Phríomh-LeasCheann Comhairle. Farming is one of our most vulnerable and important industries. The events of the past year are testament to that.

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

March 2013 saw one of the worst snowfalls in years and resulted in human suffering, mental and physical. Homes in rural areas were left isolated, without power or heat, and, if it were not for the emergency services, we could have been looking at lives lost, because some people had to be airlifted out of their home. I think that all of that proved to us, without any doubt, the vulnerability of living in a rural area.

Mr Deputy Speaker: Will the Member draw his microphone closer to him? We are having difficulty hearing.

Mr McMullan: Sorry. On top of that is the stress that farmers suffered at the time, which we all know about. On top of that again is the number of livestock that farmers lost. The stress went on for days and weeks until they

got the real figures for their losses. We are told that, in some cases, farmers did not even tell their family about what they had lost because of the stigma of having to say that their stock was gone and that they could not bring in money.

Other things have added to the stress to the health of the farmer, including a drop in farm incomes, rising fuel and feed costs, general overhead costs rising, and the banking sector tightening its lending and overdraft facilities, which have added to the farming crisis. The financial crisis that has resulted from the current economic climate has led to increased stress and pressures on farmers and their families in the sector. We have all heard stories of this — of farmers not telling their families, as I said earlier — and of children going to school and having to be taken out of school because the stress was showing on them at school. Some of the stories that we have heard are horrendous. That all led to stress.

Farmers, as we all know, have always been reluctant to seek medical help. In small rural communities, there is a stigma attached to mental health and stress. It is that stigma that needs to be tackled, and quickly. That, Members, is the thrust of my argument today: how do we get rid of the stigma of mental health?

We have cases of farmers having to sell their machinery to raise capital to replace buildings because their insurance did not cover them for snow or storm. That added to it again, because quite a lot of farmers took it that their insurance covered them for all of that, but they found out in the small print that they were not covered at all.

The other thing is the lack of information on benefits. This is a big thing. I will come back to the benefits issue.

In October 2013, Minister O'Neill met the Níamh Louise Foundation to award it a £10,000 grant from the Department's rural challenge programme. That grant will help to fund the post of a suicide prevention officer for the rural areas of mid-Ulster.

In November 2012, Minister O'Neill and Health Minister Poots launched the farm families health checks programme. That joint initiative between DARD and the Public Health Agency consists of a mobile unit that visits local farm markets and rural community events. It offers on-the-spot health checks, such as blood pressure, monitoring cholesterol and diabetic screening. In addition, individual lifestyle

advice can be given. Onward referral advice to other services can also be given.

The issue of the farmer's lifestyle, which often leads them to having mental and physical health problems, has been identified in research. It is actioned in the rural White Paper action plan. Through DARD's tackling poverty and social isolation framework, it has been able to partner with the Health Department, the Public Health Agency and health trusts to develop and implement the farm families health checks programme. Since the programme's introduction, the large numbers using the service are proof of the industry wanting to find out about healthy lifestyles and maintaining good physical and mental health. It is also proof that farmers will access healthcare advice at a place and time that is convenient to them. One of the other problems is the lack of knowledge about where to go to get help.

It is known through evidence that farmers are under-users of healthcare resources due to their isolation, long working hours and the financial pressures of running a business. In a lot of cases, they live considerable distances from healthcare services. That problem will probably increase due to the Transforming Your Care (TYC) programme, which will see services more and more being centralised.

The Health Minister invested £13 million in adult mental health for the years 2012 to 2015. That money is spread across the five trusts on a capitation basis, which gives the Northern Trust an extra £3.713 million. The extra funding is for services both in rural and urban areas. I believe that that in itself raises a problem. That is because we have not really identified rural areas as having a specific problem; we have included the rural areas with the urban areas. The motion is clearly focusing on the farming community in rural areas.

We still do not have any reports from the trust about the farming community's medical status. Where has the £3.7 million been spent, and what are the results to date? Has a programme even been identified for the farming community? I have asked that question several times, and I still have not got an answer. We need that programme to be identified, and we need to know how the trusts are going to get out into the community to reach out to the farmers and their families. They cannot wait for those people to come to them, because, in reality, the nature of their business means that they work unsociable hours. They have to be there, and the worry of becoming sick and of not being able to attend to their work is adding to the pressure.

I recently read a report on cancer services. It is a big thing when any person is identified as having cancer, but it is especially so for the person who is self-employed. It leaves them in the awful position of having to access benefits, and they do not know where to go to get those benefits. Those self-employed people who know where to go and who have ever tried to apply for benefits get very little help. In saying that, I was glad to know that a cancer service has opened in the Causeway Hospital in Antrim especially for that.

Figures show that approximately one farmer a week commits suicide. In all the examples that we have on depression in the agriculture industry, we see that the word "stigma" keeps arising. In the rural countryside, there is a perception that the farming life is an idyllic lifestyle, when you are outside and at one with nature. However, that can sometimes be far from the truth. The severe weather last year really showed the gaps in the services, which I mentioned.

One such gap is in accessing benefits. I rang the benefits office and enquired whether staff had a service to deal with rural isolation that meant that, after last year's crisis, they got out into the rural areas to give information to the farming community. The answer was no and that nothing has moved on since last year. Given all the talk about what was going to be done after what happened last year, nothing has been done. My Minister, the Minister of Agriculture, and the Minister of Health have put programmes into place, but it takes these other outside agencies, such as social services etc —

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

Mr McMullan: The main things that need to be looked at are the involvement of social services and the stigma that is attached to mental ill health. I commend the motion to the House.

Mr Frew: The motion is somewhat timely, considering the problems that the farming community in my constituency is facing over the delay in single farm payments for remote sensing. The Department decided on that area, but it has heaped massive pressure not only on the farming businesses of that area but on the suppliers to the area. Rather than taking a hit once, they are taking it 50 or 100-odd times. They are having to bankroll and lend out, and they have large credit notices to their farm businesses and customer base, which is potentially putting hundreds of jobs and farm businesses at risk.

5.15 pm

In my constituency office, what I have experienced over the past years has been seen in the telling story of a person's demeanour when they walk into my office. It does not have to be a farmer or a rural dweller; it can be a businessman from any walk of life who is seeing his business fail and his profits fall or is struggling to make ends meet. The demeanour is the same across the board. They come into my office, not really wanting to be there but having been dragged in by their wife or daughter. The daughter and the wife do all the speaking, whilst the farmer — the man of the house — looks down at the floor or at his shoes and does not want to engage. It is as if there is a sense of shame, when there should not be. In all walks of life and in different periods of life, we all need help and assistance. Farmers should know that they should seek help and receive it. That is very important.

Farming is a very lonely business, and you might be on your own for long periods of the day. It is not only that. Whilst you struggle to feed your business, it is not only your family that you have to worry about feeding but your livestock. On many occasions, the farming community and the farmers who come into my office are more concerned about their livestock than their health. That is very telling. You know then that things have got so bad and farmers have left it so late to seek help that it might be too late.

They come into my office about a range of issues. Some come in because they cannot pay their electricity bill and NIE has been out to turn off their power. Of course, once there is any resistance, NIE walks away and starts legal proceedings, which, in itself, can cause terrible strain. Issues like the horse meat scandal also had an impact. The snow crisis of last spring had a great impact on people in my constituency, in the neighbouring consistency of East Antrim and other constituencies where there is high ground. There have also been long-term low gate prices, whereby the farmer — the producer — has to produce food at a low return whilst supermarkets make huge profits. That has an impact, and it grates with those in farming.

It is right that the Minister should look at this. He should not treat farmers as a special case, because, of course, he has to deal with the whole Province and there are also cases of mental illness in urban areas. However, it seems that the farming community, who live down long lanes, have the mentality that they

do not want to speak to anybody about their problems. They meet their neighbours —

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

Mr Frew: — and talk about anything and everything but the state of their mental health. Something has to be done so that the farming community can be made aware that there is somebody there to help.

Mr Byrne: As a member of the Agriculture Committee and a representative of a rural constituency like West Tyrone, I welcome the opportunity to speak in the debate.

In recent times, the mental health of farmers has been affected by a plethora of external factors. Some have been to do with the weather, others with the erosion of rural services and others, unfortunately, with administrative failures by the Department of Agriculture. As a Government administrative body, DARD does not cover itself in glory with how it relates to farmers on the ground.

The weather crisis experienced by farmers and the resultant loss of livestock has undoubtedly played a huge role in affecting farmers' morale over recent years. Last year, I visited farmers in my constituency in the Sperrins who had lost sheep and cattle and were genuinely worried about how those losses would affect their financial outcomes. Many relied on the sale of stock to maintain an income, and without that, they were stranded. However, really, the farm business had been downsized through the sale of such stock to ease cash flow problems.

I see that the Minister of Health is in attendance, and I welcome that. However, the Minister of Agriculture should also be here to listen to some of these issues.

It was then the role of the Department to help alleviate this pressure by providing financial assistance. Unfortunately, some farmers were left in limbo for long periods. DARD was slow to get compensation payments out quickly to those affected, thus adding to the stress. Not only did they not receive any monetary assistance from the Department but they continued to suffer extra farm costs such as increase costs for fodder, fuel and other related inputs. That combination reduced many farmers to a state of financial loss from which they are still trying to recover. Furthermore, single farm payment delays continue to frustrate, anger and bewilder many farmers. As we heard from the Chairman of the Committee,

Paul Frew, some farmers have been waiting a long time for their entitlements. Given that 87% of farming income in the past year can be accounted for in relation to CAP support, it is obvious that any delay in the single farm payments is of crucial importance to farmers. The farmers who have not been paid are suffering severe financial difficulties, and the banks are breathing down their necks, as Mr McMullan said. On top of that, the general confusion around mapping systems and methods of control are becoming another frustrating issue for farmers.

The attitude towards departmental officials has changed. Those who were of great assistance 10 years ago are now viewed as enforcement officers, adding severe stress to farmers. DARD officials are regarded no longer as farm advisory officers but as enforcement officers.

A prevalent issue in the mental health of farmers is the reluctance within the rural community to come forward. Again, Mr McMullan made reference to that. Farmers are a stoic people, and they endure much without protest. The duty is now on the Minister of Agriculture and the Minister of Health to break the stigma that exists in the rural community and encourage those who feel vulnerable to come forward. I commend the Minister's work on the Breaking the Silence project, and I think the House will agree that initiatives of that sort are needed to reach out to those in the rural community. Initiatives such as those carried out by the members of the Niamh Louise Foundation, who do terrific work in suicide prevention and awareness throughout rural communities, is to be commended.

I acknowledge that the current financial situation also contributes heavily to mental ill health among our farmers. Farmers constantly tell me that the prices of materials are up but the price of their livestock has fallen. That trend is alarming and causes increased stress. If we are to address the above issues — financial assistance from the Department of Agriculture and the need to promote mental health awareness by the Department of Health — it is clear that we will need a joined-up approach from both Ministers and both Departments.

I support the motion, but I would like a realistic assessment to be made of the situation in which many farmers find themselves. Let us hope that the Department of Agriculture will also listen and be less cumbersome in the way that it processes single farm payment applications and, indeed, the verification that thus ensues.

Mrs Dobson: I also welcome the opportunity to speak on the motion.

Living and working in the countryside can seem idyllic to someone looking in from the outside, but the truth is often very different. For many farmers and their families, feelings of isolation and loneliness can be commonplace. The typical image of a rough and tough farmer often masks the true thoughts inside him. To give an example, one farmer, explaining his feelings of isolation to the Samaritans, said:

"I often work alone for long hours without speaking to anyone. This means I don't get the chance to share problems, which can feel really lonely. It's amazing how important just having someone to talk to is."

Those are the views of one farmer, but I am sure that they are mirrored on farms across Northern Ireland. For so many, living and working in the countryside can lead to a real feeling of isolation and emotional distress. Poor mental health follows and, sadly in too many cases, can lead to physical harm or suicide.

Stress, whether emotional or financial, can have devastating consequences. The current pressures on farmers, especially when they relate to cash flow, can seem unending. They were compounded by the adverse weather last March, which brought many to their lowest point.

Last Thursday night, in Craigavon civic centre, we heard powerful testimonies from people affected by mental ill health and suicide. The awareness event was organised by the Mayor of Craigavon and included the stands of local charities that help people affected by this issue. The powerful testimonies of local people brought home the reality that so many people struggle with an invisible and scary illness, not least farmers. The event was hugely successful, attracting even the Health Minister, who attended to view the stands. I pay tribute to the outstanding work of those charities, including Lifeline, the Samaritans, Care in Crisis Lurgan, the National Society for the Prevention of Cruelty to Children (NSPCC), Action Mental Health, PIPS Upper Bann and Yellow Ribbon. They and others are the experts in this area and should be placed front and centre of any strategy to improve the mental health of our farmers. All too often we look to the statutory agencies, but in this case let us not forget the experts.

The important message that should be sent out to those struggling in any way is that there is always someone there to talk to. One of the

speakers last week, Seanna Nugent, whose brother committed suicide, said that Kenneth did not want to die but just did not know how to go on living. That is true in far too many cases. I call on the Health Minister and on the Agriculture Minister to work together to bring forward strategies to improve the mental health of our farmers, and, indeed, their families, strategies that fully involve the charities that I mentioned.

My party's draft Programme for Government for this Assembly included:

"Introduce a mental health awareness programme for those working in rural areas, particularly within the agricultural sector, so that they become aware of the services available to tackle depression and other rural related stresses which are magnified by a feeling of isolation."

I would welcome an assurance from the Minister that this issue is being actively taken forward at Executive level.

The motion discusses opportunities in Transforming Your Care. I urge caution because, just as it creates opportunities to improve services, it creates opportunities to get it wrong. We do not want to see isolated rural villages and populations further deprived of services — quite the opposite. Farmers and rural dwellers live further from services and therefore require awareness programmes such as those proposed by my party to actively promote mental health and well-being.

I will give the last word to one of the contributors last week, Elaine Fogarty, from Portadown, who told us in Craigavon, "My illness no longer defines me. Hope does." The motion, if acted upon, will bring hope to countless numbers of people suffering in silence. We support the motion and call for action.

Mrs Cochrane: I thank the Members for raising this important issue in the motion.

Around 36% of Northern Ireland's population inhabit rural settlements, many living and working in the various sectors of our diverse agriculture industry. Although there are many physical hazards associated with farm work, there are also various mental health issues attributable to the long days, unsocial hours and isolation experienced by those endeavouring to maintain a successful farming business and livelihood.

As we are all aware, failure to treat mental illness can, in the most tragic circumstances, lead to an increase in suicide rates. The number of suicides in Northern Ireland has risen in the past decade. Although more suicides typically occur in urban areas, farmers are considered by many to be among the high-risk groups. In recent years, financial constraints, outbreaks of disease, poor weather conditions and the resulting uncertainties have placed a heavy burden on many in the agriculture industry. Worryingly, three systematic studies on mental health among the UK rural community following the outbreak of foot-and-mouth disease in 2001 reported elevated levels of psychological morbidity among farmers and other rural workers, many of whom opted for self-help, advice from family and friends or did not recognise the illness at all.

5.30 pm

The culture of self-sufficiency associated with rural communities, in addition to the social stigma and concerns over confidentiality in small communities, has no doubt resulted in the reluctance of some sufferers to seek help. The issue is further compounded by difficulties in accessing the appropriate healthcare facilities due, often, to poor transport and infrastructure. In recent years, however, efforts have been made to address some of those issues, such as the availability of healthcare facilities in rural areas, the stigma associated with mental illness in those communities and increased worries over farm safety. Collaborative initiatives have been launched, such as the farm families health checks programme, which is aimed at boosting rural access to health screening services. As others have mentioned, funds have also been awarded to the Niamh Louise Foundation, enabling a suicide prevention officer to assist in the delivery of its Breaking the Silence campaign. Although those measures are a positive step towards resolving some of the issues, the full impact of the initiatives is as yet unclear. Work remains to be done if we are to ensure that people living in rural areas have access to psychological therapies, a service that is already under-resourced.

I join other Members in calling for more to be done to promote the mental health services that are already in place for farmers and agricultural and agrifood workers and for the Health Minister and the Agriculture Minister to work together to develop therapies and practices that are best suited to supporting those working in the sector.

Mr Irwin: As a farmer, I am only too aware of the pressures on farmers in the industry, particularly those connected to recent difficulties with weather patterns, farm-gate prices and the struggle to make the books balance. I have added politics into the mix, but I not sure which is the most stressful.

Farmers by their nature are hard grafters and possess the all-important never-give-up attitude. That work ethic has sustained the industry and the Province through a number of crises over the years, such as BSE, foot-and-mouth disease, flooding and severe summer and winter weather. As Members have said, some farmers are waiting for months on end for their single farm payment.

On my farm, a couple of Christmases ago, it was almost impossible to get the cows milked because of the freezing conditions. The strain and worry of trying to keep a farm operational undoubtedly causes individuals a lot of stress. The recent television series 'Rare Breed' has shone a light on that work ethic and captured the ups and downs of farming and the different emotions that farmers go through: hoping for changes in the weather, fighting the elements to get crops sown and harvested and fighting the markets to get a fair return for their produce.

There is no doubt that mental health issues affect people in all sectors of society, and agriculture is no different. However, the work ethic that is ingrained in the farmer's mind presents a block to admitting that they have an issue and accepting mental health assistance. The motion brings that issue to light. Does the Minister have any data on referrals from the farming community?

There have been some very good initiatives aimed at the agricultural community from a health perspective, including cancer, blood pressure and general heart health. Those have been very well received, with roadshows visiting livestock marts across the Province to publicise the need for farmers to look after themselves and to act quickly if there are signs of any health issue.

The need for a similar approach on the issue of mental health is important, and I support the need for schemes that are more tailored to the agricomunity to assist in creating greater awareness of mental health and to make it easier for those in our agricomunity to come forward. I support the motion.

Mr Ó hOisín: Go raibh maith agat, a LeasCheann Comhairle. Beidh mé breá sásta

labhairt i bhfabhar an rúin seo inniu. I am very happy to speak in favour of the motion.

Weather conditions over the past number of years have had a long-term and detrimental effect on farmers, their livestock and the wider rural community. The harsh winters of 2010 and 2012 were particularly difficult, with heavy and prolonged snowfall and freezing temperatures. For many, they were the worst in living memory. However, the spring storm of 2013 was unparalleled in its intensity and ferocity, particularly in areas such as the Mourne, the glens of Antrim and the Sperrins. Heavy snowfall accompanied by severe winds descended on these areas from Friday 22 March, and there was still snow on the hills some six weeks later.

The losses to many hill farmers were catastrophic and the sense of despair endemic. For many in the farming community, this seemed to be the last straw. Some talked of it as the end of a way of life. Thankfully, despite what some maintain, the Minister, the emergency services, the Department and others delivered physical assistance on the ground and rapidly processed compensation. Nonetheless, it was a very worrying time for all farmers, and it had an adverse effect on the mental health of many.

The suffering was far from over. The continued feeding of livestock into May, June and even later meant that fodder stocks were soon depleted. Farmers who had already encountered difficulties in receiving bridging loans from the banks could not access the necessary funds, even when the Minister had identified alternative sources of fodder from other parts of Ireland and elsewhere. There were also reports of profiteering. However, I have to say — Paul Frew touched on this — that there were many laudable examples of grain merchants and suppliers keeping many farmers on the go. Anecdotal evidence indicates that, at this time, desperate farmers were culling some of their stock. There were reports of animal welfare issues as well.

That was the dire situation. Many Members, particularly those from a rural constituency, will undoubtedly recall the impassioned pleas of desperate farmers. With those in mind, the Minister introduced funding that, in conjunction with the Niamh Louise Foundation, would help to put in place a suicide prevention officer for the mid-Ulster area. The Minister also introduced the farm families health checks programme to provide help and advice to people in rural areas who were suffering from

poor mental health and suicidal thoughts. Minister O'Neill, speaking at its launch, said:

"Farmers lead very busy lives, often working alone which can have implications for both their mental and physical health."

She said that a lot of cases could be prevented with "timely and appropriate care". In the first few months, over 1,000 people were seen at farmers' marts and community centres. Likewise, the social farming initiative was aimed at creating linkages between the agriculture and health sectors.

The motion calls for a strengthening of the linkages between the Minister of Agriculture and Rural Development and the Minister of Health, Social Services and Public Safety:

"to address the stigma of mental health issues and promote the development of therapies and practices best suited to supporting those working in the agricultural sector."

That being the case, it is a commendable motion, and I recommend it to the House.

Mr G Robinson: The events of last winter brought into focus the need to promote the services required for our rural dwellers' mental and physical well-being. That is especially the case for our farming community, which suffered greatly because of the adverse and stressful weather conditions. I pay tribute to all our emergency services for their efforts during what was a challenging period for farming, rural and other dwellers and even the livestock.

In many ways, farmers have a solitary lifestyle mostly due to the nature of their job. That should help us all to realise the greater need for easier access to these services for vulnerable communities that live in remote rural areas. Last year's weather and its impact on our farmers will have repercussions for years to come. Therefore, it is important that we do what we can to help rural dwellers to cope with the after-effects of financial consequences that can lead to other medical and social hardships.

It is also important that we acknowledge the stigma surrounding mental health issues. This is unjustified and unacceptable. If someone is experiencing health problems, regardless of what they are, they should know that help is available. That support could be best provided by something like the rural support programme in the Department of Agriculture and Rural Development, but it should happen on a cross-

departmental basis. The helpline is available from 8.00 am until 11.00 pm, seven days a week. This, therefore, is a great asset, and perhaps adaptations could be considered within rural support to provide more expanded services.

Harsh though it may sound, all Ministers are aware that budgets are constrained and that the use of existing infrastructures may be the best way to address these issues. Given the value of our agrifood industry, it is most important that we aid those involved in it and, indeed, all rural dwellers and businesses to ensure that we have a healthy and happy community. I pay tribute to Minister Poots for replying to this very worthwhile motion.

Mr Brady: Go raibh maith agat, a LeasCheann Comhairle. I support the motion. Farming is an all-weather, all-season, year-round job that involves a lot of hard work, effort and long hours. There is a long-held perception in urban communities that, because farmers have land and livestock, they must by definition be well off. In the majority of cases, of course, that is simply not true.

Farmers are primarily affected by three main issues that can mean the difference between any degree of success or failure. These are bad weather, obviously, poor crops and the continuing increases in fuel prices. Unfortunately, profits do not keep up with the rising costs of production. All those issues are outside the control of farmers, and that makes them so much more difficult to deal with.

A number of socio-economic factors contribute to health inequalities, and there is a strong link between deprivation and poor health. Poverty is an important risk factor for illness and premature death, and rural deprivation is often hidden. Currently, fuel poverty affects a greater number of rural families than urban families. In addition, those living in a rural area are often not aware of the financial assistance available.

Rural dwellers are more likely to suffer higher levels of loneliness and social isolation than people in urban areas. People in rural areas are reluctant to seek outside help for mental health issues. Social factors, such as fears about confidentiality, can also prevent individuals from making use of services. The associated stigma of mental health problems and the reluctance to confront them is very common. When I worked in an advice centre in Newry, dealing with a large rural hinterland, I very much found that to be the case. Farmers and their families would not even discuss these issues with close relatives, never mind their GP

or psychiatrist. Unfortunately, because of that, there is increasing incidence of depression, stress and suicide in rural areas. Stresses are increased by isolation, single-worker situations and a lack of knowledge about services and difficulties in accessing them. Also, with the financial pressures resulting from the current economic situation, all these problems are increased and magnified.

The range and availability of services are much more limited in rural areas than in urban areas. There have been joint initiatives by Departments, including DARD, DHSSPS and DCAL, to deal with these problems. They have joined the Public Health Agency and the main sporting bodies to provide help and advice to those in rural areas who suffer from poor mental health and suicidal thoughts. Speaking at the launch of the initiative, Minister O'Neill said:

"Tackling poor mental health and suicide in rural areas is important."

She continued:

"The involvement of sports and the arts is critical — they provide a solid community-based structure that will ensure many people are targeted and get the ... support they need."

There are many groups working in rural areas and providing a great service. As a member of the Health Committee I met the Niamh Louise Foundation, which provides a valuable service to vulnerable people who live in rural areas and makes that service accessible.

The rural population across the North is affected by a range of health issues, including isolation, infrastructure accessibility, demographic changes and socio-economic challenges. It is important that innovative approaches to rural healthcare are put in place. A more complete understanding of the health needs and particular problems faced by rural communities is necessary, and policies must be put in place that ensure that the health and well-being of rural communities is prioritised.

Mr Rogers: I support the motion and call on the Northern Ireland Executive to work closely together to provide much-needed help for those in rural areas who experience mental health issues. I welcome the debate and the opportunity to highlight the issues of rural social isolation and suicide prevention.

Farming is a native industry, and we must do all that we can to protect and sustain it. Many of our farmers are sole traders who work long days on their own, very often in inclement weather, and the nature of the work can have a detrimental effect on their physical health. Added to that are the mental pressures. They are under stress due to economic pressures and the bureaucracy associated with inspections, single farm payments, country management schemes, remote sensing or whatever. As someone has mentioned, the advisory officer of the past has turned into an enforcement officer. For example, many farmers have not recovered physically, mentally, emotionally or financially from the snow last Easter. Some sheds are still in ruins, and some farmers remain unpaid for their losses.

5.45 pm

I welcome the fact that the Minister of Health is here, but, as other Members have said, there has to be a cross-sectoral approach to this. Rural community transport, for example, affects the well-being of our farmers. Funding is difficult to obtain, and the need for the community and voluntary sector is increasing. The Minister of the Environment, from our party, and his Department are reviewing bus licensing. Will that have an impact on how the buses operate, because fewer people will be able to drive them? Will drivers have to sit another test, which will perhaps cost more money? The point that I am really illustrating is that we need some joined-up thinking on all issues, from DRD and DOE in this particular example. If we do not think this through, we will have fewer farmers and rural dwellers able to avail themselves of a service such as community transport to take them to the hospital etc. Despite the best efforts of our health service and others, we will have more social exclusion rather than social inclusion. That will cause medical problems, leading to more hospital admissions and more pressure on our hospital services.

It is vital that the Government listen to the real needs of the community at ground level. Leadership from DARD and other Departments must show the farming community that their concerns have been fully listened to and acted on in a joined-up manner. The working partnership formed by DARD, DCAL, DHSSPS and the main sporting bodies to provide help and advice to people in rural areas who suffer from poor mental health and suicidal thoughts is to be welcomed, but it needs to be expanded. I acknowledge the great social initiatives that are taking place at many football clubs, including

my own, and the likes of the Men's Sheds initiative. Tackling poor mental health and suicide in rural areas is important. Partnerships that raise awareness of the available support provide a solid, community-based structure that will ensure that many people are targeted and get the support that they need. The conclusions and recommendations of the Niamh Louise Foundation report detail the need for dialogue and development across all sectors that have a role and investment in the promotion of mental health and well-being. We must take this as a true reality for our rural communities across the North. The very best provision must be made available to address the needs and issues facing rural communities generally and, more specifically, groups that have been identified as being at risk.

As other Members have done, I recognise the good work done through the Breaking the Silence scheme and the farm families health checks programme. The Social Farming Across Borders scheme, which linked healthcare and farming North and South, is another good example. The good practice established needs to be disseminated across the farming community. In fact, such projects should receive targeted funding through, say, the social investment fund. I call not on DHSSPS and DARD alone but on the whole Executive to work seriously for the health and well-being of our farmers, who are our primary food producers. I asked junior Minister McCann last week how rural dwellers were being accommodated through the social investment fund, and I think that that is a key issue. You cannot measure the social deprivation in our farming community mainly through the Noble indices.

Finally, I know that farming is a male-dominated industry, and I urge spouses and other family members to urge farmers to seek timely and appropriate healthcare from professionals. Avail yourself of the cancer bus when it visits your area. Make use of your local GP.

Mr Swann: Like other Members, I welcome the fact that the Health Minister is to respond to the debate. I know that he is no stranger to the effects of stress and knows how important farmers' mental well-being is.

I know that I am not delivering the winding-up speech, but I will sum up on something that has been said around the Chamber today. There is a call for the Department of Health to work with DARD to roll out a programme of community-based health checks and information targeting farm families across all trust areas; to seek to improve services in local areas, putting the

onus on commissioners in the planning and delivery of health and social care services; to promote rural health improvement strategies, including consultation; and to work with the Department of Agriculture to explore the impact of rural isolation and deprivation and how that affects health inequalities.

Those are not just things that Members in the Chamber have said today; those are six of the bullet points that are included in the Department of Agriculture and Rural Development's rural White Paper action plan — I can never remember the title of it. Those are the targets that have been agreed with the Department of Health. So, what we are debating in the Chamber today is nothing new. It is something that has been agreed between the Minister of Agriculture and Rural Development and the Minister of Health, but I will take the opportunity here to reinforce it. I am glad that the parties of both Ministers that we have called on, who are mentioned in this motion, are in agreement and have already committed that in the rural White Paper action plan.

You hear so often in any debate that we have here that it is about the call for joined-up services and joined-up approaches in how we do things. We have heard a number of very valuable, worthwhile and worthy organisations mentioned here that are already delivering those services in the rural economy. We have a number of good organisations out there, including Rural Support, which has been mentioned. It does fantastic work in this area, and always has done. It has been supported by the Department of Health and the Department of Agriculture, but we need to be careful because sometimes in Northern Ireland, and in the rural economy especially, we seem to create organisations to solve problems that are already there. We need to be very careful that any resources that come out of the debate today, or any additional support, is funnelled into those existing organisations that have the support. George Robinson mentioned Rural Support specifically, and being able to give it additional resources to open up what it does.

The pressures on the agriculture community and the farming community are well mentioned in the motion. We are looking at the current financial situation, and I do not think that it is necessary to rehearse again the pressures that have been put on by inspections and delays in payments, because our agriculture industry faces those issues annually. Until the Department of Agriculture gets it right, the Minister of Health, unfortunately, has to be there to put services in to support those farmers

and their families who are suffering that additional stress and crisis.

Long days have been mentioned. It always comes round; I think it was in a debate that the Ulster Unionist Party put forward on farm incomes that that was mentioned. I have found from talking to farmers that the long days that they spend in the yard and in the fields are getting longer, because they find it easier to put themselves into a forced isolation rather than walk into the house and confront their wife or try to deal with their son or daughter and try to face up to the problems that are encroaching on them every day, so it is easier to stay in that yard.

As any Member here knows, when you start to spend a lot of time alone and you start to get caught up in your own thoughts, the minor problems suddenly become major ones, unless you have somebody to relieve that pressure and somebody to talk to. Those are the sorts of services that already exist in the rural community, and we should look to those services and support them.

We talk about the stresses on the farming community and their mental well-being. There is the physical health stress and the mental health stress, and the compounding factors out there are only making the situation worse. If we follow the recommendations in the rural White Paper action plan, which has been developed and agreed, there is a lot in there that, if addressed and brought forward, can go a long way to tackling the mental well-being issues that we have discussed today.

The other challenges go back to the Minister of Agriculture to tackle —

Mr Deputy Speaker: Will the Member draw his remarks to a close.

Mr Swann: — and bring a solution to the issues that are causing the problems.

Mr Wells: At the outset, I will say that it is somewhat unfortunate that the Minister of Agriculture has not seen fit to come along and listen to the debate. I accept that the Minister of Health is responding, as he seems to have responded to every motion in this Building for the past three weeks, but for an issue as important as this, it would have been no bad thing if the Minister had dropped in for 10 minutes to at least express her support for the farming community and empathise with the difficulties that they are going through at the moment.

I speak as a son of a farmer. I am the eldest son, but I decided to go into something much less reputable — politics — and my brother took over the farm. That gives me some experience, though the Minister of Health is uniquely experienced to deal with the issue, having been a farmer himself and now the Health Minister. I agree with much of what was said. I thought that Mr Swann's commentary in the previous speech was extremely telling and gave a very interesting insight to the problems facing farmers. Farming has become a desperately lonely business.

When the Northern Ireland state was formed in the 1920s, over 100,000 people were employed in farming in Northern Ireland. Indeed, if you go into the Senate Chamber, you will see three motifs above the Public Gallery representing shipbuilding, linen and farming. Linen and farming employed over 100,000 people, and shipbuilding employed 35,000. Now, 75% of those people have gone, and, due to mechanisation — of course, it is great to have labour-saving devices — many farmers, including my father and brother, spend a huge amount of their time out in the fields or in the yard totally on their own.

Another issue that has not been raised before but that is affecting a lot of farmers and causing huge emotional distress is that many sons and daughters who have got educated and have watched the life that their father has had — it tends to be the father rather than the mother — have decided that farming is not for them and that they are going to be accountants, journalists or bank managers. They have decided not to take on the family farm. Indeed, that is exactly what my own family is facing.

My brother has four children, and they have no intention of following in their father's footsteps. They have seen enough. That causes huge distress, because that farm has been with the Wells family for centuries — since plantation times — and we are very proud of it. However, it looks as though now, after many centuries of the Wells family farming that land, it will be gone. That causes huge distress to the farmers concerned.

One of my relatives recently said, "Farming is a wonderful way of turning grass into debt", and it is. In addition to all those other worries, there is a vast amount of debt on our farming community's shoulders. I accept that a lot of that debt is, of course, good, as it is the security of farmland. The one thing that has happened, which has been very noticeable during the recession, is that the value of farmland has actually held up very well. However, it can still

be no fun at all working those long hours alone, knowing that all that you are doing is raising money to pay off debt and debt interest. That issue unfortunately still bedevils our farming community.

There is also a huge reluctance from people in the farming community to go to see their doctor. For various reasons, I have been in and out of a lot of doctors' surgeries in recent months, and I know that the one person who you never seem to see there is the local farmer. He is too busy. He has too many responsibilities and too many worries, yet, often, he — 99% of them are men — is the one person who should be there. I therefore applaud the initiatives that various voluntary and community groups have undertaken to bring the message to the farming community.

Indeed, in my local mart in Rathfriland, they bring the caravan along, and the nurses go into the mart where the men are all standing talking about sheep, hoggets or cattle, and they physically drag them into the caravan for tests. The shocking thing is that some of those tests are showing that the health condition of many of those men leaves a lot to be desired. For instance, tests for their cholesterol prove that some of them have very worrying levels. Indeed, in one case that I heard of recently, they had to actually advise the farmer to go straight to hospital because he had a blocked artery. We need to ensure that we step up that programme, because that will detect farmers in the place where you are guaranteed to get them, as the one place that a farmer loves to get out to is the mart to talk to his friends. He also needs to have that check-up.

Finally, many Members mentioned the work of the Níamh Louise Foundation. I have been to Dungannon twice to see its work, and I have talked at length with that charity. Indeed, I was here for the —

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

Mr Wells: It is great to see a mental health charity targeting the rural community, which for so long has been the Cinderella of this field.

Mr Deputy Speaker: Before I call the Minister, I should say that it is clear that the business on the Order Paper will not be disposed of by 6.00 pm. In accordance with Standing Order 10(3), I will allow business to continue until 7.00 pm or until it is completed.

Mr Poots (The Minister of Health, Social Services and Public Safety): I thank everyone who has spoken today on this important issue, particularly the Members who are responsible for bringing the motion to the Assembly.

International research shows that, in developing countries, rural dwellers tend to have poorer health and well-being than those in urban areas. However, in developed countries, the opposite is the case. As someone who comes from a farming background, I am well aware that rural life can have its rewards. However, we must not overlook the many challenges that rural dwellers face.

6.00 pm

I often listen to my father, who had 10 in his family. They all worked on the farm, along with a couple of labourers. Now, that farm would not sustain one person. Fundamental changes have taken place, to the camaraderie, to working with neighbours and all that. The integration that used to be the case does not take place on farms any more.

Deprivation is often associated in the public consciousness with urban areas, but there is significant deprivation in rural areas. Some of the most deprived areas of Northern Ireland are in predominantly rural places. Most people will know that farmers are generally asset rich but very often cash poor. It is all well and good to have a farm of land, but that does not buy groceries at the end of the week and may not pay the meal bill at the end of the month.

Members have mentioned the difficulties faced by a number of farmers as a result of the single farm payment. I understand the real difficulties that poses for individuals. A lot of companies will rightly be expecting to get paid for products and services that they have supplied. Many farmers will have expected to be able to pay that, in good faith, on the basis of their single farm payment being received. Not aware that inspections had even taken place, they could not make any preparation with their bank. I understand that people would be put under additional stress as a consequence of not having received their single farm payment.

Those in rural areas have poor access to goods and services. Financial difficulties and low incomes, very often poor housing conditions in old, damp houses or not well heated houses, and social isolation are all problems for the rural dweller. For farmers in particular, the loss of control associated with weather and disease can be a particularly stressful issue. Those

factors can all take their toll on a person's health and well-being.

I remember being up Slieve Croob at Hare's Gap. I looked over the countryside across the Mourne and Castlewella forest; it was stunningly beautiful. Yet hundreds, indeed thousands, of animals were caught up in the snow, with farmers doing their best to get them out of it or to get them food. They faced huge problems. Even now, having had a sustained period of rain, farmers who have been storing slurry would expect to be spreading it now, but some of them have the stress of full tanks with no prospect of the slurry going onto the fields for some time to come. Animals are potentially going into poor living conditions as a consequence of that. All those things can take their toll. That is why rural support networks and organisations can help farmers in times of difficulty.

At government level, we can help those organisations to deliver effective services by ensuring that we develop holistic programmes that properly address the broader health needs of rural populations. We can do that only by having strong working relationships across Departments. Of particular importance is that the Health Department and the Department of Agriculture and Rural Development work together to improve the health and well-being of rural populations.

Projects such as maximising access in rural areas (MARA) and Farm Families Health Checks are good examples of shared initiatives between the Departments and the Public Health Agency that attempt to improve the broader health and social well-being of rural communities. Through the MARA project, people are visited in their own home and offered help to access services and benefits. Over 7,000 household visits have been carried out, generating around 14,000 onward referrals for services, grants and benefits. Those impressive figures clearly demonstrate the need for that type of service.

The Farm Families Health Checks programme is another important joint initiative. The checks were introduced last year by the Public Health Agency and DARD. Since then, basic health checks have been carried out on over 3,000 people at farmers' marts and rural community events across Northern Ireland, including many in the Northern Trust area, and I would have expected Mr McMullan to be aware of them. That level of throughput shows that the farming community is interested in maintaining a healthy lifestyle and has an appetite for information on how to be healthy. Clearly,

where farmers can access healthcare advice in a place and at a time that is convenient to do so, they will do so.

As we move through the winter months, we look back to last March when so many areas were badly affected by extreme weather conditions. During that time, and in its aftermath, the farm family health checks and MARA visits were increased in the areas most affected. Practical support was necessary, of course, but the issue of mental health and well-being arose time and again.

This brings me to the difficult issue of suicide. Northern Ireland continues to be plagued by high suicide rates, and no part of society is immune from it. Indeed, farmers experience one of the highest rates of suicide in any industry. The continued high level of suicides in Northern Ireland will be addressed by further implementation of the Protect Life strategy and the development of the next suicide prevention strategy. The 'National Confidential Inquiry report into Suicides and Homicide by People with Mental Illness' published in July 2013 highlights the disturbing role of substance misuse, primarily alcohol, in suicides in Northern Ireland and the higher rate here than in Great Britain.

Many people here who face emotional difficulties use alcohol to rid themselves of the waves of negativity that they experience, but any relief gained in this way is merely temporary at best and generally leaves the individual more troubled and alone. Consequently, efforts to tackle harmful drinking are being strengthened.

We know the risk factors for poor mental health and well-being. I have already mentioned some of them. There are two related issues that can compound these risks in rural areas. The first is stigma and the second is the stoic nature of rural dwellers. The stigma associated with mental illness is abhorrent. It is also far too prevalent. Indeed, it is widely accepted that feelings of stigma associated with the use of mental health services remain stronger in rural communities than urban populations, and concerns over anonymity may have something to do with that.

Stigma is associated with shame. It is deeply hurtful and isolating. It damages people's lives by presenting an obstacle to help-seeking and recovery. We need to drive home the message that it is OK to tell others that you are not OK. The bottom line is that seeking help is not a sign of weakness but a sign of strength. Indeed, the first step towards help should be

celebrated as a success story rather than dreaded as a sign of failure. This is what the Public Health Agency mental health awareness campaigns focus on. The most recent campaign features a boxer and urges people talk about mental health problems that they may be experiencing. The advert deliberately depicts a physically strong character, to show that mental ill-health can affect anyone.

Stigma can also be reduced by increasing access to appropriate talking therapies in primary care, which is particularly important for rural communities. I mentioned the stoic nature of rural dwellers, and the cultural attitude that promotes independence and self-reliance is something we admire. However, it can discourage people from seeking help and it is something that we need to be aware of when developing services for rural communities.

Some time ago, I helped launch an evaluation report on the community network approach to promoting mental health and preventing suicide in the northern area. The report highlighted how this approach, which is rooted in partnership working and maximising community involvement, brings mental health promotion and suicide prevention into the heart of rural communities. I firmly support the community-partnership approach. Communities are best placed to know their local resources, issues and challenges. That intimate knowledge is vital in tailoring services and initiatives to address local needs and in finding solutions to these challenges.

I have also been promoting the partnership approach at government level, where I have been meeting regularly with my ministerial colleagues to ensure that public health is a priority for all Departments. This will be reflected in the new public health strategic framework, which will highlight the importance of connecting with others to promote health.

It is also vitally important that mental health services are provided in a range of settings. In keeping with the Bamford vision, the Department's priority for the development of mental health services continues to be focused on the improvement of community-based services across the region.

In line with the recommendations of the Bamford review, the provision of psychological therapies is being supported with investment of £6.5 million, including the development of primary talking therapy hubs at various locations. Transforming Your Care also supports that approach and will facilitate the development of locally based services in rural

areas. Transforming Your Care sets out a commitment to ensure that people are able to receive the right care at the right time from the right people. A key part of that is through the development of local primary and community care infrastructure.

The Health and Social Care Board is finalising work on the proposed regional hubs and spokes model, and a number of hub projects are already under way. The service model for hubs and spokes encompasses a range of services tailored to local needs, with local commissioning groups determining what services should be provided for their community. Services that may be provided include community mental health teams. The new model of primary and community care infrastructure will enable the delivery of more services locally, including in rural areas.

Although the overall outlook for the farming industry is positive, we need to be able to support our farmers and rural dwellers in times of hardship and difficulty. It is important that we continue to work together to build on an existing package of measures and on the momentum already in place. That can be done effectively only if the Public Health Agency, DARD, the health trusts and rural community groups — the Niamh Louise Foundation was mentioned a number of times, along with other groups — continue to work in partnership. That approach will, therefore, continue to be a priority for my Department.

Mr McAleer: Go raibh maith agat, a LeasCheann Comhairle. At the outset of the debate, Oliver McMullan touched on the vulnerable and isolating nature of farmers working in rural areas. He referred to the inclement weather, the livestock loss and the emotional impact that that had on farmers, along with the increase in production costs.

He referred to the fact that there was a great deal of stigma attached to mental health issues and that farmers have a tendency to conceal their stress, even from the closest members of their family. He talked about how DARD and the Public Health Agency help farmers, and he referred to health checks and lifestyle advice. He said that there was still a lack of information and an underuse of benefits and access to services. He also said that the centralisation of health services as envisaged under TYC would exacerbate that.

He said that there was a need for programmes for farming communities and that it was important for health trusts to go out into communities. He said that one farmer a week

commits suicide and that the idyllic lifestyle that is portrayed in rural areas is not always accurate. He concluded by saying that a multiagency approach was very important to address that.

Paul Frew spoke after Oliver and said that it was a very timely debate. He drew on the fact that there has been a delay in processing single farm payments and that that was adding to the pressure on farmers and their suppliers. He talked on a very personal level and said that when a farmer comes to see him in his office he can tell by his or her demeanour that they are reluctant to seek help and that there is almost a sense of shame. He said that it was a very lonely business and that farmers were alone all day. In some instances, they even put the needs of their livestock ahead of their own personal and health needs. He referred to the impact of the horse meat scandal, the weather conditions last year and low farmgate prices. He said that it was very important for farmers to know that help is out there.

Joe Byrne, who spoke after Paul Frew, said that there was a range of pressures on farmers. Again, he referred to the weather and to farmgate prices. He cited DARD as another factor that had caused low morale in the farming community. He said that DARD must do more to alleviate the financial crises that farmers are experiencing; for example, getting payments processed more quickly and more efficiently.

He said that single farm payments are crucial for farmers and that the banks are breathing down their neck. He said that, unfortunately, DARD officials are sometimes seen as enforcement officers rather than advisers and that it was very important to break that stigma. He commended the work of the Breaking the Silence initiative and the role of the Niamh Louise Foundation and concluded by saying that there was a need for a joined-up approach between the Department of Health, Social Services and Public Safety and the Department of Agriculture and Rural Development.

6.15 pm

Jo-Anne Dobson again picked up on the theme of isolation and loneliness. She referred to the work of the Samaritans and said that a lot of farmers work alone and cannot share their problems, which causes stress, sometimes physical harm and even suicide. She shared with us what happened at the recent event in Craigavon at which people shared their testimonies. She said that charities should be the centrepiece of any solution. She called on

the Health Minister and the Agriculture and Rural Development Minister to develop joint strategies and to put the charities centre stage. She said that it is important to develop a mental health awareness programme for people in rural areas. She also said that the motion will bring hope to people living in silence.

Judith Cochrane referred to the fact that 36% of the population in the North live in rural areas. She said that suicide rates were on the increase and that farmers were in the highest risk group. That is exacerbated by the many uncertainties that they experience in their business. She mentioned that, unfortunately, there is a great deal of stigma. She also said that there is a high level of self-reliance in the farming community, which makes farmers less likely to access services. She acknowledged that some initiatives were put in place to promote existing services. Again, she called on the two Departments to work together to develop new strategies.

William Irwin referred to the work ethic of farmers. Again, he referred to many of the following things that make their lives very difficult: severe weather; foot-and-mouth disease in the past; the single farm payment; the culture of self-help; and a reluctance to access services. He commended some of the initiatives taking place such as the health checks, roadshows etc. However, he said that more awareness of mental health issues is required.

Cathal Ó hOisín again touched on the theme of the weather in 2010, 2012 and 2013. He said that it had caused catastrophic losses to farmers but pointed out that the Minister moved rapidly to deliver assistance and compensation to them. Cathal also talked about the role of the banks. He mentioned DARD, the Niamh Louise Foundation, which established the post of a suicide prevention officer in the mid-Ulster area, and social farming initiatives. He said that it is very important to develop therapies that are tailored to the agriculture sector.

George Robinson again drew on the weather theme and mentioned the vulnerability of farmers. He paid tribute to the role of the emergency services during last year's snow crisis. He said that the stigma that still surrounds poor mental health in communities is unacceptable. He said that we need cross-departmental programmes to develop and expand the services. He also said that it is very important to support rural areas. He referred to the importance of argifood in the economy.

Mickey Brady acknowledged that farming is hard work all year round. He drew on a rural/urban comparison and said that, in urban areas, there was a perception that people in rural areas are all well off and have big farms but that that is not the case at all. He cited these three compounding factors: the weather; crops; and fuel prices. He said that there was a well-established link between deprivation and poor health and that there are high risk levels for isolation among people in rural areas. Drawing on his past experience working in an advice centre setting, Mickey said that rural people, particularly those in the farming community, are less likely than many others to access such services. He also referred to the excellent work of the Niamh Louise Foundation.

Sean Rogers welcomed the debate. He talked about the long days and hard work involved and the economic and bureaucratic pressures on farmers. He reiterated Joe Byrne's reference to the role of DARD and to it sometimes being seen as an enforcement officer. Again, he called for a cross-sectoral approach as needed and joined-up thinking among the Departments, and he cited community transport as a good example. He said that it is very important that Departments listen at ground level. He said that there are some great initiatives centred on clubs. He mentioned the Men's Sheds initiative as well. He commended Breaking the Silence and other schemes for their good work and said that funding must be spread across the sector. He also said that farming is male-dominated and that it is very important to urge spouses to encourage farmers to access vital services.

Robin Swann touched on rural isolation and the link to health inequalities. He referred to the rural White Paper and said that the action points in it must be reinforced and implemented. He mentioned the role of important services such as Rural Support and cited their excellent work. He said that it was important to funnel support into existing organisations. Mr Swann also said that, for farmers, already long days were getting longer. They are forcing themselves into isolation rather than coming into the house to face their problems — it is easier to stay out in the yard or in the fields — but that causes physical and emotional stress.

Jim Wells regretted that the Agriculture Minister was not here today. He said that farming was a desperately lonely business and that, historically, when the state was created, linen, farming and shipbuilding were the three most popular industries or businesses of the day. He regretted that many farmers' children were not taking on farming as a career, which adds to

farmers' stress. He said that debt accrues on the shoulders of farmers and that it is very difficult for them to make ends meet. He mentioned that farmers are reluctant to go to the doctor or seek help. He applauded the work of voluntary groups in bringing health checks to farmers' marts, and he commended the Niamh Louise Foundation for targeting rural areas. He said that tackling mental health in the industry had been a Cinderella for too long.

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

Mr McAleer: The Minister said that there had been many changes for farmers. He referred to there being a lot of deprivation in rural areas and said that farmers were asset rich and cash poor. He talked about their lack of willingness to access help and advice and said that the rate of suicide was quite high.

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

Mr McAleer: Go raibh maith agat, a LeasCheann Comhairle.

Question put and agreed to.

Resolved:

That this Assembly recognises the detrimental impact the current financial situation, compounded by adverse weather conditions during the past year, is having on the mental well-being of those within the farming community; and calls on the Minister of Agriculture and Rural Development to liaise with the Minister of Health, Social Services and Public Safety to bring forward proposals to promote the mental health service provision available to farmers, agricultural and agrifood workers; and further calls on the Minister of Health, Social Services and Public Safety to address the stigma of mental health issues and promote the development of therapies and practices best suited to supporting those working in the agricultural sector.

Adjourned at 6.22 pm.

WRITTEN MINISTERIAL STATEMENTS

The content of these ministerial statements is as received at the time from the Minister. It has not been subject to the Official Report (Hansard) process.

Environment

Planning — Preparing for 2015

Published at 4.00 pm on Wednesday 29 January 2014

Mr Durkan (The Minister of the Environment): In my October statement to the Assembly on the Planning Bill I affirmed my commitment to driving forward reform of the planning system including the transfer of the bulk of planning powers to councils in 2015.

I wish to make a written statement to outline my vision for the planning system as we move towards transfer next April. I also want to set out my agenda for delivering what I believe will be key improvements to the system. Improvements which will create a system which is less complex, more effective, more efficient and more customer-focused, without compromising on environmental standards.

I want to create a better environment and a stronger economy. My aim is to create a planning system that works to achieve this. A system that is fast, fair and fit for purpose. One that delivers for business - with timely decisions that bring investment and jobs but not at the expense of our environment, planet or people. A system which realises that the environment and the economy should not, and cannot be, at loggerheads. A system that fully recognises that a vibrant, sustainable environment can be a driver of prosperity and job creation. Similarly a strong economy and a prosperous society can be good for the environment. I am committed to do things differently and better.

This is an exciting and challenging time for planning. In just 15 months, our new 11 councils will be responsible for drawing up their own development plans, making the majority of planning decisions and shaping how their areas will grow and develop in a way that responds to the needs of their local communities. It is my job to ensure that we transfer planning as seamlessly as possible. That we ensure that the new system is in the best possible shape for transfer. To do this there are 5 key actions I

want to focus on to bring the new system to life over coming months.

Key Actions

1. I want to shorten and simplify policy. Move to a single Strategic Planning Policy Statement (SPPS) rather than 20 separate policy publications – aiming for 100 pages of policy compared to some 800.
2. I want to initiate key reforms to the planning system. While the Planning Bill, as originally intended, would have allowed many of these to be delivered on a legislative basis, there are measures that can be set in place without legislation, such as new local development plan preparatory work, setting in place the new hierarchy of development arrangements, extending pre-application discussions and encouraging more widespread pre application community consultation. Better informed applications will be processed quicker.
3. I especially want to tackle response times from consultees - particularly those from the Northern Ireland Environment Agency (NIEA) within my own Department. I intend to therefore bring forward statutory consultee response times to remove delay in the process so that we deliver faster decisions.
4. I want to improve customer service and access to case officers, and
5. I want to ensure all those with responsibility for delivering the new system have the capacity to do so.

Benefits

These measures will benefit all users of the planning system. Communities who want to input in a genuine and meaningful way to development plans for their areas, and who want to be consulted before applications are submitted by developers will benefit. Also developers will have more certainty in terms of speedier decisions and outcomes. The environment will benefit from better informed decisions. The Department will benefit in the short term but councils too will reap benefits in the longer term through improved efficiencies and performance.

I also want to challenge all those involved in the planning process – developers, planners, councils, communities, environmental groups, professional bodies to help me deliver my vision for the new planning system.

Recent performance

Before considering in more detail the actions for improvement I would like to acknowledge the work of my predecessor and the Department in delivering quicker decisions and providing greater certainty and outcomes for managing applications, than previously.

Improvements have been evident in all categories of applications. Over the most recent quarter, the average processing times for Major, Intermediate and Minor categories of planning applications reduced by four, two and one week respectively compared to the equivalent quarter in 2012/13. Article 31 applications have reduced by more than 50% in the last 18 months. There were 60 and there are now less than 30. I want to clear more Article 31 cases and to continue to exceed the 6 month target for large scale investment decisions.

Since I took up office the Department has made several major decisions and done so quickly:

- Biogas Combined Heat & Power Plant Newtownabbey 6 weeks (November)
- £2.5m storage, 7 distribution centre Newtownabbey , 3 months (November)
- 48 bed extension and new leisure centre Galgorm Manor less than 2 months (November)
- £20m data hub Coleraine based on innovative communications infrastructure linking Northern Ireland to USA & Europe, 2 months (October)
- £12m Forensic Science Lab Carrickfergus, less than 4 months (August)
- Young people's indoor safety village Belfast 6 weeks (September)
- In addition I have made decisions on a number of Article 31 applications, including:
 - o A mixed use development at Glenmona in West Belfast;
 - o The redevelopment of the former Crepe Weavers factory site in Newtownards;
 - o The redevelopment of Casement Park; and

- o £85 million energy from waste gasification plant at Bombardier Aerospace

I do acknowledge, however, that there are those who believe that the Department is not doing enough to improve the planning system. I readily accept that more needs to be done. I recognise that the planning system can, and should, do much more to unlock development potential, support job creation and aid economic recovery.

I have met with, and listened to, those running, wanting to expand and trying to set up businesses in NI, environmental groups, communities, the public among others. I told them I wouldn't just listen, I promised I would listen and act on their feedback. I hope I have demonstrated that I am prepared to listen to views and make difficult decisions.

As I listen, one of the issues I hear most is the need for greater certainty. Certainty in terms of the timescales for processing applications to decision – be it a yes or no; certainty of the policy context so stakeholders will know what is likely to be acceptable or unacceptable; certainty that the views of local communities will be sought and considered in a meaningful way and certainty that the planning system that will transfer to councils in 2015 will be fair and fit for purpose.

There are a number of key actions I intend to deliver.

ACTION 1 - Strategic Planning Policy Statement (SPPS)

Firstly, I want to shorten and simplify policy. I intend to bring forward a new draft single Strategic Planning Policy Statement. This will ensure we have a policy framework which reflects the aims and priorities for planning and provides better clarity and certainty for all users of the reformed planning system.

The SPPS is an essential, key element of the broader planning and local government reform programme that will assist in the transition to the two tier planning system in 2015. It is strategic in nature and provides the context for detailed operational policies to be brought forward by new councils within future local development plans.

It will be a relatively short and concise statement of planning policy. The emphasis will not merely be on consolidating into one

document the strategic elements of extant policy but critically on improving it.

It will also set out the core planning principles to underpin delivery of the reformed two-tier planning system from April 2015 including promoting sustainable development, well being and shared space. In addition, the SPPS will bring forward new strategic policy relating to town centres and retail.

The draft SPPS will issue for public consultation in early February and be published in final form in good time before planning functions transfer.

ACTION 2 - Planning Act reforms

Secondly, as we move towards the implementation of the Planning Act 2011, I want to bring forward as many of the reforms contained within it in advance of the transfer. I firmly believe that moving quickly towards mirroring the new structures that will be in place from 2015 and implementing the reforms, will individually and collectively provide a real opportunity to speed up decision making. It will also provide greater certainty for applicants, and enhanced community involvement.

Preparatory work on local development plans

Planning decisions should be taken against a framework of up to date and effective development plans and supplementary guidance. Again that provides greater certainty to investors, applicants and communities. I am now establishing Area Plan teams to commence preparatory work on local development plans for all the new council areas. This work will involve close working with statutory transition committees and in due course new shadow councils. This will allow the new councils to move quickly to bring forward their own development plans once they become the planning authorities next year.

Hierarchy of Development

I want to put in place the new development management approach as set out in the 2011 Planning Act. This incorporates a 3-tier hierarchy of development (consisting of local, major and regionally significant) so that greater resources can be directed at those applications with economic and social significance, through more proportionate decision making mechanisms tailored to the scale and complexity of the proposed development.

All major and local developments will be dealt with by councils under the new planning system. Major developments will be subject to pre-application consultation with the community. Regionally significant development proposals will also be subject to pre-application community consultation and will be determined by the Department.

Over coming months, I will consult on the legislative thresholds for the 3 categories. However, in the interim I have instructed officials to put the hierarchy arrangements in place as soon as possible, well in advance of the transfer of planning functions to councils. Alongside this I will be bringing forward, in consultation with local government, a new performance management regime and redefined targets to align with the hierarchy.

I have also asked for specialised multi-disciplinary/multi-agency teams to be set up and deployed across the new clusters to actively manage major applications drawing on consultee expertise and with appropriately trained planners with knowledge of property, finance and commercial issues. Essentially I'm cascading the model used for regionally significant applications, including pre application discussions and pre application community consultation to a more local level.

I am also looking creatively at how we deal with particular pressures on the development management system. I have appointed retail consultants to assist in the assessment of Article 31 retail applications that are particularly labour intensive.

Pre-application discussion

I also want to continue frontloading the planning system by encouraging developers to engage in pre application discussions both with the Department and communities affected by the proposal.

I am therefore introducing new arrangements for pre application discussion (PADs). The best way to ensure a quick planning decision is to discuss proposals with the Department at the earliest opportunity before making an application. I intend to adopt a new approach. For smaller scale applications, applicants will be encouraged to call in to their local office for an informal discussion. On large, economically significant projects the Department will facilitate a more formal round table discussion involving all the relevant agencies depending on the nature of the scheme. This will help applicants to submit applications with all the necessary

information addressing all the planning issues. I intend to launch new PADs guidance shortly.

Pre application community consultation

I will also be encouraging applicants for major developments to engage in meaningful consultation with the community affected by the development before submitting their application so that the views of local people can influence the scheme. This worked particularly well for example in the Windsor Park stadium redevelopment application - this application was processed in 11 weeks.

ACTION 3 - Improving consultee performance

Thirdly, I want to reduce response times from consultees, particularly those from within my own Department notably NIEA.

I am fully aware that the time taken to conclude consultations with key consultees is seen by many as a key cause of delay in the development management process. I intend to put in place measures to improve the performance of consultees so that sound decisions are made more quickly delivering decisions to support economic recovery and sustainable development.

As part of the implementation of the 2011 Planning Act I will provide greater clarity and certainty for the consultation process. For the first time, identified consultees will be statutorily required to provide a substantive response to a consultation request from a planning authority within a specified timeframe and to report on their performance in meeting their duty to respond.

All future consultation responses will have to be "substantive" providing sufficient information to allow the application to be determined. A holding response will not be regarded as meeting the requirements of the duty to respond. I believe this new element of the system will be a valuable opportunity to identify any difficulties or bottle-necks in the system but also to identify good practice. The annual reports produced by consultees in England provide a good example of how this system can work to identify opportunities for improvement going forward.

NIEA performance

NIEA has a critical role as a consultee on many planning applications. All NIEA consultee input

will meet the new statutory timelines when they come into effect.

In the interim, NIEA will conduct a series of 'Backlog Blitzes' to clear outstanding planning consultations, with the first two being;

- All 'brownfield site' consultations greater than 12 months will be cleared by the end of March and the remainder of the backlog will be cleared by the end of June;
- 95% of all 'natural heritage' outstanding consultations (currently 230 applications) will be cleared by the end of March.

On the 1st of February, NIEA will establish a Planning Control Team which will:

- assign a single contact officer for all NIEA planning consultations. This will make it easier for applicants to get co-ordinated negotiation and advice from NIEA;
- develop new protocols for how the different sections of NIEA will streamline and improve their planning consultation processes.

NIEA will also start a series of projects with industry sectors to agree ways for NIEA and businesses to work together during the pre-applications phase, starting with:

- A Contaminated Land conference on 25 March for property development, construction sectors, councils, NIEA and others.
- Similar workshops will be conducted with the agri-food and renewable sectors in April

ACTION 4 - Improving customer service and applications.

Fourthly, I want to improve customer service. Speed of decision making is not the only measure of a quality planning system. It is also important to focus on customer needs. Therefore I want to improve customer service by listening to customer needs and responding to their requirements. In particular, I intend to improve direct telephone access to planners.

Better applications

It is important to remember that responsibility for improvement does not only rest with the planning authority and consultees. It has to be a collaborative approach. An efficient, effective,

fair and fit for purpose planning system can only be delivered if all stakeholders work together. I am challenging my department but I am also laying down a challenge to applicants and agents to engage in pre application discussions and submit good applications. The Department will support those that have put in the time to submit good applications and reject badly prepared applications.

Therefore, applicants and developers need to play their role in ensuring quality, soundly based applications are submitted. And, in return, they can expect quicker decisions. Better performance based on better, comprehensive and complete applications is the way forward.

Poor applications with incomplete or low quality information clog up the system. DOE planning officers and consultees spend time going back and forward with these applicants seeking more and better information. This diverts our time and energy from dealing with good quality planning applications.

ACTION 5 - Preparing for Transfer

Capacity Building and Training

As well as improving the existing planning system in preparation for the transfer, I am also committed to helping councils get ready to receive their new powers. It is, therefore, vital that the new councils, and councillors, have the skills, knowledge and capability to deliver the new planning system and a mandatory code to follow. It is essential that everyone is properly prepared and aware of their role and responsibilities. Future decision makers must, for example, understand the delicate balancing act between environmental and economic considerations in development planning and development management. They must also appreciate the need for prompt, sound decisions.

Last year Executive funding of £3m was secured for capacity building and training. This money will ensure that essential training for councillors who are involved in making planning decisions can be carried out in good time and will mean that they are well equipped for, and have the confidence as well as competence to make, sound planning decisions right from day one.

The requirement for councillors to understand the planning process and the new role they will play in it will form a very important part of the capacity building programme that I have

instructed officials to develop. The programme will ensure that councillors will be better equipped and better placed to deal with planning issues; from deciding planning applications through to the ethical standards and Code of Conduct they will be required to adhere to.

Working in partnership with a range of stakeholders, the action plan to deliver the overall capacity building and training programme will be rolled out during 2014 and right up to the point of transfer. Planning-specific training and relationship building at a local level between councils and area planning offices has already begun.

Checks and Balances, Audit and Performance Management

It is important that central government has an appropriate oversight role to ensure regional policies and objectives are implemented and that a consistent approach is applied to planning across the region.

The role of audit, inspections, performance management and monitoring of the planning system will also be critical in ensuring that planning functions are carried out and are seen to be carried out in a fair and consistent manner and that best practice is applied across the new district councils.

The 2011 Planning Act allows the Department to conduct an assessment of a council's performance and how a council deals with applications for planning permission. The Act also contains a range of oversight and intervention powers.

Performance Management

In terms of performance management, my Department will continue to work with local government to develop a system of performance management for planning. While much of this detail will be contained in guidance, the Local Government Bill, currently before the Assembly, provides enabling powers to allow the Department to set performance indicators and performance standards. If a council fails to comply with performance requirements the Department has powers to intervene.

Code of Conduct

When exercising their new decision making powers in respect of planning, councillors will

be required to observe a mandatory Code of Conduct, which the Department is drafting and will issue for public consultation in the next few weeks.

This Code will include specific references to how councillors should conduct themselves when dealing with planning matters. The Code will be accompanied by detailed supplementary guidance to advise councillors on what they can and cannot do with regards to planning.

The guidance will deal with matters such as: lobbying of and by councillors; recommendations made by planning officers; councillors' personal and prejudicial interests; decisions contrary to an officer's recommendation; decisions contrary to the development plan.

Allegations of breaches of the code may be investigated by the Commissioner for Complaints and, if the Commissioner finds that a breach has occurred, sanctions may be taken against the councillor. The Code and guidance will offer protection to councillors executing planning duties and assurances to the public about councillor conduct.

Communication

There is also a need for enhanced public understanding of the changes to planning services. A Communications strategy is guiding the timely publication and dissemination of information through a range of media, including bulletins, articles and events.

Resources

The transfer of planning will only be successful with the right resources in place. I am, working to ensure the smooth transition of staff from central to local government. Work force models have been developed to inform the staffing levels required in each of the new councils.

Conclusion

I believe this package of measures will ensure that a fast, fair and fit for purpose planning system transfers to councils in 2015, and continues beyond, for the benefit of all. I also believe this package will provide certainty to investors and ensure that planning plays its full role in supporting economic recovery and sustainable development without compromising on environmental standards.

Over coming weeks I will issue the SPSS for consultation, progress the other actions and continue to press ahead with determining key planning applications.

Northern Ireland Climate Change Adaptation Programme

Published at 12.00 noon on Thursday 30 January 2014

Mr Durkan (The Minister of the Environment): I have today laid before the Assembly the first Northern Ireland Climate Change Adaptation Programme (Adaptation Programme).

There is no doubt that climate change represents the biggest environmental, economic and social challenge of the 21st century. The threat of global warming, the impact on the polar ice caps, sea level rises, increases in the frequency of extreme weather events, cyclones, floods, wildfires can all have extremely serious consequences for the environment, the economy and society.

These are global issues but they can and will continue to have significant local impacts. We have already experienced first hand extreme weather in the form of heavier snowfalls, more intense rainfall and the associated flooding events of recent years. Many of us as individuals and as part of the wider community have felt the severe and harsh consequences of these events.

As part of our obligations under the UK Climate Change Act 2008 relevant Northern Ireland Departments are required to lay programmes before the Northern Ireland Assembly setting out objectives, proposals, policies and associated timescales to address the risks and opportunities identified in the UK Climate Change Risk Assessment (CCRA). The CCRA, which was published in 2012, brought together the best available evidence to identify the main risks and opportunities related to climate change. This Adaptation Programme is our response to the findings in the CCRA for Northern Ireland.

The Adaptation Programme sets out our vision to build 'A resilient Northern Ireland which will take timely and well-informed decisions that are responsive to the key risks and opportunities presented by climate change'.

By working in partnership across Government and with relevant stakeholders, raising

awareness of the likely effects of climate change, promoting and supporting the enhancement of scientific evidence, fulfilling the statutory duties and engaging with other administrations we have started the process towards achieving this vision.

This first 5-year Adaptation Programme sets out our strategic direction and objectives in preparing Northern Ireland for the effects of climate change. It identifies the initial four primary areas for action, within which progress on the application of the objectives and adaptation principles will be pursued. These are Flooding; Water; Natural Environment; and Agriculture & Forestry. The Programme focuses on integrating climate change adaptation into relevant key policy areas across Government, developing the climate change adaptation evidence base and communicating and promoting adaptation messages through our stakeholders.

The Adaptation Programme is the start of an ongoing climate adaptation process. It provides a proportionate and flexible cross-departmental response to the priority risks and opportunities identified for Northern Ireland. It will also act as a catalyst for everyone in Northern Ireland to rise to the challenge of adapting to our changing climate. I am confident that we will rise to this challenge, and in doing so boost our resilience to a changing climate, improve the adaptive capacity and support our environment, society, and economy now and for future generations.



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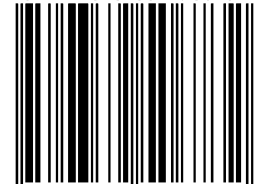
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