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They should be sent to:
The Editor of Debates, Room 248, Parliament Buildings, Belfast BT4 3XX.
Tel: 028 9052 1135 · e-mail: simon.burrowes@niassembly.gov.uk

to arrive not later than two weeks after publication of this report.

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Allister, Jim (North Antrim)
Anderson, Sydney (Upper Bann)

Attwood, Alex (West Belfast)
Beggs, Roy (East Antrim)
Bell, Jonathan (Strangford)
Boylan, Cathal (Newry and Armagh)
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Northern Ireland Assembly

Tuesday 28 May 2013

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

Members observed two minutes' silence.

Matter of the Day

Murder of Drummer Lee Rigby

Mr Speaker: I have accepted a matter of the day from Mr Mike Nesbitt, under Standing Order 24, on the murder of Drummer Lee Rigby. I remind the House of my rulings on matters of the day and that we are talking about a tragedy. Matters of the day have been used in the past to attack individual Members or political parties and to try to link tragedies somewhere else to similar tragedies in Northern Ireland. That should not happen. I refer Members to Standing Order 24, which clearly states that matters of the day should not be used in any way to attack any political party in the House.

Mr Nesbitt has up to three minutes in which to speak. If Members wish to be called, they must continue to rise in their place, and they will have up to three minutes in which to speak. As Members will know, I will not take points of order on this or any other issue until this matter is finished.

Mr Nesbitt: Mr Speaker, thank you very much. I appreciate you making time available for this matter of the day. This is the first occasion on which the House has had an opportunity to say a few words since the barbaric murder of Lee Rigby last Wednesday. I believe that many are looking to us, their political and civic leaders, to give leadership in expressing revulsion at what happened last Wednesday in Woolwich.

I know that some will wonder why we mark one soldier's death when hundreds have died recently serving their country in Iraq and in Afghanistan, but this was different. Lee Rigby was not in Afghanistan. When a soldier boards a plane to a war zone, they understand that, from that moment, they put themselves in harm's way. Their peers understand that as well, and they have the support, protection and surveillance of their colleagues. Not on a Wednesday afternoon in Woolwich: Lee Rigby was effectively a civilian. He was certainly off

duty; he was not prepared to defend himself against an attack, the methodology of which, I suggest, was a definition of barbarism. We must stand united against that.

I have no intention of attacking anybody today, but I know that there will have been those who, on hearing that news, were dragged back to our dark days and the violence on the streets of Northern Ireland, including the no-warning car bombs. Some will think of the deaths of Mark Quinsey and Patrick Azimkar at Massereene a few years ago and of last year's murder of the prison officer David Black. Indeed, if we think of the methodology of Woolwich, we might be reminded of the Shankill butchers. In 2013, we must all stand against violence of that nature.

I believe that the people of Northern Ireland are looking for opportunities to express sympathy to the family, support for the armed services and solidarity against terrorism. So, my party has called on our 26 local councils to open books of condolence. We would also like to see, on the day of the funeral, gathering places where people can go for a minute's silence in respect for Lee Rigby and for our armed services. I know that some people are already placing flowers at war memorials, and I applaud them for so doing.

I hope that my colleague Danny Kennedy will get to speak during this session. He has visited the scene in Woolwich. All I would say, Mr Speaker, is this: Northern Ireland is part of the United Kingdom, and, on an occasion like this, it is important that the people of England, Scotland, Wales and Northern Ireland gather in solidarity to say no to terrorism.

Mr Mitchel McLaughlin: Go raibh maith agat, a Cheann Comhairle. There will be different views in the House about the wars in Afghanistan and Iraq. That is fair enough; it is democratic. People can have their views on all sorts of issues. However, this murder was particularly shocking and should be properly condemned. The fact that the perpetrators waited around, took time to do interviews, talked to women, allowed women to approach

the dead body and threatened males who approached raises this question: what further did they intend to do? Were they looking to kill someone else? Or, in whatever incomprehensible logic that they were bringing to that situation, were they expecting to be killed and made martyrs? The message, whatever it was, was not delivered; it was confused by the sheer horror of that attack and the way in which they killed that young man.

We have to accept the point that was made by the Member who has just spoken. This was an individual who possibly had no politics at all, a young man who joined the British Army and found himself in that situation. We might never know what his view of all of that was, what his experiences were or what contribution he could have made, had he survived that experience. The attack, in so far as it was premeditated, and the intention to stand around and to confront those who would turn up to come to the aid of their victim is something that none of us can properly understand or hope to understand. Certainly, we hope never to witness it again. On behalf of my party, I extend our condemnation of the attack and our sympathy to the young man's family.

Mr Campbell: When there is an event of the magnitude of what occurred on the streets of Woolwich in broad daylight, it is important that the entire community not only in Northern Ireland but, of course, across the United Kingdom expresses its solidarity and sympathy with the family of Drummer Lee Rigby and his colleagues. As has already been said, the depths of brutality and barbarity are difficult to comprehend, but, unfortunately, we in Northern Ireland know that they are not unprecedented. A few weeks ago, we commemorated two young soldiers who, 25 years ago, were brutally done to death on the streets of west Belfast. Like Drummer Lee Rigby, they were in civilian clothes.

It is essential that the entire nation stands as one behind the family, friends and colleagues of Drummer Lee Rigby. It is important because of the potential damage that race relations will suffer as a result of the attack. It is essential that political leaders across the United Kingdom stand as one and take action against anyone who would engage in such activity. We stand today with the democrats, the innocents and everyone in the United Kingdom who abhors and detests such criminal acts as we witnessed on the streets of Woolwich. We tender our deepest sympathy to the family.

Mr Attwood: I thank the Member for bringing the matter to the attention of the House. My

party and I wish to extend to Drummer Lee Rigby's family and colleagues in the army our condolences and sympathy on this terrible murder. A short while ago, I attended the family home and funeral of Corporal Channing Day not far from this Building. In that family, the sense of loss but also the sense of pride was very clear and evident, and the loss and pride at the death of Drummer Lee Rigby have also been very clear and evident.

What was the purpose of those who perpetrated the atrocity? Given the location, timing and nature of what they did, it was — as it is for all those who deploy terror — to instil fear, create a sense of vulnerability and, as a consequence, for people to concede ground. We know from examples of terror across the globe that what you have to do in those circumstances is confront those who deploy terror and, where possible, find ways to make peace.

Mr Ford: On behalf of my colleagues, I extend our sympathy to the family and friends of Drummer Lee Rigby and to his colleagues, not only those in his unit but throughout the army, in the concerns that they must feel at this time.

I must say, as a resident of Antrim and representative of South Antrim, that what struck me, in many ways, was the irony of the murder on the streets of Woolwich being so much a parallel to what happened at Massereene Barracks a few years ago and that a man who had survived a tour of duty in Afghanistan should be brutally murdered in such a foul way on the streets of London. They are clearly very similar, in that the soldiers who died in Antrim were about to go to Afghanistan.

What is absolutely clear, as Mr Attwood has just said, is that it was an act of terror designed to drive fear into the hearts of people across the United Kingdom. I do not think that it will do that. There is a record which shows that terror does not achieve those ends when people stand together. The unity that has been seen, including that from all sides in the Chamber this morning, will be a potent weapon against that threat. However, there is no doubt that, unfortunately, a small number of people have responded in an entirely inappropriate way. We have seen the response of some far-right groups in England. Sadly, we have seen a couple of minor attacks on the Belfast Islamic Centre and a restaurant in Antrim. What we need to show in the Chamber is the unity that has been shown in the speeches that have been made and that we stand together united in opposition to the kind of terror that would take the life of individuals when they are off duty and

going about their entirely legitimate everyday business. We stand together in support and solidarity with them and their friends. We also stand together in opposition to those who seek to foment division, not just those who carry out acts of terror but those who seek division in their response to this. Unity of purpose across every part of the UK, including this Chamber, is what this society badly needs.

10.45 am

Mr Kennedy: I am grateful for the opportunity to participate in this matter of the day. The entire nation has been shocked and stunned by the murder of Drummer Lee Rigby, which took place in broad daylight in Woolwich, on the streets of our nation's capital, last week. The barbaric nature of the murder has shocked everyone. There are serious issues that must be addressed by the Prime Minister and the Government in dealing with this incident and terrorism of this nature. As has been said, we in Northern Ireland are all too aware of the threats and dangers because of events through the years, so we can identify with the great sense of loss and devastation being felt by the family, friends and colleagues of Drummer Lee Rigby.

By all accounts, Drummer Rigby was a very brave and very fine soldier who served this nation with distinction in Afghanistan. It is clear that he was much loved by his family and colleagues. We have all been moved by the tributes paid to him by those who loved him most.

While in London on private business, I had the opportunity to visit the scene of the ghastly murder and pay my respects to Lee. It was clear to me that, far from dividing the nation on the issue, the murderers have actually united us. Tributes were being left at the scene by people of all faiths and backgrounds. The scale of the tributes reflects not only the nation's horror at the crime but the huge admiration that people have for the young men and women who serve in our armed forces.

We do well to remember that barbarism is not something that exists in the past. At all times, it remains underneath us and is capable of welling up and overwhelming our society at any time. Clearly, it was barbarism that spilled onto the streets of our nation's capital last week and took the life of Drummer Rigby. We must all work to ensure that such events are never repeated. In the meantime, we must give our help and support and offer our prayers to the family, friends and colleagues of Drummer Lee Rigby.

Mrs Hale: We need to remember that at the heart of all this is a young widow and a young son. My deepest condolences go to Mrs Rigby, her son, Jack, and to the wider family circle. Drummer Rigby chose to serve his country, yet he was murdered at home while off duty — things that families in Northern Ireland unfortunately have to live with daily.

Drummer Rigby chose to serve his country and protect our democracy at home and abroad. We will continue to support those who protect our country and our flag. We will not bow to terrorism or extremism. Drummer Rigby had come home after a successful tour of Afghanistan. He thought that he was safe. How many of our servicemen and servicewomen in Northern Ireland can say that they thought that they were safe?

In the initial days, the regimental family will look after Drummer Rigby's family and his son. We will all watch the funeral on television. Be mindful, however, that there are dark days and dark years ahead for that family. We will continue to support those who protect our flag and our country. The military covenant will support them in future, so I ask for political support for the military covenant, so that our soldiers and their families will be looked after now and in the days ahead.

Mr Allister: I want very much to associate myself with the expressions of sympathy and condolence to Drummer Rigby's wife, his young son and the wider family. The grief that they are going through can only be imagined. The chilling and gruesome nature of the murder is nearly beyond comprehension and description in its barbarity, perfected, as it was, in a public street in broad daylight by those who then glorified what they had done. The sheer horror of that is almost overwhelming to any right-thinking person. Even in a community such as Northern Ireland, where we became so case-hardened to terrorism, it was quite shocking and was a reminder and parallel of something of the barbarity that was done in the murder of the two corporals at a funeral 25 years ago.

Looking forward, it is important that our nation — the United Kingdom — deals with this issue. There is clearly a rising threat of Islamic terrorism that has to be dealt with. I trust there is the resolve and will to deal with it and that all that needs to be done will be done so that this will not take off as a campaign of terror across the United Kingdom. First and foremost, our thoughts today are with the family bereaved in such horrendous circumstances. It is a reminder to us all of the unadulterated evil and

indescribable wickedness of terrorism, which cannot and should not ever be sanitised.

Mr McCallister: I associate myself with the remarks of colleagues and offer my heartfelt condolences to Drummer Lee Rigby's wife and young son, his wider family circle and his friends and army colleagues. As Mrs Hale reminded us, there are many dark days and years ahead for this family. We must remember them in our thoughts and prayers not just today or on the day of the funeral but in the many weeks, months and years ahead.

The reaction from the House and, indeed, across our entire nation speaks volumes. The speed and brutality of the attack was designed to instil a level of fear in us all, yet the response from the people of Woolwich on that day was to confront the attackers who stayed there to be filmed and to gloat, which cannot fail to appal each and every one of us across the country. We must take whatever action has to be taken to confront the evils of terrorism. We must give our full support and commitment to dealing with this truly awful scourge of terrorism. I again offer my heartfelt condolences to the family.

Mr Poots: As we watched Drummer Rigby's family on television, we saw the pain and the anguish that they were going through. It drives home to all of us the fact that death is very cruel. When it is an unexpected death, it can bring with it a completely different dimension; when it is murder, that can compound matters further; and when it is done in the full public glare of the media, that is an awful situation for any family to have to deal with. It brings home the impact of death very clearly to all of us, particularly those who may not have had a close association with it. The fact that this was perpetrated on our streets in such a barbaric way and then portrayed in the media is something that will and should cause all of us to consider the impact of what has happened.

Murder is always wrong, and the pain and anguish that come with murder are always there. That is so evident today, but it has been evident ever since murder first happened. If ever there were a message to come out of this, it is that we should seek at all times to avoid circumstances in which murder happens and ensure that situations are resolved without loss of life.

I can only express my deepest sympathy with Drummer Rigby's family. The Christian love, thoughts, prayers and compassion of us all should be with that family at this time. I trust that, although they are going through extremely dark days and will have many dark days to go

through, they will find solace and comfort in the fact that they raised a fine young man who has left his mark on the scene of time and did a great deal in his short 25 years. Sadly, he does not have many more years to be with his family and serve his country.

Mr Hussey: I begin by expressing my sincere sympathy to the Rigby family. It is clear from the comments made by Lee Rigby's stepfather, wife and family generally that he was a fine young man who was going about his business when cruelly done to death. The reality of the 21st century brought it into our homes. Anyone who wanted to watch YouTube could see the gory details of what happened. A young soldier was picked out and cruelly done to death. We often say that murderers have blood on their hands, and it was clearly seen that these murderers did have blood on their hands and wanted the world to see it. That was disgraceful in its own right.

I also pay tribute to the woman who knelt down beside the dying man and gave him some form of comfort. In those circumstances, many would have walked away. To her I say a sincere "Thank you".

I come from a service family: my mother and father both served in the Royal Navy and the Ulster Defence Regiment. I come from the garrison town of Omagh, where soldiers would regularly have walked in and out of the town. In the good old days, they would have done so in uniform. This young man was just going about his business when he was selected and murdered in cold blood. Nothing can justify murder or the way in which this young man was done to death. It was an act of terror, and it terrorised the area. In our capital city of London, you would have felt that a member of the forces would have been relatively safe. He was proud to wear the uniform of the armed forces. To his colleagues and his regiment, I send my deepest sympathy. I believe that Help for Heroes is receiving public support, and it should continue to receive public support for what our soldiers do overseas. Today, we are here mainly to remember Drummer Rigby. To his family and friends, I offer my deepest sympathy. Let us hope that we never again see blood spilled on the streets of London as it was last week.

Lord Morrow: I, too, would like to be associated with the remarks made around the House in condemnation of the brutal murder of this young soldier. One of the things that struck us all was not only the slaughter and the manner in which it was carried out but the public manner in which it was done. Some

Members have drawn parallels with what happened in west Belfast 25 years ago, when a baying crowd slaughtered two soldiers on the street. It brings that back very vividly.

I am delighted that there has been outright condemnation of the atrocity from around the House today. It sends a message to us all that we cannot be ambivalent about such incidents. I just hope that, if incidents like this ever happen again — let us pray that they never do — it will not be left to the unionist side of the family to move motions such as this. I hope that others in the House will feel that it is also their duty to take the lead in condemnation.

11.00 am

My sympathy and prayers go out to the Rigby family today. Their loss is great, and I suspect that his parents will never get over it, nor will his wife and young son. The Assembly's united message today should bring some strength, comfort and succour to them.

Assembly Business

Public Petition: Cushendall Fire Station

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

Mr McMullan: Go raibh maith agat, a Cheann Comhairle. First, I thank the Glens Action Group for organising the petition. I also thank the communities of Glenariff, Cushendall and Cushendun in the mid-glens and the 8,000 people who signed the petition calling for a new replacement fire station in Cushendall.

The present station in Cushendall was erected in 1988. At the time, the planning authority allowed permission for the building to be passed only on a temporary basis. However, 25 years later, we still have the same building, which is not fit for purpose for modern firefighting. At present, the station is a 12-man station. We are in the middle of recruiting a replacement firefighter. From what we have been told, several ladies have applied for the position, which is something that we want to see. However, if one of those ladies were to get the job, the station could not cope. It has only one toilet and one shower, and that, in the modern age, is not fit for purpose.

Recently, the acting Chief Fire Officer, Mr Kerr, and the chairman of the fire authority, Dr Joe McKee, visited the station. They were appalled at the condition of the station. To quote their words:

"This station is not fit for purpose and has to be replaced".

Minister, the station is the backup station for the larger fire stations in Ballycastle, Ballymena and Carnlough. For a number of years, the station was a priority for replacement, but we were told that, because of the lack of a business case and lack of funding, it could not go forward. From what I have been told by the fire authority, that business case will be on your desk very shortly. I ask you to look at it with the sympathy that it deserves. I also ask you to look at the practicalities of that station, because it is a lynchpin of the fire stations in the whole of the northern command. That is coming not from me but from the fire authority itself. It has supported the petition and the campaign for Cushendall fire station. I ask you to look at the

8,000 signatures on the petition and make those people's dream a reality.

Mr McMullan moved forward and laid the petition on the Table.

Mr Speaker: I will forward the petition to the Minister of Health, Social Services and Public Safety and send a copy to the Chair of the Health Committee, Sue Ramsey.

Committee Business

Tobacco Retailers Bill: Extension of Committee Stage

Ms S Ramsey (The Chairperson of the Committee for Health, Social Services and Public Safety): Go raibh maith agat, a Cheann Comhairle. I beg to move

That, in accordance with Standing Order 33(4), the period referred to in Standing Order 33(2) be extended to 18 October 2013 in relation to the Committee Stage of the Tobacco Retailers Bill (NIA 19/11-15).

The motion is self-explanatory. The Tobacco Retailers Bill passed its Second Stage on 23 April this year and should, under the 30-working-day rule, complete its Committee Stage on 7 June 2013.

At our meeting on 24 April, the Committee agreed to call for written submissions from interested organisations and individuals. The Committee considered responses at its meeting on 22 May, and identified issues on which it would like to take further evidence. We feel it essential that the Committee is afforded the time to exercise its scrutiny powers to the full, and ask the Assembly to support the motion to extend the Committee Stage to 18 October this year.

Question put and agreed to.

Resolved:

That, in accordance with Standing Order 33(4), the period referred to in Standing Order 33(2) be extended to 18 October 2013 in relation to the Committee Stage of the Tobacco Retailers Bill (NIA 19/11-15).

Private Members' Business

Epilepsy Services

Mr Speaker: The next item on the Order Paper is a motion relating to epilepsy service provision. The Business Committee has agreed to allow up to one hour 30 minutes for this debate. The proposer of the motion will have 10 minutes to propose and 10 minutes in which to make a winding-up speech. All other Members who wish to speak will have five minutes.

Mr G Robinson: I beg to move

That this Assembly calls for the provision of services of the highest quality for people diagnosed with epilepsy, including frequent reviews of their treatment and condition; acknowledges the rights of young people with epilepsy to a first appointment with a specialist within a reasonable time of their diagnosis; and calls on the Minister of Health, Social Services and Public Safety to ensure that epilepsy services here are equivalent to those in the rest of the UK.

I declare an interest as Chairperson of the all-party group on epilepsy. I also pay tribute to the specialist neurologists and nurses and to Marina Clarke of Epilepsy Action Northern Ireland for their tireless and magnificent work with epilepsy patients and for the great support that they have been to the families of epilepsy sufferers throughout Northern Ireland.

As Chair of the all-party group, I have listened carefully to the concerns of individuals as well as to those of Epilepsy Action Northern Ireland. The response to those concerns is what today's debate is about. An estimated 20,000 people in Northern Ireland have epilepsy, so we are talking about a significant number of people in Northern Ireland.

Each and every case of epilepsy is unique. Therefore, achieving a suitable and sustainable treatment regime is very difficult. However, the most important factor is to ensure an accurate diagnosis. Only when an accurate diagnosis is made can a positive and effective drug regime be compiled. That is particularly so for young people, for whom a diagnosis can have a devastating effect on their educational attainment and social integration. To ensure that a young person's educational attainment and social integration is maximised, it is essential to frequently review their treatment and alter their medication as young people

mature and their needs change. Such reviews are, therefore, of the greatest importance in ensuring maximum achievement and employability for our younger people.

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

Some do not develop epilepsy until later in life, so it is essential that we have a system that reviews patient needs and keeps them as seizure-free as possible, thereby helping their working, education and family life to continue. Of course, we must remember that some employment will be lost due to a diagnosis of epilepsy, for example driving jobs. Therefore, the right diagnosis becomes all the more essential. Epilepsy does not mean that someone cannot work; that needs to be emphasised.

To try to prevent or minimise the risk of misdiagnosis, it is important to track the progress of each patient. Altnagelvin is in the situation of having an EEG testing machine available, but, due to a dispute over staffing levels, that vital diagnostic and monitoring tool is unused. I respectfully ask the Minister to help unblock this logjam, as the use of the EEG will benefit many patients.

It is also essential that we remember the family of the sufferer, who quite often bear the brunt and the aftermath of seizure activity. So, regular follow-up appointments can have a major impact on a family circle, as well as on the sufferer. Social exclusion applies as much to carers as to sufferers, and it must be minimised.

Keeping those facts in mind, it is therefore important that we have top-quality services to accurately diagnose epilepsy; that frequent reviews of treatment are carried out, particularly for young people; and that an appointment with a specialist is achieved reasonably quickly. That can make such a positive impact on the future of individuals. It is therefore hard to overestimate the importance of a speedy appointment.

I spoke about misdiagnosis previously: it does occur, due to the complexity of epilepsy. The result can be detrimental to the individual and expensive for the health service. Those are two good reasons why accurate diagnosis is so important. Quality of life, self confidence, employment opportunities and educational attainment can all suffer as a result of misdiagnosis. The rate of misdiagnosis is estimated at up to 30%. There are also a number of people who have missed epilepsy diagnosis, leading to some difficulties in their

lives, as I have highlighted already. According to the latest figures from Epilepsy Action, misdiagnosis could be costing the health service in Northern Ireland upwards of £9 million annually.

Some of the difficulties may be overcome by the adoption of the National Institute for Health and Clinical Excellence (NICE) guidelines. That would include the adoption of care plans and greater access to information, which could reduce the social impact of an epilepsy diagnosis. However, I am very conscious of the cost that that may place on an already stretched departmental budget. I request that the Minister examines whether that approach would be a possibility and works closely with outside bodies to achieve it.

I must also mention how epilepsy can have severe consequences, which is why it is essential that good quality services and reviews are in place. Sudden unexpected death in epilepsy (SUDEP) is, thankfully, very rare. Estimates are that 38 people in Northern Ireland die every year from SUDEP and that half of those deaths could be prevented. That figure must be reduced. I also acknowledge that patients, as well as the medical profession, have a large part to play in managing their condition. That is why access to information and reviews is so important. If someone is in a drug treatment programme, it is imperative that the regime is adhered to. If a patient stops taking their medication it greatly enhances the risks of having a seizure. One of those seizures may be fatal.

In conclusion, although I appreciate that there is much being presented to the Minister, I am aware that there are limitations, and I do not expect it to happen by tomorrow. However, if we can begin to address the problems and issues, I feel that that would be an important step forward. Again, I thank all of those hard-working individuals who make a difference to so many people and families. I hope that all Members will support the motion.

Ms S Ramsey (The Chairperson of the Committee for Health, Social Services and Public Safety): As Chair of the Committee for Health, Social Services and Public Safety I welcome the opportunity to take part in the debate. I commend the mover of the motion and his party colleagues for securing the debate. I also thank the research services for the information pack they have provided for the debate.

As Members know, the Health Committee takes a strong interest in all conditions, not just our

hospitals. We frequently hear concerns that people are not getting the services they require on time, in the right place or from the right person. The mover of the motion highlighted some statistics. The World Health Organization (WHO) estimates that, globally, 50 million people have epilepsy. It is a long-term condition that has a serious impact on people's daily lives.

Those with long-term conditions such as epilepsy require high levels of care. They also require access to specialist consultants, which is essential if the condition is to be managed successfully. If people are not regularly reviewed by their consultant because of long waiting lists for appointments, those who suffer with epilepsy will probably end up getting more ill, presenting at A&Es and then being admitted to hospital. That is not appropriate care, and it ends up putting more stress on the patient and on our hospital system. We have also referred to inappropriate admissions through A&E because people cannot access services in general.

The Committee has been looking at the issue of waiting lists for some time. We have done an initial piece of work examining the rate of cancelled appointments. Let me be clear to Members of the House: those are appointments that have not been cancelled by the patient but by the hospital.

11.15 am

In 2011-12, around 180,000 appointments with a consultant were cancelled — 180,000 — either by the hospital or the consultant. We believe that that is a shocking figure; I do not think that anyone would disagree.

The Committee has obtained more research on this matter and held a number of evidence sessions with the Department and the Health and Social Care Board (HSCB) to try to get to the bottom of it. The Committee is concerned that it appears that quite a high level of cancellations have been made by consultants because of annual leave, training and other reasons. We accept that some reasons for cancelling appointments are justified — sometimes, unfortunately, there is a death in the family or other things crop up — but, given the fact that 180,000 appointments were cancelled in one year, we do not believe that some of the reasons given can be justified. In my view, some of those cancellations are down to poor management, and we need to tackle that.

As the proposer of the motion pointed out, we cannot forget the impact that this situation has on patients. If an appointment is cancelled, the patient has to wait even longer to see the consultant. As the motion points out, first appointments and review appointments are essential for the proper management of epilepsy. That is the impact that cancelled appointments can have on individual patients.

The Assembly may be interested to know that the Committee has agreed to carry out some further work on the issue of waiting lists. We will be looking at examples of good practice in other jurisdictions, at initiatives that have worked in other places to reduce waiting list times, and what we can learn from them.

The Committee believes that people with epilepsy are entitled to the highest level of care, wherever they live. I look forward to hearing what the Minister has to say. I assume that, because it is a DUP motion, he will take the opportunity to bring us some good news on this bright Tuesday morning. I hope that it is good news in general for those who suffer from epilepsy day and daily. I support the motion.

Mr Durkan: I welcome the opportunity to speak on this very important issue and I thank the Members opposite for bringing the motion forward. Although it is acknowledged that the understanding of epilepsy is much better than it was in the past, living with the condition still has a wide-ranging impact on all stages of life. Children can be disadvantaged in school, leading to underachievement and impaired social development and career opportunities. Adults face additional challenges when it comes to driving, employment, relationships, stigma and, for many, self-esteem, resulting in isolation and reduced quality of life.

Although services vary depending on where a person lives — I will elaborate on that later — services in Northern Ireland generally do not meet the criteria that are laid out in the NICE clinical guidelines and quality standards, notably: being seen by an epilepsy specialist within two weeks of a first suspected seizure, a four-week waiting time for initial investigations, and the offer of a personalised care plan to all.

One of the quality statements on the NICE standards states:

"Adults who meet the criteria for referral to a tertiary care specialist are seen within 4 weeks of referral."

We know that does not occur due to the lack of epilepsy specialists and because there is no local tertiary epilepsy centre.

Under the Transforming Your Care (TYC) proposals, emphasis will be placed on providing care in the community. Although we acknowledge that GPs cannot know all about this complex condition, we believe that their knowledge can be improved by working more closely with specialists. Current provision, we fear, is neither sufficient nor satisfactory. At present, there are three neurologists with a specialism in adult epilepsy, and three paediatric neurologists. With such a limited team, it is difficult to diagnose, treat and review the 20,000 people with epilepsy.

Specialist epilepsy nurses are a crucial source of support and advice. They enable many patients to manage their epilepsy effectively and remain independent in the community. They also do so at great value to the public purse, releasing consultants' time, reducing A&E admissions, enhancing patients' adherence to anti-epileptic treatment and reducing the use of hospital beds.

Despite the fact that we have more nurses per capita than other regions in the UK, it remains the view of Epilepsy Action that we need more, particularly for adults. Also, we would like assurances from the Minister that the role of those nurses will continue to focus on the treatment of epilepsy and they will not be moved to more general duties, because that would mean despecialising, which would negatively impact on care for people with epilepsy.

Statistics from the Royal College of Paediatrics and Child Health make for alarming reading, particularly the fact that only 46% of children saw an epilepsy specialist nurse, even though the recommendation is that all children should have access to one.

On local service provision, Epilepsy Action is concerned at waiting times for children and young people. The Minister, in response to a recent Assembly question, revealed that there are 167 children on the waiting list for ECG testing and that a third of them will wait for more than five months. From speaking with parents of epilepsy sufferers in Foyle, inroads could be made there if additional human resource was allocated to the Western Trust. Mr Robinson touched on the subject of the scan machine and the lack of personnel to operate it. Children are being driven past Altnagelvin, where there is an ECG machine, to get treatment in Belfast.

We support the motion, and we will support any initiative that the Minister brings forward to improve services and life for those suffering from epilepsy.

Mr Beggs: I, too, thank those who tabled the motion for bringing this important topic to the Chamber.

Epilepsy affects some 13,000 people in Northern Ireland, and approximately 210 additional people require treatment each month, yet we are struggling to cope with the current numbers. So, it is clear that there needs to be improvement. As others have indicated, there are shortages in the numbers of medical staff needed to deal with this speciality.

The motion calls for epilepsy services here to be equivalent to those provided in the rest of the United Kingdom. That lacks ambition and is concerning, and I will explain why. Epilepsy Action's recent report from January 2013, entitled 'A Critical Time for epilepsy in England', raises several areas of concern. One of the headlines on its website states that the:

"NHS is failing people with epilepsy".

I would not strive to fail people with epilepsy: we must do better.

In particular, the report indicates that specialist nurses are only provided in about 50% of the English trusts. Waiting times to see a specialist in England fall outside the NICE guidelines, and only 20% of trusts meet those guidelines. On effective referral to other treatment, there are also failings. Some 73% of patients with uncontrolled seizures have never been referred to a specialist centre to investigate alternatives, such as surgery. So, those substandard services provided in parts of England are not good enough for those suffering in Northern Ireland. We must aim to provide a better service than that. In winding-up the debate, those who tabled the motion might be able to explain why they are simply targeting an equivalent level of service.

Minister, in your response, it would be helpful if you could indicate which of the 10 recommendations that were made for England are appropriate and which of them are going to be implemented in Northern Ireland. If there are failings in England, it is likely that there are similar failings here.

As others have mentioned, there has been a problem with the Altnagelvin EEG scanner. That is causing particular difficulty for young children who are often prescribed powerful

drugs, because careful monitoring of resultant brain patterns is quite important for the stabilisation the condition. We have been advised that these children have to wait before travelling the long distance to Belfast to receive the treatment that they deserve. I hope that the Minister will be able to intervene and bring about a resolution to that difficulty. There is a problem here, and we need to bring about improvement.

It is important that we deal not only with young people but adults, who are often misdiagnosed. We must ensure that they are adequately and efficiently treated. According to a House of Commons paper of October 2010, 20% to 30% of cases are misdiagnosed as epilepsy when they are non-epileptic conditions, so people are being mistreated and are therefore perhaps receiving inappropriate drugs, but no one is getting at the root cause of that. It has been estimated that this costs the economy, aside from the individual suffering, between £130 million and £190 million a year in lost productivity. What is the cost to adults in Northern Ireland who may have been misdiagnosed? What is the cost to our economy?

Adults who have epilepsy have challenges with driving, employment, relationships and stigma, and, for many, it can result in poor self-esteem. So we need to increase awareness of the condition and ensure that the best form of treatment is available to all adults and children. I support the sentiments behind the motion, but we need a higher quality of service than it indicates. We need an epilepsy service that treats young people and adults alike in a timely and effective fashion.

Mr McCarthy: Once again, as our Chairperson remarked earlier, we are grateful to our Research and Information Service for providing us with up-to-date facts and figures on epilepsy service provision.

The motion can be broken down into three sections: highest quality of service for people diagnosed with epilepsy; appointments for young people with the condition; and services equivalent to those throughout the rest of the UK. I refer Members to a report by the Royal College of Paediatrics and Child Health, which is dated 24 September 2012 and states that about one in every 200 children in the UK is affected by epilepsy, yet the standard of care that they receive remains variable.

There were some encouraging figures in that report, such as that 79% of youngsters had access to a paediatrician; 87% had their seizure

type properly classified; and 95% were provided with medicine to control their seizures. However, other findings were not so good, such as that only 46% of children saw an epilepsy specialist nurse; 40% did not have access to a paediatric neurologist when required; and 35% did not have a complete first assessment. So real improvements are required in the service provision in these areas.

The latest report from Epilepsy Action is dated 22 January 2013 and clearly states that epilepsy services in England are not good enough and vary in many areas. The report says that people with epilepsy do not have access to specialist nurses; that people wait too long even to see a specialist; and that people with difficult-to-control epilepsy are not being referred for other treatments. All of this means that sufferers are likely to experience unnecessary seizures and, therefore, face highly unnecessary risks. Even across the water, there are gaps in what is provided. I am not certain that we in Northern Ireland can even come up to that standard. The previous Member who spoke asked the question: why should we not try for a better standard?

The report of 24 September 2012 states that 46% of children saw an epilepsy specialist nurse against a recommendation that all youngsters should have such access.

There are obviously improvements to be made there. Moreover, 35% of children did not receive a complete first assessment.

11.30 am

Dr Colin Dunkley, who was involved in producing the report, acknowledges that there have been good steps forward in epilepsy care for children in recent times and that they are getting detailed diagnosis and being prescribed the most appropriate medicines for the first time. That is, of course, exactly what we wish to see for our youngsters at home in Northern Ireland. However, he also admits that there are certain areas that need to be improved if our young patients are to get the best possible medical treatment and ongoing care to help them manage their epilepsy and maximise their learning and quality of life.

Questions to the Minister on the condition have been asked by Members of the House since as far back as October 2007 and probably further. Therefore, it is obvious that concerns and problems associated with epilepsy in Northern Ireland have been ongoing for some time. In the last reply from the Minister, dated 2

February this year, he indicated that the majority of children are cared for by paediatricians, GPs and the primary care team services, including physiotherapy, speech and language therapy and occupational therapy, where necessary. The question is this: are those services carried out regularly so as to make a real improvement to the child, or is it the case that, as so often happens, services are provided on an irregular basis and only after parents kick up a real stink? On behalf of my colleagues in the Alliance Party, I fully support the motion and hope that the result will be better services for everyone who suffers from epilepsy.

Mr Wells: I have to be honest and say that, before I started to attend the all-party group on epilepsy — the few meetings that I did make — and received the briefings that I got from the charitable sector, I did not know much about epilepsy. I had encountered epilepsy only twice in my life: I witnessed two seizures, one on the Larne to Stranraer ferry and one in Castle Buildings on the Stormont estate. Fortunately, on both occasions, there were people nearby who were aware of the condition, moved rapidly into action and were able to help the two gentlemen concerned. Apart from that, my knowledge was somewhat scant. Therefore, I concur with Mr McCarthy that it was very useful to get the information from the excellent Research and Information Service that we have in the Building. It is second to none and, amazingly, can bring out statistics and information on just about anything that you ask it for. It certainly has not failed on this occasion. There is also the material that we have received from the charitable sector, including Epilepsy Action.

In Northern Ireland, 20,000 people have the condition, which is a remarkable number. That is one in every 90 of our citizens. Interestingly enough, only 5,162 of the sufferers of epilepsy qualify for disability living allowance (DLA). That is quite an intriguing situation, because it could be looked at in one of two ways. The first is that there are many people who have epilepsy who have not claimed their entitlement to DLA, although, I would think, they would have a strong argument for receiving it. The second is that many people manage their condition very effectively and feel that they do not require DLA. It would be interesting to dig a bit deeper into those stats and see why that happens.

Seventy per cent of sufferers from epilepsy have the potential to live their life free of seizures, but in Northern Ireland that is only 52%. That 18 percentage point gap indicates

the gap in services that exists in Northern Ireland, about which many Members have spoken. There is also a very worrying misdiagnosis rate. Mr Beggs mentioned the cost of that in the rest of the United Kingdom. In Northern Ireland, even the minimum figure quoted is 23% misdiagnosis, which leads to people having to take medication and treatment that costs the health service £8.9 million. If we can improve the care, there are considerable savings to be made. Each year, 925 people in Northern Ireland are diagnosed, and, unfortunately, over 30 die each year. That brought to memory a good friend of my brother who had epilepsy. He had been epilepsy-free for quite a long time but died in an unexplained car crash on the M1 about 40 years ago. We will never know whether he passed away as a result of an unfortunate car accident or as the result of a seizure; we have no way of telling that. That figure could be an underestimate, but it shows just how serious epilepsy can be when things go wrong.

The NICE quality standard for epilepsy recommends that adults see a specialist within four weeks of referral. The average in Northern Ireland is a minimum of 32 weeks after referral, which is an obvious gap in provision in the Province. It is a very anxious time for all concerned. When one looks then at the reasons, it does not take rocket science to work out what has gone wrong. In Northern Ireland, there are only six neurologists who are specialist in adult epilepsy and only three specialists in paediatric epilepsy. They have to diagnose, treat and review all 20,000 sufferers. When you compare Northern Ireland with the rest of the United Kingdom, the stats are stark. We have one neurologist per 161,000 people in Northern Ireland; in London, the figure is one per 51,000. The Royal College of Physicians recommendation is that there should be one per 70,000. No matter what way you look at it, Northern Ireland has a dire shortage of this specialism. We cannot really go anywhere until we address that fundamental issue. Mr Beggs asked why we should not aim to have a service that is even better than in the rest of the United Kingdom. Frankly, it will take an awful lot of effort to get us up to the recommended one per 70,000 before we can even think about going further.

We have a lot to do in this field. I will be interested to hear the Minister's response to honourable Members' valid points.

Ms Boyle: Go raibh maith agat, a LeasCheann Comhairle. I welcome the opportunity to take part in the debate. My party will support the motion.

As has been said, there are around 40 types of epilepsy, with no one diagnostic test to diagnose all types of epilepsy. It takes a highly skilled neurologist to identify what type of epilepsy a patient has. Medication does not cure epilepsy but controls the seizures. Around 70% of seizures are successfully controlled by anti-epileptic drugs. It may take some time before you are given the right drugs in the right dosage and your seizures come under control. That is one of the reasons why there should be continued research into epilepsy and why funding should be given to enhance and update that research.

As the proposer of the motion said, over 20,000 people here have epilepsy. It is vital that those on medication get the right drugs to control their epilepsy. That is often not the case. Sometimes people do not get the right brand, with GPs offering generic drugs. More often than not, GPs recommend the generic drugs as opposed to the branded ones, and it is only when the patient is persistent that branded drugs are given.

A number of Members mentioned waiting times for the EEG telemetric scan. Those waiting for diagnosis should not have to wait that long for that type of scan. Waiting times should be reviewed, as we do not have as many specialist neurologists here as there are in parts of GB. All too often, the lack of services leads to misdiagnosis. As Mr Durkan said, waiting times here have fallen behind the NICE guidelines.

Living with epilepsy is not easy for any individual or family, especially families with a young child who has been diagnosed with the condition. Many adults who are diagnosed later in life find it very difficult to cope with the sudden changes to their life. Mr Robinson talked about people being able to work with epilepsy, but a large number of people are not able to continue their career after being diagnosed with epilepsy. They may have other physical or mental health problems that complicate their epilepsy and make it more difficult for practitioners and specialists to treat. Not enough research is carried out on those who have other problems to face along with epilepsy.

As with any medical diagnosis, looking after yourself is critical and staying healthy is key. Making sure that individuals have access to the highest quality of care, from their GPs through to their specialist nurses and neurologists, is important for a good quality of life, but that is not often the case. In some cases, individuals have access only to a GP and a specialist

nurse. Everyone's condition is different, and the more that individuals know and are informed about their illness, the better. It is difficult for those who have problems understanding their condition. I speak in a personal capacity as one who had a close family member with epilepsy. My brother Jim suffered numerous falls and brain injuries and, as a result, died just over two weeks ago. Although he received excellent care from his GP, his specialist nurse and those who looked after him in the high-dependency unit at Altnagelvin, it became clear to me and my family that very important facts and a range of issues relating to the management of this condition needed to be made clearer and that greater awareness needed to be given.

Members referred to problems with the scanning machine in Altnagelvin and how the people of the north-west have to bypass Altnagelvin and go elsewhere for scans. It is important that, from primary care to community care and specialist neurology services, people get access to high-quality care services, no matter where they live in the region.

I commend all those who work with and treat people with epilepsy, from primary care through to neurologists and people in the community who look after and support those with epilepsy. I look forward to hearing the Minister's comments.

Mr Dunne: I, too, welcome the opportunity to speak on the motion. This is a very important matter across the Province, and I commend my colleague, George Robinson, the chair of the all-party working group on epilepsy, for tabling it. Epilepsy continues to be a problem across the country. The motion offers a useful opportunity to highlight the condition and actively explore ways in which we can reduce the number of sufferers and — importantly — support those who have the condition.

A lot of good work is ongoing in support those with epilepsy, and I know that the Minister has taken an active interest in the issue. We need to ensure that service provision is of the highest quality for people diagnosed with epilepsy and includes regular reviews of their condition. Unfortunately, we have still an estimated 20,000 people in Northern Ireland who suffer directly from epilepsy, and it is estimated that there are around 500,000 who suffer from epilepsy in the United Kingdom. If we take into account their families and carers, a significant number of people are affected by the condition either directly or indirectly.

Epilepsy can be a very difficult condition to diagnose and treat, given that there are over 40 types, consisting of at least 29 syndromes. Sadly, epilepsy can affect people of every age, whether young or old, although it often begins at birth. Given that reality, it is vital that the right support structure is put in place for children at a very early age to ensure early and correct diagnosis.

Epilepsy can have a significant impact on everyday life for those who suffer from the condition. Young people can be limited in their educational attainment as well as socially. Adults also face challenges across a range of issues, including employment and driving. Misdiagnosis rates are of some concern, and I feel that this is one area in which improvement can be made. I am aware that, given the wide-ranging nature and vagueness of epilepsy, it can be difficult to correctly and accurately diagnose the exact condition, but misdiagnosis can lead to a lot of complications and problems for the person involved and we must ensure that an accurate diagnosis is made initially.

11.45 am

Support for those who suffer directly from the condition is important, but it is equally important to ensure that support is in place for the families and carers of those sufferers. It is essential that respite care is in place right across Northern Ireland for those who deal with sufferers.

As with many areas of health, education could be targeted better, particularly in schools and colleges, to raise awareness of epilepsy and to help support those who suffer from it. Health promotion and public awareness campaigns on healthier living also have a role to play in reducing the impact of the condition. We want to see the highest possible standard of epilepsy services here. I trust that the motion will help to bring about improvements, raise awareness of the condition and support those most affected by it, directly and indirectly. I support the motion.

Mr Easton: I am sure that the Assembly will agree that those diagnosed with epilepsy require the highest quality of provision. From personal experience with a close family member, I understand the effect of epilepsy on an individual and their wider family. There is a fear of stigma and a fear that they will be treated differently.

The condition affects more than 500,000 people throughout the UK, which equates to almost

one in 100. It usually begins during childhood, although it can start at any stage. Although medication cannot cure epilepsy, it is often used to control seizures related to the condition. In around 70% of cases, seizures can be successfully controlled by anti-epileptic drugs. However, it can take some time to find the correct medicines to control seizures.

In most cases of epilepsy, a cause cannot be found. If there is an identifiable cause, it usually involves some form of brain damage. Many people with epilepsy find that certain circumstances or substances can trigger a seizure. The triggers include stress, lack of sleep, alcohol or drug misuse and flashing lights or what is known as photosensitive epilepsy. The Health Department has developed a national service framework for long-term conditions that gives guidance to doctors, nurses and healthcare staff on how to provide care to patients. It was developed in consultation with people with long-term neurological conditions including epilepsy. The framework tells staff how to provide the best advice and services that are co-ordinated, matched to people's needs and easy to use. Patients can also use the national service framework to get information and support to help them make decisions about their care and give them choice in how and where they are treated and how to live more independently.

Self-care is an integral part of daily life for those suffering from epilepsy. It involves taking responsibility for your health and well-being, with support from those involved in your care. Self-care includes what you do every day to stay fit and maintain good physical and mental health, prevent illness or accidents and care more effectively for minor ailments and long-term conditions. People with long-term conditions can benefit enormously from self-care: they can live longer; experience less pain, anxiety, depression and fatigue; have a better quality of life; and be more active and independent. The five health and social care trusts provide a local epilepsy service, either through their neurology service and/or via outreach services provided by the Belfast Health and Social Care Trust.

The majority of children with epilepsy are cared for by paediatricians in conjunction with general practitioners and a primary care team. Much of that care and support is normally provided close to a child's home, including services such as occupational therapy, speech and language therapy and, if necessary, physiotherapy. Children who require specialist treatment may be sent to the Royal Victoria Hospital for Sick Children, where the paediatric neurological

team is skilled in the management of more severe epilepsy. We have made remarkable steps forward in epilepsy care for children in recent years. The majority of children are now seen by a paediatrician with expertise in epilepsy, and many patients get a detailed diagnosis and are prescribed the most appropriate medicines first time. We will continue to provide that service and maintain those high standards for children and people of all ages.

Mr Boylan: Go raibh maith agat, a LeasCheann Comhairle. Ba mhaith liom labhairt i bhfabhar an rúin seo, agus ba mhaith liom cúpla focal a rá. I speak in favour of the motion. I had the privilege of sitting on the previous all-party working group, and I apologise to the Chair for not making it this time around, but I will contribute to the group in relation to the issue.

I want to share a few experiences. This is an important subject to me. As a young boy, I remember going up the street one time, and I saw a young man rolling around on the ground. That was my first experience of seeing an epileptic convulsion, and it scared the life out of me when I saw that person in such a vulnerable position on the ground. Thankfully, there were people there to help him. I also had a best friend whose brother suffered from it. I read through the research paper, and the old wives' tales came back to me about people using spoons to prevent the victims from swallowing their tongues. About 25 years ago, that is what people tried to do in relation to an epileptic convulsion. It is only now that I have read through the paper and have a better understanding of it that I appreciate the efforts that are going in and the good work that is being done.

I want to pick up on one thing in the research paper, and that is self-care, which is vitally important. I agree that self-care and reporting has a major part to play, but I would like to touch on some of the treatments and new ways forward. We in this Assembly, along with the Minister's Department, have a responsibility to address these issues. It is all right saying that self-care has a part to play, but we have a bigger part to play. I have asked questions in the past about the type of care and support that families need, because, when sufferers and their families are at their most vulnerable, they need as much support and help as they can get. I was listening to the debate on the monitor in the office, and I wanted to come down and say a few words because I feel very strongly about it.

I would like the Minister to touch on what has been done, what is coming forward in the future, what programmes are in place, and how we can help families in the future to receive a proper diagnosis. I support the motion.

Mr Poots (The Minister of Health, Social Services and Public Safety): I thank MLA colleagues for securing the debate. It gives us an opportunity to evaluate the services provided to sufferers of epilepsy in Northern Ireland. It is helpful that we use these debates to collectively consider particular conditions, such as epilepsy, and their consequences, and I will seek to address the issues.

I am well aware of how epilepsy can affect individuals, as my late brother suffered from a very severe form of it. In response to what Mr Boylan has just said, for some people, self-management is by far and away the best way to deal with it. People can self-manage epilepsy very well, but it depends on the severity of it. Epilepsy affects a very broad spectrum of individuals, and it has a very wide range of consequences and implications for those individuals. So, one size does not fit all. Self-management can be excellent for some; others will need additional support and help.

A diagnosis of epilepsy can have a tremendous impact for an individual and their extended family. Apart from the physical impact on their health, epilepsy may have huge repercussions on an individual's ability to work and provide for their dependent family, along with their ability to live a normal life. So, it is incumbent on us to place support structures from a health, employment and day-to-day living perspective to minimise the impact of epilepsy on sufferers and their families.

I am sure that you will agree that, for a family, the diagnosis of epilepsy of a child is a traumatic experience. It is vital that the appropriate information and support are provided to families and schools to ensure that the condition is managed in the home and elsewhere.

An issue was raised about children in the west of the Province requiring an EEG. The EEG programme commenced there quite recently. After trouble identifying the appropriate band of person for the position, it was raised from band 6 to band 7. As a consequence, only 22 adults are waiting for an EEG in the Western Trust area, and all are within the six-week period, so the service being offered to adults is excellent. It has been identified from the Children (Northern Ireland) Order 1995 that it will be necessary to take on a further person, and that

will be in band 5. Hopefully, that will happen and be in place over the summer so that children will not have to travel to Belfast for that care. In Belfast, over half of children receive an EEG within the six-week period, so there are not long waiting times for children in those instances.

In Northern Ireland, there are 14,885 adult epilepsy patients registered with GPs, and it is estimated that there are approximately 2,300 children who suffer from epilepsy, with between 228 and 265 new cases diagnosed annually. I have been advised that 31 people died as a result of epilepsy in 2011, rising to 37 in 2012. In a debate on epilepsy in the House of Commons in January this year, it was said that mortality rates were increasing. We have a responsibility to do what we can to address the issue.

We have all heard of individual cases in which patients felt that the level of service provided did not meet their expectations. However, I would like to assure you that people suffering from epilepsy, regardless of where they reside in Northern Ireland, can access appropriate care and treatment tailored to their individual needs. My Department looks to the Health and Social Care Board, in its role as commissioner of services, to provide a broad range of services for sufferers of epilepsy throughout the five regional trusts. Services offered range from primary and community care to specialist neurology services.

The HSCB provides epilepsy services through its local neurology service and/or via the outreach neurology service provided by the Belfast Trust. More complex cases are referred to the regional neurology service for assessment and further managed, if required, by, for example, neurosurgery or neuroradiology.

The majority of children with epilepsy are cared for by paediatricians, in conjunction with general practitioners and primary care teams. Children who require specialist care may be seen at the Royal Belfast Hospital for Sick Children, where a paediatric neurology team is skilled in the management of more severe epilepsy. They may also be referred to other centres in the UK, such as Great Ormond Street, for specialist expert assessment, advice or ongoing management, depending on their needs. As much care and support as possible are normally provided close to the child's home and will include services such as physiotherapy, speech and language therapy and, if necessary, occupational therapy.

The respite care and implementation group has produced a set of definitions and put in place a data collection exercise to track the delivery of a range of forms of respite care. The work on children's short breaks has been incorporated into a regional work plan for the regional subgroup on children and young people with disabilities, which comes under the Children and Young People's Strategy Partnership. The epilepsy services provided adopt a life-course approach to management that includes preconception care for women of childbearing age taking anti-epilepsy drugs (AEDs); specialist antenatal care for women with epilepsy; and preschool, school age, transition to adult services and adult services. Specifically for children, my Department, in conjunction with the Department of Education, issued guidance to all schools, entitled 'Supporting Pupils with Medication Needs'. The guidance highlights several conditions, including epilepsy.

12.00 noon

In January 2012, the National Institute for Health and Care Excellence published a clinical guideline on the diagnosis and management of the epilepsies in adults and children in primary and secondary care. That national standard was endorsed by my Department in March 2012, and trusts were subsequently advised of the need to implement the NICE guidelines. Epilepsy is one of the conditions covered by my Department's policy framework for adults with long-term conditions, which provides strategic direction for the reform and modernising of those services. It does not focus on any particular illness but offers a generic and holistic approach to how long-term conditions can be managed. The long-term conditions framework requires personalised care plans, tailored to the assessed needs and abilities of the individual. Personalised care plans are produced in all trusts.

The Neurological Conditions Network has been established to support delivery of services for people with neurological conditions, including epilepsy, and their carers. The Health and Social Care Board and the Public Health Agency (PHA) are taking forward that strand of work, which benefits from an active membership and ongoing engagement with the community and voluntary sector. A neurological conditions subgroup has been established to allow robust engagement mechanisms with service users and carers, clinical staff, trust management, voluntary and community organisations, and other statutory organisations when shaping commissioning

priorities for people with neurological conditions.

In recognition of the particular needs of children, last November I approved the outline business case for a new MRI scanner for the Royal Belfast Hospital for Sick Children. Work is advancing on that initiative, which should have a positive impact on the early identification of epilepsy in children. The Belfast Trust is working to progress that scheme through 2013-14.

My Department looks to the Health and Social Care Board to complete the implementation of recommendations from the 2002 review of adult neurological services, and the continued validity of the recommendations was confirmed in 2009. Those who responded to the proposals in the Transforming Your Care consultation document relating to long-term conditions expressed support for enhanced self-management, more accessible information on available services and a desire to be cared for closer to home, where possible. My officials are considering how best to implement the consultation findings.

The range and quality of the work reflects the diversity in the types of epilepsy, for which a one-size-fits-all approach would be wholly inappropriate. The initiatives taken forward in Northern Ireland have not gone unnoticed. It was my privilege to attend the Epilepsy Action Northern Ireland awards 12 months ago to see the Lord Hastings award presented to Dr Jim Morrow, consultant neurologist at the Royal Victoria Hospital. The award is the British Epilepsy Association's highest award. It is made on a two-yearly basis to individuals who make a significant contribution to epilepsy services.

Mr Wells: Will the Minister give way?

Mr Poots: Yes.

Mr Wells: As the Minister knows, I also attended that event. Does he agree that it was unfortunate that, when such a major award was given to a neurologist in Northern Ireland, there was so little media coverage of that outstanding achievement? Does that not often underline the fact that good news in the health service is often ignored by our media?

Mr Poots: I thank the Member for that point. Very often it is not only good news that is not promoted by the media but good people. Where people are taking a lead on health and social care across the United Kingdom and

beyond, those from Northern Ireland are often ignored. The media would do well to reflect on their tendency to ignore Northern Ireland people doing exceptional things.

My Department does not work in isolation to address the difficulties encountered by sufferers of epilepsy. Colleagues in the Department of the Environment have informed me of their plans to introduce changes for drivers and riders to revise and relax minimum standards for applications and the renewal of licences following an epileptic episode. The Department for Employment and Learning has provided details of Workable (NI), Access to Work (NI) and Work Connect, which are initiatives to assist people with health conditions and disabilities to prepare for, enter and retain suitable employment. The Department for Social Development has advised of the wide range of allowances which, depending on particular circumstances, may be available for epilepsy sufferers or their carers.

As I mentioned earlier, my Department, in conjunction with the Department of Education, has issued guidance to all schools entitled 'Supporting Pupils with Medication Needs', which specifically highlights several conditions, including epilepsy.

A critical element to the effective provision of services is the monitoring of performance to evaluate service delivery and patient experience. Information on services of adults and children is collated in the national audit of seizures management in hospitals. Epilepsy 12, a three-year national audit of epilepsy services for children, covering England, Scotland, Wales and Northern Ireland, commenced in October 2009.

Those audits have confirmed that there is minimal variation between the occurrence and severity of epilepsy for the UK as a whole and for Northern Ireland. A broad correlation was also evidenced in respect of performance. That fact underscores the relevancy for Northern Ireland of the findings in Epilepsy Action's report, 'A Critical Time for Epilepsy in England'. In the epilepsy debate that took place in the House of Commons, the Minister for Health paid tribute to the work of Epilepsy Action and the excellent report it had produced. I too put on record my appreciation of the valuable contribution that Epilepsy Action makes in our bid to improve the lives of epilepsy sufferers.

Many of the issues raised in today's debate mirror concerns raised in the Epilepsy Action report, and it is helpful to have had that

contribution and the opportunity to address some of those concerns.

Mr Speaker, in conclusion, I welcome the motion in which the Assembly calls for the provision of services of the highest quality to people diagnosed, including frequent reviews of their treatment and condition; acknowledges the rights of young people with epilepsy to a first appointment with a specialist, within a reasonable time of their diagnosis; and calls on me, as Minister of Health, Social Services and Public Safety, to ensure that epilepsy services here are equivalent to those in the rest of the UK.

I had a little more to say, Mr Speaker, but time has beaten me. Thank you for the opportunity to respond.

Ms P Bradley: I rise as a member of the all-party group on epilepsy. I thank my friend and colleague George Robinson for bringing the motion to the House today.

Epilepsy is a lifetime condition, the diagnosis of which has a significant impact on a person's life and that of their family. It is important, from the initial time the condition is suspected, that those patients and their families are provided with the best care, support and information that we can give them.

I was dismayed to learn that, within the UK, 20% to 30% of cases are incorrectly diagnosed every year. That has a significant effect upon those individuals and society as a whole. It is clear from reading the information provided to us that epilepsy is a difficult condition to correctly diagnose and that there is a high reliance within the diagnostic process on the explanation of the person who has had the seizure to describe what occurred. Obviously, that can be problematic, because many sufferers have no clear remembrance of the seizure or of what happened immediately before the attack. I believe that we should strive to ensure that where a diagnosis or non-diagnosis is reached, it is the right decision.

For a young person, being diagnosed with epilepsy can be a particularly frightening and confusing time. They may be at risk of rejecting the treatment or of not being able to understand the seriousness of their diagnosis. Equally, they might be more at risk of developing mental ill health if they feel that the diagnosis has impacted on their potential life choices and outcomes.

For that reason, we must be particularly proactive in ensuring that such young people

have access to a specialist with a high level of knowledge in the area who can explain any possible ramifications as well as giving practical advice to them and their family.

Once again, socio-economic background comes into play when we talk about managing the condition. Studies have suggested that people with epilepsy in socially deprived areas tend to have poorer control over their condition. That is particularly worrying as we know that, with the right treatment and management, the condition can be controlled.

The Joint Epilepsy Council estimates that around 52% of people with epilepsy are seizure-free, but it also highlights that, with better treatment and diagnosis, there is the potential for that figure to be as high as 70% in the future. Obviously, that would be better not only for individuals and their families but for the National Health Service, the economy and the community where they live.

Now, I turn my attention to the contributors to the debate. The first was Mr George Robinson, who spoke as chair of the all-party group. He paid tribute to clinicians and all those involved in the support of people with epilepsy. He also spoke of the effects on young people, including on their education and employability, but emphasised that a diagnosis of epilepsy did not mean that the sufferer was unable to work. He also highlighted the fact that misdiagnosis costs over £9 million in Northern Ireland.

Ms Sue Ramsey, the Chair of the Committee for Health, Social Services and Public Safety, commended Mr Robinson for securing the debate today. She highlighted the serious impact of epilepsy on daily living and on the health service. She also spoke of the high rate of cancelled appointments with consultants, especially first and review appointments, and the impact that that has on patients. She ended by saying that people with epilepsy deserved the highest level of care.

Mr Mark Durkan also thanked Members for bringing the motion to the House. He spoke about the issues associated with being diagnosed with epilepsy, including the important issues of stigma and low self-esteem. He also spoke about the lack of epilepsy specialists and said that, at present, it is unsatisfactory. He paid tribute to epilepsy nurse specialists and said that their role should continue and focus on epilepsy alone.

Mr Beggs welcomed the motion but said that it was lacking in ambition because parts of England had substandard services. He called

for a better service in Northern Ireland. Like Mr Durkan, he highlighted problems at Altnagelvin hospital, with the scanner there lying idle. He also highlighted the social effects of epilepsy.

Mr Kieran McCarthy spoke of the report by the Royal College of Paediatrics and Child Health. He stated that the standard of care remained variable. He also spoke of the service in England and the gaps in provision there. He also stated that questions had been asked of the Minister in the House as far back as 2007 and that the issue has been brought to the forefront here previously. He gave his full support to the motion and to those who suffer from epilepsy.

Mr Jim Wells admitted that epilepsy was not something that he had great knowledge of prior to being part of the all-party group. He stated that one in 90 people in Northern Ireland had epilepsy. He said that many of them managed their condition very well due to the uptake of DLA, but he also highlighted the fact that, every year, 30 people die. He mentioned the NICE recommendation that someone with the condition has to be seen within four weeks of referral and we are nowhere near meeting that target.

I welcome Michaela Boyle's contribution. At the beginning of her comments, she gave a very important reminder that medication for epilepsy does not cure the condition but merely manages it and that it is vital that people get the right medication. She also discussed living with epilepsy and said that that is not easy, particularly for parents of a young child with the condition or for those who are diagnosed later as adults. She talked about being a close relative of an epilepsy sufferer and the need for more support for sufferers and their families. She also commended all those who work in the field of epilepsy.

12.15 pm

Mr Gordon Dunne welcomed the debate and supported those with epilepsy. He spoke of the difficulties with diagnosis and stated that there are 40 types of epilepsy. Like others, he spoke of the effects of epilepsy on daily activities such as schooling and employment. He also said that it is essential that support networks be in place, including respite for the families of epilepsy sufferers.

Mr Alex Easton also drew on his personal experience. He spoke of the fear and stigma surrounding epilepsy and about treatments for the condition. He stated that the Health Department has developed a framework for

neurological conditions that supports and provides signposting for sufferers and their families. He also spoke of the great help available through the trusts for children with epilepsy.

I notice that Cathal Boylan, who sat on the all-party group, is not here right now. I wanted to let him know that he was voted in again as vice-chair of the all-party group at its annual general meeting (AGM) two weeks ago. Maybe one of his party colleagues would like to inform him of that. Mr Boylan spoke of his personal experience and about how things had changed over the years. He highlighted our responsibility to invest in self-care and spoke of the vulnerability that comes with the condition.

The Minister said that he was glad that the motion had come before the House because it provided an opportunity to evaluate the services available in Northern Ireland. He also spoke about his personal experience and about self-management. He highlighted the need for appropriate support to be available to manage the condition. He assured the House that there was a service tailored to the needs of those with epilepsy. He said that children may be referred to Great Ormond Street for specialist care but, where possible, care would be provided at home. The Minister went on to say that the trusts have been advised to implement the NICE guidelines for the management of this long-term condition. He also said that we wanted a tailored approach, not a one-size-fits-all approach. He spoke of other Departments and of the positive work being done to promote independence among epilepsy sufferers. He paid tribute to the valuable contribution of Epilepsy Action.

It is in everybody's interest to invest in these services. Most importantly, it is vital that those who have the condition can manage it every day of every year. It is important that we educate the public about what to do if someone has a seizure, when it is important to call for emergency medical help and that epilepsy is certainly not something for us to fear.

Question put and agreed to.

Resolved:

That this Assembly calls for the provision of services of the highest quality for people diagnosed with epilepsy, including frequent reviews of their treatment and condition; acknowledges the rights of young people with epilepsy to a first appointment with a specialist within a reasonable time of their diagnosis; and calls on the Minister of Health, Social Services

and Public Safety to ensure that epilepsy services here are equivalent to those in the rest of the UK.

'Transforming Your Care' Review

Mr Deputy Speaker: The Business Committee has agreed to allow up to one hour and 30 minutes for this debate. As two amendments have been selected and published on the Marshalled List, 15 minutes have been added to the total time. The proposer of the motion will have 10 minutes to propose and 10 minutes to make a winding-up speech. The proposer of each amendment will have 10 minutes to propose and five minutes to make a winding-up speech. All other Members who wish to speak will have five minutes.

Before we begin, the House should note that both amendments cannot be made, as they are mutually exclusive. If amendment No 1 is made, the Question will not be put on amendment No 2. I hope that that is clear.

I call Mr Mark Durkan to move the motion.

Mr McDevitt: On a point of order, Mr Deputy Speaker —

Mr Deputy Speaker: Apologies. I call Mr Conall McDevitt.

Mr McDevitt: Thank you, Mr Deputy Speaker. Mark Durkan will make the winding-up speech on the motion on behalf of the SDLP. I beg to move

That this Assembly expresses concern that the implementation of the 'Transforming Your Care' review of health and social care, commissioned by the Minister of Health, Social Services and Public Safety, has enabled health and social care trusts to take decisions on the closure of care homes; is concerned by the detrimental impact which the privatisation of many aspects of health and social care will have on vulnerable people; urges the Minister to ensure that the patient and not profit is put at the centre of care provision by the Health and Social Care Board; and calls on the Minister to introduce legislation to protect services from privatisation by stealth.

It is worth noting that the House is, not for the first time, dedicating practically all its work today to discussing health and social care here in Northern Ireland. It is a salutary reminder of how much we care about the well-being of our people and how much we care about how we care for our people. The value that we place on our health and social care system never ceases to surprise me. The NHS may have been a gift from a post-war British Government, but the people of Northern Ireland, having thought about it for a few years in this place in a

different time and in a different configuration, adopted it and made it their own. They are very defensive of it and proud of it. In fact, people around these islands are particularly envious of the fact that we, uniquely, have an integrated health and social care system. That was brought home to me when the shadow Health Secretary Andy Burnham visited last year and spent a day touring our integrated facilities, looking for ways in which he could try to convince colleagues in England that an integrated model was the best way forward for them as well as for us.

The SDLP does not in any way oppose Transforming Your Care (TYC). It does not oppose the Assembly or the Executive taking a good and thorough look at the health and social care system and identifying ways in which we can deliver better outcomes for our patients. Indeed, we agree with the general need for reform of the health and social care system here in the North of Ireland. We face having an ageing population, which will bring new challenges of need, as well as an obesity epidemic that is responsible for many connected health issues. This is compounded by regular headlines that highlight growing waiting lists, hospital bed shortages and general increased pressure on services, which struggle to provide the vital services needed at times of financial austerity. We appreciate the need for reconfiguration, and so we have no ideological or big policy opposition to the concept of "shift left", which is at the heart of Transforming Your Care, a concept that is about making services more accessible to those who need them most, earlier and in a more convenient way. We support the need to tailor our health and social care system around the patient, and we are open-minded about the changes that might bring, but — this is a very big "but" — we are gravely concerned at the potential privatisation of parts of our health and social care service. That is possible because of the Transforming Your Care proposals.

We want to reiterate our support for the founding principles of the NHS, as it was then: it should be publicly provided healthcare, free at the point of delivery. For us, that also means publicly owned services and publicly run services. It does not mean publicly owned and publicly run with a charter to be as inefficient as they like; it means publicly owned and publicly run because that is, if you think about it, the best way for us to achieve the greatest efficiency from the system. It strikes me that, when you compare our expenditure on health and social care by percentage of GDP with other developed nations, we come out very favourably. Nations that have highly privatised

systems often spend a lot more of their wealth on health and social care than we do with a publicly owned, publicly run system. We are deeply concerned that Transforming Your Care represents a creeping or stealth privatisation of the health and social care system that is using patient-centred care as justification for changing the ownership of the system. We believe that this, if allowed to go unchecked, would challenge the very principles on which our health and social care system was founded.

We support, as I said, the idea of making services more accessible, but we are concerned that the proposed increased role of the community in patient care may be masquerading as a means of lessening the role of the NHS. Although we appreciate the need for cutbacks and the need to reduce pressure at acute level where possible, that fundamental shift needs to be proceeded with with care to ensure that the best elements of our system are maintained and, in particular, that the skills, commitment and goodwill of the dedicated Health and Social Care workforce are taken full advantage of.

We propose that the House be the place that decides the extent to which Transforming Your Care will change the architecture of our health and social care system. We propose that legislation be brought to the House that clearly ring-fences the bits of the system that we want to maintain in public ownership and guarantee that they are publicly run. The legislation would lay it clear for anyone who needs to see the extent to which this process of change is, in fact, a process that some may perceive to be about privatisation. There is nothing to be feared from an honest and open debate about that. However, we respectfully suggest to the House that the way to have that debate is through statute and the good scrutiny of legislation.

It is a matter of deep regret that, over the past few weeks, health trusts have intentionally or unintentionally misrepresented and misinterpreted what TYC means to them. That is also the best example that I can offer the House of why legislation would be so useful and important. The one way for us to ensure that those charged with the delivery of services do not misinterpret policy is to give it some sort of statutory framework so that it is clear to everyone — be they a healthcare manager, a director of a trust, someone with a strategic role at board level, a service user or patient or any of us in representative roles — exactly what we mean when we talk about improving patient outcomes and making services more readily available to patients.

The biggest challenge that we face right here, right now is to reduce health inequalities and to make it less likely that living that famous one and a half miles further down the road I live on in my constituency will mean 10 years in life expectancy. We will best do that by defending what we know to be great about our health and social care system and challenging it to be better at doing what we need it to do, such as reducing inequalities. However, I strongly suspect that we will fail, if we allow profit to be put before people and allow a system that we all care deeply about to be accidentally damaged when no one wanted it to be.

We will oppose the two amendments.

Mr Deputy Speaker: The Business Committee has agreed to meet at the lunchtime suspension today. I propose, therefore, to suspend the sitting. The debate will resume after Question Time and questions on the statement by the Minister of Finance and Personnel. The sitting is, by leave, suspended.

The debate stood suspended.

The sitting was suspended at 12.29 pm.

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

2.00 pm

Oral Answers to Questions

Social Development

Child Poverty

1. **Mr Dallat** asked the Minister for Social Development to outline what action his Department has taken in the last two years to meet the Programme for Government commitment to alleviate child poverty. (AQO 4114/11-15)

Mr McCausland (The Minister for Social Development): Although the Office of the First Minister and deputy First Minister (OFMDFM) has the lead responsibility for tackling child poverty, my Department has a key role to play in progressing the work. Indeed, my Department is responsible for the delivery of a number of initiatives that have a significant impact, directly and indirectly, on alleviating the causes and consequences of poverty and disadvantage.

In the past two years, such work has included the provision of financial support to those most in need, through the administration of the social security benefit system; the delivery of initiatives aimed at increasing the availability of social housing, tackling the issue of affordability and protecting those who get into difficulty with mortgage repayments; taking forward the fuel poverty strategy to improve thermal efficiency and make a real difference to heating costs for those on low incomes and on benefits; investing in regeneration and community development activities aimed at improving the lives and life chances of those who live in our poorest communities; implementing improved child maintenance arrangements, such as the introduction of the child maintenance disregard and the Child Maintenance Choices service; and working with Ministers from the coalition Government to agree operational flexibilities in the implementation of welfare reform to ensure that we get a system that best suits the needs of Northern Ireland.

My Department is also playing a lead role in progressing the Executive's Delivering Social Change framework. So far, that contribution has included working jointly with the Department of Education and the Department of Enterprise, Trade and Investment (DETI) to

deliver two signature projects, and helping to develop a policy framework to underpin our longer-term approach to redress poverty and inform our thinking for the next Programme for Government (PFG). I am also working closely with DETI and the Department for Employment and Learning on ways to tackle the significant problem of economic inactivity, which remains one of our most persistent problems in tackling poverty.

Mr Dallat: I thank the Minister for his answer. I hope that it gives some reassurance to the many families who are affected by child poverty. The Minister is, of course, aware of the welfare reform that is looming. What particular steps does he intend to take to ensure that child poverty is not worsened by that?

Mr McCausland: As the Member will be aware, over time, I have been engaging very fully with Lord Freud and Department for Work and Pensions officials in London. That has been done regularly through meetings and telephone conversations, and my officials have also been in contact with officials in London almost daily. So, there is a constant engagement, and, as I indicated in my initial answer, the key to that is trying to ensure that we get the best outcome for Northern Ireland. We want to have the flexibilities that will best suit our particular needs.

That work is ongoing, and, when we come to its conclusion, I think that we will be in a much better place than we would have been had we not had the opportunity to fit and tailor the arrangements to our particular needs in Northern Ireland. Child poverty and poverty generally is very much on our agenda in that work.

Mr Campbell: Will the Minister be able to measure the extent of child poverty as it is affected by welfare reform? If so, how will he do that?

Mr McCausland: It is not possible to quantify all the specific impacts of welfare reform on child poverty, but work is ongoing to develop a household income administrative database, which will allow a more accurate assessment of the impact on specific groups. The structure of the database should facilitate the estimation of income at individual and household levels through benefit receipt and private sources. Not only will that facilitate an assessment of the take-up of means-tested benefits but, subject to the equality of the information, it should also allow for an analysis of the individual and

combined effects, including financial, of the various welfare reform policies.

I anticipate that the database will be ready for full testing by late summer or early autumn of this year. For individuals and families, the benefits system is central in alleviating the worst impacts of poverty, and my priority has been to maximise the take-up of benefit entitlement. To date, those programmes have generated more than £50 million in additional benefit for over 15,000 people, including some of working age.

Mr Copeland: I thank the Minister for his answers, thus far. I understand that he and his Department believe that the introduction of universal credit will lift 10,000 children out of poverty, which is laudable. Is the Minister aware of the number, even approximately, of those who will suffer the opposite effect and find themselves in poverty?

Mr McCausland: The difficulty in producing a figure of any nature at this point is that we are currently working on what will be the flexibilities for Northern Ireland. Until that work is completed, and we have a package that has gone through the Executive and Assembly, it would be premature to start quoting figures. The key focus at the moment must be on getting the right measures, so that we have the best possible outcome for the people of Northern Ireland.

Social Housing: Special Needs and Assisted Living

2. **Mr Clarke** asked the Minister for Social Development what is the provision of social housing for people with special needs and assisted living requirements in South Antrim. (AQO 4115/11-15)

Mr McCausland: People with special needs may reside in general-needs housing. However, in sheltered housing or supported housing services funded through the Supporting People programme in south Antrim, the Housing Executive has a total of 35 schemes with 730 units and an annual budget of approximately £2.4 million. Those schemes cover services for older people, people with a learning disability and people with mental health issues. Three schemes on site from last year are due to complete shortly, which will provide accommodation for 19 people with learning disability; and four schemes are programmed for the current financial year, which will provide accommodation for 24 people with a learning

disability and 12 people with mental health issues.

Mr Clarke: I thank the Minister for his response. How will he ensure that sufficient housing will be provided for people with learning and physical disabilities, given so much that we have heard recently about Transforming Your Care?

Mr McCausland: I welcome the Member's question and assure him that my officials have asked the Housing Executive to work urgently with trusts to confirm demand and delivery for the rest of the programme, and we will continue to monitor progress closely.

Mr Brady: Go raibh maith agat, a Phríomh-LeasCheann Comhairle. I thank the Minister for his answers. Has he had any discussion with the Department of Health, Social Services and Public Safety (DHSSPS) to ensure that there is a co-ordinated approach on the issue of the special needs management allowance for those in supported housing projects?

Mr McCausland: Fortunately, the office that I occupy and that which the Health Minister occupies are directly opposite each other and our secretaries share a common office space. Therefore, there is constant communication and, in addition, the issue that he raised is one that we talk about and have engaged on, because we need that joined-up approach. I have seen the outworking of it on the ground in various schemes, and it is important that we maintain that.

Mr McGlone: Go raibh maith agat, a Phríomh-LeasCheann Comhairle. Gabhaim buíochas leis an Aire as ucht a fhreagraí go nuige. I thank the Minister for his responses to date. Will he clarify that, in circumstances of adaptations being carried out to a house or home for a person with special needs, a disability or the like, on foot of an OT recommendation, such an additional room, where it is a room, will not be subject to the bedroom tax?

Mr McCausland: I am conscious of the enthusiasm today for questions about welfare reform. I assure the Member that the package of measures that I will bring forward shortly will, I think, satisfy most if not all of the concerns that people have around a wide range of issues, including the sort that the Member is talking about. I just ask for a little patience in regard to these things so that we can have the full package announced in due course.

Mr Kinahan: Has the Minister changed his consultation methods, or is he looking at doing so, in respect of moving special needs and assisted living requirements into new areas in south Antrim, in light of the debate we had with his colleague the Health Minister?

Mr McCausland: I am always open to ideas on how we can improve consultation, but I think that we set very high standards for consultation in my Department. If the Member wishes to raise a particular concern, I would be more than happy to hear from him.

Work Capability Assessments: Cancer Patients

3. **Mr A Maginness** asked the Minister for Social Development if his Department plans to take any further action to ensure that individuals with cancer are not required to undergo work capability assessments. (AQO 4116/11-15)

Mr McCausland: In accordance with the legislative requirement set out in section 10 of the Welfare Reform Act (Northern Ireland) 2007, I, along with the Department for Work and Pensions (DWP), commissioned Professor Malcolm Harrington to conduct an independent annual review of the work capability assessment process. As part of his second review, Professor Harrington asked Macmillan Cancer Support to look in detail at how people with cancer were assessed as part of the work capability assessments and to provide him with recommendations for further improvements. In response to recommendations subsequently made by Professor Harrington, my Department, in conjunction with the Department for Work and Pensions, undertook an informal consultation on proposals for making the work capability assessment better for cancer patients

Following the consultation exercise, in September 2012 I announced my intention to bring forward legislation to change the descriptors in the work capability assessment that relate to cancer sufferers. That legislation was implemented on 28 January this year. It expanded the categories of cancer treatments under which a claimant may be treated as having limited capability for work-related activity. Those descriptors now include individuals who are awaiting, receiving or recovering from treatment by way of chemotherapy, irrespective of the route, or, secondly, awaiting, receiving or recovering from radiotherapy. It will now be the debilitating effects of such treatment that will determine entitlement to employment support allowance, and an individual undergoing the above

treatments should, subject to supporting medical evidence, now be placed in the supported group without the need for a face-to-face assessment.

Mr A Maginness: I thank the Minister for his reply. I think that he has taken a very sensible approach in relation to this matter. We know of many harrowing situations in which cancer patients have to undergo work capability assessments. Can the Minister assure the House that specialist training is given to healthcare professionals who carry out work capability assessments? That would go a long way towards reassuring cancer patients and their families.

Mr McCausland: One of the key requirements is to ensure that the people who make the final decisions have received the necessary awareness and other training to implement the changes. There is training for the firm that has the contract for doing the initial assessment, and training for the decision-makers. In addition, Macmillan Cancer Support delivered awareness seminars in 2013 to all decision-makers involved in the work capability assessment process. Throughout this period of change, we have had the input of Professor Harrington on three occasions, and that work is still ongoing. The recommendations that he made have been implemented, and we are now looking at the next round of work to see what more can or should be done.

Mrs Hale: Does the Minister have any plans to meet Dr Paul Litchfield, who has recently been appointed to take forward the ongoing review of the work capability assessment process?

Mr McCausland: That follows on very much from the previous question. The appointment of Dr Paul Litchfield to carry out the fourth independent review of the work capability assessment was announced by the Department for Work and Pensions on 28 February. In September last year, I formally asked the Department for Work and Pensions to include the Department for Social Development (DSD) in its provisions for the completion of the remaining two reviews, and also requested that the independent reviewer visit Northern Ireland at least once as part of each review. I am due to meet Dr Litchfield on 18 September to discuss the particular issues around the work capability assessment in Northern Ireland.

2.15 pm

Mrs Overend: Will the Minister detail approximately how many employment support

allowance recipients have been placed in the support group as opposed to the work-related group?

Mr McCausland: I do not have the exact figures to hand, but I will be happy to supply them to the Member.

Social Housing: Shared Developments

4. **Mr Elliott** asked the Minister for Social Development whether additional shared social housing developments had already been planned before publication of 'Together: Building a United Community'. (AQO 4117/11-15)

Mr McCausland: New housing developments that are planned for this year are contained in the social housing development programme, which I approved in January 2013 and which is published on the Housing Executive's website.

All new housing developments are deemed to have shared potential. The Housing Executive currently undertakes a screening exercise of all new development proposals in the context of the religious make-up of the local community; that is, where there is not a significant majority of one tradition in residence, whether there is a history of good relations in the area, local political views, and the proximity of integrated primary and secondary schools.

If, subject to a screening exercise, a newbuild scheme can be considered as a shared scheme and there is full community support for the initiative, then tenants sign up to a voluntary neighbourhood charter which secures their agreement to behave in a manner that will not affect the peace and enjoyment of their neighbours. To date, this approach has delivered 11 shared newbuild schemes.

My officials and I are currently considering how to take forward proposals for an additional 10 new shared housing developments in light of the recent announcements by the First Minister and the deputy First Minister on 'Together: Building a United Community'.

Mr Elliott: I thank the Minister for his answer. I know that a few years ago there was what I called a pilot project of a shared housing scheme in Enniskillen. Has he developed any similar projects since then throughout the rest of Northern Ireland?

Mr McCausland: It might be helpful to detail the current shared housing schemes, of which there are 11. I assume that the one to which the Member refers is one of the three on the list that are in Enniskillen. The schemes are at Carran Crescent and Abbey Drive, Enniskillen, and Sycamore Drive, Cavanaleck, Enniskillen, Woodside Park, Loughbrickland and Springhill Drive, Newry, all of which are Ulidia Housing Association schemes; Ardmore Drive, Armagh, which is a Triangle Housing Association scheme; Ballyfatten Close, Sion Mills, which is a Habinteg Housing Association scheme; Gowanvale, Banbridge, which is a South Ulster Housing Association scheme; and Causeway Meadows and Pond Park, Lisburn and the Curzon, Ballynafeigh, which are Clanmil Housing Association schemes.

Mr F McCann: I thank the Minister for his comments so far. However, despite the challenging environment, does he acknowledge and welcome the sterling cross-community work that is being carried out in areas such as Ballynafeigh in south Belfast?

Mr McCausland: Yes, indeed. The Housing Executive's cohesion unit is very supportive of those areas where there is already a mixed community. I am aware of a number of projects over the past number of years through to the present, and I will be happy to supply the Member with details of those schemes. Very good work is being done in a number of areas to support local communities that are mixed.

Mixed communities can come in different forms. For me, the key thing is that they are not only shared but that they are stable. Something can be set up as a shared area, which then goes in one direction or another and becomes single identity, or there can be an area which is shared and mixed at the moment, but which is in transition from one identity to another. It is important not only that we have shared areas but that they are stable areas.

Mr McCarthy: Will these shared social housing developments be similar to the Girdwood scheme, with two separate housing areas, one at each end, and a shared area in between?

Mr McCausland: If the Member actually looks at the proposal for Girdwood, he will find, first, that it has had strong cross-community support.

A large amount of work was done by the community steering group, which worked with the consultant at the very beginning. In fact, I sat on that group as a political representative. The group also had representatives of the

community and all political parties in north Belfast. From that came a vision of a genuinely shared site that would not be dominated by one community or another — a shared site with shared leisure, shared recreation, shared employment and an opportunity for housing. All those things have to be kept in mind as we move forward. We do not want to develop a site that is totally of one community or another. The Member, if he looks at the map carefully, will see that there is only one element of housing on the Girdwood site.

Mr Durkan: Go raibh maith agat, a Phríomh-LeasCheann Comhairle. Will the ongoing review of the housing allocation system take into account the creation of these mixed or shared housing developments when coming up with the new criteria for allocation?

Mr McCausland: The Member is aware that the work is ongoing, and I will not prejudge the outcome. It is important that, as we look at social housing, we look at a range of things that help to shape the nature of sharing and help to encourage sharing. That is not just about the initial development of an area; it is about what you put into that area. How do we get that shared approach? Are there things that you might put into an area that badge it or encourage it to be for one particular community? I am sure that the Member is aware of a range of things that has happened across the Province. We have all come across examples of people doing things that are detrimental to sharing. I can think of a particular example in Newry that was distinctly unhelpful.

Kitchen and Window Replacements: Craigavon

5. **Mr Moutray** asked the Minister for Social Development to outline the kitchen and window replacement schemes that are scheduled for the Craigavon area in this financial year. (AQO 4118/11-15)

Mr McCausland: The Housing Executive has advised that it plans to replace 111 kitchens in properties in the Clarendon Park and Cambrai Avenue areas in Lurgan. In north Belfast, we have a street that, technically, should be called "Cambrai Street", but we call it "Camberia" — I am sure that you pronounce the name properly in your area. There are also plans to replace 76 kitchens in the Fitzroy, Ulsterville and Rural areas in Portadown during the current financial year.

The Housing Executive also has plans to carry out window replacement schemes during the current financial year at the following locations in the Craigavon area: Garvaghy and Rural, Portadown, in 89 dwellings; Clounagh, Ulsterville and Seagoe, Portadown, in 256 dwellings; Mourne Estate, Lurgan in 142 dwellings; Meadowbrook Estate, Brownlow in 79 dwellings; and Aghaghallon and Wakehurst in 234 dwellings.

Mr Moutray: I thank the Minister for his answer. In what circumstances could tenants refuse to have improvements made to their homes?

Mr McCausland: I welcome the question because that issue can cause difficulties at times. The Housing Executive has advised that tenants refuse work for a number of reasons. They may, for example, have already carried out the work themselves, they may not want the inconvenience or there may be personal issues, such as ill health, age or family bereavement. The Housing Executive cannot compel a tenant to let its staff enter a dwelling to carry out relevant works without a court order because accessing a dwelling without tenant consent would constitute trespass. When a tenant refuses work, the Housing Executive has to decide whether, given all the circumstances, taking into account the nature of the work, the reason for the work and the tenant's personal situation, it is, on balance, desirable to go through the legal process with all the associated costs. Against that background, it can be considered, from an operational and policy perspective, undesirable to pursue the matter through the courts, particularly when the tenant is vulnerable or in ill health or because of the cost of doing so and the disruption to the contract.

Mrs D Kelly: I welcome the areas outlined by the Minister. Minister, are there any other plans to retrofit any of the homes in the area to increase their energy efficiency? I am also prompted to ask: do you have any comment on Disraeli Street in Belfast? Did I get that right?

Mr McCausland: No, the Member did not get the pronunciation right, in either the standard English form or the form in which we say it in north Belfast. *[Laughter.]* Energy efficiency is hugely important, and that is why we went forward with the double glazing scheme. The other area through which a house loses a lot of heat is the walls, and that is why we are working at the moment on the thousands of Housing Executive houses that have been there, in most cases, for around 50 years and have no cavity wall and, therefore, no cavity

wall insulation. That is another piece of work that I want to take forward. I am not sure whether some of those properties are in the Member's area, but they are scattered right across the Province. That will be a major piece of work.

I am pleased to say that I was in Liverpool recently and saw an example there of what can be done to retrofit those houses and to bring them up to a good standard. I spoke to one tenant whose house had just been fitted, and she was absolutely delighted with the work. It has made a tremendous difference. She had not had the heat on in her house for the previous eight weeks. That is to be welcomed. As an Ulster Scot, saving money appeals to me greatly.

Mr Gardiner: Is the Minister aware of who is to deliver the replacement of the windows, particularly the ones that need repaired? Has someone from within the area got that contract?

Mr McCausland: The Housing Executive has advised me that the tender documents for the low-rise double glazing procurement were finalised in early March and that the tenders were issued on 13 March. Tenders were received on 22 April, and the timetable for commencement of the contract is 1 July. However, that will depend on whether any challenges are received to the procurement process.

Benefits Guidelines: Mental Health

6. **Mr Hazzard** asked the Minister for Social Development if any of the four guidelines for healthcare professionals on standards and training for dealing with claimants of disability living allowance and employment and support allowance which were reviewed by a health assessment adviser in the last 12 months related to mental health. (AQO 4119/11-15)

Mr McCausland: In August 2011, the Department appointed an independent health assessment adviser, who is a medical health professional, to provide independent assurance on the quality of the medical processes and outcomes undertaken by the healthcare professionals employed to carry out medical assessments by Atos Healthcare. As part of that role, the health assessment adviser has developed a quality assurance framework that includes reviewing the guidance and handbooks used by the healthcare professionals to ensure the consistency and quality of the assessment process and outcomes. The four training guides reviewed

by the health assessment adviser in the past 12 months all included comprehensive guidance on mental health issues.

Mr Hazzard: Go raibh maith agat, a Phríomh-LeasCheann Comhairle. Gabhaim buíochas leis an Aire. Could the Minister detail how many mental health professionals will be made available to Atos and/or the Social Security Agency (SSA) for the purpose of assessing claimants?

Mr McCausland: I do not have the exact number to hand, but I am happy to supply that to the Member.

Ms P Bradley: Last Friday, I had the great pleasure of attending an Action Mental Health event in Fisherwick Place in Belfast, where I met not only staff but service users. After that meeting, they spoke about welfare reform. I know that the Minister did not really want to go into too much detail, but what steps has he taken to ensure that claimants with mental health issues are not adversely affected by the work capability assessment?

Mr McCausland: Where a medical assessment is necessary, it will be provided by an appropriately trained healthcare professional who has access to a specially trained mental health care expert. Following a recommendation by Professor Harrington in his first independent review of the work capability assessment, the Social Security Agency put interim arrangements in place whereby a mental health specialist provided that support. From 16 April last year, that provision was enhanced to four champions to improve the support and training for healthcare professionals dealing with claimants suffering from mental health or function issues. Those champions spread best practice among healthcare professionals and practitioners in mental, intellectual and cognitive disabilities.

2.30 pm

Special arrangements are also in place for claimants who suffer from mental health incapacities who fail to attend their medical assessment and do not subsequently make contact with the employment and support allowance centre or the incapacity benefit reassessment office. In that circumstance, a safeguard visit can be carried out to ensure that claimants clearly understand their obligations. The safeguard visit is also aimed at preventing unnecessary disallowance of the benefit entitlement of those vulnerable claimants.

Agriculture and Rural Development

Single Farm Payments: Map Errors

1. **Mr Irwin** asked the Minister of Agriculture and Rural Development, given the significant levels of error within the new land parcel identification system maps, can she give an assurance that minor map errors within single farm payment applications will not cause a delay when payments are made in December. (AQO 4129/11-15)

Mrs O'Neill (The Minister of Agriculture and Rural Development): Go raibh maith agat, a Phríomh-LeasCheann Comhairle. As was reported to the Assembly in March, because of a technical fault, a minority of maps were issued with fields missing. That problem was quickly rectified, and the affected farmers were provided with additional time to check and update maps. I thank the many farmers who followed our advice to check their maps and who either reported changes to Department of Agriculture and Rural Development (DARD) local offices or amended their 2013 applications to reflect the new mapping information that we sent them. It is important to recognise that many of the map updates by farmers were needed to advise DARD of real changes on the ground from the date of the photograph.

It remains the case that if an inaccuracy is found on a claim, DARD is required under EU legislation to consider whether penalties apply. I am aware that there have been circumstances this year in which farmers may have found it difficult to get accurate information about specific fields in a timely way. Although I hope that most claims will be accurate, we will consider situations in which it may be inappropriate to apply penalties. Of course, that is in the context that the farmer remain responsible for compliance with the scheme rules and that sums of money incorrectly claimed will still need to be recovered. I encourage any farmers who have changed their 2013 application but have not advised us of the corresponding changes to the fields on the map to contact their local DARD office or send us a land parcel identification system (LPIS) correction form by 10 June. That will help to avoid unnecessary delays in establishing a correct payment.

Mr Irwin: I thank the Minister for her reply. My information from officials in her Department is that they are very concerned that there will be a large number of minor inaccuracies. If that is

the case come December, it will create a minefield for departmental staff, and the issue will mean that many farmers will not get their payment until later in the springtime. Can the Minister waive small and minor errors to ensure that farmers will get their payments? Her departmental staff are telling me that there will be a real issue.

Mrs O'Neill: I know that officials have been before the Committee for Agriculture and Rural Development and will be again this afternoon, when you will have the chance to discuss that further. At this stage, just after the closure of the single farm payment application process, it is too early to say whether there is a proper assessment of the types of errors. It is fair to say that we are very hopeful that that will not be the case. Farmers have been very constructive. As you know, the process of mapping and claiming single farm payments is very much a partnership approach. It is fair to say that everything did not go as well as expected with the LPIS maps, particularly given the technical fault that occurred this year. However, it is too early to give a proper assessment of that. We will again aim to have the payments made as quickly as possible in order to get through the process as quickly as possible, as we did this year. Only the next number of months will tell, when we get even further into processing the single farm payment applications that came forward this year.

Mr McMullan: Go raibh maith agat, a Phríomh-LeasCheann Comhairle. Can the Minister outline what she can do about shared grazing?

Mrs O'Neill: Yes. I am glad that the Member raises that issue, because it has been raised with me a number of times in the past number of months. In the past, quite a number of farmers were allowed to claim on parts of fields, even though there were no clear physical boundaries to separate those out. The practice of shared grazing was not compliant with EU requirements, and DARD cannot divide fields simply on the basis of ownership. In producing the new maps, with the exception of common land where we have been unable to see the physical boundary that exists, fields have been merged. I thank those farmers who have taken DARD's advice and visited local offices to sort out many of the shared grazing cases, because they are obviously complicated. I am glad to say that, in a small number of cases, farmers have provided evidence of exceptional circumstances, and we have been able to work with them in demonstrating that they are actively farming a shared field. We are able then to work towards subdividing that field. I

am glad to say that there has been some progress made on tackling the shared grazing issue.

Mr Byrne: I thank the Minister for her answer thus far. Does she accept that the private company that was hired to do the LPIS work has largely failed? Does she recognise that Ordnance Survey for Northern Ireland is the expert in mapping, and will the Department give some consideration to using its expertise to remedy what is a flawed system?

Mrs O'Neill: The Member is referring to the problem that we have had this year. We must put all of this in context. The remapping exercise involves 750,000 fields. It is not a simple process; it is very complicated. The Member is also aware that the reason why we are doing this is because of EU disallowances, as a result of the EU's decision that our mapping system was not up to scratch.

This piece of work, the upgrading of maps, has now been ongoing for some time. We now have had the benefit of aerial photography and there have been many improvements. As I said in the previous answer, obviously, everything has not gone as well as we expected. However, this problem occurred in 9% of the maps. The maps went out in three batches, and the problem occurred in 9% of them, in the third batch. It was a technical problem to do with automated script. I am sure that the Member has been briefed on that by officials. Without going into all the detail, it was a technical problem, which, I hope, we will be able to guard against in future. We always have to look at this in context. Remapping 750,000 fields is a major piece of work, and I am committed to making sure that we see it through.

The process of mapping, and making sure that maps are always correct, will be an ongoing process because things change. Fields and physical boundaries change, and we need to be mindful of that. We will never be at a stage where all the maps are 100% accurate at any time, because things change continually. However, I am committed to making sure that DARD plays its role, through working in partnership with farmers, to ensure that we get the maps as accurate as physically possible.

Mrs Dobson: The Department has admitted only recently that it will not be able to process maps quickly enough to create and issue new maps ahead of the deadline. Will the Minister explain why that is so? Given this complete shambles, has anyone in your Department

been, or will they ultimately be, held accountable for those failings?

Mrs O'Neill: The Member raises the question that she asked in the last Question Time. As I said, this was a technical fault. It was not down to human error or to one person who sat down and made a mistake. Obviously, in any situation where something goes wrong, lessons should be learnt. We would be very foolish if that were not the case. With regard to this issue, the problem was technical. However, I continue to put it in context. Remapping is a massive piece of work but one that we need to get right so that we can continue to draw down £300 million in funding. The Commission can clearly see from the work that has been ongoing, and the partnership work that has been going on between DARD and the farmers, that we are making sure that we play our role and that everything is as correct as possible.

Taking action against members of staff is not appropriate in this instance. It was a technical fault, a small error, which led to a small number of the total maps — 9% of 750,000 fields — to be issued erroneously.

Broadband: Lagan Valley

2. **Mr Craig** asked the Minister of Agriculture and Rural Development what surveys have been conducted to ascertain broadband speed and quality in the rural areas of Lagan Valley. (AQO 4130/11-15)

Mrs O'Neill: As you are aware, I recently confirmed to the House that I am committing £5 million to the Broadband Delivery UK (BDUK) project. The list of target areas considered during the stakeholder consultation was informed by line speed analysis and responses to the consultation. Those will be confirmed shortly in a follow-up and final consultation. My Department's funding will be targeted at rural areas, and although initially areas of high deprivation will be funded as a priority, funding will be rolled out across as many rural "not spots" as possible. The aim is to provide as many rural dwellers as possible with at least a 2 megabits line speed. That speed will allow farmers using broadband to engage with my Department through services such as herd registration and online single farm payment.

Mr Craig: I thank the Minister for her answer. Does she agree that the fibre-to-the-cabinet programme has not delivered for rural communities? Can she tell us what additional fibre-to-the-cabinet schemes, or, more importantly, fibre-to-home schemes, will be

delivered under this programme? Fibre-to-home schemes are the only thing that can deliver for some rural communities, especially rural farm dwellers.

Mrs O'Neill: As I have said, the BDUK project is led by the Department of Enterprise, Trade and Investment (DETI). It is about increasing speeds and looking at "not spots". The £5 million that I have targeted for broadband has to be about tackling rural areas and the "not spots". As I have said in the House many times, people get really frustrated when they hear talk of increasing speeds when they cannot even get a connection. We need to see more fixed-line connections and to be innovative in areas that are hard to reach. That is where I want to see the £5 million that I have allocated being used. I had to come up with a process for how I would target that £5 million, and I am using areas of deprivation. Those will be the first areas that we will be reaching into. However, I am committed to working with the Minister of Enterprise, Trade and Investment to make sure that we can take forward the project in as timely a manner as possible.

The BDUK project deadline is 2015, but they tell us that, as soon as they get on the ground and start working, which will be some time after next month, they will be in a position to deliver a lot quicker than that. Obviously, we will continue to hold them to that.

Mr Principal Deputy Speaker: I remind Members that they must continue to rise in their places so that the Chair can determine whether they still wish to ask a question.

Mr Milne: Go raibh maith agat, a Phríomh-LeasCheann Comhairle. What is the Minister doing to maximise the benefits of increasing rural broadband?

Mrs O'Neill: As I said in my previous answer, I want to make sure that we use the £5 million to best effect and that we target those who have no connection. I will be looking at areas of deprivation, and that will be applied to the areas that have been identified as "not spots". We are also involved in the thematic working group, which is looking at how we can use other technologies. Ideally, everybody wants to have fixed-line connections because they are the most reliable. However, we are looking at other technologies that can be used and can also create employment opportunities in rural areas.

DARD will continue to work with other bodies to inform rural dwellers of the benefits of broadband. We recently e-mailed over 600

applicants for rural development funding to let them know what Log On NI can do for them, because it is important that we raise awareness of what individuals can get out of broadband. We are involved in a number of areas of work, and I assure the Member that I will continue to make it a priority to ensure that we address the "not spots" and those who cannot get access to broadband.

Mrs D Kelly: I concur with Mr Craig's analysis that millions of pounds have been spent on this and the problem has not yet been resolved. Given that there is £5 million available from your Department, Minister, and millions of pounds from DETI, do you regard that as money well spent? With regard to the service level agreement, what is your £5 million actually buying?

Mrs O'Neill: I give an assurance that the money will be well spent. That is why I am looking at areas that I want to target. I could easily have just said, "There is £5 million. Add it to the pot that is already there and see what can be done with it." For me, the £5 million has to be used to target rural areas, and it has to be used to target people who are identified as living in areas of high deprivation. That is how the money will be targeted and how we will ensure that it will be money well spent.

As I said, BDUK is a bigger project that is about increasing speeds, which will start in June. I look forward to working very closely with the Minister of Enterprise, Trade and Investment to make sure that we use the money to best effect and that we target those who still do not have a connection. There is probably around 8% of the population who cannot get a connection. That is a measurable target that we need to focus on over the next couple of years.

Single Farm Payments

3. **Lord Morrow** asked the Minister of Agriculture and Rural Development what steps she has taken to ensure that future single farm payments are directed towards working farmers. (AQO 4131/11-15)

Mrs O'Neill: I am very sympathetic to the argument that the single farm payment should go only to active farmers. My ability to deliver that outcome will depend on what is agreed in the ongoing CAP reform negotiations. The Commission has proposed a compulsory active farmer test, whereby all recipients of direct support above €5,000 would be required to show that their CAP payments were equivalent to more than 5% of their total receipts from non-

agricultural activities. In my view, that proposed test would be ineffective as a means of excluding non-farming landowners from the support regime, and it would be unworkable given the difficulties of assessing and verifying non-agricultural income.

I have been pushing for an alternative approach that would allow authorities the option to confine the first allocation of entitlements post CAP reform to those who were engaged in agricultural production activities in 2011. In my view, the World Trade Organization rules that require direct payments to be decoupled remain unbroken as long as the base period for production activity is set in the past. That optional test would permit the exclusion of non-farming landowners if it were applied.

My suggestion was not included in the proposed amendments to the Commission text agreed by the EU Council in March, which is suggesting an optional and more flexible approach on active farmers.

The EU Parliament has included a reference to past production activity in its position, but that is designed as a means of extending support to active producers who do not currently hold single farm payment entitlements rather than excluding non-farming landowners from the future support regime. My officials and I continue to press my suggested approach vigorously with the Commission, the Irish Presidency, MEPs and the Department of Environment, Food and Rural Affairs (DEFRA). Indeed, I have raised the matters personally with Simon Coveney and Owen Paterson in recent weeks.

2.45 pm

Lord Morrow: I take it from that reply that the Minister agrees in principle that payment should go to active farmers. To what extent has she been making representation not only in Europe but elsewhere to ensure that that will happen? When can we expect a final decision on the matter?

Mrs O'Neill: There is an informal Council happening in Dublin today. At the end of June, in Luxembourg, there will be a discussion where we hope that this will be finalised. That is a challenging target, but it is the target that is there, and it has been set by the Southern Irish presidency.

In respect of the active farmers test, as I said, I have raised the issue with Simon Coveney and Owen Paterson. We have had meetings with

the Commission and Parliament representatives. MEPs are aware of the position that we have taken, and we have broad support for the proposal that we have put forward. Unfortunately, the Commission does not have that in the text that was agreed in March, but that is not to say that it has been ruled out. We are still arguing the case and will continue to do that over the next four weeks until we get to the end of June discussions.

We are very hopeful that we can get a deal before the end of June. It is important in planning for the next CAP. So, those are ongoing. From the outset, we argued for a fair budget, simplification and flexibility. If we have the flexibility and we are able to adopt an active farmer test that suits the needs of our local industry, no one else has anything to fear from that, so there is no reason why they cannot support it when it comes to the discussions.

Mr McAleer: Go raibh maith agat. Does the Minister support the capping of single farm payments?

Mrs O'Neill: Yes. I have always been on record as saying that I think that payments should be capped at £100,000 per claimant. In this economic climate, it is difficult to justify paying large amounts of money to individual farmers. That is usually something that is used to attack the wider scheme of getting £300 million into the local economy and being paid to farmers. So, if the scheme were capped at £100,000 per claimant, it would only affect a very small number of farmers in the North. The Commission has suggested a progressive cap on direct payments made to individual claimants beginning at €150,000, with a 20% reduction on amounts between €150,000 and €200,000. That would rise to 100% for amounts above €300,000.

The European Parliament broadly supports the Commission's proposals, while the Council is of the view that capping should be optional for member states. My personal view is that it should be capped at £100,000.

Mr Rogers: How many landowners are claiming single farm payments? What is the total value of the single farm payments for those who do not carry on farming enterprises?

Mrs O'Neill: In the region of 38,000 individuals claim single farm payment, and there are around 25,000 active farms, so that is the difference that we are talking about.

Rivers Agency: Flooding Risk

4. **Mr McGimpsey** asked the Minister of Agriculture and Rural Development whether the Rivers Agency has been granted approval by the Drainage Council to take responsibility for further watercourses to reduce the risk of flooding. (AQO 4132/11-15)

Mrs O'Neill: Designation by the Drainage Council is required to enable my Department to undertake maintenance and schemes for drainage and flood defence purposes at public expense. In deciding to designate a watercourse, among other things, the Drainage Council must be satisfied that any drainage works needed are outside the capability of the landowner and that works at public expense provide value for money. Over the past 12 months, the Drainage Council has accepted designation, or extended the designation, of 11 watercourses.

Mr Principal Deputy Speaker: I call Mr Gregory Campbell. Sorry, I call Mr Michael McGimpsey.

Mr McGimpsey: Not at all, Mr Deputy Speaker. I am not clear that I got an adequate answer. Bearing in mind the hardships that the people of south Belfast suffered as a result of flooding, and bearing in mind the Minister's answer to me recently where there will be clear benefits for work to be undertaken as far as Rivers Agency is concerned, what benefits are the people of south Belfast seeing as a result of the actions that she and her Department have taken?

Mrs O'Neill: I am not quite sure whether I heard the Member correctly, but the designation of rivers in south Belfast and in general is the job of the Drainage Council. As I said, over the past year, there have been 11 additional designations. There is, as we all know, a wider issue in south Belfast, where there was flooding last year. A cross-departmental group is looking at the problems. If you are talking about the incident in June last year, exceptional rainfall caused a lot of those problems. A number of rivers run through the area and have an impact: Lagmore, Ladybrook and Parkland Avenue. All have had connecting implications for the area.

A number of initiatives have been taken forward in the south Belfast area — I know that I have updated the Member on that before — particularly on additional staff, work on the ground, designation and additional grilles. Quite a number of pieces of work have been taken forward over the past 12 months, and we will continue to keep the situation under review. In response to the problems that we had with

backup and grilles in June last year, additional checks are being carried out in those areas. I am committed to making sure that Rivers Agency plays its role in the ongoing inter-agency work that is looking at the bigger problem of the area's infrastructure.

Mr Campbell: The Minister outlined the nature of the work going on in her Department. Is she aware that there are a number of areas in Castlerock and Londonderry where privately owned high land adjacent to privately owned domestic properties has caused extreme flooding in the past year? What flexibility will she allow her personnel to work with private landowners and private homeowners to try to prevent flooding in the future?

Mrs O'Neill: I am very happy for Rivers Agency to engage with whoever it needs to on protecting people against flooding. A flood is a very difficult position for people to find themselves in, so if there is anything that Rivers Agency can do, I give an assurance that it will play its role in working with whoever, whether it be other statutory agencies, landowners or people in the private sector. That is key to moving forward.

Mr Flanagan: Go raibh maith agat, a Phríomh-LeasCheann Comhairle. The Minister will be aware that I recently applied on behalf of a constituent for a section of the Toneel-Muckenagh watercourse in Boho to be designated, and that request was refused by the Drainage Council. Will the Minister clarify the criteria for designation?

Mrs O'Neill: Yes, there are two overriding conditions: first, that the proposed works offer value for money, with benefits outweighing costs, and, secondly, that the works have sufficient priority to be included in the Rivers Agency programme.

In addition, there are five criteria beneath the two overriding criteria, and an application for designation needs to satisfy one or more of these: first, that a sufficient area of disadvantaged agricultural land is subject to poor drainage or flooding; secondly, that works to reduce existing or potential flooding are outside the capability of the riparians to organise and carry out at their own expense; thirdly, where works are required but it is not possible to identify the owner; fourthly, where the watercourse requires work but does not perform any function connected with the drainage of riparian land; and, lastly, that the works are required to provide an outfall for

increased run-off from new housing and commercial development.

Mrs McKevitt: The Minister spoke earlier of the additional 11 watercourses. Will she inform the House whether any are in an area of special scientific interest?

Mrs O'Neill: I do not have that information with me, but I am very happy to inform the Member if that is the case.

Agrifood Strategy

5. **Mr McKay** asked the Minister of Agriculture and Rural Development to outline the main recommendations in the new agrifood strategy. (AQO 4133/11-15)

Mrs O'Neill: I am delighted that the Agri-Food Strategy Board's action plan, 'Going for Growth', was launched by the First and deputy First Minister, along with the Enterprise, Trade and Investment Minister, Arlene Foster, and me, after the DARD breakfast at the Balmoral show. The plan includes challenging targets for the sector to increase jobs by 15,000, sales by 60% to £7 billion, and external sales by 75% to £4.5 billion.

I welcome the main premise of the report that there should be one single supply chain, with recommendations designed to support the sustainability of each part of the chain through customer-focused integrated supply chains. The main recommendations to support that are the creation of four single organisations for marketing, skills and entrepreneurship, innovation funding and industry representation, to replace the many and varied bodies that currently perform those roles. The board also recommended a £250 million farm business improvement scheme; expanding the size and scope of the processing and marketing grant scheme; a strategic regional land management policy to ensure the best use of our available land resources; and development of an economically viable model for sustainable production that allows us to promote sustainability as the cornerstone of local produce.

There are 118 recommendations, and the report has been broadly welcomed across industry. My officials and I are looking at the recommendations in detail before agreeing with DETI and other colleagues the best way forward.

Mr McKay: I thank the Minister for her answer. She is right: the 118 recommendations are

indicative of an ambitious and challenging report. When will we see results from the report and what is the timeline for its implementation?

Mrs O'Neill: We received the report just recently. As you point out, it has over 100 recommendations, and we are working through those. Some are smaller recommendations that can be changed in the short to medium term. Other things will require major structural or behavioural changes. We are committed to working our way through the recommendations. I will have a discussion with Arlene, the DETI Minister, and we then intend to talk to all other Departments that are implicated because there are implications for the Department for Employment and Learning (DEL) and the Department of the Environment (DOE). When we have talked to the other Departments, we intend to bring a paper to the Executive for discussion.

I intend to do all that over the next three months because industry is asking that we do not take a fantastic piece of work and sit back and not take action quickly. Some of the targets, although challenging, are achievable even before the 2020 time frame in the document. However, that will require the Executive and the industry working together to make sure that we realise the potential of creating 15,000 jobs, and achieving a 16% growth in sales and a 75% growth in export sales.

There is a lot to play for, and it is all doable. With partnership working, we can certainly look towards a very positive future for the agrifood industry.

Mr Frew: The agrifood industry would say that these are exciting and interesting times. However, the farming industry would say that the Minister is presiding over what could be the biggest crisis in living memory, which goes across all sectors. What is the Minister doing to bridge the gap between the farming and agrifood industries to make sure that the report and strategy will benefit the farming community?

Mrs O'Neill: I think that one of the key wins from the report is the recognition from industry — I am also talking about the agrifood industry, processors and retailers — that there is only one supply chain. One of the main positives to come out of the report is that, finally, the farming industry is recognised as an equal partner in the supply chain and should be treated as such.

The targets in the report are very challenging and we will have to work very closely with industry to make sure that we have a viable and sustainable farming industry to take that forward. If the farmer is not producing food, there is nothing to go further up the supply chain. So, they are key to the success of this.

The crises that we are dealing with at the minute include fodder, snow and horse meat — you name it, it has been coming thick and fast for the farming industry. I have demonstrated my commitment to working with the farming industry and will continue to do that. The Executive have also come on board and recognised the need to support the farming industry in a unique, difficult and horrendous past 18 months.

Mr Swann: Farmers for Action told a recent Agriculture Committee meeting that that strategy will not benefit farmers directly by increasing farmgate prices and is more about producing more food more cheaply.

Mrs O'Neill: I understand that the farming community has concerns and that a lot of the report's recommendations are challenging. The key is the fact that we need fairness in the supply chain. That, and reaching into new markets, will happen only if our farmers are producing food. I continue to commit to working with the farming industry to make sure that we provide support.

We are in a crucial time in coming towards the end of CAP reform. We will have an opportunity to debate with Farmers for Action, the Ulster Farmers' Union (UFU), the Northern Ireland Agricultural Producers Association (NIAPA) and all the farming unions and stakeholders on the future of the new rural development programme. That will be an opportunity for those people to come forward and say, "Here is how support should be tailored. Let the industry say how support should be tailored". For me, that will be the success in moving forward.

3.00 pm

Mr Dallat: I have listened very carefully to the Minister and am not surprised that the supplementary questions are focusing on the farmgate price. The Minister will be aware that, historically, there has been daylight robbery up until now. With this money, how can the Minister reassure the farming industry that, at long last, that daylight robbery at the farm gate is going to stop and that, in fact, the industry will benefit from it?

Mrs O'Neill: Again, it comes back to the points that I have already made. We need fairness in the supply chain over farmgate prices and low farmgate prices. You will remember the campaign that was held last year, when people were able to buy produce at the price that the farmer was receiving for it. People were very shocked.

From the outset of the process to put the Agri-Food Strategy Board (AFSB) in place, I have said that the farming industry is not a poor relation in this situation. It is an equal player and an equal partner in the supply chain. I welcome the fact that that has now been taken on board, but over the next couple of years as we look at the actions that have been identified and the work that we need to take forward, I will continue to give an assurance to the farming community that I will make sure that its views are reflected. I made that very clear from the start of the process, and I will continue to do that in the time ahead.

Culture, Arts and Leisure

Boxing Strategy

1. **Mr McGlone** asked the Minister of Culture, Arts and Leisure for an update on the boxing strategy. (AQO 4143/11-15)

Ms Ní Chuilín (The Minister of Culture, Arts and Leisure): I thank the Member for his question. He will be happy to know that as a result of an expression of interest exercise for the boxing investment programme, 94 boxing clubs have been identified as meeting the agreed criteria to receive equipment. A procurement process is under way to identify a preferred supplier. It is anticipated that that preferred supplier will be appointed in June.

A new club development manager has been appointed by the Irish Amateur Boxing Association (IABA) and is directly working with local boxing clubs on a range of matters, including funding applications, identifying facility needs, child protection, and increasing participation and volunteers. Looking ahead to the capital investment aspect of the programme, meetings are also being held between club development managers, individual clubs and local councils to review premises options. Furthermore, an independent technical team is due to be appointed in July. Its work will be informed by the meetings that are being held, and its remit

is to assess the need for capital works and facility repairs to individual premises.

Mr McGlone: Go raibh maith agat, a Phríomh-LeasCheann Comhairle. Gabhaim buíochas leis an Aire as an fhreagra chuimsitheach sin. I thank the Minister for her comprehensive answer.

My colleague to my left has suggested that it would be an appropriate testimony to the great achievement of Conor Wallace from the Sacred Heart boxing club in Newry, who won the under-18 all-Ireland boxing title at the weekend, and his club if the Minister's Department would look at that club's facilities. Perhaps it would be appropriate for me to raise that with the Minister now.

Ms Ní Chuilín: Cad é an focal atá ar "chancer", a Phatsy? I do not know what the word in Irish for "chancer" is, but maith thú — well done — for it is now on the record.

Newry has a strong boxing history, as do many other areas. Newry, like the rest of those areas, has no doubt put in an expression of interest. The whole point of the exercise is to make sure that we look at equipment needs first. All those needs are completely different, depending on where you are and what support you got in previous years. Aontaím leat go hiomlán. I agree with you about Conor and all the other boxers who competed. It is upon myself to make sure that they have facilities that are fit for purpose, because they are delivering for us, and we need to deliver for them.

Mr Humphrey: Thank you, Mr Principal Deputy Speaker. The Minister will have visited Cairn Lodge boxing club. I am pleased to announce to the House that, last week, T J Waite and Nathan Dunn secured belts boxing for Antrim in the Belfast city cup. I congratulate them on that. Minister, what progress have your officials made with officials from Belfast City Council on a joined-up strategy to benefit such boxing clubs as Cairn Lodge, Albert Foundry, Midland and Sandy Row across Belfast?

Ms Ní Chuilín: I have no comment to make on Sandy Row boxing club, because it has not accepted my offer to meet, although I understand that it has accepted an offer to meet the independent panel that was looking into boxing issues on behalf of the Irish Amateur Boxing Association.

I congratulate the two lads. All the boxing clubs that the Member mentioned, and all those that

he failed to mention, but the work of which, I am sure, he knows about, do a fantastic job.

There is a member on Belfast City Council's steering group to ensure that what we are doing will have a joined-up approach. I am happy for my officials, either from the Department of Culture, Arts and Leisure (DCAL) or Sport NI, to sit on other steering groups that local government produces because we need to ensure that we provide as much potential as possible and that we are not seen to be competing with, but are complementing, one other.

As I said in response to Patsy McGlone's question, what we need to do collectively is to try to support people who are involved in sport, particularly boxing. As the Member knows, the state of boxing clubs across the North is not good.

Mr McGimpsey: In view of the comments that the Minister has just made about Sandy Row Boxing Club, and the very reasonable recommendations that the club put forward in the report on the sectarian and racial abuse that the club has received, is the Minister still saying that unless its officials meet her, she is not prepared to look at the issues of fair treatment, free of the sectarian and racial abuse to which Sandy Row Boxing Club has been subject, and that remedies that are brought forward continue to be refused?

Ms Ní Chuilín: In fairness to the Member, he is fairly consistent with his inaccuracies. First; I have never said in the House or anywhere else that Sandy Row Boxing Club will not receive funding because its officials refuse to meet me. I want that on the record — again.

Sandy Row Boxing Club, or any other boxing club for that matter, will receive funding only when it is affiliated to a recognised governing body. Those are the criteria. If it is good enough for Albert Foundry Boxing Club, Cairn Lodge Boxing Club and Midland Boxing Club, it is good enough for Sandy Row Boxing Club. Again, I appeal to the club. I am delighted that its officials have agreed to meet the independent panel. That is a positive step. I hope that they will feel that they get a fair hearing. I believe that they will. I hope that Sandy Row Boxing Club decides to reaffiliate, because I am concerned that, albeit there are dwindling numbers at the club, the children there are being affected because of the stance of a few of the club's officers.

Mr Allister: So the Minister's position is that unless a club, which has been discriminated against by those to whom it was affiliated, reaffiliates, it will receive no funding. I know that the Minister likes to dodge the issue of sectarianism in boxing, but what help is she giving to the independent working party under Duncan Morrow to address sectarianism in boxing?

Ms Ní Chuilín: Just last month, I met Duncan Morrow and the rest of the members of the independent panel. I offered them any support that they need. I offered that support without conditions. In fairness, therefore, I reject the Member's assertion that I, my Department or Sport NI has been involved in discrimination. That is a scurrilous remark to make, although it is not surprising coming from the Member.

With regard to Sandy Row Boxing Club, I will repeat myself again: that club, like any other, needs to be affiliated upon receipt of any funding. I appeal to the club again: it needs to step back and think about its actions. At the end of the day, it is about children and young people who are affiliated to that boxing club who will be left behind because of the actions of a few of its officers.

Lough Neagh: Fish Stocks and Habitats

2. **Mr Kinahan** asked the Minister of Culture, Arts and Leisure what action she has taken to commence studies on fish stocks and habitats in Lough Neagh. (AQO 4144/11-15)

Ms Ní Chuilín: I thank the Member for his question. The long-term sustainability of the Lough Neagh fishery is a key priority for my Department. I have commissioned the Agri-Food and Biosciences Institute (AFBI) to undertake research throughout the Lough Neagh catchment. AFBI's work provides an important scientific basis to my Department's role in the conservation and protection of that fishery.

AFBI is currently carrying out a research project on Lough Neagh that will provide information on the location and population levels of fish species in the lough, including pollen. AFBI is also undertaking genetic studies on brown trout stocks in the Lough Neagh catchment. Those reports will be completed by the end of 2013. AFBI also works closely with the Lough Neagh Fishermen's Co-operative Society Ltd to provide advice on the management of eel stocks in accordance with the eel-management plan. The institute is also undertaking important

research on the stock status of salmon and brown trout across the DCAL area, which includes the Lough Neagh catchment.

Mr Kinahan: I thank the Minister for her answer and for the funding that is going to AFBI at present. I am very concerned that that funding will run out later in 2013. Will she extend the funding so that AFBI can explore more research on those species and others in order to get Lough Neagh to become what it should be, a tourist attraction and an ideal place for fishing, which is what we all want?

Ms Ní Chuilín: I am very sympathetic to the Member's concerns. I have committed to contracting AFBI to look at specific areas of work until the end of this year. However, it is clear already, from delegations and correspondence from Members on the issue of stocks in Lough Neagh, that there are concerns that, once that area is looked at, the rest will be ignored. I want to assure the Member that that will not be the case. I cannot go beyond my contractual agreements for this year, but I do not believe that AFBI is going anywhere in the near future. I hope that its report and the support that it gives to my Department will help me to protect and conserve fish stocks in Lough Neagh, as well as enhance the tourist product there. We need to take a long-term view on this.

Mr Milne: Go raibh maith agat, a Phríomh-LeasCheann Comhairle. What procedures are in place to ensure an accurate count of the fish caught in Lough Neagh by licensed fishermen?

Ms Ní Chuilín: DCAL requires licensed netsmen to ensure that there is an accurate count of the fish caught in Lough Neagh. The process for that is the salmon carcass tagging scheme, as stipulated in the Fisheries (Tagging and Logbook) Byelaws 2001. The Department enforces that by inspecting catches in which salmon are detected on boats and at quaysides. Indeed, as the Member may have heard this morning, angling clubs and the Lough Neagh fisheries work very closely with officials in my fisheries branch and help us to carry out counts of the stock in the river, address illegal fishing, and inspect fish dealers and fish registers. I think that the processes are robust, but we will always look to make sure that they are even more robust. At the end of the day, we need to make sure that all the good work that has been under way for decades around Lough Neagh continues and flourishes.

Lord Morrow: What liaisons, talks or discussions have taken place between the

Minister's Department, the Department of Agriculture and Rural Development (DARD) and the Department of the Environment (DOE) in relation to the pollution problem in Lough Neagh? Does she accept that that issue needs to be tackled if we really are to take Lough Neagh seriously?

Ms Ní Chuilín: I know that there have been discussions, but I will get the Member details of how current those are. There have been discussions on exactly that point. When the weather was very good a few years ago, there was a particular problem with invasive species, and that had an impact on fishing, so I think that it is too handy just to blame agriculture and pollution for damaging the fish stock. We need to look at habitats, fishing methods and the environment, and at what each of us can do to make sure that we protect the lough and its stocks. I do not have all the accurate information to hand, but I will certainly get that for the Member.

Sport: People with Disabilities

3. **Dr McDonnell** asked the Minister of Culture, Arts and Leisure what initiatives her Department has in place to increase participation in sport by people with disabilities. (AQO 4145/11-15)

Ms Ní Chuilín: I thank the Member for his question. DCAL works closely with Disability Sports NI (DSNI), which is the main disability sports organisation. It is recognised by Sport NI as the key body responsible for the development of sport and physical recreation for people with physical, sensory and learning disabilities. Sport NI invests annually in DSNI to support the implementation of its disability mainstreaming policy. The current funding cycle runs from April 2012 to March 2015, and Sport NI has allocated an indicative budget of almost £500,000 for that period.

Dr McDonnell: I thank the Minister for her answer. She mentioned a figure of £500,000. Is that one funding stream or a number of streams? What funding streams are generally available to sporting clubs that may need to purchase special equipment to enable disabled people to participate? That is particularly significant in rural areas, and I feel it is important that, perhaps, we increase that funding.

3.15 pm

Ms Ní Chuilín: That is one funding stream that I have, but I know there are others. I will get the details for the Member. We are looking currently from a cross-departmental point of view at how DCAL and the Department of Education (DE) in particular can try to increase the potential for children with disabilities to participate in sport. There were some excellent programmes in the run-up to the Olympics and Paralympics last year, and we are trying to make sure that they are continued. Also, increased participation in sport by children with disabilities has been prioritised by my Department through the Executive's Delivering Social Change programme, and I expect additional funding to come from that.

I have also been approached by various clubs through different monitoring rounds. I am working with Disability NI to try to make sure that we prioritise the needs of people who have disabilities and try to promote sport and physical activity. I totally agree with the Member's sentiment: there is funding there, which is good, but we need to do better. I think that, collectively, we need to remove barriers rather than create bureaucratic barriers, particularly for people who are extremely vulnerable.

Ms McCorley: Go raibh maith agat, a Phríomh-LeasCheann Comhairle. Gabhaim buíochas leis an Aire as a freagraí go dtí seo. What other activities have the three main sporting bodies committed to?

Ms Ní Chuilín: Soccer, GAA Gaelic games and rugby are the three main participating sports, and they have prioritised targets within the Department's Sport Matters strategy.

For example, the GAA will promote and deliver wheelchair hurling programmes; it has adopted Gaelic football programmes; and it has GAA special needs and disability programmes, particularly around sensory deprivation. The IFA has also undertaken activities to sustain and expand partnerships with local councils to deliver Active Communities programmes. It has been involved in schools coaching and competitions in the special education sector. Its international squad programmes have been excellent for people with learning disabilities or visual impairments. I know that representatives from the education and library boards and visual impairment and cerebral palsy bodies have been involved in this as well. As well as those two sports, the rugby body will continue to develop dedicated sessions for people with disabilities, and it will deliver the Active Communities programme through rugby.

coaching and working with groups and other people with disabilities wherever possible.

Mr McCarthy: What does the Minister envisage as being a lasting legacy for disability in sport, particularly for children with disabilities, from the up and coming World Police and Fire Games?

Ms Ní Chuilín: All the big events that we are holding need to have a lasting legacy, particularly for people with disabilities. It comes as no surprise that some of the representatives from the World Police and Fire Games were involved in the run-up to the pre-games training for the Paralympics, even though that was around promotion.

We need to try to get mainstream funding into programmes that are going to add to the potential for children with disabilities in particular to get involved. It is not just about children; we need to look at adult participation as well, and I am happy to do that. I also think that, if you look at it as sport alone, then you are missing an opportunity. We are looking at social inclusion and equality, and we are also looking at better relationships. I think that the World Police and Fire Games will be a great ambassador for that.

Mr Elliott: Will the Minister outline her Department's performance in delivering a 6% increase in participation rates in sports and physical recreation among people with disabilities by 2019, as set out in the Sport Matters strategy?

Ms Ní Chuilín: As the Member pointed out, the target is to increase participation rates by 6%. The Department is on line for that. I am worried in case the Member is suggesting that it is not, or that he may have information to suggest that it is not. I think that is just a baseline; I think we need to do better.

In response to some of the questions that Members have raised, we could do better by trying to provide better opportunities, not just in the Department and through Sport NI and Disability Sports NI but also through local government. As I outlined in answer to a question from another Member, the three main sporting bodies have good examples of where they use their skills and expertise to take a proactive approach to people with disabilities. I think we need to look towards meeting the target of 6% but doing a lot better.

Libraries NI: Disadvantaged Areas

4. **Mr Campbell** asked the Minister of Culture, Arts and Leisure what measures Libraries NI is taking to target areas of social deprivation and economic inactivity. (AQO 4146/11-15)

Ms Ní Chuilín: The public library service ensures that access to reading material, information and IT facilities is not dependent on levels of wealth. It does that by making its resources freely available to everyone. That is essential to tackle deprivation, economic inactivity and inequality. Library staff are engaged with children from deprived backgrounds before they start school through programmes such as Bookstart, Rhythm and Rhyme, storytelling and Sure Start projects. These help children to succeed when they get to school and assist them through their school careers.

Libraries NI also runs programmes to assist people into employment. Jobs and benefits clubs operate in more than one third of libraries, including Limavady and Coleraine in your constituency. The Coleraine job club has been particularly successful, with 50% of its users having obtained jobs. The Got IT? and Go ON programmes are run across all libraries to help people, including the unemployed, to gain IT skills. Libraries also help with things such as CVs, employability and roadshows. Libraries NI will realign its resources to provide more services in areas of high need, in furtherance of the Executive's commitment to delivering social change.

Mr Campbell: The Minister has outlined some of the good work that Libraries NI is doing across the piece. However, given that the acceptance and recognition that unionist areas have high socio-economic deprivation are a comparatively recent phenomenon, what is she doing to ensure that, in those areas, there will be provision for greater accessibility to the services that Libraries NI offers?

Ms Ní Chuilín: Libraries NI operates an open and transparent service, regardless of where its libraries are based. I also know that the Noble indices show that six, if not seven, of the top 10 areas of deprivation are in nationalist/republican areas. Does that mean that Libraries NI ceases to provide a service in some areas? Absolutely not. In north and west Belfast and Foyle, which are the areas that experience most deprivation, the people who walk into libraries do so without being asked who they are or where they are from. They are asked only about the service and assistance that they need. That is the way that it should be. If the Member has any evidence that Libraries NI is not fulfilling its

statutory duty in unionist, Protestant or loyalist areas, I would be happy to look at that, but I doubt that that is the case.

Ms Boyle: Go raibh maith agat, a Phríomh-LeasCheann Comhairle. The Minister has already alluded to the answer to my supplementary, but how is Libraries NI working to increase and enhance the services that it already provides to communities?

Ms Ní Chuilín: Libraries NI is probably one of the best examples of how libraries are not just about borrowing books. A range of services in libraries is open to all communities. Libraries NI is expanding its range of partnerships with local community organisations, charities and Departments. A few examples that I have seen at first hand have worked extremely well. There has been very positive feedback from the Health in Mind partnership between Libraries NI and four leading mental health charities. The initiative provides information on health and mental well-being as well as support and guidance for people who have been affected by mental health issues, their families and carers.

Libraries NI is also working with DARD, particularly in light of concern about the urban and rural split. Libraries NI, in conjunction with DARD, is marketing its services to farming and rural families and rural businesses, particularly through its use of IT services. DARD has sent information about its services to 38,000 rural businesses through Libraries NI. Also run in partnership with libraries is the Access to Benefits (A2B) programme, which has held a series of workshops, giving local communities opportunities to seek advice and talk to experts about a range of benefits. As I mentioned earlier, it continues to work with the Department for Learning and Employment on a range of employment opportunities.

Mrs McKevitt: Did the Community Relations Council events, some of which were held in libraries right across the region during community relations week, target people in socially deprived areas?

Ms Ní Chuilín: I outlined the range of services that libraries provide and the partnerships that they work with in the community, but libraries are also used to host meetings across the board. As I said — I think it is totally genuine — there is no stigma in walking into a library. That is why it is good to have services in libraries that people may feel a bit awkward or reluctant about. Once people are through the door, they are through the door. People do not know or care who they are: they do not care about their

religious or political complexion and nor should they.

I commend the Member's question and the work that Libraries NI continues to do. I have absolutely no doubt that it is one of the arm's-length bodies that learns lessons with a view to making its services a lot better for the future.

Commonwealth Games 2014

5. **Ms P Bradley** asked the Minister of Culture, Arts and Leisure what discussions she has had with the organisers of the Glasgow 2014 Commonwealth Games. (AQO 4147/11-15)

Ms Ní Chuilín: Within the past year, I met the NI Commonwealth Games Council (NICGC), which is responsible for the North of Ireland team that is competing at the Commonwealth Games. At that meeting, I heard about the NICGC's progress on its plans for the 2014 Glasgow games. In particular, I heard about its progress in supporting athletes from here to win at least five medals at the Glasgow games, which is a specific target in my Department's strategy for sport. To that end, DCAL, through Sport NI, will continue to work closely with the NICGC as it takes forward its preparations for the 2014 Glasgow games.

Between 2011-12 and 2014-15, Sport NI will have awarded total funding of £4,340,120 to the NICGC, athletes, squads and governing bodies in their preparation for the 2014 Glasgow games.

Ms P Bradley: I thank the Minister for her answer thus far. Does the Minister agree that the 2014 Commonwealth Games provide another opportunity to promote participation in sport? Will she outline her Department's plans to mark the visit of the Queen's baton relay to Northern Ireland?

Ms Ní Chuilín: I have no plans. In fact, it is the first that I have heard of it. You learn something new every day.

I am on the record as saying that I am quite happy to help athletes from here compete in the Commonwealth Games; I am very happy to support athletes regardless of who they are competing for or how they are competing. What we need to do — I am not saying that you are involved in this, but some of your colleagues unfortunately are — is to cut the nonsense out, get behind the athletes and move on.

Mr Maskey: Go raibh maith agat, a Phríomh-LeasCheann Comhairle. Is the Minister in a position to elaborate on whether there are any other preparation meetings that may be appropriate in advance of the games?

Ms Ní Chuilín: There are preparation meetings. An operational group that is chaired by the NICGC has been set up and has met on two occasions. The membership consists not only of Commonwealth Games staff; Sport NI and the Sports Institute for here are on board. I think that that is very important, and I am sure that Member will agree. The group has held a round of meetings with the appointed coaches of the governing bodies that plan to nominate athletes for the games. The meetings also looked at preparation plans and the support that is required leading up to the games.

The terms of reference of the strategic partnership group have been agreed by the board of Sport NI. The preparation group will consist of two members from Sport NI and two members from the Commonwealth Games Council. There is also provision for observer status for DCAL, which I will be making full use of. The group will report to the board of Sport NI, and its first meeting will take place shortly.

I met the council and have received updates, and I am pleased with the plans and preparations thus far. I look forward to hearing further updates on further progress.

Mr Rogers: What plans does the Minister's Department have to promote Northern Ireland as a destination for training camps for the Commonwealth Games?

Ms Ní Chuilín: The Member will be aware that one of the straplines of the London Olympic and Paralympic Games last year was "Our Turn to Shine". I think that we did extremely well with pre-games training last year. We are doing well again with the venues and sporting facilities that we are using as part of the World Police and Fire Games, and I hope — I know — that that legacy will continue as part of the training and preparations for the Commonwealth Games.

Certainly, we need to do more in the way of capital and things like that. I am waiting for a report from the group, and, as the Member will know, notwithstanding budgetary constraints and pressures, I am happy to look to see what other support we can give.

3.30 pm

Mr Beggs: The Sport Matters strategy targets winning five medals at the Commonwealth Games. That is the same target as was set for the Delhi Commonwealth Games, where we won 10. Minister, how are you and the Department supporting our sporting organisations and sufficiently encouraging and challenging our elite athletes to achieve more?

Ms Ní Chuilín: Certainly by my structure, I am ill-placed to tell people to run faster, but what I am certainly in a place to do is to help governing bodies to help their athletes to perform better. If the Member feels that the target is deliberately less than ambitiously set in order to provide a yield of medals, I have heard that one before. The important thing within my Department's control is to make sure that the athletes are given maximum support in preparing for competition. I have had no indication or information up until now to suggest that that is not the case, but I am happy to look at that and to raise it in our future meetings with governing bodies on other issues.

Education

Single Education System

1. **Mr Copeland** asked the Minister of Education what legislative changes would be necessary to allow for a single education system. (AQO 4157/11-15)

Mr O'Dowd (The Minister of Education): Go raibh maith agat, a Phríomh-LeasCheann Comhairle. Our education system has a rich diversity of school types. The Education and Skills Authority (ESA) will be a single system of administration to serve a diversity of schools. During the development and passage of the Education Bill, many people argued passionately in support of particular school types. Many Members have also advocated for the interests of particular stakeholders or sectors. Were we to have a single type of school education system, what would it be? You first have to decide what your single education system would be. You would then draw up legislation to match that vision.

Mr Copeland: I note the Minister's comments about the unification, in some respects, of the administration and thank him for them. I ask him this point-blank: does he believe in a single education system where children of all faiths and none are educated together? Does he believe it to be desirable or feasible to do that? And how long does he believe it would take for such a transition to take place here?

Mr O'Dowd: In many ways, what I believe about a single education system is irrelevant. If you want to bring forward a single education system, you will have to redraw the legislation. You will have to remove parental choice. You will then have to say to parents, "This is the type of education system we believe in, moving forward".

If you are asking me whether I believe that children of all faiths should be educated together, the answer is yes. However, the House is going to have to decide on many of these matters. Are you going to ensure that all children are taught together? Are you going to remove academic selection? Are you going to ensure that all children are treated equally, that all faiths are treated equally and that all cultures are treated equally? Because that is the type of single education system that I believe in. However, remember that Members have come forward in many instances in the House to defend one sector over another or the right of parental choice. You need to make up your mind about what you want. You either want parental choice or a single education system, because you cannot have both.

Ms Boyle: Go raibh maith agat, a Phríomh-LeasCheann Comhairle. Would any legislative change be required to support the growth of shared education projects?

Mr O'Dowd: We continue to study the shared education ministerial report. At this stage, it does not appear that we would require any significant legislative changes. However, if legislative changes are required, we will come back to the Assembly with a report on that and seek those changes that would help to promote shared education.

Mrs McKeivitt: When does the Minister expect the ESA Bill to return to the House?

Mr O'Dowd: I have presented a paper to my Executive colleagues on amendments to the ESA Bill following the Committee Stage. It will be up to the Executive to clear that paper, and I will then proceed with bringing the Bill before the House.

Mr Storey: The Education Minister said that "you cannot have both" shared education and parental choice. Will he outline when he will have further discussions with the Council for Catholic Maintained Schools (CCMS) to ensure that it ends the discriminatory practice of the Catholic certificate, which may assist parental choice?

Mr O'Dowd: I actually said that you cannot have both parental choice and a single education system. You can have shared education and parental choice in the same system. The Member will be aware, because I have commented and responded to him on numerous occasions about this, that equality duties lie with the First and deputy First Minister. That is who needs to have a conversation with CCMS or whoever else is involved in the debate around equality measures and employment legislation. It is a matter for the Office of the First Minister and deputy First Minister (OFMDFM) to bring forward legislation on the matter.

Post-primary Schools: Area Planning

2. **Mr Swann** asked the Minister of Education for an update on the post-primary area planning process. (AQO 4158/11-15)

Mr O'Dowd: I last updated the Assembly on area planning on 26 February. I outlined the next steps to maintain momentum and build on the work done to date in the run-up to the establishment of ESA. On the same day, the education and library boards published the findings of the consultation that took place last autumn and the revised drafts of their plans for post-primary schools. The area plans for primary schools were made available for public consultation on 19 March. The consultation is open until the end of June. I hope that dialogue at local level will result in practical and sustainable solutions that can include proposals for increased sharing of accommodation and resources.

I have established a steering group to support my Department in overseeing planning until ESA is established. The group's aims will be to embed a single approach to area planning and to identify priority areas for action. The group has met twice and agreed a programme of work for the coming months. That covers the further development of the area plans and the consideration of common planning issues.

Finally, I have set up a working group that will develop a regional plan for dedicated special school provision. Area planning is a high priority for my Department, and I am determined to keep the process moving forward. Only through a strategic, collective approach to planning will we ensure we are meeting the needs of all our young people.

Mr Swann: I thank the Minister for his answer. Minister, there are innovative and, some say,

radical proposals being brought forward in local area plans, such as the proposal for the controlled schools in Ballymena. How open will you be to considering such plans?

Mr O'Dowd: I am very open to all plans being brought forward to my Department and the managing authorities. The consultation process was valuable, particularly on the post-primary sector. The primary sector one is currently ongoing. If communities have plans of a radical nature — I always like a bit of radicalism, I have to say — I think that we are duty bound to examine those to see how we move forward, because the communities know best their education provision needs going into the future, so let us take a look at all those ideas.

Mr Campbell: The Minister talked about a strategic outlook. When he is looking at the issue of the area planning process three months after the February announcement, what assurance can he give the various communities across Northern Ireland with an interest in education that his view will not be hidebound by ideological views yet again?

Mr O'Dowd: I fail to see how some parties in the Chamber operate, because apparently none of them has an ideology. An ideology is a belief system. I assume that the DUP has a belief system. It believes in its policies, so that is an ideology. You bandy the word around as if it is some sort of bad word. I am proud to have an ideology. Will the decisions coming forward be bound by my ideology? No, they will not, but they will certainly be guided by it, as all Ministers are guided by their ideology. I am sure that even the Member, when he was a Minister, was guided by his ideology. At least we hope he was — he was guided by something. I will bring forward decisions based on the evidence coming forward and the consultation responses, and I will adhere explicitly to my duties under the ministerial code.

Mr Flanagan: Go raibh maith agat, a Phríomh-LeasCheann Comhairle. I thank the Minister for his answer. The shuffle was a wee bit unkind to me, as I am lumped down at question 14.

Will the Minister provide an update on how the needs of small rural schools, particularly in places such as Fermanagh, will be met as part of the area-planning process as it continues to roll out?

Mr O'Dowd: I thank the Member for his question. I met representatives from the Ulster Farmers' Union today to discuss rural communities' issues, and how they are affected

by small rural schools and the proposals around a number of small rural primary schools and post-primary schools. They put their case across very well about the needs of rural communities, and I said that I will continue to engage with them. I am meeting the Agriculture Minister in a couple of weeks about the matter as well. Alternative proposals coming forward from rural communities for specific areas, particularly in Fermanagh, will be taken under consideration before any final decision is made.

Mr D Bradley: Go raibh míle maith agat, a Phríomh-LeasCheann Comhairle. Gabhaim buíochas leis an Aire as ucht a chuid freagraí. Ba mhaith liom fiafraí de cad chuige nach bhfuil ionadaíocht ag scoileanna áirithe ar an ghrúpa stiúrtha um pleanáil ceantair?

Why is it that certain schools have no representation on the area planning steering group?

Mr O'Dowd: Gabhaim buíochas leis an Bhall as a cheist. Which schools are you referring to? The area planning steering group is representative of the planning authorities for schools. Area plans for the controlled sector are the responsibility of the education and library boards; the Catholic sector is represented by the CCMS; the Irish-medium sector is represented by Iontaobhas na Gaelscolaíochta (I na G); and the integrated sector is also represented on the steering group. Those are the statutory organisations that my party adheres to.

If the Member is now lobbying on behalf of the voluntary grammar sector, why not just say it out loud?

Mr D Bradley: Freagair an cheist.

Mr O'Dowd: The ceist is somewhat loaded. I am happy to inform the Member and the rest of the House that I had a very useful discussion with representatives of the Governing Bodies Association this morning concerning their views that they should be represented on the area planning body. I have undertaken to consider carefully the points that they made and I will respond to them in due course.

Minister of Education and Secretary of State for Education

3. **Mr Sheehan** asked the Minister of Education for an update on his meeting with the Secretary of State for Education. (AQO 4159/11-15)

Mr O'Dowd: I held a meeting with Minister Gove on 13 May along with my counterpart, Leighton Andrews, the Minister for Education and Skills in Wales. I welcomed the opportunity to discuss issues around GCSE, AS and A-level examinations, the regulation of three-jurisdiction qualifications and arrangements for sharing information about policy developments that affect other regions.

Since our meeting, I received a letter from Mr Gove signalling his intention to end the current three-jurisdiction arrangements for qualifications. As Members know, I was not at all happy that the details of his letter were leaked to the media within one hour of my receiving it.

In my response to Mr Gove, I stated that it is imperative that Ministers can meet and have discussions with each other and that such discussions remain in confidence until the recipients have had the opportunity to consider the full implications. Such details should not be leaked in advance to the press by any source.

I will want to take time to consider the implications of Mr Gove's intentions as detailed in his letter. My officials will continue to liaise with their counterparts in England and Wales on the qualifications issues that impact on learners here.

My fundamental review of GCSEs and A levels is ongoing. I will continue to take decisions that are based on the needs and aspirations of our young people and I will ensure comparability and portability of examinations at all times.

Mr Sheehan: Gabhaim buíochas leis an Aire as ucht a fhreagra. I thank the Minister for his answer. Does he agree that no single jurisdiction has the right to dictate how the GCSE and A-level brand is used either now or in the future?

Mr O'Dowd: Gabhaim buíochas leis an Bhall as a cheist. The Member is right. The GCSE and A-level brands are owned between the three jurisdictions of England, Wales and here. I am concerned that Minister Gove's intention is to break up the ownership of that brand. However, I cannot stop Mr Gove from doing that. If he wishes to continue with his changes in policy direction he is perfectly entitled to do so, but that does not automatically mean that I or my Welsh counterpart have to follow him.

We have to provide examinations and qualifications that meet the needs of our young people and the curriculum. In doing so, we must ensure that those qualifications are

recognised and accepted in whichever parts of these islands to which people choose to travel or, indeed, across the world. I have no doubt that we will be able to achieve that.

I would much prefer that this matter had been handled much more sensitively and that the conversation between me, Mr Gove and Mr Andrews had continued before any public pronouncements were made. The public pronouncement was made via a leak, which was unhelpful, but I can assure Members that I will study the consultation, which is ongoing, and that I will make an announcement in the future as to the future direction of travel of our exams.

The key purpose of the exams is to ensure that our young people are tested robustly and that their qualifications are portable and recognised across these islands.

3.45 pm

Mr Humphrey: I heard the Minister's assertion in the media last week that there was a leak. He made a similar assertion in the House today. Will he advise the House who was responsible for the leak?

Mr O'Dowd: I assure you that it was not me, and I do not believe it came from Leighton Andrews's Department. The papers plainly said who it was: 'The Guardian' said that a senior Whitehall source leaked the details of our meeting and showed its journalist the contents of the letter from Mr Gove. I do not know who the individual was, but I have asked Mr Gove to take action to ensure that no further leaks come from his Department because they damage the working relationship between the three jurisdictions. Such action will ensure that we can work together and that we come to decisions that are of mutual benefit to all the students we serve.

Mrs Overend: Will the Minister detail at whose request the meeting was held? Has he any future meetings planned? Has he had any discussions with his Welsh counterpart since the meeting?

Mr O'Dowd: The meeting was held at my request and that of Mr Andrews. There is a requirement for further discussions between the three jurisdictions at ministerial level. There is also a requirement for further discussions at official level, and those will have to continue. I have had discussions with my Welsh counterpart since the meeting. We regularly engage with each other on the telephone to discuss education matters, which I find very

beneficial. I will continue to do that. There is also a requirement for conversations between the three jurisdictions, which, at times, require confidentiality. That is the key to successful dialogue. It is unfortunate that, on this occasion, details were leaked.

Shared Education

4. **Mr I McCrea** asked the Minister of Education what plans he has to make shared education a departmental policy. (AQO 4160/11-15)

Mr O'Dowd: Shared education is a commitment in the Programme for Government (PFG), and a significant degree is already taking place. I am considering the ministerial advisory group's report on shared education prior to determining the way forward. However, the issues arising from shared education cross many existing policy areas, and I anticipate that, rather than requiring a new policy, the way forward will be to ensure that existing policy areas reflect the need to advance shared education.

Mr I McCrea: Will the Minister detail whether he has brought forward any proposals to his Executive colleagues in the Executive paper on the Education and Skills Authority Bill that outline legislative provisions for shared education?

Mr O'Dowd: As I said, I do not believe that there is any requirement for legislative changes at this time, particularly as part of the ESA Bill. We are studying the report on shared education. I intend to present an Executive paper on that report and move on from there. If, during discussions with Executive or other colleagues, it is believed that there is a requirement for legislation on shared education, I will be happy to explore that. There is no barrier to doing that, but I believe that we have the necessary policies in place to allow us to move forward.

Mr Kinahan: Does the Minister plan an audit to collate all the information on how schools are sharing so that we can build up a database to help other schools lead us towards a single, shared education system in the long run?

Mr O'Dowd: I suspect that that would be a significant piece of work and a significant audit. However, that does not rule it out. There is benefit in the suggestion that we learn from examples of best practice. That is certainly one of the things that I am taking into consideration as I study the shared education report.

Mr Hazzard: Go raibh maith agat, a Phríomh-LeasCheann Comhairle. Gabhaim buíochas leis an Aire. Does the Minister believe that we can achieve consensus on the advisory group's proposal on academic selection?

Mr O'Dowd: Anything is possible if the will is there to achieve consensus on the way forward around academic selection. It is worth noting, however, that the ministerial advisory group has said that three of its proposals refer to academic selection and the other 17 do not. We should move ahead with the other 17, rather than simply disagree over academic selection. I am happy to engage with people on academic selection to see whether we can reach consensus.

Mr Rogers: Considering the contribution that the shared language project at Shimna Integrated College makes to shared education across the primary schools in south Down, what plans does the Minister have to seek funding for its continuance in light of recent statements on shared education?

Mr O'Dowd: It is very difficult for me to answer a specific question like that. If the Member wishes to write to me about the activity at Shimna college, I am more than happy to engage with him in that way. However, it is impossible for me to have all that information in front of me.

Primary Schools: Craigavon

5. **Mr Moutray** asked the Minister of Education what his Department is doing to allay fears of closure of schools which were listed in the draft area plan for primary provision but which will meet the desired 105 admissions criteria within the next two to three years, such as Bleary Primary School and St Mary's Primary School in the Craigavon area. (AQO 4161/11-15)

Mr O'Dowd: I have said it previously on numerous occasions and let me emphasise again: schools will not be closed simply because they fall below thresholds. Where it can be clearly demonstrated that a school is needed, it should be retained and supported to ensure that the quality of education is the predominant characteristic of that school. The draft area plans for primary schools were published on the education and library boards' respective websites on 19 March. The plans are out for consultation until the end of June 2013.

The Southern Education and Library Board draft area plan noted that local area solutions

are to be explored for Bleary Primary School and St Mary's Primary School, Derrytrasna. It is now time for local communities and schools to make their views known to the education and library boards. It is then for the relevant school managing authority to analyse the responses to the consultation, revise and refine the draft plans and, if appropriate, bring forward proposals to the Department of Education.

The sustainable schools policy sets out six criteria to be considered in assessing a school's viability: quality of educational experience; stable enrolment trends; sound financial position; strong leadership and management; accessibility; and strong links with the community. Any proposal to close a school will be assessed on the basis of its circumstances against those criteria.

Mr Moutray: I thank the Minister for the response. At the end of the day, the local media headlines have disconcerted the staff who teach there, the parents and the pupils, and, indeed, potential future pupils. Can the Minister give a timescale in which he will come out and state that Bleary and St Mary's will not be closing?

Mr O'Dowd: The Member will be aware that I do not sit on the editorial board of either of those local newspapers, and, no doubt, like him, I have had many a run-in with editors of both those newspapers. It is not up to me what the newspapers print. I do not believe that it is beneficial to the debate to print lists of schools that newspaper editors perceive to be under threat.

It is worth noting what the area plans say about those schools. The Southern Education and Library Board draft area plan noted that local area solutions are to be explored for Bleary Primary School and St Mary's Primary School, Derrytrasna. It does not state, in that context, that either school is to be closed. If the managing authorities for any school come forward to me with a development proposal, I will judge each school on its own merits. I encourage communities to look at the detail of the area plan rather than take on board what the detail may be in the local press.

Preschool Places

6. **Mrs Cochrane** asked the Minister of Education what was the level of oversubscription for the 2013-14 intake for preschools. (AQO 4162/11-15)

Mr O'Dowd: At the end of stage 1 of the two-stage preschool admissions process, 95% of children were offered a place in a setting of their choice. While 1,030 children remained unplaced at the end of stage 1, 2,290 places remained available in stage 2. Parents of 541 children chose to nominate further preferences for consideration during stage 2 of the process, which is due to complete on 31 May. There are a small number of areas in which the education and library boards have identified a shortfall in provision, but my officials are working closely with the boards to address those issues. In some instances, that will involve bringing new providers into the preschool education programme or funding existing providers to run additional sessions. I am, therefore, satisfied that, across the North, sufficient funded preschool provision is available to meet the demand for places in the 2013-14 school year.

Mrs Cochrane: I thank the Minister for his answer and for the changes that have been made over the past couple of years. In my constituency of East Belfast, a number of parents have taken the decision not to apply for a preschool place because they know that they are unlikely to secure one with the right timing or the right location as they juggle their work commitments. Is the Minister aware of that issue, which perhaps masks the problem of oversubscription? Can he detail what measures he is taking to ensure that all children can avail themselves of the benefits of a preschool place?

Mr O'Dowd: Over the past number of years, we have carried out a rigorous overhaul of preschool settings; how parents are notified; how we administer places; and co-ordination between the preschool education advisory groups (PEAGs), the education boards and my Department. We are improving the situation all the time.

It is difficult to respond to individual cases, but, in east Belfast, at the end of stage 1, there was a shortfall of three places. As a result, four new settings were brought into a preschool education programme for parents to apply to at stage 2. However, two of these have now been withdrawn because of insufficient applications. Six children from east Belfast who stated further preferences for consideration at stage 2 remain unplaced. Parents will be made aware that places remain viable and available in funded settings in east Belfast, and letters will be issued on 31 May. The fact that two settings had to be withdrawn because of insufficient applications is disappointing, and I will look into that further to ensure that those are in a proper location with accessibility for parents, and so

on. My Department has taken significant action in east Belfast and, indeed, across the board areas to ensure that demand is met.

Mr McDevitt: Given the level of oversubscription in some preschool settings over the past couple of years, what specific steps are being taken by the Department to ensure that the Programme of Government commitment to deliver preschool education on demand will be delivered?

Mr O'Dowd: There has been a significant financial investment over the past number of years, and, as I said in response to the previous question, we have overhauled how we administer and manage preschool settings. There has been a significant improvement in parental and pupil experience over the past number of years. In a large geographical area such as east Belfast, only six children who stated further preferences for consideration at stage 2 remain unplaced, and that is a significant improvement on years gone by. We have to continue to work with the boards, the PEAGs and the providers to ensure that this happens, and, if further money is required, we will have to make the finance available to ensure that the Programme for Government target is met.

Mrs Dobson: The Department runs a priority-of-access set of criteria, and prominent in this is the providing of places for children from disadvantaged socio-economic backgrounds. Although I understand the rationale for this, does the Minister agree that it is, consequently, often much harder for working parents to find a suitable place, even though they need a preschool place for their child as much as anyone else?

Mr O'Dowd: I am glad to hear that the Member understands why social clauses are involved in this. Children from socially deprived backgrounds have more difficulties presented to them as they go through school. Early intervention is about ensuring that everyone is given a level playing field. I would like to have reviewed the social clauses earlier. I would like to have brought lower paid working families into the criteria. However, we have been dealing with the implications of the Welfare Reform Bill and whether it will go through the House. I have to wait for the outcome of that Bill, and once it goes through, if it does, I will look at social clauses for preschool places.

DE: 'Together: Building a United Community'

7. **Mr McKay** asked the Minister of Education to outline the elements of 'Building a United Community' which relate to his Department's responsibilities. (AQO 4163/11-15)

Mr O'Dowd: The Department of Education will work closely with the Office of the First Minister and deputy First Minister (OFMDFM) and other Departments on the detailed design and delivery of the programme, and specific roles and responsibilities will be decided in due course. Given the cross-cutting remit of the programme, it is anticipated that responsibilities for a number of elements will be shared between my Department and other Departments.

Mr McKay: Go raibh maith agat, a Phríomh-LeasCheann Comhairle. Does the Minister envisage that the work in OFMDFM will align with the ongoing initiatives to advance shared education in his Department?

Mr O'Dowd: I believe that they will, and the announcement of 'Together: Building a United Community' will assist all Departments involved in cross-community or shared community work. They complement the programmes already in play in my Department, and my Department will be happy to play its role in advancing them.

Mr Principal Deputy Speaker: A number of Members are on the schedule for questions but are not in their place.

4.00 pm

Programme for International Student Assessment: Rasch Model

11. **Mr Allister** asked the Minister of Education for his assessment of the conclusions of the reports which relied on the international evidence base produced by the programme for international student assessment using the Rasch mathematical model, which has now been found to be conceptually flawed. (AQO 4167/11-15)

Mr O'Dowd: I am satisfied that reports produced by the programme for international student assessment (PISA) provide useful, evidence-based information that helps inform our approach to raising standards and addressing the achievement gap in order to improve outcomes for young people. I am aware of the ongoing academic discussions on the mathematical model that PISA uses. I understand that some recent criticism of

aspects of that model has been strongly refuted by the Organisation for Economic Co-operation and Development (OECD). Indeed, I understand that it has pointed to several significant flaws in the evidence behind the arguments presented.

Mr Principal Deputy Speaker: That is the end of Question Time. The House may take its ease while we make a change at the top Table. It is unfortunate that three Members were absent and missed their questions: Mr Roy Beggs; Mr Gregory Campbell; and Mr Alex Easton.

(Mr Speaker in the Chair)

Ministerial Statement

North/South Ministerial Council: Special EU Programmes

Mr Wilson (The Minister of Finance and Personnel): The North/South Ministerial Council (NSMC) met in special EU programmes sectoral format in Armagh on 10 May 2013. I represented the Northern Ireland Executive and chaired the meeting. I was accompanied by junior Minister Jennifer McCann, and the Government of the Republic of Ireland were represented by Brendan Howlin TD, Minister for Public Expenditure and Reform.

The meeting began with a presentation on an INTERREG IVa funded project, the Irish-Scottish Links on Energy Study (ISLES), which aims to assess the practicality of creating an offshore electricity grid based on renewable energy. The project was awarded INTERREG IVa funding of approximately £1.3 million.

The feasibility study on the project concluded that an ISLES cross-jurisdictional offshore integrated network was economically viable, provided that there was a subsidy of £80 million per megawatt hour — sorry, £80 per megawatt hour — and that it would be competitive under certain regulatory frameworks. The project was awarded the 2010 European structural funds best practice award for best partnership working in the use of European structural funds. The presentation was a welcome opportunity for the Council to learn directly of the benefits that INTERREG funding is providing, and I compliment the project leaders and the presenter who, on the day, gave a very interesting and engaging presentation to the Council.

Mr Pat Colgan, the chief executive of the Special EU Programmes Body (SEUPB), updated the Council on progress since the previous SEUPB sectoral meeting in May 2012. The Council noted progress on the implementation of the current Peace III and INTERREG IVa programmes. As at the end of March 2013, 214 Peace III projects have received letters of offer, worth £273 million, and that represents 94% of commitment level. In the INTERREG IVa programme, 78 projects have received letters of offer to the value of £194 million, representing an 87% commitment level. Both programmes have further projects that are awaiting either approval or the issue of letters of offer. If all projects are approved and

issued letters of offer, both programmes will be financially fully committed.

Total expenditure to date on the Peace programme is £147 million, and £94 million has been spent on the INTERREG programme, so the N+2 spending target for 2012 was achieved for both programmes.

The Council noted the importance of the timely approval by accountable Departments of the last remaining projects in both programmes to ensure that the projects have the required time for implementation. It was noted that that is particularly important for the very large capital projects. In addition, it was noted that letters of offer for successful projects must be issued in a timely manner. Any significant delay in approvals or letters of offer, or, indeed, rejection of outstanding applications, will have serious implications for expenditure targets. It is important that expenditure targets for each programme are met, since any shortfall between the actual and the target expenditure will result in a deduction of that shortfall from the programme budget. I am pleased to report that Mr Colgan reassured the Council that he would work towards ensuring that expenditure targets would be met for 2013. My officials are working closely with SEUPB to ensure that that end of year target will be achieved.

The Council was also updated on progress that has been made by the five local authority-based groups under the INTERREG IVa programme. To date, the cross-border groups have had 35 letters of offer, and the value of those letters of offer is £48 million. Two final projects are moving through the approvals process, which, if successful, will release letters of offer at a value of £18 million. I am sure that there will be some questions about at least one of those today.

The Council noted the work taken forward by the SEUPB to facilitate North/South participation in the INTERREG IV transnational and inter-regional programmes, with 66 project partners from Northern Ireland involved in a total of 54 individual projects. The final value of those projects to Northern Ireland is £8 million. The Council also noted that SEUPB continues to communicate the positive impact of the EU programmes. Two major conferences took place last year in September and November to showcase PEACE and INTERREG projects. Earlier this year, SEUPB took part in a PEACE conference in Brussels organised by the EU Commission.

The Council was updated on the planning process for the 2014-2020 INTERREG V and PEACE IV EU programmes that is under way.

An initial public consultation process was completed during 2012, and I am pleased to report that the preparation for the programmes is progressing well. The Council noted that it is the intention to present the draft operational programmes to the Northern Ireland Executive, the Republic of Ireland Government and the Scottish Government in the case of the INTERREG V programme later this year for agreement, following which a formal submission will be made to the European Commission.

The Council noted that, in line with a decision at an earlier special EU programmes sectoral meeting, the two sponsor Departments have examined the governance arrangements within SEUPB and have agreed that the existing arrangements are comprehensive and multi-stranded and provide appropriate oversight for the body.

The Council agreed to hold its next special EU programmes meeting in November 2013.

Mr McKay (The Chairperson of the Committee for Finance and Personnel): Go raibh maith agat, a Cheann Comhairle. I would like to question the Minister on the matter of building bridges. One might argue that the Minister does not have a good track record for building bridges, but we would like him to make an exception in the case of the Narrow Water bridge project. Given that the Minister has approved the project, what conditions are attached to the approval? Will he tell the Assembly today that he will lobby the Minister responsible for roads to ensure that there is no further unnecessary delay and that this public money is not lost?

Mr Wilson: As a well-known builder of bridges in the Assembly, I am very happy to say that the necessary work that had to be carried out in assessing the Narrow Water bridge project has now been completed by my Department. Members will know that there was considerable political interest in it in the Assembly. It was important, especially because of the very low score that the project had initially, mainly about concerns regarding deliverability, that we had to put proper scrutiny of the project in place.

A number of conditions are attached, and they are conditions that one would expect to be put in place to safeguard public money. First, if there are any cost overruns or delays with the project that mean that the money is not spent, Louth County Council has given a guarantee that it will fund any shortfall. Secondly, as far as the maintenance of the bridge is concerned, that will be the responsibility of Louth County Council. Newry and Mourne District Council

has undertaken that it will pay for the operation of the bridge; that is, the opening and closing of it, and whatnot. A number of planning conditions will have to be met, and those will be part of the conditions in the letter of offer. A bridge order will require the Department for Regional Development (DRD) to consider any objections that there might be and to take the necessary steps.

During the project period, as one would expect, there will be regular monitoring by SEUPB and my Department to ensure that the work is being carried out on time. As the Member pointed out, it is important that we make sure that the money is spent in a timely way; otherwise, at the end of the period, there could be a penalty. However, as a result of the negotiations that we have had, that penalty would be paid by Louth County Council.

Mr Weir: I thank the Minister for his statement. I refer him to the paragraphs in the statement that deal with the award-winning ISLES project. As the Minister indicated in his statement, it has passed its feasibility stage. Will he outline the proposed timescale for the rolling-out of the project?

Mr Wilson: The project was designed to look at where we are likely to have offshore wind farms, wave farms, current farms, or whatever they happen to be, and what grid requirements there will be. There are different regulations in different jurisdictions because it would cover Scotland, Northern Ireland and the Irish Republic. There would be costs involved in establishing the grid network and connecting to the existing network. The study was designed to show, first, whether it is feasible, and, secondly, whether it requires regulatory changes, the degree of regulatory change and how much it will cost. Some of the points that were made were that although it is possible, it will be possible only as a result of certain regulatory changes and a level of subsidy to put in place the infrastructure.

Decisions on the infrastructure will be commercial decisions that particular companies will make. All that the study was designed to do was to show what government support would be required.

Mr D Bradley: Go raibh míle maith agat, a Cheann Comhairle. Gabhaim buíochas leis an Aire as ucht a ráitis. Ar ndóigh, cuirim fáilte roimh an chinneadh a rinne sé maoiniú a chur ar fáil don droichead ag an Chaoluisce. I thank the Minister for his statement and welcome the announcement that he has made on the funding

of the Narrow Water bridge. Will he give an assurance that his Department will continue to do all in its power to ensure that the project is delivered?

Mr Wilson: The delivery of the project is nothing to do with the Department of Finance and Personnel (DFP). It is the responsibility of the grant applicants, who have to see through the conditions that are required to be met. They are responsible for procurement, getting the work on site and ensuring that contractors work within the timetable.

4.15 pm

The job of my Department will be to make sure that the conditions attached — the necessary conditions attached to the letter of offer — are met. And, of course, we will be monitoring closely the progress of the actual project to ensure that overspends or delays are identified at an early stage, because, at the end of the day, no one, whether it is Louth County Council, Newry council, or whatever, wants to see this project run into the ground now that public funds have been committed to it. Delivery now rests with the people who have applied for the grant and who have assured us that, as far as they and their experts are concerned, and the evidence that their experts have given to the SEUPB and the Department, those items can actually be dealt with.

I suppose the only thing, from my Department's point of view, is that it will mean that the time of the Member for South Down will now be freed up considerably, because I will no longer be getting daily letters from her about this blooming project. She will have time to do some other things, and maybe her office will have fewer letters to type to me.

Mr Cree: I thank the Minister for his statement. He mentioned the £241 million spent on the Peace and INTERREG programmes. Can he give us some insight into the number of jobs that have been created because of that £241 million spend? On the five local-authority-based ones, he mentioned the £18 million for the two projects. That is quite a high average price. Can he give us some detail on those, the fallback situation if they do not actually make it this year, and what is going to happen to the rest of the money?

Mr Wilson: As far as jobs that have been created as a result of all of this spend are concerned, I cannot give the Member figures but I will endeavour to get that information for him. As far as the two projects are concerned,

of course I have made the announcement. One of the projects, which is about £14 million, is the Narrow Water bridge, and the other one is a health project for the northern region. Hopefully, the letter of offer for it will go out this week as well.

Mr McCarthy: I thank the Minister for his statement. Anybody listening or reading the statement would thank God that Northern Ireland remains in the EU and that we continue to remain in the EU when we are getting so much — *[Interruption.]* I ask the Minister what discussions are taking place around the Peace IV programme that could support his Executive in delivering their plans for a genuine shared future? *[Interruption.]* There is some interference in the background, Mr Speaker; I hope the Minister heard my question.

Mr Speaker: Order, order.

Mr McCarthy: If so, what expectations will the European Union have over how ambitious our plans would be for that?

Mr Wilson: First, I do not share the Member's Europhile views, as one would expect. Of course, I point out to him that all we are getting is our own money recycled after the well-padded bureaucrats in Europe have taken their slice from it. So, in fact, it may well be that it would be far better if the United Kingdom, rather than subsidise the bureaucracy in Europe, held on to our own money and spent it without having a middleman who takes extortionate slices from the money in the first place.

But, all that aside, as far as Peace IV is concerned, already we have had the public consultation on Peace IV and INTERREG V. The responses are coming through from that, and there will be a report to the Executive.

The main focus of Peace IV will be around young people who are economically excluded, who engage in youth activities and the education of young people. And, of course, as the First and deputy First Minister have already said, that will be an important part of their strategy when it comes to a shared future, whether it is shared future in education or whether it is in dealing with those young people who very often, because they are economically excluded, exclude themselves from a whole lot of other aspects of society. Sometimes they are the first who are involved in trouble when it comes to interface areas, because they are easy prey for those who want to use them for that kind of purpose. There will be that

emphasis in Peace IV. The exact themes and ways in which the money will be spent will be subject to further refinement as a result of the consultation so far.

Mr Storey: The Minister referred to Peace IV. Will he give us an update on Peace III, particularly on where we stand with overcommitment and how the SEUPB will deal with that?

Mr Wilson: As far as Peace III is concerned, we have a 94% commitment level to date. Letters of offer are still to be issued but I have been assured that we will live within budget, spend the entire budget, and there will not be a vast overcommitment that cannot be funded. That is part of the necessary management of the programme. Although some money may change within different themes in Peace III, there will be no overall overspend.

Ms Ruane: Go raibh maith agat, a Cheann Comhairle. Gabhaim buíochas leis an Aire. Sin nuacht iontach, agus beidh na daoine i gContae Lú agus i Rinn Mhic Giolla Rua iontach sásta. I thank the Minister for his statement. It is wonderful news about the bridge at Narrow Water. The people of Louth and Down will be very satisfied. I hope that the Speaker will give me a little leeway. I would like to give a whoop, but that would not be within protocol in the Chamber. However, it is very good news.

The Minister will be glad to know that, 50 years ago, I was a baby in Omeath and my father worked in Warrenpoint, travelling across every day. So, 50 years later, we are going to get our bridge. Does the Minister agree that Louth County Council, Newry and Mourne District Council, East Border Region Ltd, and Kilkeel and Warrenpoint Chambers of Commerce did tremendous work to ensure that this project scored top marks with the SEUPB? Does he also agree that the project will bring economic and cultural tourism to the region?

Mr Wilson: I think that people avidly watching this statement will be most surprised at what the Member for South Down has said. I am sure that most of them did not put her for a day over 30, but she has now told us that she is well over 50. There we are.

There was extensive lobbying for the project — more than I would have liked to see. Many projects, some of them very good, did not succeed. It is important that people are assured that projects are chosen on a purely objective basis, not on the amount of public lobbying that takes place.

A number of Members wrote to me to express their disappointment that I would not meet representatives from Newry and Mourne District Council, Louth County Council or individual representatives from the area. That was not out of discourtesy. It was important that my Department and I were seen to be taking a purely objective view and not listening to however many people came through the door to lobby for the project. I have not said that to date because I did not want to engage in the debate. However, now that we have committed this public money, my message to those who have got it is to make sure that it is spent in a timely manner and in a manner that benefits the local area.

Mr Mitchel McLaughlin: I thank the Minister for the decision on the Narrow Water bridge. You gave a good and positive report on the INTERREG and the Peace funding package. You made a brief reference to the preparations and discussions going forward from 2014. Will the Minister indicate whether there are any emerging priorities in terms of infrastructure development for INTERREG V?

Mr Wilson: As far as INTERREG V is concerned, there are a number of responses in the consultation, which are being analysed. I do not want to talk about individual responses at present. I think that the important focus for INTERREG VI must be on what people would intend to see it on: creating an infrastructure that enables us to grow the economy and one that provides opportunities for further funds to be levered in and for employment. That has got to be the emphasis. However, there have been very general themes, to date, just as I have said about the Peace responses, where it is about young people and young people in disadvantaged areas. It is as general as that at the moment. The Executive and the Irish and Scottish Governments will eventually receive a report from the steering group, which will indicate more specifically what the objectives should be.

Mr Rogers: I thank the Minister for his statement. I give particular thanks today for the Narrow Water bridge. Basically, it is a community bridge; it is not just cross-border, but cross-community. I acknowledge all the work that you did. I am quite happy that you did not meet me, as you have delivered that today.

Minister, you talked about monitoring the delivery of the bridge and the timescale. Remind us of that again, please.

Mr Wilson: The EU target is that all of the money has to be spent by June 2015, and it will set an extension until December 2015 for bills, etc, to come in. That is the timescale that we are operating under. I am not a marine biologist, but given the fact that some of the work can go on at certain times only, because of some things in the seabed, and issues around that, the timescale becomes even tighter.

That is why the monitoring and timing of the scheme is so important. If certain times in the year are missed, the project cannot be worked on. That is one of the reasons why it scored so lowly at the start; there were considerable doubts about whether the timescale could be met. I was always concerned about the exposure of the public purse in Northern Ireland if things were to go wrong. The one thing that I can say now is that, as a result of the negotiations between my Department, SEUPB and the applicants, any risk is going to be carried by Louth council and not by the public purse in Northern Ireland.

Mr Beggs: When the Minister reported on the Irish/Scottish links on energy study, which would be looking at the integrated network, he indicated that it would be economically viable and competitive under certain regulatory frameworks. The Minister then indicated that there was a cost of £80 million per kilowatt-hour.

Mr Wilson: It was £80.

Mr Beggs: I think he mentioned £80 million. Can the Minister clarify who would pay for that in that ongoing usage? Would it be consumers?

Mr Wilson: I do apologise. I think that Members are absolutely right; I did say £80 million per megawatt-hour, but I think I quickly corrected myself in the statement.

Where would the payment for that come from? Like most of these renewable energy projects, the cost would ultimately be paid by the consumer. That is what happens in Northern Ireland at present. When we erect wind farms, there is a renewable obligation for electricity to be purchased at a higher price than that produced by Ballylumford and Kilroot, for example, in our own constituency. Ultimately, that is paid for by the consumer.

Currently, it is estimated that renewable energy adds about 15% to the energy bills of individual consumers around Northern Ireland, and that is

set to escalate as we move towards obtaining a higher percentage of our energy from renewable sources. It is a choice that some people believe is necessary and desirable. I have always expressed my view that we should be producing energy in the cheapest way possible, because that is one way of dealing with fuel poverty and keeping industry competitive.

Mrs McKeivitt: I thank the Minister for his statement. I suppose I could get into talking about expenditure targets that were spoken about at your meeting, but, because of the announcement today that the Narrow Water bridge is going to happen, I am far too excited to do that.

I would like a wee compliment, like the one you made to Caitríona. When the bridge was first mooted, I was only a twinkle in my mummy and daddy's eye. The Minister may come in at any time to say that I definitely do not look anywhere near that age either.

4.30 pm

On behalf of the communities of Louth and south Down, and right across the region, I thank you, Minister, for stepping up to the mark and saying yes to jobs, yes to tourism and, more importantly, yes to building bridges between all of our communities. That comes not only from my party, but from the Warrenpoint, Burren and Rostrevor Chambers of Commerce; Kilkeel Chamber of Commerce; and Louth.

Some Members: Hear, hear.

Mr Speaker: I encourage the Member to come to a question.

Mrs McKeivitt: What effect, if any, will this have on the expenditure targets discussed at the meeting?

Mr Wilson: First, I am always very happy when I get any Member to be excited about anything. The fact that the Member is excited by the announcement that I made today pleases me.

The second point that I want to make is because there were a lot of allegations from the SDLP Benches, in particular, that, somehow or other, the delay in the project was due to some sectarian motive. I want to make it clear — I am glad that, at least, there has been an acknowledgement — that although it took time, it was the right thing to do because there were things that we had to put in place. Although it took time, the decision, as far as my

Department and I are concerned, was based on a pure objective assessment of whether it would be value for money and whether the money could be spent on time so that the project would not be a burden on the Northern Ireland public purse.

All INTERREG applications are cross-border in nature anyway. Therefore, to suggest, as some people did, that, somehow or other, the reason for the delay was that I was trying to stop a cross-border project was, patently, nonsense. Otherwise, no INTERREG projects would ever have been approved by my Department. I am glad that the Member has acknowledged that, as far as my Department was concerned, the decision was made fairly and honestly.

The impact on the local area was highlighted in the submission. I have to say that it is more about connectivity than tourism potential. In fact, the tourism potential did not even form part of the net-present-value assessment because it was given a fairly low priority. It was all about connectivity in the area. The important thing now is to get on with the job and prove that the benefits highlighted in the submission can be realised.

Mr Allister: If we are to be subjected to Peace IV, can the Minister give us any indication of its likely target groups, bearing in mind the great hurt caused to victims by Peace III, one of the prioritised target groups of which was ex-prisoners, who had in excess of £14 million lavished upon them? Will they, again, be a prioritised target group or can the Minister give an assurance that that will not happen this time?

Mr Wilson: First, many people across Northern Ireland, including me, share the view that the Member has expressed about so much Peace money going to ex-prisoner groups. All that I can say is that, so far, the emerging themes in the consultation have been children, young people, young people with disadvantage and educational provision. I think that those are, probably, the right themes for money to be targeted towards. I want that money to be used to target the most disadvantaged groups in society and not those that have a political voice, which, unfortunately, was the case in the past.

Mr Girvan: I thank the Minister for his statement. What is the current SEUPB staffing situation, and what will it be in future?

Mr Wilson: SEUPB was given additional staff at the end of Peace II and INTERREG III to wind up those programmes and to make sure

that everything was in order so that we did not get penalised by the EU. There are penalties if, for example, paperwork is not in place, schemes have not been properly closed, etc. That put the staffing complement up to 65. It was supposed to return to the mid-forties by this year, but that has not happened, and I have made it quite clear to SEUPB that I will not accept the ongoing situation, where staffing numbers were inflated to do work that has now been done; it is in the past, the account has been signed off, etc. I will meet Pat Colgan next week to look at a programme for getting the numbers engaged in SEUPB down to the original level, which is commensurate with the kind of work that needs to be done.

Private Members' Business

'Transforming Your Care' Review

Debate resumed on motion:

That this Assembly expresses concern that the implementation of the 'Transforming Your Care' review of health and social care, commissioned by the Minister of Health, Social Services and Public Safety, has enabled health and social care trusts to take decisions on the closure of care homes; is concerned by the detrimental impact which the privatisation of many aspects of health and social care will have on vulnerable people; urges the Minister to ensure that the patient and not profit is put at the centre of care provision by the Health and Social Care Board; and calls on the Minister to introduce legislation to protect services from privatisation by stealth.
— [Mr McDevitt.]

Mr Wells: I beg to move amendment No 1:

Leave out all after "Safety," and insert

"saw health and social care trusts moving rapidly to seek to close residential care homes; welcomes the Minister's intervention to halt those proposals and establish a new regional process; supports a range of options promoting independence being available for older people; recognises that all nursing home care packages and three quarters of residential packages are currently provided by private or voluntary sector organisations; reaffirms the necessity for radical reform of health and social care; further supports the founding principles of the National Health Service; and calls on the Minister to ensure services are patient-centred with the home becoming the hub of care."

I remind the Members of the Social Democratic and Labour Party that 'Transforming Your Care' (TYC) was published in December 2011, and since that important event, the Minister has gone out of his way to consult — almost to an obsessional level — everyone on that vital document. As he stated at the time, this is a once-in-a-generation opportunity to change the direction of health and social care provision in Northern Ireland.

Mr McDevitt, Mr Durkan and I have all had the privilege of sitting on the Health Committee, and we were briefed to within an inch of our life on 'Transforming Your Care'. We had ample opportunity to find out exactly what the document meant and what impact it would have on service provision.

The Minister made a statement to the House on 9 October 2012, for which those Members were present; indeed, they asked questions. The Minister came before the Committee on 10 October 2012 and faced an intensive grilling on the implications of 'Transforming Your Care,' including the future provision of residential care. Indeed, I asked a series of questions at that hearing. On 19 March 2013, the Minister came back to the Floor of the House to make a statement on 'Transforming Your Care', and on 20 March, he went to the Committee again to answer further questions on the document.

So, if there is any doubt about the implications of that important document, it is not because Members were not provided with adequate opportunity to ask questions. Therefore, I am somewhat surprised that, at this very late stage, people are engendering surprise and shock about the implications of that document because, on 20 March, the Minister stated categorically that TYC envisaged up to 50% of residential care homes closing. It was in plain English; it did not require a translation. Yet, there are Members who are still feigning surprise at that.

All the evidence indicates that all Members were totally aware of what was going on, and yet, we had a media-led scrum — no, a feeding frenzy — when a policy that was well heralded in 'Transforming Your Care' came to fruition. Of course, during that media scrum, the one thing that we did not hear about was the alternatives being proposed to look after our frail and elderly. For instance, did we hear any mention of the fact that there is a proposal for 450 supported living places to be developed in conjunction with housing associations and the Department for Social Development (DSD)? No, because that did not suit the agenda of certain Members or our media. The adage, "Never let the facts get in the way of a good story" certainly applied during that three-week period. People would not listen to the facts. There was never any prospect — this was never going to happen — of any frail, elderly person ever being thrown out on the street, but that is what people were quoting. That was never going to happen because included in 'Transforming Your Care' and the departmental policy were very viable options for the care of those people. However, we heard none of that. Members of the SDLP jumped on the bandwagon and tried to embarrass the Minister about a policy that they were well and truly aware of.

In conjunction with that, there were 2,242 responses to the consultation exercise, which

was held between 9 October 2012 and 1 January 2013. Clearly, the public were aware of the import of the document. We have latched on to that, more laterally, concern about not only residential care but ongoing privatisation. Have the Members opposite forgotten that almost all present nursing care is provided by the private sector? All of it — more than 95% — is provided by the voluntary sector or the private sector. The vast majority of our elderly who require that sort of care have it in the private sector. Of course, it is regulated and controlled; the Regulation and Quality Improvement Authority (RQIA) can knock the door of any one of those nursing homes unannounced and check to make sure that basic standards are being adhered to. Those standards are exactly the same as they would be in the statutory sector.

Mr McDevitt is very articulate, but it will be very interesting to see whether he can convince me on this one: if we were to wind the clock back and have all that private or voluntary provision brought back into the state sector, it would bankrupt social services in Northern Ireland overnight. We, as a society, could not afford to provide that in the statutory sector. The other fact that Mr McDevitt and Mr Durkan have failed to grasp is that, already, 75% of residential care in Northern Ireland is in the private sector. We hear very few complaints because, once again, that is checked, authorised and watched over intensely by RQIA. The complaints that I get about RQIA in the private sector are that it is too evangelical and extreme; that it is demanding extremely high standards that cannot be met. If that is what the RQIA is doing, that is a good job. Its role is to ensure the best possible standards for our elderly people. When 75% of provision is already in the private sector, why the sudden outrage about a mixed economy in health? I have no hang-ups whatsoever: whether it is private or statutory, my only aim in life — it should be the aim of everyone in the House — is about what is best for the client or the person living in residential or nursing care. That must be the main motivation. If the private sector can provide that effectively and cost-effectively, that is a good thing. If the state sector is better at it, that is a good thing. However, we should not for one moment throw the baby out with the bath water and pretend that we can never accept private provision if it is of a similar or better quality than statutory provision.

Even if Mr McDevitt's concerns came to fruition, you would still be left with the situation of the overwhelming majority of the £4.65 billion budget being spent in the statutory sector. Consultants would still do operations paid by

the NHS. People would go to their GP paid by the board. There would still be a tiny fraction. However, where there are opportunities to spend taxpayers' money more wisely by providing equivalent or better care, and that is being done in the private sector, we should not rule that out. I simply cannot understand why —

Mr McDevitt: Will the Member give way?

Mr Wells: Certainly.

Mr McDevitt: This is not a debate about turning back the clock; it is a debate about setting the standards by which we are happy to move forward. I have two questions for Mr Wells. We discovered at the Health Committee a few weeks ago that a surgeon is six times more likely to make his or her appointment when they are working for us as a private consultant than when they are working for us as a public consultant. Does he think that that is right? Does that not prove that, when you allow too much of a mixed economy, you incentivise them to work privately rather than do the job that they are being paid to do in the public sector?

4.45 pm

Mr Wells: That is a very good point, and I am glad that I have a very good answer. The reason why that situation has been allowed to arise cannot be laid at the feet of our Department and our Minister. It was the result of the gold-plated contracts that were negotiated by the British Medical Association (BMA) in 2005, which created a situation whereby consultants are contracted to work only 40 weeks of the year.

Mr Poots (The Minister of Health, Social Services and Public Safety): By the Labour Government.

Mr Wells: Yes, by a Labour Government. That contract was so good that the (BMA went back into the room twice just to make certain that it had heard it right. That has left a situation in which consultants — in my opinion, wrongly — have far too much time to do private work. That is a contract that we in Northern Ireland are unfortunately stuck with. It is UK-wide, and, unfortunately, any attempts to unravel that situation go straight to judicial review. That is why that situation has been allowed to happen. However, when consultants are working their 40 weeks for the National Health Service, they are under the direct control of the trusts and have to do their bidding.

My view is that the Minister has been very clear on this particular sector. He has brought the issue back into the Department —

Mr Speaker: Bring your remarks to a close.

Mr Wells: He has been very clear that he is taking control of residential homes and that it will be his decision what happens. I am confident that he will make the right decision.

Mr Beggs: I beg to move amendment No 2:

Leave out all after "Safety" and insert

", whilst having the potential to improve healthcare by empowering GPs and the primary care sector to deliver faster and more efficient localised services, has been negatively impacted by the flawed decision by the health and social care trusts to consult on closing all statutory residential care homes by 2018; recognises the need to take on board the previous recommendations by the Commissioner for Older People for Northern Ireland and to treat all older people with respect and dignity; and calls on the Minister to provide appropriate local residential care together with a range of accessible care options such as supported housing and domiciliary care to best meet the needs and desires of vulnerable older people."

The motion proposed by Mr McDevitt starts by highlighting concern at the:

"implementation of the 'Transforming Your Care' review ... commissioned by the Minister of Health".

Given the shameful manner in which vulnerable residents of our statutory residential homes have been treated, who could disagree with that section of the motion? However, it goes on to refer to concern at the:

"privatisation of many aspects of health and social care",

and to attack "privatisation by stealth."

The Ulster Unionist Party believes in doing what is right for Northern Ireland. We are not stuck on some left-wing or right-wing dogma. We want what is best for our citizens of today, and our citizens of tomorrow, who will need those services.

Let us examine the mixed model of health that we have in Northern Ireland. For instance, our

GPs and dentists are, in the main, private contractors. The new integrated care partnerships, which are an essential component of the new proposals, have GPs, nurses, allied health professionals and, I believe, the voluntary sector at their heart. It will be a mixed model that will aim to intervene earlier, get involved in preventative work and stop people getting to the critical stage of requiring treatment from our acute hospital sector. Our hospital sector is, of course, 100% publicly run. Therefore, are you saying that the fact that we are going to engage with our GPs, nurses and perhaps our voluntary sector is privatisation by stealth? Or is it just common sense? Given the delays at our accident and emergency units and the waiting lists in our hospitals, it is clear that we need the greater involvement of our primary health sector.

In my response to the Transforming Your Care proposals, I urged caution regarding the proposed changes to services for the elderly. I also expressed concern at the high risk of the flawed proposal to close so many homes so rapidly. I highlighted issues such as the increasing need for respite care in this new model, where domiciliary care increasingly becomes the primary source of retaining our older population in their own home.

With our growing older population, I believe that there will also be a need for increased respite care. How will it be provided? Our statutory residential homes, with their professional staff teams, would be well placed to provide such care. They are also very well placed to assist our hospitals, which have been struggling with the winter pressures, the bottlenecks that have occurred and pressures on beds. I declare an interest in that two family members passed through Clonmore House statutory residential home last year. They received additional respite care and rehabilitation that, ultimately, enabled them successfully to go back to their own home. So, residential homes could have a role in that area as well.

However, I believe that we need a variety of options going forward. We need residential homes in the statutory and private sectors because a look at where they are today shows there to be a dearth of homes in some areas and, were we to close all our statutory residential homes, there would be huge voids in provision. We have nursing homes, which, as has been indicated, are in the private sector, and we must also take care there, particularly given issues of large suppliers going bust, such as Southern Cross, because of providers being pressed so heavily. So, there is a delicate line to be drawn here; cutting resources will impact

on surviving care homes and, ultimately, on the care provided to people in those homes.

As mentioned earlier, there is this need for supported housing. What surprises me about the proposals to date is that there are specific plans to close named homes, but I have not seen the corresponding specific plans to replace those homes with supported housing, other than in the cases of Greenisland House and, I think, Rathmoyle in Ballycastle. Where are the plans for all the other areas where there are proposed closures? Sheltered —

Mr McCallister: Will the Member give way?

Mr Beggs: Yes, I will.

Mr McCallister: On the point that the Member is making, does he agree that one of the areas where the trusts lose most credibility is when they go to close one thing without having the alternative in position?

Mr Beggs: I agree entirely, but it is not something that is entirely within their gift. It is something that I think our Ministers — the Social Development Minister and, indeed, the Ministers in the Office of the First Minister and deputy First Minister (OFMDFM), with their responsibility for older persons — should be co-ordinating to ensure that there is the necessary finance and that the plans come together in a collective manner rather than simply having closures.

We have the sheltered housing option and that of domiciliary care, which are provided by a mixed range of providers in the private, public and community and voluntary sectors.

In implementing these changes, Ulster Unionists share the view of the Commissioner for Older People, as indicated to the Minister in April 2012. At that stage, she highlighted:

"minimising any adverse impact on the current residents has to be at the heart of the process"

of any planned change. I note that she indicated, in particular, that that change:

"should be led and developed on a regional basis",

through the Department of Health, Social Services and Public Safety (DHSSPS). She also said that the Department should have a dedicated team, to include representatives of older people. It is disappointing that that did not

occur and that the resultant turmoil caused unnecessary concerns to many vulnerable older people.

Ulster Unionists are concerned about the manner in which the trusts have been implementing the 'Transforming Your Care: Vision to Action' plan. I noticed that although there were attempts somehow to blame Ulster Unionists for this, that at the stroke of a pen, Minister, you were able to stop the roll-out of the various plans by the trusts. It is just a pity that such control was not exercised earlier, before the plans had materialised, and that the advice of the Commissioner for Older People was not taken on board.

It is also interesting to examine the record of what many have said over the years on this matter. In particular, I notice that the DUP and Minister Poots have changed ground significantly. The views that they are expressing now are in stark contrast to those of some five years ago. In February 2009, Mr Poots said:

"If we go down the route of doing away with statutory residential care, we could end up with a situation similar to that in England, where care in residential private nursing homes is of a much lower standard than we would expect for our elderly people." — [Official Report, Bound Volume 38, p134, col 1].

Rolling forward to October 2012, the Minister said:

"I cannot ask members of the public to use a facility owned by the public that is perhaps not as good as a facility that is available in the private sector." — [Official Report, Vol 78, No 2, p38, col1].

Somehow, between those two dates, there was a massive change of view — or was it political opportunism? I also noticed that the Minister suggested on 'The Nolan Show' on 1 May 2013 that research showed that there was no link between moving old people out of homes and subsequent early deaths. The chief executive of the Health and Social Care Board, Mr Compton, seemed to be unaware of such research. Mr Ross, one of the Minister's colleagues, said:

"Closing residential homes and effectively telling residents to go elsewhere is hugely traumatic for them and their families and leads to distress, which, as we know, leads to premature death. Research in GB has

shown that, in areas where care homes have been closed, the life expectancy of the residents decreases." — [Official Report, Bound Volume 38, p136, col 1].

Does the Minister agree with the views of his colleague or not? There needs to be clarity here. There appears to be political opportunism. I ask Members to ensure that they go forward with a practical method —

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

Mr Beggs: — of bringing about the best healthcare for our entire population, and not be driven by some ideological dogma.

Ms S Ramsey (The Chairperson of the Committee for Health, Social Services and Public Safety): Go raibh maith agat, a Cheann Comhairle. It is a pity I have only five minutes to speak in this debate, because there is a lot to be said. As Chair of the Committee, I welcome the opportunity to take part. To give Members some background, the Committee has taken a strong interest in Transforming Your Care, right from the period when the Compton review was being carried out to the publication of the document itself in December 2011. We then took a keen interest in TYC when the population plans came up, with the public consultation that followed and ended earlier this year. We have asked the Minister to come before the Committee at least every three months to provide us with an update on every step of the process, and he has facilitated us.

The Committee is well aware of the recent problems in relation to the proposed closure of residential care homes by the trusts. That issue highlighted the fact that decisions cannot be taken in isolation from TYC in general, and that more thought needs to be given by the Department, the board and the trusts on how to actually implement TYC in a sensible way that is acceptable to those who use health and social care services. In my view, the issue of the care homes put it up there to us all, because, after the decision-making in one trust area, nobody stood back and asked how it would impact in another trust area. The regional approach to residential care homes needs to be welcomed.

We have seen the negative impact that the temporary closure of the City Hospital A&E has had on emergency departments not only at the Royal but at the Ulster Hospital and, indeed, Antrim hospital. That is another example of a

decision taken by one trust impacting other trust areas.

The Committee has agreed to undertake a detailed piece of work to look at what the implementation of Transforming Your Care is going to mean in practice. As most people will know, there are 10 key themes within TYC, including prevention, older people, maternity and childcare, services for people with learning disabilities and adult care, to name a few. The Committee is going to take each theme in turn, engage with the relevant stakeholders and examine what changes are actually proposed and how they will be implemented.

To start that major piece of work, we will be inviting the health unions to give us a formal briefing on their concerns. I know from previous engagements with the unions that they are genuinely worried that TYC will result in more services being privatised. The unions have already raised concerns with me and other Committee members about the proposals for private finance to be involved in the building of new health centres in Lisburn and Newry. The unions are also concerned about the use of the private sector to tackle waiting lists for appointments with consultants, and I touched on that in the debate earlier this morning. The Committee will explore these matters more fully with the unions in the coming weeks.

5.00 pm

I want to touch on some of the comments that were made earlier. No one would argue with the concept of Transforming Your Care. In my view, the concept is to ensure that the patient is at centre stage and has a care plan but also that more work is carried out on prevention and early intervention. The concept is there; the question is how to implement Transforming Your Care to ensure that we have better outcomes.

The strategic implementation plan for Transforming Your Care is being updated by the Health and Social Care Board to take on board and reflect the conclusions of the public consultation, and it is expected that this will be completed by the end of May 2013, in two or three days' time.

Once the document is completed, the Committee will take evidence from the Health and Social Care Board (HSCB). We will want to know in detail how and when the board plans to introduce the changes that are set out in Transforming Your Care, who it will be consulting with and how it will ensure that things are done with a regional perspective in

mind rather than trusts doing their own thing without consideration of how that might have a wider impact on services.

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

Ms S Ramsey: Transforming Your Care is a hugely important piece of work that will affect everyone over the next few years. The Committee wants to ensure that its policies and implementation provide the best healthcare system possible.

Mr Speaker: The Member's time is up.

Ms S Ramsey: As an elected activist, I want to protect the vision and ethos of the health service. I agree that it is about being free at the point of delivery; it is not about profit being put before our people.

Mr McCarthy: The Chairperson of the Committee must have had a copy of my speech, because we are thinking alike on this subject.

The review of Transforming Your Care is a very important topic. It will affect the lives of many people in Northern Ireland, so it is vital to cast aside any political point scoring and arrive at the best solutions available for everyone, including clients, patients, statutory bodies and professionals.

I welcome the opportunity to contribute to the debate and, in particular, the focus on our residential care homes. The Alliance Party supports the broad thrust of the 'Transforming Your Care' document, but the recent performance of the three trusts in their move away from the document's policy on closures gives me real cause for suspicion and scepticism.

We support using resources effectively and efficiently, and we want to seize opportunities to create a much stronger health service that has a greater focus on prevention and early intervention, with services that are closer to the patient. We fully support measures that will allow our elderly population to remain in their own homes as far as is possible. That means that elderly people must be given holistic support with a wide range of services.

Older people must not be forgotten or abandoned, nor should they receive inferior services when they stay at home. Alongside remaining at home, some elderly people will require either residential or nursing care. The

state has a duty to provide such care, which will include public and private sector provision.

All in our elderly population have to be listened to and treated with respect, and we have to provide for their needs as far as is humanly possible. They are at a time in their lives when certainty, stability and companionship are paramount. Any closures of what they regard as their homes must be done only through consultation and agreement. It may well mean that they remain in their settled environment until they pass on.

The Alliance Party is certainly against the privatisation of these services by stealth. We acknowledge that there is room for public and private sector involvement, but client care, not service profitability, has to be the number one priority. We are all aware that the demand for social care will increase significantly in the coming years; now is the time to make sufficient provision, and that will mean training more people to service this new work. That, in turn, can contribute to our overall economy and give a first-class service to our elderly and infirm people.

It has to be noted that private organisations generally want to provide the less complex and more profitable work in the sector, leaving the trusts to handle the more difficult and more expensive aspects of care.

I understand that a number of private providers have refused to sign contracts with the trusts as they are unhappy with the regional rates and would wish to charge additional top-ups to trusts and families. These providers are still giving care to clients and are being funded by trusts despite having no contract in place.

In conclusion, I record my appreciation of the outcry from our population when it was discovered that three trusts were going to close all their residential homes. I welcome the Minister's belated intervention to halt that process and give everyone space and time to heed the direction given some time ago on these issues by Claire Keatinge, the Commissioner for Older People. The lesson must be learned that no Department can ride roughshod over any section of our population.

I very much welcome the contents of a letter published in the 'Irish News' last week. The author was Fionnuala McAndrew, who was recently appointed to sort out the mess surrounding the premature closure of residential homes. Fionnuala apologises for the debacle created by the three trusts and says that she plans visits to meet senior residents and

families as part of her commitment to engage in a meaningful way. What a pity that this was not the policy of the three trusts before the debacle took place. I support the motion.

Mr Dunne: I, too, welcome the opportunity to speak on this important matter and in support of the DUP amendment.

We have an ageing population in Northern Ireland. Between 2010 and 2025, the number of people aged over 65 will increase by some 42%, and those aged over 85 will almost double. The need for support and care for elderly people is more important than ever before. Care and support must be provided with dignity for our ageing population. Three quarters of our residential care and almost 100% of nursing care are provided by the independent sector. Our ageing population deserves care that is fit for purpose, based on assessed need and meets the requirements of the patients.

Alternatives to residential care must meet those requirements through supported living accommodation in self-contained homes, in which people live independently, with care available 24/7 if required. Reablement services provide a short-term period of support to help to build up patients' health in their own home. It is important that elderly patients are not banished to their home without proper support packages being put in place. There must be adequate resources and visits from support staff that are sufficient to meet the patient's needs.

An issue of real concern is the isolation of our older population who live in their own home. It is very evident that many older people, in urban as well as rural areas, rely on care and help. Many living in larger towns and cities are often left alone without ever knowing their neighbours or being able to depend on them.

An example of support for such elderly people, which promotes independence, is the use of Telecare, which is a voice-activated alarm system that works through the telephone and is linked to a care professional who gives advice and reassurance. A database records the information and can be called upon 24/7. The FOLD Housing Association in my constituency of North Down uses that. It is a practical example of support for our older people and should be utilised more to support independent living. It also ensures a patient-centred approach, with the home becoming a hub of care.

I also welcome the formation, through Transforming Your Care, of integrated care

packages. The 17 integrated care partnerships (ICPs) across the Province will make better use of healthcare resources and allow for a greater focus on local needs, involving GPs, nurses, social workers and other healthcare professionals, including those from the voluntary and community sector. The role of the GP must be part of the work of the ICPs, with improved access for patients, including out-of-hours services. I welcome the fact that the ICPs are to consider care of the elderly, diabetes and stroke care. The need to promote mental health and well-being must be a priority to address suicide rates, especially amongst young men.

In conclusion, everyone recognises the need for change in our health service. Change can only be brought about through openness and full consultation, with everyone aware of where the changes are taking place. Change has to be driven and managed. Change is also required to address our A&E overload. We need fewer people to make our overstretched A&E departments their first port of call. Routine and doing things as we have always done them is no longer acceptable. Change for improvement and efficiency must happen, and the patients and the health professionals have to be part of what is to happen. Trade unions and professional organisations must be open to change and must adjust to the evolving health service.

The Health Minister, Edwin Poots, deserves our support and respect for driving forward Transforming Your Care as we aspire to make our health service more effective and efficient for all. I support the amendment.

Ms Maeve McLaughlin: I speak as a member of the Health Committee in support of the motion, which expresses concern about the detrimental impact that the privatisation of many aspects of our health and social care system will have on vulnerable people. I agree with that sentiment and would go further by saying that Transforming Your Care is proving to be privatisation by the back door. TYC is an important shift in the delivery of our healthcare system, and whilst the principle of shifting £83 million from acute care to primary or community care is not under question, the resources, the governance, the processes and the absence of any outcomes in that shift in care are under scrutiny.

I will highlight three examples of how that has been exposed. First, as Members who spoke previously said, is the absolute mess with residential care homes. Whilst most people are not opposed to change, the process raised

serious questions about who makes decisions. Those decisions did not place the needs of the elderly or vulnerable centre stage despite best practice guidance from the Commissioner for Older People that was given to the Health Minister over a year ago.

The second example, as has been touched on, is the relationship between RQIA and the trusts. Whilst none of us would challenge the regulatory role of RQIA, we have seen a stark debacle over the Slievemore facility in my constituency. We are told, for example, that RQIA did not know that the facility existed despite the fact that it was in existence for some 20 years. It simply stumbled upon it on a visit to Gransha Hospital. RQIA then visited the facility and presented the view that it is not registered. The trust refused to upgrade, and the facility has a date to close despite the fact that the residents in that facility have dementia and very challenging behaviour. Who, therefore, has considered their care needs?

The third example is the decision to locate two new health and social care campuses in Lisburn and Newry. How will those locations target the health inequalities that exist in the worst ranked constituencies? What outcomes will be delivered and how were the locations agreed? We are told that those campuses are to be funded by third-party development funding. Where have the discussions taken place around the benefits or otherwise of such a model of funding?

It is important to reflect that the English outsourcing association's research found that the vast majority of those surveyed do not think that outsourcing industry helps the economy. The general perception is that it leads to cost-cutting and job losses. The Institute for Public Policy Research and PricewaterhouseCoopers reported that 94% believe that government or public service providers should be mainly responsible for providing healthcare.

5.15 pm

Much of the privatisation agenda that we witness has been driven by the EU. Sufficient time has passed to measure this, and one of the most significant international studies of privatisation in Europe looked at six European countries. It noted that the main company objective of the reduction of production costs was achieved primarily at the cost of the workers, mainly the worsening of working conditions. As is contained in our response to TYC, I believe that the empirical evidence shows that the cost-driven, privatisation agenda does not provide either a trained or more skilled

workforce, nor will it produce better outcomes for individuals or populations. Care in the community should not be underpinned by care on the cheap. Go raibh maith agat.

Mr G Robinson: It is with great pleasure that I speak to amendment No 1. I wish to particularly concentrate on care homes. I will begin by pointing out how proactive the Minister has been in dealing with some trusts overstepping the guidelines that are contained in TYC. I welcome the Minister's positive action in taking responsibility for possible home closures back into his Department. It became very obvious that the trusts that announced decisions regarding care home closures had greatly exceeded the recommendations in TYC. The Minister's actions have proven that it was the trusts that ignored the 50% recommendation of TYC. It was the trusts that caused the devastation and heartbreak to elderly people and left the Minister and the Department to deal with the aftermath.

The Minister already appreciates how strongly I feel on the care home issue, and I and my elected DUP colleagues in Limavady witnessed at first hand the devastation and aftermath to elderly residents of the announcement by the Western Trust. We met the very caring staff at Thackeray Place nursing home in Limavady. Some of these scenes have been repeated in other homes across Northern Ireland. Minister, I sincerely hope that, after future consultation, the excellent Thackeray Place care home will be kept open to cater for the care of the elderly in Limavady.

As amendment No 1 states:

"all nursing home care packages and three quarters of residential packages are currently provided by private or voluntary sector organisations".

This proves that the SDLP motion is totally out of touch with reality, as the vast majority of care services are already provided in conjunction with the private and voluntary sectors. So, is the SDLP now criticising these organisations for the care that they give?

Even the previous Health Minister, Mr McGimpsey, admitted in this House that:

"Domiciliary care and supported living have featured heavily in trust consultations as potential alternatives to statutory residential care." — [Official Report, Bound Volume 38, p140, col 2].

This describes the basis of TYC, which is about keeping people in their own home for as long as possible and minimising the residential and care home provision. When moving to that arrangement, it is most important that we all remember that we are dealing with frail or elderly human beings. The trusts that announced proposals overlooked this in their desire to close all the homes under their control. The Minister has, through positive action, suspended the current proposals to ensure that proposals will be more patient-centred in the future to minimise upset and stress to residents and staff.

Ms S Ramsey: Will the Member give way?

Mr G Robinson: I am just about finished.

In conclusion, I commend the A&E department and all other facilities at Causeway Hospital, Coleraine. I hope that they will be retained under TYC for the benefit of the Causeway community. I support amendment No 1.

Mr Brady: Go raibh maith agat, a Cheann Comhairle. As a member of the Health Committee, I support the motion. When 'Transforming Your Care' was published on 13 December 2011, it was given a cautious welcome by most people. It has 99 recommendations, most of which seemed to be reasonable in the circumstances.

Any major change, particularly in healthcare, is always an emotive issue. Then, however, the fear factor started to intrude, and we had a lot of negative publicity, particularly about the possible closure of hospitals. In my constituency, there was a lot of negative publicity, almost immediately, from the media and other elements in the area. Photographs were published of people pointing at the sign at Daisy Hill Hospital. The photographs bore the caption "This hospital is going to close." In fairness, many if not all those fears have been allayed at the moment through the explanations that have been given, for Daisy Hill in particular.

On the face of it, integrated care centres seem to be a reasonable idea, and I know that some Members would prefer it if areas other than Newry and Lisburn were earmarked for them. However, that is a matter of choice. In my area, Newry, I have had a number of meetings with the local GPs who represent all the GPs in the area. There is an acceptance that integrated care centres are a good idea. The difficulty is that the GPs have been kept in the dark to a large extent. That is certainly the message that I am getting. They have not been given

explanations as to what is happening. I have been told by various sources of different sites where the centre may be built, but the GPs have not been told, or at least that is what I am hearing. That is a problem that needs to be addressed, and urgently.

I move on to the whole concept of keeping people — older people in particular — in the community. On the face of it, that again is a very good and laudable idea. The difficulty is that there will always be a need for residential care. In my constituency, there is a fear that one of the best residential homes in the area, which is run by the trust, will be closed. That home is doing extremely well. It has a waiting list, and so on, and people are very happy there. It has a wonderful staff and a very good atmosphere. The reason that there has been a proliferation of private nursing homes is that people are now a commodity. You can make a profit on them; otherwise, there would not be privatisation in that area. It is as simple as that.

As I said, there will always be a need for residential homes. I am sure that the Minister is aware that, at the first hurdle for Transforming Your Care, there was a failure. There was a unilateral declaration by the trusts that they were going to close all their homes, although, as Mr Wells mentioned, the Committee had been told that they would close up to 50% of them. That was going to be a matter of debate and discussion. When I contacted the Southern Trust about its statement, it said that it had issued it in response to a query from 'The Nolan Show'. If 'The Nolan Show' is dictating health policy, something seriously needs to be addressed.

For people remaining in their own home, there is supported housing. Mr Dunne mentioned the Fold Housing Association and the type of technology that is available. I saw that when we visited its housing with the Social Development Committee. It is an excellent facility, but it is fairly limited. A lot more resources need to be put in place.

We have a Commissioner for Older People. I argue that she should be at the heart of any decision that affects older people. We have been told that the elderly population of the North will have doubled by 2020. People are living longer but not necessarily more healthily. Mr Beggs made the point about Southern Cross. In my constituency, when the private sector went into debt and was unable to function, the trusts had to step in, and that resource must always be available. People are not machines. We are not closing a factory, so we cannot sell on the machinery. We are

dealing with people, and people have to be at the heart of this. That is why the unions and the staff have to be very much included in all of this.

The Minister needs to take control of the situation. As I said, Transforming Your Care has a long way to go. The Chair of the Committee has indicated that the Committee has taken a very strong interest and continues to do so. However, unless people are kept at the heart of this —

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

Mr Brady: Go raibh maith agat.

Mrs D Kelly: The main thrust of the debate is about putting people before profit, not care homes per se. The outworking of Transforming Your Care has emerged in one of the early decisions, when the trusts decided to close care homes.

I think that it would be useful to record my own interests. I am a volunteer member of Loughshore Care Partnership and a former health service employee. I think that I have some superannuation contributions somewhere in cyberspace, but it does not mean anything to my pocket at the moment. Hopefully, I will live long enough to enjoy it.

We would do well to remember that the shortfall in funding goes back, primarily, to the comprehensive spending review, which was around the time of collapse of the financial sector.

It is incumbent on all of us to make some comparisons with the budget for the health service in Northern Ireland. During the 2011 Budget debate, some £600,000 was to be taken out of the health and social care budget in Northern Ireland. There are other reports where, if you look at how that compares with England, even taking account of the social care element that is, as Members may know, the responsibility of local authorities, somewhere between £700,000 and £1.1 billion less money is spent on health and social care here in the North of Ireland compared to England. Therefore, there are genuine concerns across the community on how Transforming Your Care will be managed.

I first started out as an occupational therapist in 1981 and then moved on to be a day-care manager and rehabilitation officer in the community in 1987. As Members will know,

those were the Thatcher years, and the concept of privatising some health and social care first came about at that time. It was based on, I think, the Griffiths report, the whole rationale of which was to enable people to live in the community rather than in long-stay institutions. I must say, that had quite a bit of success, in so far as people who were once admitted to long-stay institutions, whether mental health or learning disability institutions, were enabled to stay in the local community with adequate support, including day care and some additional support in the form of respite for carers.

Unfortunately, throughout all of the years in the health service, the money never went in front of the change. Therefore, one of the biggest fears across the health and social care sector, and among the service users in particular, is that although there are some very exciting and good ideas in Transforming Your Care the resources in the community to support the changes will simply not be there.

Mr Byrne: I thank the Member for giving way. Does she agree that there is grave concern and fear? For example, the chief executive of the Western Trust has informed those of us in the west that she will have to find £43 million of savings over the next three years — £30 million in cash and £13 million otherwise. That is raising concerns about whether this is a real reform or whether it is about cutting budgets.

Mr Speaker: The Member has a minute added on to her time.

Mrs D Kelly: Thank you, Mr Speaker. Mr Byrne has well articulated the concerns and the reality facing many trust boards and chief executives. However, I am sure that Members in the House, particularly those who were re-elected at the last election in 2011 and served in the term beforehand, will recall very vividly the name-calling and the insults that were hurled at the previous Health Minister, Michael McGimpsey, in relation to the changes and the budget that he had to face and some of the decisions that he had to make. As I remember, some of that, particularly from the DUP Benches, was around the cost of management and administration. Perhaps in his reply this afternoon, the Minister might give us an update on the spend on administration and management in comparison to the money that is spent on the ground.

I ask all parties to consider the amendment. Most Members here support the concept of health and social care that is free at the point of delivery and when needed. A wider education

programme needs to commence around how we use our health service. Unfortunately, because of long waiting times for appointments to many health care professionals, people are, I believe, using A&E inappropriately to gain access to referrals later on. I spoke recently to a GP whose brother was a psychiatrist, and he told me that some psychiatrists spend longer in determining why they should not see a particular patient on the basis of their postcode than the time it would take to see the patient.

A lot of attitudinal and cultural changes are needed in the health service that are not money driven, but are management and performance issues. I hope that the carer's voice will be heard. Many carers, particularly those who care for people with mental ill health, have expressed concerns that their needs are not taken account of and their voice is seldom heard.

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

Mrs D Kelly: Day care and social care are key elements in providing services to users. I hope that the Minister will reflect on day care as well as residential care.

5.30 pm

Mr McCallister: There is no disagreement with colleagues that the issue around the closure of residential homes a few weeks ago turned into a nightmare, particularly for the residents and their families. The stress and strain that was put on them during that process was a disgrace. I heard colleagues referring to that earlier in the debate. Unfortunately, I do not think that this Chamber changed the policy direction; it was probably more to do with 'The Nolan Show' and the media, which is a sad reflection on our role in this place.

We are some 18 months into Transforming Your Care. I warned about the challenges at the outset. The concept of moving £83 million from the acute side to social care was always going to be very challenging. I come back to the point that I made in an intervention during Mr Beggs's contribution: one of the greatest challenges that trusts consistently fail is that, when implementing changes, they do not put in place what is required before they close something. That undermines the confidence of the public and MLAs that the entire system is moving in one direction.

Virtually everyone I know supports the concept of caring for people as long as possible at

home. We want to see our older citizens and vulnerable people stay as long as possible with their families, cared for and supported at home. That is a concept and a principle that virtually every one of us can buy into, but you need to have the confidence that, if you are changing the system, you have something else in place. You need to have the confidence that there is not a waiting list for domiciliary care, and that, if you are moving to a supported living project, it is going to be delivered on time and in the right place. The challenge that the Minister faces is to make sure that trusts live up to those commitments and obligations. When that does not happen, it does real damage to confidence in this Chamber and across our community.

Everyone knows the facts and figures around this issue and the pressures that are going to continue to build at an astounding rate over the next number of years as our older population increases in numbers — and as some Members of this Chamber reach that age. That might be why some of them have spoken so passionately today.

We know the pressures that are going to be placed on the health service, and we know that social care has traditionally been in a funding crisis. As Mrs Kelly pointed out, we know that, over the past few years, there has been a widening gap between what is spent in Northern Ireland and what is spent in England. In the previous Budget round, we continually warned about that. At some levels, health was being protected, and that was being passed on from our national Government, but, because of the different model in the rest of the country, social care was not being protected. So there were real challenges that we were going to face in Northern Ireland; real challenges and difficulties. That is coming to fruition now.

Mrs D Kelly: Will the Member give way?

Mr McCallister: Certainly.

Mrs D Kelly: Will the Member also accept that the legacy of the conflict has added to the pressures on our own health service and that that is not taken account of?

Mr Speaker: The Member has a minute added on to his time.

Mr McCallister: Thank you, Mr Speaker.

Mrs Kelly refers to the conflict; the real strain of that has been on mental health services. I am sure that the Minister will refer to that. As a rough rule of thumb, we spend about half as

much on mental health as the rest of the country, and the need is twice as great. So you do not need to be a genius at maths to work out that that is not going to have a good ending. So there are real challenges to that.

The area that I have difficulty with in the motion today is around privatisation. I am more confident if you guard some of these services with the RQIA — if you protect the standards there. I am sure that the Minister will respond to this in his remarks, but, if we did not have any type of privatisation or any type of private money coming into it, could we have delivered the new South West Acute Hospital? Could we actually deliver the residential care that we have at the moment if all of it was in the statutory sector? I think he would find that the budgets would be very difficult to do that. We actually use a variety of models —

Mr Speaker: The Member will bring his remarks to a close.

Mr McCallister: — not just statutory care but also independent, community/voluntary, third sector models, and social enterprise models in delivering domiciliary care. Those are things that I think we do not want to rule out.

Mr Speaker: Your time is gone.

Mr McCallister: Thank you, Mr Speaker.

Mr Poots: I welcome the opportunity to respond to the motion. I note that it does not rail against Transforming Your Care but the implementation of it. I think we can all say together that the implementation, in terms of elderly care, was less than satisfactory. That is why I stepped in to take the decisions that I did. I am glad that someone in the House confirmed today that the Southern Trust responded to a radio show, because it is very evident that I was not informed of these decisions and had not had input into them. Consequently, I did the right thing in stepping in to ensure that the elderly people who were so clearly distressed would not suffer further distress.

However, I would say that on the policy — on Transforming Your Care — there are no U-turns on the policies that are within that, and there will not be any U-turns on it. I do not believe that, after I leave office and my party leaves office, there will be any U-turns by the next party that holds the position, because I do not believe that there are any alternatives to doing health other than as proposed in Transforming Your Care. It is practical, it is sensible, it is rational and it is deliverable and, I believe,

unavoidable. So, unlike the SDLP today, which did a very spectacular U-turn when it came to the SpAd Bill, we will not be doing U-turns on this issue, because a U-turn would not be at all appropriate given the pressures that are facing us.

I will repeat the pressures again. The demographics indicate to us that we have a population that is continuing to get older. That is a demonstration of success in health. We will have more frail elderly people, and they will require greater levels of care and support, whilst, at the same time, our budgets are not increasing as they increased in the years post-1997 right through to recent years under the previous Labour Government. So we have to live with that. That is not going to change. We are going to have more frail elderly —

Mr Byrne: Will the Member give way?

Mr Poots: I will in a moment. We are going to have more frail elderly — that is a matter of fact — and we are going to have a limited budget to support all of the healthcare demands that come our way.

Mr Byrne: I thank the Minister for giving way. Will he give an assurance that he is not ideologically opposed to the retention of some statutory residential homes in certain towns or areas if they are run efficiently and meet the required quality standards?

Mr Poots: The ideology is set out in Transforming Your Care. If some trusts want to go further than TYC, they have to provide a defence for that. Clearly, I was not happy with how things were being handled and stepped in to deal with that.

I am happy to talk about ideologies because the ideologies are clear. In Northern Ireland, the spend on non-health service providers was 3.5% of the total budget; in England, it is 8%. So there is a considerable difference between the amounts of private healthcare being provided in Northern Ireland and England. If the English want to go down a particular route, that is for them, but I am not unhappy ideologically that Northern Ireland spends considerably less than England.

I took over the Department in 2011. In March 2011, for example, just over 106,000 people were waiting for an outpatient appointment. We managed to reduce that to 102,000 by March 2013. In March 2011, the number of people waiting for more than nine weeks, which is the important target, was just short of 40,000. By

March 2013, the figure was considerably lower. Figures are being driven down as a result of the work that we are doing. Last year, between March 2011 and March 2012, the total number waiting for inpatient and day case appointments went down from 52,880 to 50,828, and so it goes on.

Where I am coming from is that we have been able to use money in the private sector — some £53 million last year, which accounted for just over 1% of our entire budget — to buy services. We have been able to use that money and the private sector to deliver a service that, crucially, is driving down waiting lists and waiting times.

If Mr McDevitt were to have his way, we would follow through on his proposal to introduce legislation on privatisation. Then, if another Department were to say that it could not spend all its allocation in the current year and was surrendering money to the centre, I could not bid for that. As Health Minister, I could not say that I would take the £20 million or £30 million to reduce waiting lists further and ensure that people did not have to wait as long for hip operations, knee replacements and open-heart surgery — a whole range of services. The outworking of what Mr McDevitt and the SDLP propose would be that I could not do that. So the waiting lists would remain long, and, indeed, we would allow the money to go back to Westminster. That is not a logical position, but I see that Mr McDevitt would like to defend his illogical position.

Mr McDevitt: I appreciate the Minister's generosity in giving way. This is, of course, an important debate because two issues arise from the Minister's argument. The first is that, more often than not, he pays consultants already working for the NHS to work privately to bring down waiting lists. There is not just an ideological problem with that; there is the real issue of how people can be so much more efficient when being paid for their benefit than when doing their day job for the NHS.

The second issue is that the Minister does not always send that money to the private sector. Oftentimes, he sends it to other parts of the NHS or to the Health Service Executive in the Republic of Ireland. We have no ideological objection to using non-core elements of the NHS to drive down waiting lists. What we are saying is that the Minister must not create a platform for accidental privatisation.

Mr Poots: I do not want to create a patchwork quilt of privatisation either, but a patchwork quilt, as was rightly pointed out to Mr McDevitt, is better than no quilt at all.

In that regard, what we are very clearly aiming for and what we are clearly attempting to do is ensure that we continue to drive down waiting times and use every tool that we can get our hands on to ensure that that is the case. If that involves using the private sector and operating within the constraints of previous agreements and policies, which, as pointed out by Mr Wells, were made in 2004, I think, and with which I do not necessarily agree, but, nonetheless, am not likely to have changed in my time as Minister, it is important that we do that to ensure that people who are waiting for services get those services.

5.45 pm

Another point that we need to deal with is that there are a lot of service providers out there who are outside of the National Health Service. Within mental health and learning disabilities, for example, are numerous voluntary sector groups that are providing care and support for people who have learning difficulties or mental health problems. I think that those organisations provide service at very good value for money and are doing excellent work. I do not want to move away from that. What we are talking about here is the care of the individual and the care of the patient; it is not the care of the system. I think we need to lose focus and sight of the system, the buildings, the hospitals and the homes, and think about the people we are caring for.

We have made a lot of comments this afternoon about people and the care that they require, and about how the trusts fell short in how they handled the elderly persons' issue. I will repeat again: I want to see members of my family who are older supported in their own home, and I want the same for me when I am older. I want to have the appropriate care for them. That is why we have identified almost 500 care packages to support people who, ordinarily, would have moved into residential care homes, and to enable them to continue to live in their own home or in supported living facilities. That is crucial. I am not in the least embarrassed about that. I think that that position is wholly defensible and one that we can, and should, stand over.

I should also say that there are huge opportunities out there for us to support the social economy sector in healthcare, grow the social economy sector and ensure that people who have been unemployed for many years can be brought back into employment through social economy companies serving the healthcare sector. There are huge

opportunities out there for us to do that. That is an area that we should not be afraid of.

Some people would like to present the National Health Service as the Holy Grail that we should not move away from, and there is a mantra that we cannot touch it. We can. We can do it better; we can do it with the ability to bring people out of long-term unemployment; we can do it in a way that protects the weakest and most vulnerable; we can do it in a way that provides the best services possible within constrained finances. It is vital that we address all those things.

The motion is clearly not one that provides us with rationale. In his opening proposal, and in his response to me, Mr McDevitt had the opportunity to make the case, but he has failed to make a convincing case for anyone to go with the motion. It might not be the first time today that he has made an unconvincing case with regard to how things have panned out today for the SDLP, but that is another matter.

The motion urges the Minister to ensure that the patient, and not profit, is put at the centre of care provision. Of course, that will always be the case, but let me be absolutely clear: that does not mean that the private sector is always bad; that does not mean that the private sector cannot help and assist us in delivering healthcare. We have done a considerable amount of work with the private sector and, indeed, with our universities in identifying how we can use technology and medical devices, and how we can introduce new medicines, and so forth, to support people and provide them with a better quality of care.

What we are aiming for, over this time, is not to provide a poorer level of care, in spite of the fact that we will not have as much money to go round, but to ensure that we provide with less money the level of care that people expect and should receive. In order to do that, we have to use our money more wisely. We have to invest it better. We have to deliver greater results. Using companies, such as TF3 Consortium, to deliver telecare at home, in association with Fold Housing Association, is completely sensible. I will not veer away from that. Any Minister who would veer away from that, retract and get frightened when the word "privatisation" is mentioned by someone in opposition, and did not proceed to do that, would, in fact, fail the people of Northern Ireland because they would ensure that people got a lesser standard of care and would not receive the support that they should to enable them to stay in their own home. The challenge has to be very clearly put out there that we cannot move away from

systems that can provide and deliver the best possible care just because it happens to be delivered by the private sector.

I feel passionately that our health service has to be free at the point of need. I heard Mrs Kelly comment that she thinks that most people in the House agree with that. I have not heard anybody who disagrees with it. I believe passionately that people should be able to receive healthcare free at the point of need. That is something that stands out in this country. It was, rightly, pointed out during the Olympics that we should be proud that people who can least afford very expensive forms of care can get that care and support. The mixed model is the best way to deliver that because it will help to ensure efficiency throughout the system.

Mr Gardiner: I welcome the opportunity to speak on the motion and make the winding-up speech on the Ulster Unionist Party's amendment. I want to open my remarks by saying that what happened almost exactly a month ago was unacceptable. I believe wholeheartedly that the people in each and every one of the homes that was caught up in the turmoil deserve much, much better. The residents were traumatised. They were thrown reluctantly into the spotlight. Unfortunately, it took a tidal wave of public opinion and political opposition for the Minister to intervene. I applaud the Minister for his actions on Friday 3 May. However, I hope that even he accepts that unacceptable levels of distress had been caused by then.

It would remiss of me, as an MLA for Upper Bann, not to mention Crozier House in Banbridge. That home, whose residents I have visited many times, is cherished as much by the local population as it is by its residents. It is a great home with superb staff. I want to record my thanks and appreciation for them. At the time when the consultation on closing Crozier House, along with the other four homes that are managed by the Southern Health and Social Care Trust, was announced, Angela McVeigh, the trust's director of older people and primary care services, said that the trust was committed to working closely with each resident and his or her family individually. I am sorry, Minister, but that did not happen. Families were left shocked by the scale and suddenness of the plans. Most shamefully of all, patients were being told that they may have to move many miles just to find the next available bed. That is why I am sure that lasting damage has been done to local people's faith in the trust. It will take much hard work to win back people's confidence. I

am sure that the Minister agrees with me that the trust needs to start working now.

Despite a catalogue of failings during that period, I still cannot support the original motion as it is before us. I would have hoped that by having the debate, the Assembly would have been able to have had genuine discussion on how the Minister and the trust should move forward and learn from the mistakes of four weeks ago. Unfortunately, the wording of the motion has completely misread the public mood at present. Yes, I have been concerned that the health service will move further out of anybody's reach, but that is generally not the issue. On the whole, we still have excellent staff delivering a wonderful service.

It is really the management of our health service rather than the direction of it that I have greater concerns about at present. In particular, I want to warn the Minister about what I call "mission creep". I believe that a far tighter rein needs to be kept on health service bureaucracy, particularly in the various health trusts. In the case of older people's care homes, the trusts have gone well beyond the intentions of the Minister, the Committee, MLAs and policymakers. I am concerned that bureaucrats are running ahead of public policy on many fronts by proposing cost-effective cuts without due regard for care. Care is what the health service is really about.

I believe that if the Ulster Unionist Party amendment is accepted, the motion will be a fairer representation of the current situation. Now is not the time to be calling for legislation to prevent so-called privatisation. We should instead be calling for patients' interests to be always, and I mean always, at the heart of the health system.

Ms P Bradley: I support amendment No 1. I will start by repeating what Conall McDevitt said in his opening remarks about how much we value our healthcare system and integrated healthcare system. I know that we are the envy of many other parts of the United Kingdom because we have an integrated health and social care system, of which we should be very proud. One of the things that I am most proud of in our country is that our health service has at its core a belief that we have a duty of care to protect the most vulnerable in our society. That belief saw my progression into the National Health Service, and it is that belief that keeps my conviction that we have one of the best health services in the world.

We know that the largest growing demographic in our society is people in their older years. I

was gravely concerned about the upset caused to that exceptionally vulnerable group of people following the boards' actions in recent weeks in their handling of the closure of residential homes. Not one person in the Chamber would welcome anyone telling us that we had to move from our place of safety, which is how many people view their residential home. Imagine feeling that that decision was being made by some faceless person in an office. I, therefore, support the Minister's decision to step into the arena to halt that process.

I support Transforming Your Care because it is clear that our health service needs to evolve in order to survive. It is not a new idea that home is the best place to provide care. In fact, it is always the first option when discussing care. In my experience, I have spoken to very few older people who want to leave their home and enter residential care. For the vast majority, their first preference would be to remain in their home, where they can be close to their family and friends and everything that they know, while, of course, getting appropriate home care to ensure that they are safe and well cared for. With that in mind, it is only proper that we ensure that the services that we provide are person-centred and that home is always considered in the first instance.

I believe that the private sector, along with the voluntary and community sector, has a significant role to play in making that a reality for everyone. Again, that is not a new phenomenon but a longstanding solution to the provision of care. We have seen the level of care that those sectors can provide, and I believe that we can continue to work on those close partnerships to ensure that we offer the best services.

On the issue of private nursing and residential care, we have numerous private providers in Northern Ireland, and, yet again, that provision has been in place for many years. It is, therefore, not a new concept. In fact, the private sector is the main provider of nursing, residential and elderly mentally infirm (EMI) care in Northern Ireland. Let us not forget that when people are deemed as needing nursing care, it is their right to decide which home they will avail themselves of. As I have said in the Chamber before, residential care has been on the decrease across Northern Ireland, with a bigger onus being placed on care at home or assisted housing. I hate to repeat myself, but I have to say that placing home at the centre of care has been main thrust of care provision for many years.

Like Jim Wells, I was somewhat surprised at some Members' reactions to 'Transforming Your Care' in the Health Committee and in the Chamber to the fact that 50% of our statutory residential homes would be closed by 2018. I am also amazed that many Members are quite obviously not aware that the private sector has been the main service provider for many years in nursing, residential and home care in Northern Ireland.

6.00 pm

Many points have been made here today by all parts of the Chamber. I believe that the overall intention by us all is to support and protect the most vulnerable in every one of our constituencies. We must, therefore, proceed with caution and explain our rationale at each point to those most affected — those who need the services. By doing that, we can avoid the confusion and misunderstanding, and we can relieve many elderly people and their families of unnecessary stress.

I support amendment No 1.

Mr Durkan: First and foremost, I make it clear again that the motion is not an attack on 'Transforming Your Care', its author or the Minister charged with its implementation. Hailed as a road map to the future, we agree with the direction of travel espoused in TYC, but we are on the record from the outset as having concerns with some of its content and its implications for those who need care and those who provide it.

During my time on the Health Committee, I repeatedly emphasised the need for sufficient transition funding as we move from the current model of care to the one envisaged by Compton. Although we agree with the direction of travel, we were, and remain, concerned that we might run out of fuel on the way, leading to the creation of care vacuums. I fear that recent events have confirmed that that is a possibility, if not a likelihood. We need to invest to save, not save to invest. I fear that the savings being demanded of trusts — Joe Byrne referred to them earlier — over the next few years will result in a lot of pain for patients, and for the Minister, whoever that may be. How much of TYC is about transforming your care, and how much, Minister, is about trimming your costs?

The whole furore around the care homes recently may not have been quite as loud, or the anxieties suffered by residents and their families quite as bad, had people been convinced that there was sufficient investment

and improvement in domiciliary care packages. They are not convinced, and neither are we. It was inevitable that the debate would centre on the care homes fiasco. I do not want to get too immersed in that per se. I welcome, as the DUP amendment states, the Minister's intervention to halt the process of closure. However, I note that he remains committed to the policy of the closure of up to 50% of homes. I worry that many care home residents have merely received a stay of eviction and that their numbers will be allowed to be whittled down until keeping their homes open is deemed to be no longer viable. Then, they will, once again, be given the choice of care in the community or moving into a privately owned care home.

Mr McDevitt has consistently warned that TYC must not become a charter for privatisation. We believe that it is important to retain services and care in the public sector that are second to none. Although research tells us that people would rather get cared for in their homes and that demand for residential care is reducing, why are new private homes opening and existing ones extending? The reality is that some people will still choose residential care, and others will have no choice but to receive it. I fear that that may become increasingly the case due to the rise in life expectancy and the changing nature and size of families.

I thank everyone who contributed to today's debate. Mr McDevitt opened by saying that we were not opposed to 'Transforming Your Care'. We agree with reform and most of the stuff in the policy document, particularly the emphasis on preventative and Connected Health issues. However, we fear that TYC allows further privatisation, using patient-centred care as justification for privatising care.

Conall argued that we need legislation to protect and ring-fence services that should remain publicly owned. It was his interpretation that the health trusts misinterpreted Transforming Your Care and that we need to give the policy a statutory framework to prevent this from happening again. He stated that we will be opposing the amendments because they take away from the essence of our motion: protection from wholesale privatisation.

Mr Wells spoke about the extensive consultation that took place on the document, and listed the Minister's engagement with the Health Committee and the Assembly. However, the fact is that it has never been voted on in the House. He referred to the recent media scrum and the lack of understanding of TYC. However, some of his colleagues were front and centre of that scrum,

expressing shock at the proposed closures. Mr Wells also spoke of the policy being written in plain English. Obviously, it was not plain enough for the trusts to understand. He lamented what he perceived to be a lack of alternatives being put forward by us. However, I think that any alternative should involve choice, and it is important that we retain some care in the public sector. It should be —

Mr Byrne: Will the Member give way?

Mr Durkan: Go ahead.

Mr Byrne: I thank the Member for giving way. On the same issue that I raised earlier, if we have a successful statutory residential home in a town, such as Greenfield care home in Strabane, should we be hell-bent on trying to change that and creating a private nursing home?

Mr Durkan: I thank the Member for his intervention. I am a firm believer in the adage: if it ain't broke, don't fix it. Therefore, something as successful as Greenfield care home should be retained. I also believe that there could be some sort of double-running as we make the transition from the current model of care to the one that is envisaged in Transforming Your Care.

Mr Beggs referred to the shameful manner in which elderly people have been treated lately, and highlighted some of the many positive aspects of TYC. He said that he would like residential homes to be used for more respite services, which we certainly agree with. He also highlighted potential problems with privately owned homes and referred to the Southern Cross fiasco of last year.

Sue Ramsey indicated her support for the motion, and said that the Department and the trusts need to give more thought to the implementation of TYC. She reminded us of the themes of the document and gave her commitment that the Committee of which she is the Chair will explore each of them thoroughly. Mr McCarthy wished to stay away from political point-scoring. Generally, I think that Members who spoke tried to do that, with one or two exceptions.

Gordon Dunne spoke about the ageing population and its need for care and support. He spoke of improvements, such as reablement and telecare, which promote independent living. He said that trade unions must be open to change. No health professional I have spoken to is afraid of change, but quite a few of them

are fed up with it — they have been in a perpetual state of change for many years.

Maeve McLaughlin raised questions about who makes decisions. She spoke about the relationship between RQIA and the trusts and the problems that that caused in our constituency with Slievemore Nursing Unit. Mr Robinson laid the blame for the care home fiasco squarely on the trusts.

The Minister spoke about how we have to live with reduced resources and increased demand. He gave statistics about how he has reduced waiting lists, and we commend him on that. However, I wonder whether, when he talks about seeing figures being reduced, it means that his obesity strategy is working. The Minister also spoke about the work of voluntary agencies, and we would not want to see that work stopped at all. Those people are dedicated to people and patients, not to profit. As the Minister said, it is sensible to use the private sector when necessary or sensible.

In winding on the UUP amendment, Mr Gardiner virtually asked, "Who trusts the trusts?" There is certainly a huge cloud over the trusts after their recent actions.

While we are concerned that Transforming Your Care enables a continued lurch towards privatisation, we fear that RQIA is the weapon of choice when it comes to implementing cuts. RQIA are four letters that strike fear into patients, families and care providers across the North. We support regulation, but what we are seeing is strangulation through regulation. RQIA has got out of control and appears to be beyond even ministerial reproach. Although it is not a monster of Minister Poots's creation, we, as a legislative Assembly, need to help him to rein it in. With the increased emphasis on a social model of care, the Department must work more closely and effectively with DSD. Some proposals in the Welfare Reform Bill will have a clear impact on people's access to care, and RQIA's over-exuberance and apparent lack of understanding of care is affecting many good organisations' eligibility for Supporting People funding, thus directly reducing the amount of care that vulnerable people are receiving.

I appeal to the House to support our motion, to ensure the protection of our much loved and much envied health service and, indeed, of our overstretched and undervalued health servants. What will TYC mean for job reductions? Ultimately, we want to see legislation —

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

Mr Durkan: — brought forward to ensure that all our citizens, particularly the most vulnerable, can continue to access a high standard of state care when and where they need it, with patient needs prioritised.

Mr Speaker: I remind the House that if amendment No 1 is made, I will not put amendment No 2, as amendment No 2 will have been overtaken by the decision on amendment No 1.

Question put, That amendment No 1 be made.

The Assembly divided:

Ayes 30; Noes 60.

AYES

Mr Anderson, Ms P Bradley, Mr Buchanan, Mr Campbell, Mr Clarke, Mr Craig, Mr Dunne, Mr Easton, Mrs Foster, Mr Frew, Mr Girvan, Mr Givan, Mrs Hale, Mr Hamilton, Mr Humphrey, Mr Irwin, Mr McCausland, Mr I McCrea, Mr D McIlveen, Lord Morrow, Mr Moutray, Mr Newton, Mr Poots, Mr G Robinson, Mr Ross, Mr Spratt, Mr Storey, Mr Weir, Mr Wells, Mr Wilson.

Tellers for the Ayes: Ms P Bradley and Mr G Robinson

NOES

Mr Agnew, Mr Allister, Mr Attwood, Mr Beggs, Mr Boylan, Ms Boyle, Mr D Bradley, Mr Brady, Mr Byrne, Mrs Cochrane, Mr Copeland, Mr Cree, Mr Dickson, Mrs Dobson, Mr Durkan, Mr Eastwood, Mr Elliott, Ms Fearon, Mr Flanagan, Mr Ford, Mr Gardiner, Mr Hazzard, Mrs D Kelly, Mr Kennedy, Mr Kinahan, Ms Lo, Mr Lunn, Mr Lynch, Mr McAleer, Mr McCallister, Mr F McCann, Ms J McCann, Mr McCarthy, Mr McCartney, Ms McCorley, Mr B McCrea, Mr McDevitt, Dr McDonnell, Mr McElduff, Ms McGahan, Mr McGlone, Mr McKay, Mrs McKeivitt, Ms Maeve McLaughlin, Mr Mitchel McLaughlin, Mr McMullan, Mr A Maginness, Mr Maskey, Mr Milne, Mr Nesbitt, Ms Ní Chuilín, Mr Ó hOisín, Mr O'Dowd, Mrs O'Neill, Mrs Overend, Ms S Ramsey, Mr Rogers, Ms Ruane, Mr Sheehan, Mr Swann.

Tellers for the Noes: Mr Durkan and Mr Eastwood

Question accordingly negatived.

Mr Speaker: I have been advised by the party Whips that, in accordance with Standing Order

27 (1A)(b), there is agreement that we dispense with the three minutes and move straight to the Division.

Question put, That amendment No 2 be made.

The Assembly divided:

Ayes 43; Noes 47.

AYES

Mr Anderson, Mr Beggs, Ms P Bradley, Mr Buchanan, Mr Campbell, Mr Clarke, Mr Copeland, Mr Craig, Mr Cree, Mrs Dobson, Mr Dunne, Mr Easton, Mr Elliott, Mrs Foster, Mr Frew, Mr Gardiner, Mr Girvan, Mr Givan, Mrs Hale, Mr Hamilton, Mr Humphrey, Mr Irwin, Mr Kennedy, Mr Kinahan, Mr McCallister, Mr McCausland, Mr B McCrea, Mr I McCrea, Mr D McIlveen, Lord Morrow, Mr Moutray, Mr Nesbitt, Mr Newton, Mrs Overend, Mr Poots, Mr G Robinson, Mr Ross, Mr Spratt, Mr Storey, Mr Swann, Mr Weir, Mr Wells, Mr Wilson.

Tellers for the Ayes: Mr Beggs and Mr Gardiner

NOES

Mr Agnew, Mr Allister, Mr Attwood, Mr Boylan, Ms Boyle, Mr D Bradley, Mr Brady, Mr Byrne, Mrs Cochrane, Mr Dickson, Mr Durkan, Mr Eastwood, Ms Fearon, Mr Flanagan, Mr Ford, Mr Hazzard, Mrs D Kelly, Ms Lo, Mr Lunn, Mr Lynch, Mr McAleer, Mr F McCann, Ms J McCann, Mr McCarthy, Mr McCartney, Ms McCorley, Mr McDevitt, Dr McDonnell, Mr McElduff, Ms McGahan, Mr McGlone, Mr McKay, Mrs McKeivitt, Ms Maeve McLaughlin, Mr Mitchel McLaughlin, Mr McMullan, Mr A Maginness, Mr Maskey, Mr Milne, Ms Ní Chuilín, Mr Ó hOisín, Mr O'Dowd, Mrs O'Neill, Ms S Ramsey, Mr Rogers, Ms Ruane, Mr Sheehan.

Tellers for the Noes: Mr Durkan and Mr Eastwood

Question accordingly negated.

6.30 pm

Mr Speaker: Once again, I remind the House that, in accordance with Standing Order 27(1A)(b), there is agreement that we dispense with the three minutes and move straight to the Division.

Main Question put.

The Assembly divided:

Ayes 47; Noes 43.

AYES

Mr Agnew, Mr Allister, Mr Attwood, Mr Boylan, Ms Boyle, Mr D Bradley, Mr Brady, Mr Byrne, Mrs Cochrane, Mr Dickson, Mr Durkan, Mr Eastwood, Ms Fearon, Mr Flanagan, Mr Ford, Mr Hazzard, Mrs D Kelly, Ms Lo, Mr Lunn, Mr Lynch, Mr McAleer, Mr F McCann, Ms J McCann, Mr McCarthy, Mr McCartney, Ms McCorley, Mr McDevitt, Dr McDonnell, Mr McElduff, Ms McGahan, Mr McGlone, Mr McKay, Mrs McKeivitt, Ms Maeve McLaughlin, Mr Mitchel McLaughlin, Mr McMullan, Mr A Maginness, Mr Maskey, Mr Milne, Ms Ní Chuilín, Mr Ó hOisín, Mr O'Dowd, Mrs O'Neill, Ms S Ramsey, Mr Rogers, Ms Ruane, Mr Sheehan.

Tellers for the Ayes: Mr Byrne and Mrs McKeivitt

NOES

Mr Anderson, Mr Beggs, Ms P Bradley, Mr Buchanan, Mr Campbell, Mr Clarke, Mr Copeland, Mr Craig, Mr Cree, Mrs Dobson, Mr Dunne, Mr Easton, Mr Elliott, Mrs Foster, Mr Frew, Mr Gardiner, Mr Girvan, Mr Givan, Mrs Hale, Mr Hamilton, Mr Humphrey, Mr Irwin, Mr Kennedy, Mr Kinahan, Mr McCallister, Mr McCausland, Mr B McCrea, Mr I McCrea, Mr D McIlveen, Lord Morrow, Mr Moutray, Mr Nesbitt, Mr Newton, Mrs Overend, Mr Poots, Mr G Robinson, Mr Ross, Mr Spratt, Mr Storey, Mr Swann, Mr Weir, Mr Wells, Mr Wilson.

Tellers for the Noes: Ms P Bradley and Mr G Robinson

Main Question accordingly agreed to.

Resolved:

That this Assembly expresses concern that the implementation of the 'Transforming Your Care' review of health and social care, commissioned by the Minister of Health, Social Services and Public Safety, has enabled health and social care trusts to take decisions on the closure of care homes; is concerned by the detrimental impact which the privatisation of many aspects of health and social care will have on vulnerable people; urges the Minister to ensure that the patient and not profit is put at the centre of care provision by the Health and Social Care Board; and calls on the Minister to introduce legislation to protect services from privatisation by stealth.

Mr Speaker: Members may take their ease as we move into the next business.

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

Motion made:

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

Adjournment

Post-primary Education: East Belfast

Mr Deputy Speaker: The proposer of the topic will have 15 minutes; the Minister will have 10 minutes to respond; and all other Members who are selected to speak will have approximately six minutes.

Mr Newton: I thank the Minister and my colleague Mr Storey, the Chair of the Education Committee, for attending the debate. This issue has raised some concerns throughout East Belfast over the past number of months. Those concerns are largely about secondary level education across the constituency of East Belfast. It also has some implications for South Belfast, but it is my intention to concentrate only on the east of the city.

I recognise that we have some excellent grammar schools in East Belfast, but I want to concentrate my remarks on those schools that are perhaps more vocational than academic. Those three schools are: Orangefield High School; the combined schools of Newtownbreda High School — in south Belfast — and Knockbreda High School; and Dundonald High School.

At the closure of Orangefield High School, I and a number of East Belfast MLAs — I assume all of them — were visited on the matter. It was made quite clear by the representatives of Belfast Education and Library Board that the parents on the board of governors had voted for closure. However, a number of promises had been given to the parents. Those promises were largely that the boys and girls from Orangefield would be accommodated in Ashfield Boys' High School and Ashfield Girls' High School. My understanding is that the boys have been accommodated in Ashfield Boys' High School, but the girls have not been accommodated in Ashfield Girls' High School.

I will deal with what happened to the girls. Parents were asked to take their children on a tour of the Ashfield campus. Travel to the school and school uniforms were discussed with them. The girls sat a test to decide which

class they would be going into in Ashfield Girls High School'. Now, there are no places available for them, because the cap on the enrolment of Ashfield Girls' High School has not been lifted.

I know from experience that, when parents were trying to get their children into Ashfield Girls' High School or Ashfield Boys' High School, the cap was always a problem. My colleague Mervyn Storey and I raised that issue with the chief executive of the education and library board. I wrote to her after a meeting that Mervyn and I attended. In a letter dated 17 May 2013, she replied to say:

"In this regard, the board has written to the Department of Education to ask for a temporary variation in enrolment number for Ashfield Girls' High School to allow them to accept additional pupils in year 11, with effect from September 2013. This is still being considered by the Department."

That was despite the fact that parents were promised a number of months ago that the girls would be taken into Ashfield Girls' High School.

6.45 pm

It seems that the closure of Ashfield has been achieved nearly in a vacuum, without consideration to any strategy for the east of the city.

Knockbreda High School is due to amalgamate with Newtownbreda High School in south Belfast. All the figures indicate that, when schools amalgamate, performance suffers. That merger has not found favour with the parents of either school. They have looked at the statistics with regard to what will happen to their children when the schools amalgamate — on two sites; split campuses. The figures show that 68% of merged secondary schools saw a dip in performance after the merger, and 51% of merged schools dipped and did not return to the pre-merger situation. You can understand, Mr Deputy Speaker, why parents are concerned about a two-campus situation and all the administrative chaos that that will bring about, such as headmasters, heads of departments and schoolteachers applying for jobs after the merger.

I turn now to Dundonald High School. I advocate academic excellence, but it is not for every pupil. There are other ways, thoughts, strategies, and routes for pupils to follow. I went to the consultation night when parents were in front of the South Eastern Education

and Library Board. I know that it is a bit of a cliché, but if I could have bottled the energy in the gym that was being used to host the meeting that night, I would have made a fortune. There was standing room only, and the parents and teachers spoke with passion. There was disappointment among those who attended that the only strategy that was being considered was closure of the school and merger with another school or schools. You can understand, in a consultation process, the disappointment that was coming through from the parents.

With regard to those pupils who may find it difficult to achieve five GCSEs at A to C, including English and maths, there is another role for schools to play. There is the role for a school to ensure that pupils acquire lifelong learning skills that prepare them for the future. Schools also need to have a role in encouraging the development of the personal skills of their pupils to prepare them for the challenges of the future.

Dundonald High School is integrated into its community; it serves the second-largest Housing Executive estate in Northern Ireland and tumbles over into the Tullycarnet estate and the wider Dundonald area. Dundonald High School is a happy and caring school; that was obvious from what the parents were saying on that evening. There is a feeling of pride, even to the extent where past pupils have become teachers in the school. They have a sense of belonging to the school and to the community through the development of the personal skills of the pupils and through encouraging those pupils to achieve to the best of their ability before they move on from the school.

The motivation of the staff and their personal care for the pupils was obvious. That is not to take away from the pupils who go to the school and achieve academically. The school encourages academic excellence where that is possible and where they can stretch the pupils. Other pupils will follow a vocational route for their future careers.

I know that the Minister and Mervyn Storey, in his role as Chair, recognise the importance of education. The Assembly recognises the importance of education and our need to provide the best opportunities possible for pupils in our schools. We need to recognise the competitive environment in which we live and the need for pupils to get their qualifications. We also need to invest in education. School facilities are important. You may think that it is only a building, but the

environment and quality of the building say something about the school. The education authorities made promises to Dundonald High School and Knockbreda High School to invest in the schools, but those promises were reneged on and the potential funding was taken away. Moreover, in the case of Dundonald High School facilities were removed. The swimming pool was removed, playing pitches were removed and parts of the school were left to deteriorate. You can imagine why parents did not want to send Johnny to that school, particularly when other schools are being built and invested in.

It is right that we think about area-based planning. I acknowledge that we have to have a plan that needs to be discussed and that we must aim for. However, the only plan visible to parents in east Belfast is that at one end of the dual carriageway you will have Newtownbreda High School, and at the other you will have Ashfield Boys' High School and Ashfield Girls' High School, and there will be nothing in between. Rather than one option, there needs to be involvement of parents and pupils in what happens. There also needs to be involvement of elected representatives. As it stands, the Belfast Education and Library Board has not for a number of years now had one representative from Belfast City Council, as has been traditional over the years, to represent the views of parents and of political parties in terms of how education strategy is developed, how the working of education is delivered, and so on and so forth. We all know the conversation and the discussions that took place a number of years ago, when the South Eastern Education and Library Board members — elected representatives — quite rightly refused to implement cuts. Now the South Eastern Board is run by three appointed commissioners. There is not one word, not one strategy, not one input from an elected representative on the South Eastern Education and Library Board.

I am going back to Belfast. The Minister asked for four representatives from the council. He has four people who went through a sifting panel, they were judged to be appropriate and appointable, and the Minister has refused to actually appoint those people to the Belfast Education and Library Board. Area-based planning is right, but it cannot be just one solution, and it needs an input from political people.

In closing, let me say this: the situation in East Belfast needs to be stabilised. There is nothing, only confusion and chaos, at this time. There is a need for an area-based plan, but there is a need for an area-based plan that the parents

and the political representatives can buy into. Elected representatives need to play a positive role in the South Eastern Education and Library Board, which impacts on East Belfast, and the Belfast Education and Library Board, which impacts on East Belfast.

Mr Copeland: I thank Robin Newton for initiating this debate here this evening, and he has covered, in fairness to him, most of the points that I had considered making. I am a product, as is probably patently obvious to everyone, of the non-grammar system of education, but the secondary-school education that I benefited from was not the secondary-school education that I believe is currently available to pupils in that sector. In many cases, the buildings look un-cared for, and the pupils do not seem as engaged or directed as I remember us being at Lisnasharragh High School. The views I am putting forward are my own, based on my own experience, and I trust that they will not be used to batter me over the head at some stage in the future if my party decides to go along a separate route.

The truth is that we are 1.8 million people, with four or five different education sectors, all requiring a degree of oversight and control and admissions criteria. I am not sure that, in the long term, that is tremendously sustainable. Within the school network that I attended, we had Orangefield, which I was aware of. Newtonbreda and Knockbreda may as well have been the dark side of the moon, even though they were only a couple of hundred yards across the dual carriageway.

I cannot remember any discussion when I attended my first school, Lisnasharragh Primary School, which was actually a converted German prisoner-of-war hut that had been brought from the old prisoner-of-war camp at Grosvenor. I cannot remember any discussion about it. A letter arrived saying that is where you are going, and I went. As far as I am aware, everybody who was supposed to go there went. The transfer procedure, or 11-plus: I failed, and I was sent to Lisnasharragh High School, which was just the other side of where our dinner hall was. I have to confess I never felt myself in any way disadvantaged or a lesser being. I seem to have some vague recollection of, a few years later, doing a thing called the junior certificate, at which stage I could have gone to Annadale. I had heard of Annadale, but I had no idea where it was, and I was so settled with my friends and peers in Lisnasharragh that I decided to remain there.

7.00 pm

The difficulty arose when my wife and I went to assist our son — more particularly than our daughter — in selecting his post-primary school. My wife, as is well known, was a police officer and had been injured in a shooting incident. That made her determine, when she retired, that she did not believe in children being educated separately. She met the first members of — forgive the expression — the other community when she went to the depot in Enniskillen to join the police.

She determined, and I did what I was told, that the two kids would go to Lagan College, which was an integrated school. I will say honestly that I was not very happy with the idea, but that is where Sarah went. Mr Maskey will know, because their paths cross occasionally on south Belfast matters, that Sarah, like me, may not be academically gifted, but she can make her point and put it across.

Our son, Matthew, was slightly different, and this is where I want to get away from the notion of what schools are called. When Matthew was nine years old, we were told by Gilnahirk Primary School, a good primary school, that he would never be able to read and write. Consequently, he was not put through the trauma, if that is the right word, of the transfer procedure. He went into Lagan College in the bottom stream, although he did not know that, and, for whatever reason, came out in the top stream, secured a 2:1 in psychology at Queen's University, Belfast, and through a bit of jiggery-pokery and hard work was accepted into the School of Medicine.

I have to ask myself this in all honesty: were it not for the intervention of his mother, who is infinitely wiser than me in these matters, and Matthew had gone to Lisnasharragh, would he be a first-year medical student? The answer is probably no. I feel that the same is true of Orangefield and most other secondary schools because the route to education that is open to them — it used to be the route to jobs in factories — is closed.

I do not necessarily agree with Lagan College on the ethos of integrated in community background or religious terms. I do understand, however, that children from a diverse range of backgrounds and academic skills can exist on a single campus and, given encouragement, work their way through a system that is not class-structured. Setting aside the term "integration", which generally means religiously integrated, of much more fundamental importance is the educational integration that takes place within that setting. Unfortunately, the side effect was to suck over 1,000 pupils out of the so-called

state sector, leaving a number of schools susceptible to closure.

I again appeal to the Minister, echoing Mr Newton's sentiments, and with particular reference to Dundonald High School —

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

Mr Copeland: — that an essential role of a school is to prepare children for the future but, primarily, to allow them to be the best that they can be. That is fundamental to the way forward. Again, I appeal for recognition of the efforts being made by Dundonald High School, which has history. History is not necessarily a bad thing, although in this case it is being used to justify the future.

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

Mr Copeland: I seriously believe that the school can be turned around. Thank you for your forbearance, sir.

Mrs Cochrane: The Alliance Party regards education as a key investment for society as a whole and in the development of our economy. We want a first-class education system that supports everyone to reach their potential.

Fewer than 10% of Orangefield High School pupils achieved five GCSE grades at A* to C, including in English and maths. A follow-up inspection by the Department deemed that inadequate. In Orangefield's case, low enrolment numbers contributed to the problem.

The number of empty places in schools is not sustainable, and many schools built for 500 or 600 pupils have enrolment figures of about 100, with empty classrooms and a single-figure annual intake. Although that may initially lead to smaller class sizes, with the benefit that personalised attention can bring, it ultimately leads to multi-year merged classes, which are less effective educationally, and more of the budget being spent on the maintenance of outdated buildings than on education.

My main concerns around the closure of Orangefield had been around the confusion over pupils being accepted into Ashfield. Mr Newton detailed those issues in his remarks. The trends in academic results in Dundonald High School have been similar, with attainment well below average.

Although there is an undeniable need for improvement, there also needs to be a proper plan for post-primary education services in east Belfast so that decisions are made on a constituency-wide basis and recognise the connectivity — social and physical — between communities and schools, especially as the new Education and Skills Authority (ESA) may render the current boundaries obsolete. Without that joined-up thinking, the closure of Dundonald, in addition to the amalgamation of Orangefield with Ashfield and potential changes at Knockbreda and Newtownbreda, will place a great strain on the post-primary sector here in east Belfast and have a significant effect on the post-primary children.

At this stage, it is worth noting some of the positive attributes of those schools, which Mr Newton also detailed. Dundonald High School, for example, has a significant special educational needs unit and an accelerated learning programme. They were identified as being areas of strength by the Department. The school has also accepted pupils who have, traditionally, been school avoiders and built relationships with those children to ensure that their attendance is improving. However, the challenges that that brings, obviously, adversely skew some of the school's statistics for performance and attendance. I hope that those issues will be taken into consideration by the Education Minister and the boards when decisions are being taken.

Schools are inextricably linked with communities, and east Belfast schools have provided many vital services to the surrounding area over the years. It is important that that is not forgotten or sidelined. In recent weeks, Dundonald High School has shown its strong links with the community, and it recently held a community fun day. Indeed, I also used the school premises a couple of weeks ago to host a local neighbourhood watch meeting. It is clear that those in the local community are very keen to come into the school.

The community in the Dundonald area is growing. Homes are still being built there, and it is vital to look at the long-term needs of the community. It is very difficult for pupils to attend the other high schools that are available, as there are not any direct public transport links between Dundonald and the other locations. The most convenient school to Dundonald is Movilla High School in Newtownards.

We undoubtedly need to raise the level of basic skills held by our population by ensuring that all school leavers are competent in the essential skills of literacy, numeracy and information and

communication technology, as that is a key element in being work-ready and, consequently, in addressing long-term poverty and disadvantage in society.

I am meeting the principal of Dundonald High School again tomorrow morning to reiterate those points and to assist in the planning for the Minister's visit. I know that the school management team is very keen to work with the Department to make improvements in the relevant areas and to secure the future of the school.

I ask the Minister to be imaginative, in conjunction with the boards, in the proposals for the future of those schools and to take the needs of the pupils, schools and local community into account. Decisions should also take on board the aspiration of many parents to access integrated education, which represents only 7% of provision. I also take the opportunity to thank the Minister for coming along today and listening to these real concerns in our constituency.

Mr Maskey: Go raibh maith agat, a LeasCheann Comhairle. I will add my brief observations. I thank the Member Robin Newton for securing the debate. I think it is important that we air all these matters. I understand that there is uncertainty in east Belfast, as has been described by Robin Newton, and I think it is important that the Minister hears directly about that uncertainty. Certainly, I think it is important that we settle the schools estate as best and as quickly as we can, particularly for parents who are trying to get their children placed. Obviously, all MLAs and, probably, most, if not all, elected representatives routinely receive lobbies from a range of parents about their children and placements in various schools, particularly at this time of the year.

Although there are a number of challenges, which have been outlined by Members who have spoken, I welcome the fact that the Minister is here this afternoon. Hopefully, the Minister can formally address some of the concerns that have been outlined by Members.

Mr Storey: I thank my colleague Robin Newton for bringing this Adjournment debate to the House this evening. At the outset, I want to place on record the Minister's willingness to have discussions on the issue over the past number of weeks and the commitment that he has already given. I know that he has had a meeting with representatives from Knockbreda High School and that he has received and accepted invitations to visit Dundonald High

School and other schools in the area. We need to ensure that there can be debate and discussion in a context which recognises that there is a need.

Just over a fortnight ago, I had the opportunity to attend a public meeting in East Belfast. It was abundantly clear that the parents who came to that meeting were the product of their area's having suffered for years as the result of a number of decisions. Clearly, the decision on Lisnasharragh High School a good number of years ago and changes to housing demographics in certain parts of east Belfast have contributed to a dispersal of a community that feels very much on occasions that no other conclusion can be reached other than just to close a school and move on. It is that type of mentality that we want to try to avoid.

There is an opportunity for us to discuss area planning. Therein lies the challenge. Looking at east Belfast and how it borders and impinges on south Belfast, and the two boards that have responsibility for education in what is, now, called "the corridor", I think that my colleague Robin Newton outlined clearly the specific problems and challenges that are faced, particularly the lack of democratic accountability of the two organisations that currently have responsibility as the managing authorities. It is incumbent upon us, therefore, as the political representatives to encourage the Minister to have discussions. Certainly, I, along with my colleague Robin Newton, have had discussions with the current chief executive of the Belfast Board. We plan to meet the chief executives of both boards. Therein lies a challenge for the Minister and all of us. Irrespective of what may be in the future, as things currently stand and with the development proposals that are on the table, they are the authorities with responsibility for area planning.

When you read the document that was produced by the South Eastern Education and Library Board, you could easily come to the conclusion that there had been discussion. However, when you see the outworking of what is being proposed, you would find it very difficult to convince people on the ground that there had been any discussion of how education provision would be made, to the extent that, now, we have brought into the equation Priory Integrated College, which is even beyond the point that my colleague Robin Newton referred to with Dundonald High School's being at one end of the corridor and Ashfield Boys' High School's being at the other. According to the board, it will, now, have to extend to Priory Integrated College. What you have is, therefore, further

dispersal of the issue rather than a concentrated effort to come up with a solution.

I want to make a suggestion. The Minister knows that I have spoken to him about it already. I have also spoken to the Minister with responsibility for further and higher education, Dr Farry. It is about a serious attempt to bring to the table a third option; one that is geared specifically to ensure that there is genuine collaboration that involves provision at Castlereagh College of Further and Higher Education — which has, now, merged into Belfast Met — and looks at something innovative. I know that we could very easily get into a debate about whether those are grammar or non-selective schools. There is a variety of provision. However, I am convinced — the House knows that I have referred to my own family and experience — that vocational provision that has a clear focus on academic needs still fails to be provided to young people in some areas, such as east Belfast in particular. Therefore, if there is the collective will among political parties, boards, the Department and the Minister, I think that there is an opportunity for us to come up with a solution.

7.15 pm

The Minister referred to his concerns about west Belfast and the problems that need to be addressed in the west. However, there are issues in the east and along that corridor that are not easily resolved by dots, numbers and statistics on a page. They have to be addressed by looking at the needs of a community. When you talk to those parents from Dundonald, you see their passion, and I know that the Minister was impressed by those whom he met from Knockbreda. They are crying out to the House for a reprieve and an opportunity to have a debate to ensure —

Mr Deputy Speaker: Bring your remarks to a close.

Mr Storey: — that there is a long-term educational plan that is ultimately to the benefit of the young people, which is what this is all about.

Mr O'Dowd (The Minister of Education): I thank Mr Newton for bringing the topic to the House. I also thank Members for the tone of the debate, which has been very informative and constructive. As the Chair of the Education Committee said, this is about the futures of all the young people whom we serve.

The development proposals are very complex. First, I want to put it on the record that I am limited in what I can say owing to the fact that a number of development proposals have been published. I am the person who will make the decision on those, so I have to be careful in what I say. However, I can say this: I have not come to any conclusions on any of the matters.

I welcome the fact that I have been able to engage with community representatives, political representatives, pupils and schools on the matter. I would have preferred it if I had been engaging with those schools under less difficult circumstances, but I have to say that the manner in which I was treated was excellent. I have to say that those communities opened up to me; they came and spoke to me. It is very revealing when you sit down with parent groups in some of those communities. Mr Newton pointed to the energy in the room. That was recognisable right away — the energy and commitment of the Knockbreda parents. Those communities have a clear interest in the education of young people in east Belfast, and we have to harness that in a way that ensures that they are part of the planning process and administration of education in that area and that they take ownership of education. If we can do that, we will resolve a lot of our problems with educational attainment and educational quality in that area.

We are currently dealing with a number of development proposals, and I will just put those on the record. Ashfield Boys' High School is to increase its enrolment numbers from 600 to 820, rising to 850 by 2018. It is proposed that that will start from 1 September 2013. Ashfield Girls' High School is to increase its enrolment numbers from 660 to 840, rising to 900 by 2018, again starting from 1 September 2013.

It is proposed that Dundonald High School will close from 31 August 2014. Knockbreda High School and Newtownbreda High School are to close and amalgamate from 31 August 2014. Orangefield High School is to close from 31 August 2013. I advise Members that the Belfast Education and Library Board recently requested a modification to the proposal for the closure of that school, starting instead from August 2014. It also requested to increase approved enrolment for Priory from 450 to 600, with effect from 31 August 2014. Those are individual development proposals, but they are all interconnected.

I also advise Members that I met the principals of Ashfield Boys' and Ashfield Girls'. They relayed the story to me that Mr Newton told today about children visiting those schools,

being advised that they would be attending them, choosing courses, and so on. I am alarmed that that situation arose and was allowed to develop ahead of a clearer plan or strategy. I do not think that that is a fair way to treat people, and we have to ensure that it does not happen again.

At the very core of this is ensuring that the education provided in whichever location is of good quality — indeed, top quality. There are a number of concerns about the educational provision at those schools. In fact, Dundonald High School, Knockbreda High School and Orangefield High School are all currently in formal intervention. However, schools have come out of formal intervention before and gone on to do great things. Therefore, it is achievable. When planning the way forward, we have to ensure that we do not end up again in the scenario in which we close one school to move on to close another school, and so on. When we make a decision this time around, particularly in east Belfast, let it be for the long term. Let us look at it in the long term and see how we can provide education outcomes for those young people.

Education has changed so much over the past 10 or 15 years. I suspect that, apart from Mrs Cochrane, we would not recognise education. Fair play if some have children or young people going through schools, but it is a totally different experience from when we were there. Post-primary education, in particular, is a totally different experience from the one we had. We should not fall into the debate between vocational and academic schools. I am not opening up the debate around academic selection; we do not need to go there. Education has changed in such a way that both can be provided on the one campus or in collaboration with each other. I take the point made by the Chair of the Education Committee: we should be looking at the further and higher education providers in the area as well when considering how we provide education in future.

Members, as I said at the start, I am limited in what I can say. However, I assure you that I have listened to the points that you have raised here tonight. They will form part of my deliberations. There are no easy solutions, but there should certainly be no quick solutions either. One good thing that has come out of this, as I said earlier, is that it has allowed the community to start taking some ownership of the education debate. We now have to show them that their voices are being listened to and that there are opportunities for them to shape the debate. I assure Members that I have an open mind when approaching these matters. I

will visit a number of the schools in the future. I will meet delegations from the various political parties as well. A number of community groups still want to talk to me before I make any decisions. I assure Members that no decisions have been made. No decisions will be made that do not meet the educational well-being of the people in the community whom the schools are there to serve. I want to make to decisions that I can be assured are setting an educational pathway in the east Belfast area for a number of decades to come.

I will take on board all the comments made today and move forward from there.

Adjourned at 7.22 pm.

Written Ministerial Statement

The content of this ministerial statement is as received at the time from the Ministers. It has not been subject to the Official Report (Hansard) process.

Office of the First Minister and deputy First Minister

Together: Building a United Community Strategy

Published at 5.00 pm on Thursday 23 May 2013

Mr P Robinson (The First Minister) and Mr M McGuinness (The deputy First Minister): This statement is to advise the Assembly that the Executive agreed, at its meeting on Thursday 23rd May, to publish the Together: Building a United Community Strategy. The Strategy will be available on the OFMDFM website www.ofmdfmi.gov.uk/together-building-a-united-community and printed copies of the Strategy will be available shortly.

This Strategy has been many years in the making. It is the culmination of a long and detailed process which began with the draft Cohesion, Sharing and Integration Strategy. The extensive public consultation undertaken alongside the draft Strategy demonstrated overwhelming public support for action on good relations. Equally, it showed that the actions being proposed in the draft were not regarded as sufficiently robust to command public support.

Ministers reacted decisively to the results of the consultation and we invited Executive parties to form a Working Group, through which a new Good Relations Strategy could be agreed. That process ran from September 2011 until December 2012.

What we have published today marks a significant step along the road to a united community. It provides the policy context and framework for strategic actions, which, when implemented, have the potential to make a real difference to the lives of many communities.

The Together: Building a United Community Strategy sets out our thinking and the principles on which we will operate in moving forward. We have established design teams with

relevant departments to advance planning and costing for the seven major policy actions we announced on the 9th May.

These seven actions are, of course, not the only actions and commitments included in the strategy. We will be moving forward to implement actions around the four key themes:

Our Children and young people;

Our shared community;

Our safe community; and

Our cultural expression.

The actions and commitments contained in the Strategy show just how determined we are to effect lasting change in our society. We have displayed ambition in the things we intend to do. In addition we have established design teams that will bring forward detailed proposals, specific targets and costings.

The Strategy demonstrates our determination to resolve all of our problems, even those most challenging problems.

Therefore we are in the process of establishing an all-party group to consider and make recommendations on matters, including parades and protests; flags, symbols and emblems and related matters; and dealing with the past. We are hopeful that we will be able to find lasting solutions.

We believe that the publication of this strategy, together with our key actions and All-Party Working Group marks an important step towards building a better, brighter and more united community for all.



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