
NORTHERN IRELAND ASSEMBLY

Monday 3 December 2007

The Assembly met at 12.00 noon (Mr Deputy Speaker [Mr McClarty] in the Chair).

Members observed two minutes' silence.

MINISTERIAL STATEMENT

North/South Ministerial Council — Special EU Programmes Sectoral Format

Mr Deputy Speaker: I have received notice from the Minister of Finance and Personnel that he wishes to make a statement on the eighth meeting of the North-South Ministerial Council (NSMC) in special EU programmes sectoral format.

The Minister of Finance and Personnel (Mr P Robinson): The North/South Ministerial Council met in special EU programmes sectoral format in Dublin on 7 November 2007. It was the first NSMC meeting in that sectoral format since the Northern Ireland Assembly and Executive were restored in May of this year.

The Irish Government were represented by their Minister for Finance, Brian Cowen, who chaired the meeting. I represented the Northern Ireland Administration, and I was accompanied by my colleague the Minister for Social Development, Margaret Ritchie.

The meeting began with a report from Pat Colgan, who is the chief executive of the Special EU Programmes Body (SEUPB). He updated us on developments since the Council last met in that sectoral format, which was on 9 October 2002. Mr Colgan outlined a number of achievements that there had been in those five years. Those included the completion of work to close the first EU Peace programme and the performance of the Peace II and INTERREG IIIa programmes. The Council commended Mr Colgan on his successful management of those two programmes. Both Peace II and INTERREG IIIa have, to date, achieved the annual spending targets that the European Commission set SEUPB.

Mr Colgan informed the Council that SEUPB's annual report and accounts are fully up to date and have been published with clean audit reports from the Comptroller and Auditor General for Northern Ireland and his counterpart in the Republic. The SEUPB has also

delivered its corporate and business plans within the time frame that the two finance Departments agreed.

Mr Colgan also reviewed progress on the development of the Peace III and INTERREG IVa programmes. The Council was informed that the work on programme development had been undertaken in both an evidence-based and participative manner.

The final draft programmes were approved and subsequently sent to the European Commission for negotiation. The Commission formally approved the two programmes on 6 November. I am therefore pleased to be able to announce that both programmes will shortly be formally launched and opened for funding applications.

The Council emphasised to Mr Colgan the need to address the observation that the Protestant community has failed to benefit fully from the opportunities available under the Peace programmes and, indeed, some wider Government initiatives. The Social Development Minister and I stressed the importance of that matter, and the importance of the full participation of all communities in the new programme.

Mr Colgan assured us that SEUPB will continue its efforts to promote Peace funding throughout Northern Ireland and the border counties, and will encourage all communities to participate. Projects to build community capacity will again be funded, and all appropriate steps will be taken to encourage applications from both communities.

The Council noted that the new Peace III programme has a total budget of €333 million. That comprises the €225 million provided from the EU budget, and match funding from Northern Ireland and the Republic.

The programme will carry forward the work of its two predecessors, with a continued focus on the promotion of reconciliation and a shared society.

The Council welcomed the fact that victims and survivors of the conflict in Northern Ireland have been listed in the programme document as a key beneficiary group for programme funding. Mr Colgan agreed that the Special EU Programmes Body would work closely with the Commissioner for Victims and Survivors in order to ensure that Peace III complements that organisation's programme of work.

The INTERREG IVa programme will have a budget of €256 million — some 40% more than its predecessor, INTERREG IIIa. That funding will be used to assist cross-border economic development activities in areas such as tourism and business support. The new programme will cover a wider geographical area than its predecessor because areas in western Scotland are, for the first time, eligible to participate.

The Council welcomed the inclusion of the west of Scotland in the new programme as a development that

can both benefit from and enhance the long-established social, cultural and economic links that exist between Northern Ireland and Scotland. I and Minister Cowen look forward to working with our Scottish colleagues on the ambitious new programme.

The Council noted that Peace III and INTERREG IVa will have a more strategic focus than their predecessors. As in the rest of the EU, the emphasis will be on supporting larger, multi-annual projects that target identified needs in a structured and systematic way.

Furthermore, there will be an attempt to lessen the work of programme administration, which some stakeholders have found unnecessarily burdensome. To that end, SEUPB will take on more of the work of programme delivery so that the number of intermediary bodies can be correspondingly reduced.

The Council approved SEUPB's corporate plan for 2008-10, and its 2008 business plan. We also approved a modest increase in SEUPB staffing to enable it to deliver the new programmes. That increase reflects the greater involvement of SEUPB in future programme delivery, and the corresponding reduction in the number of intermediary funding bodies.

Finally, the Council noted SEUPB's annual report and accounts, which were presented in advance of their submission to the Assembly and to the Republic's Parliament. The Council agreed its intention to meet again in special EU programmes sectoral format in April 2008.

The Chairperson of the Committee for Finance and Personnel (Mr McLaughlin): Go raibh maith agat, a LeasCheann Comhairle. I thank the Minister for his statement. The Committee for Finance and Personnel has already made an initial examination of the work of the Special EU Programmes Body, and held an evidence session with its chief executive, Mr Pat Colgan, and other officials on 26 September 2007.

Last May, President Barroso announced the creation of a special task force with the stated purpose of assisting us to maximise the benefits of European programmes and to make maximum use of experience from across the EU to further our economic aims and promote growth, innovation and opportunity.

Will the Minister update the Assembly on the progress of the task force and state what role SEUPB will play in that regard? Will he also indicate, following the introduction of the 2007-13 programmes, what steps the Department of Finance and Personnel (DFP) and the SEUPB will take to promote long-term sustainability of projects and prepare for the period post-2013?

Mr P Robinson: I welcome the involvement of President Barrosa, and I welcomed his visit to Northern Ireland when, along with the First Minister and deputy First Minister, I had the opportunity to meet him. I was

impressed by his interest in Northern Ireland and with willingness to assist, particularly in tooling-up Northern Ireland to deal with the new set of circumstances in which it would have to compete for funds.

As funds will be allocated on a transnational basis, and will involve other regions or members of the European Community, it will be likely that our partner, in particular, would be the Republic of Ireland. In those circumstances, SEUPB might have an important role in brokering arrangements and assisting us.

Sustainability is part of the selection criteria for the 2007-13 programmes, and SEUPB will be promoting more strategic projects than before. As such, that will help sustainability. The hope is that Peace funding will be reduced in line with the facts, and I think we are very fortunate. Most people were delighted when the initial Peace project and funding came forward. A lot of work was carried out by our MEPs at the time in securing the second tranche of Peace funding, and we have been very fortunate to have achieved Peace III funding.

Most people recognise that, with the additional burden on the EU budget due, in particular, to enlargement, it is unlikely that there will be a Peace IV allocation. Therefore, it is important that we get real strategic value from Peace III.

The Deputy Chairperson of the Committee for Finance and Personnel (Mr Storey): I declare an interest as a member of Ballymoney local strategic partnership and as a member of the monitoring committee for Peace II.

I thank the Minister for his statement. During the Committee for Finance and Personnel's initial scrutiny of SEUPB, an issue arose regarding the distribution of EU funding. Will the Minister comment on what new measures will be put in place to ensure that there is equitable distribution of new funds across Northern Ireland? Will he also comment on the increased role for SEUPB in programme delivery, which has resulted in a reduction in the number of intermediary funding bodies? Will the more centralised approach to implementation run the risk of losing the involvement by communities from the bottom up?

Mr P Robinson: The Member has considerable knowledge of the subject. He did not quite say whether equitable distribution was to be on the basis of location or communities: I suspect that he means the latter. It has been recognised that there has been a perceived under-representation of the Protestant community. I raised that issue at the meeting, and I was strongly supported by the Minister for Social Development.

Around 44% of funding under Peace I went to the Protestant community. That was increased to 47% in Peace II, in no small part because it was possible in Peace II to draw down money for capacity building.

12.15 pm

Therefore, over time, the figures have improved. Peace III is likely to have a more strategic focus, so I trust that that trend will continue. However, I am reminded of the joke about the lottery: in order to win the lottery, it is necessary to buy a ticket. In this case, in order to receive funding, it is necessary to submit an application. All Members must encourage people in the Protestant community to submit applications to ensure equity.

Under Peace III, a smaller amount of money is available than under Peace II. The amount of that money that can be used for administrative purposes is also restricted; that figure had been 10%, and it is now 6%, which means that there is only one quarter of the amount of funding available for administration than previously. We must examine methods of delivery and take steps to reduce levels of bureaucracy, although that will reduce the useful bottom-up approach. However, the local community will be involved as much as possible.

Mr Beggs: Historically, INTERREG funding has been perceived in many quarters as assisting border areas in particular. Can the Minister tell the House how INTERREG IVa, which will include Scotland, might benefit communities and bodies in the north-east and in my constituency of East Antrim, which have natural linkages with Scotland?

Mr P Robinson: The inclusion of the west of Scotland in INTERREG IVa is a new development, which I welcome. My colleague the Member for East Londonderry clearly welcomes this move, as he indicated during my statement.

Changes in INTERREG IVa mean that maritime borders will now be included. That border, of course, exists between parts of Scotland and the Republic of Ireland, because there is no border between Northern Ireland and Scotland. However, any scheme must involve the three regions — Northern Ireland, the Republic of Ireland and Scotland — and not simply Northern Ireland and Scotland, which would not meet the criteria. However, the scheme would allow us to encourage tourism and cultural links among the three regions. The Scots have never been hesitant about availing of funding, and I am sure that we will learn from them during the process.

Mr O'Loan: I note the Minister's earlier answer. Does the Minister agree that the "perception" that the Protestant community receives fewer benefits from Peace funding is, indeed, a mere perception and that the funding proportions in Peace II were close to actual community proportions? Does he also agree that any shortfall in funding for Protestant communities has been objectively and independently assessed as being related to relative disadvantage in Catholic areas and

that SEUPB has worked constructively, and continues to do so, to tackle any under-capacity to avail of funding in Protestant communities?

Mr P Robinson: I am not sure that I accept the Member's statistical review.

I indicated that the uptake in Peace I was 44%, whereas the community division is around the 54% mark, which probably indicates that the Catholic community received in the region of 56%. That means that it received funding above its weight. There are two issues: first, because the criteria included the TSN factor, that clearly would have been one of the issues at play; and secondly, as I said to colleagues, no small part of it is the fact that there were more applications from the Roman Catholic community than from the Protestant community. However, I was happy to see that between Peace I and Peace II, the statistics indicate that there was a move to a more equitable division. I hope that that continues. If all of us encourage those applications to come in, I believe that we can improve on those statistics.

The Minister for Social Development accepted the statistics and the perceptions and indicated that this is not unique to European funding and that she has encountered it in other areas. She is doing particular work on capacity building to ensure that there is more of an uptake from the Protestant community.

Dr Farry: I welcome the community-relations focus of Peace III. However, will the Minister recognise that there should perhaps be a stronger emphasis on cross-border work under the reconciling communities priority rather than under the shared society headline, which should be more Northern Ireland focused? Will he also recognise that the issue in the Protestant side of the community is that of capacity building, and will he agree that allocations should be on the basis of quality of project and need rather than rigorous communal allocation?

Finally, with reference to INTERREG and the strong economic focus of this stage of the scheme, does the Minister foresee any dangers — when the Peace money dries up and we have to rely purely on structural funds — of INTERREG being broadened to deal with the social as well as the economic aspects?

Mr P Robinson: In relation to the first part of the Member's question, projects can, of course, be put forward for any form of reconciliation, and they will be scored on their merits. I agree with his second point: there is an open and transparent system that judges the merits of each of the applications and it is on that basis that the scoring takes place and the determination of appropriate projects is assessed.

At the same time, unless there were significant discrimination, one would not intervene to make any changes. It is moving in the right way; it is about

capacity building, as the Member suggests. The Minister for Social Development has recognised the need in that area and is building up programmes to improve capacity in Protestant areas. However, I return to my original principle: there is still a job for elected representatives to encourage that community and, where they see a deficit in capacity, to attempt to consider ways of filling that.

There is one other factor to consider. There is a cultural reticence, to some extent, that prevents some in the Protestant community from making applications. There are a number of factors that must be overcome, but chief among them is capacity building.

Mr Weir: I welcome the Minister's statement and also declare an interest as a member of North Down local strategic partnership. Will the Minister comment on the share of the Peace III resources that will be available for administrative activity and how that compares with Peace II?

Mr P Robinson: As I indicated earlier, the amount of funding available under Peace III is reduced, and therefore the amount available for administration is reduced. It had been 10% under Peace II; with a larger overall figure, it is now 6%. That means that we really need to tighten down on administration. I am one of those who believes that that is no bad thing. The purpose of those funds is to get them where they can be most used in the community rather than building up the bureaucracy. I welcome the fact that we are forced by necessity to allocate less to administration.

Mr Hamilton: I welcome the Minister's comments and proposed actions to encourage a fairer distribution of funding across both communities. Another group of people who have been under-represented in the past are the innocent victims of terrorist violence. What steps are being taken to encourage uptake and to increase awareness among victims' groups?

Mr P Robinson: Again, this is an issue that both the Minister for Social Development and I raised at the meeting with Mr Cowen. It has been agreed that SEUPB will make contact as soon as we have a Victims' Commissioner. SEUPB will look at the programme that the Victims' Commissioner is developing and attempt to work along with that office in delivering projects to benefit both victims and survivors.

Mr Savage: The Minister advised us that the programmes were approved by the European Commission on 6 November. When will we know which applications have been approved?

Mr P Robinson: The next stage is for the Executive, at our meeting on 18 December, to look at the criteria and, if those are agreed, to roll out the programmes very quickly thereafter.

Mr Attwood: I welcome the meeting that has taken place and the tone of the report and of the Minister's comments. I want to ask three very quick questions.

I very much welcome the decision to provide funding for victims and survivors. What is the likely budget line for that? Given that the opportunity for funding is to be launched soon, is the Minister aware that the Victims' Commissioner will be appointed during December? The commitment of SEUPB to work with the Victims' Commissioner can thus be achieved.

Secondly, can the Minister confirm how border partnership groups will continue to be involved in the INTERREG programme? They have been essential in building up capacity and understanding around the border.

Thirdly, I acknowledge that there has been under-application by the Protestant community heretofore to the various Peace programmes. The much more balanced application rate is welcome. However, will the Minister reassure me that there is no intention that any European funding be targeted exclusively at any one community, be it Catholic or Protestant? It is very important that no EU programme — or any Government initiative, for that matter — should be targeted exclusively at one community.

Mr P Robinson: I understand that the indicative allocation for victims and survivors is €25 million. As far as the Victims' Commissioner is concerned, the Member has asked me something that is beyond my pay grade. However, as I understand it, every effort is being made to resolve that issue. The First Minister and deputy First Minister have given a date by which they intend to make an announcement.

The Member points out rightly that there is no requirement to have any ring-fencing for any section of the community. The basis on which allocations are made is the merit of the applications. We do need to point out that, even though Protestants are statistically under-represented, at 47%, there is still a very significant uptake. Some 7,000 projects have been funded under Peace II thus far, and all sections of the community have benefited from that. There is still that statistical imbalance, but it is becoming more slender.

12.30 pm

Mr McQuillan: I welcome the potential that Scotland's involvement in the INTERREG IVa programme will bring. Will the Minister tell the House what contact the SEUPB has had with the Scottish Executive about that involvement?

Mr P Robinson: Brian Cowen, the relevant Minister from the Republic, and I will want to make contact with our Scottish counterparts. At official level, contact will, of course, have already been made, and in the European Community, considerable

discussion will have begun and will be ongoing. I believe that Northern Ireland will benefit from the inclusion of Scotland in the project, and I look forward to seeing the programmes that will be implemented as a result. I know that some links exist between the north coast and Scotland, and the project might be a suitable vehicle, if that is not a pun, through which those can benefit.

Mr Ross: I welcome the Minister's statement. Will he confirm that, unlike in previous rounds, all EU structural funds are fully additional to Northern Ireland? Will he perhaps explain the implications of that?

Mr P Robinson: With the exception of the Peace funding, which I believe had to be fought for, there had not been true additionality.

When making allocations to Northern Ireland, the Treasury took into account other structural funds such as INTERREG — those funds are now truly additional. That clearly means that Northern Ireland benefits, given the extent of the funds that come to it through those programmes.

Mr A Maginness: I welcome the Minister's statement, especially the constructive tone that he lent to it.

John Hume said that the European Union was one of the finest models of conflict resolution in human history. I note that the Minister said that the programme will:

“carry forward the work of its two predecessors with a continued focus on promoting reconciliation and a shared society.”

I know that it may be above the Minister's pay grade to speak for the Office of the First Minister and deputy First Minister, but there does not seem to be much evidence of that office's embracing the concept of a shared society. Will the Minister reassure the Assembly that in so far as he can, he will encourage the programme to continue with its good work on reconciliation and the development of a shared society?

Mr P Robinson: I have no reluctance — and I am pretty sure that neither the First Minister nor the deputy First Minister has any reluctance — in encouraging reconciliation in Northern Ireland where it is needed, including, indeed, reconciliation beyond our borders. I do not think that it would be proper to characterise either the First Minister or the deputy First Minister as being reluctant to act on that matter or of dragging their feet on it.

Ms J McCann: Go raibh maith agat, a LeasCheann Comhairle. I thank the Minister for his statement. Given that he has already said that a smaller amount of money will be available under Peace III compared to what was available under Peace II, is there a plan to ensure that funding will be available in the future for those projects that are currently funded by Peace II and whose funding will end in June 2008? I am referring specifically to those projects that are delivered in the community and voluntary sectors.

Mr P Robinson: We need to be clear that Peace funding was never intended to be a long-term arrangement; by its nature, it was special and temporary.

Therefore, a growing emphasis was placed on the sustainability of projects that were given life by funding. I hope that that, to a large extent, will be the case. There is still some life left in Peace II, and I trust that all of the projects that were started under it can be sustained. However, as the emphasis of Peace III moves to a more strategic level, and funding is for reconciliation, it is unlikely that there will be continued funding for projects that were born under Peace II.

EXECUTIVE COMMITTEE BUSINESS

Road Transport Licensing (Fees) (Amendment) Regulations (NI) 2007

The Minister of the Environment (Mrs Foster): I beg to move

That the Road Transport Licensing (Fees) (Amendment) Regulations (Northern Ireland) 2007 (S.R. 2007/461) be approved.

The purpose of the motion is to increase current road freight and passenger licensing fees to recoup fully the cost of processing applications for road transport licences. Specifically, the fee for a road service licence will increase from £3.25 to £6.50 a month, or part of a month, and the fee for a road freight operator's licence will increase from £7 to £30 a complete year. A road freight vehicle licence will increase from £4 to £5 a month, or part thereof.

The fees for road-freight and passenger-operator licensing have remained unchanged since 1997, and a sizeable increase is necessary to keep the accounts in financial balance. The current fees do not recover all associated costs, and significant deficits have begun to accrue since 2004.

Fee increases were not put in place earlier for several reasons, including the intention to undertake a fundamental review of freight licensing and anticipated new charges for criminal-record checks. When it became clear that neither issue would be resolved in the short term, it was decided that the fee increases could be delayed no longer. However, Members will be aware that the Executive Committee has approved the drafting of new legislation which, when passed, will introduce reforms to the licensing of the freight industry. Those reforms will not only improve road safety and enforcement, they will enable the cost of licensing to be spread more fairly across the whole industry. Until then, however, the Department still needs to recover the costs; hence the proposed fee increase.

Using a partial regulatory impact assessment, the Department consulted on the fee increases, and that consultation ran from November 2006 to January 2007. There were over 2,500 consultees, but fewer than 20 responses were received. Following the consultation, the fee increases were discussed in detail at meetings with the main trade representatives, and there was general acceptance that the full costs must be recovered.

In conclusion, the loss on freight and passenger licensing has been met in recent years by the Department of the Environment and, ultimately, the taxpayer. That cannot be sustained, as Government accounting rules require that the Department recover annually the cost of freight and passenger licensing. That is why I propose that, today, this statutory rule be affirmed.

Question, put and agreed to.

Resolved:

That the Road Transport Licensing (Fees) (Amendment) Regulations (Northern Ireland) 2007 (S.R. 2007/461) be approved.

Criminal Justice and Immigration Bill: Legislative Consent Motion

Mr Deputy Speaker: Although no time limit is set for the debate, the Business Committee has agreed that Members' contributions — other than the Minister's — should be limited to five minutes.

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

That this Assembly endorses the principle of the extension to Northern Ireland of the provisions of the Criminal Justice and Immigration Bill dealing with nuisance or disturbance on Health and Social Services premises which are contained in clause 107 of, and schedule 18 to, that Bill as introduced in the House of Commons.

The Criminal Justice and Immigration Bill was introduced in Westminster on 26 June 2007. One section of the Bill deals with nuisance and disturbance in hospitals in Northern Ireland. Although, with the Secretary of State's consent, I could have introduced legislation in the form of an Assembly Bill, I did not wish to miss the opportunity presented by the Westminster Bill to make legislation available at the earliest possible date to assist healthcare workers.

Health and social services bodies in Northern Ireland frequently experience low-level nuisance or disturbances that cause annoyance to staff and patients alike. For example, some visitors make undue levels of noise in hospital wards and waiting rooms and persistently demand the attention of staff for no medical or other legitimate reason. Such incidents can cause significant problems, such as low staff morale, absenteeism and low level of staff retention.

Health and social services staff currently have no power to remove persons who create a nuisance from hospital premises without the assistance of the police. The new legislation will change that. It provides for the creation of a new offence of refusing to leave hospital premises having caused "a nuisance or disturbance" to staff. Secondly, it empowers certain authorised staff, or the police, to remove from the premises those who create a nuisance or disturbance. The removal should be undertaken with as little confrontation as possible, and reasonable force should be used only as a last resort.

The new offence will not apply to patients or to any other person on the premises:

"for the purpose of obtaining medical advice, treatment or care".

Neither will it apply to anyone who has a "reasonable excuse" for causing nuisance or disturbance or refusing to leave the premises. For example, the news of a bereavement, or behaviour caused by concern for a relative, may constitute a reasonable excuse. Authorised staff will not be permitted to remove a person who requires "medical advice, treatment or care", and that will preserve the rights of individuals to receive medical treatment.

The Department will issue guidance on the exercise of the power of removal. In particular, it will stipulate the type of behaviours that may be caught by the new offence and the procedures to be observed before a person is removed. The legislation is restricted to hospital premises only. To widen the scope of the offence to include a broad range of health and social services service-provider settings would have proved impractical at this stage.

If a person is prosecuted and found guilty of an offence, he or she could receive:

"a fine not exceeding level 3 on the standard scale."

That figure currently stands at £1,000.

I am fully aware of the unacceptable number of verbal and physical attacks that are carried out each year on healthcare staff in hospitals and in wider community settings. The new provisions, however, are not intended to deal with such attacks. My Department is working on proposals to introduce new robust legislation that will make it a specific offence to carry out such attacks on staff. I will bring those new proposals to the Health Committee and to the Executive in due course.

The provisions of the Criminal Justice and Immigration Bill are intended to deal with low-level nuisance and behaviour that causes disturbance in hospitals in Northern Ireland. Their introduction will empower health and social services staff to take immediate action to remove those who create a nuisance or disturbance on the premises. They will act as a deterrent to those who engage in such behaviour. I ask Members to support the motion.

12.45 pm

The Chairperson of the Committee for Health, Social Services and Public Safety (Mrs I Robinson): Over recent years, attacks and assaults on staff working for the emergency services have increased.

They range across all the emergency services, from assaults on doctors, nurses and other front-line hospital staff, particularly in accident and emergency departments, to attacks on health and social care staff in primary care settings and in the community, to the emergency services, particularly Ambulance Service and Fire and Rescue Service staff going about their work, often in trying and difficult circumstances. All sides of the Assembly agree that such appalling attacks must end. A comprehensive range of measures will be required to tackle the problem. Legislation is only one of those measures; nonetheless, it is very important.

Today's motion, which endorses the extension of certain provisions in the Criminal Justice and Immigration Bill to Northern Ireland, is a welcome move in the right direction, and the Committee for Health, Social Services and Public Safety fully endorses it. On 22 May, during a debate on assaults on emergency

workers, the Minister gave a commitment that this Bill would be extended to Northern Ireland. In September, departmental officials came before the Committee to explain the provisions in the Bill. They explained that the Bill will not deal with violent incidents; those must continue to be dealt with by ordinary criminal law. However, it will deal with low-level offences, such as where individuals create a nuisance or disturbance in a hospital setting. If that type of behaviour is not stopped, it can often lead to more serious disorder or violence. Unfortunately, the Bill will only apply to health and social care premises. It will not cover doctors on call, for example, or health and social care staff working in the community.

The Committee wholeheartedly welcomes the provisions as a small but significant step in the right direction. However, we have one concern. The Bill will give power to certain health and social care employees to remove from premises any person creating a nuisance or disturbance. The Committee fully recognises the need for such action to protect staff and patients, but it wants an assurance that those who are given that power will receive rigorous and appropriate training. They must be able not only to handle people who are abusive and aggressive, but to distinguish between someone who is being threatening or abusive and someone who is agitated or behaving strangely due to a medical or mental-health condition and who perhaps needs urgent medical or other attention.

During the debate on 22 May, the Minister acknowledged that Northern Ireland needed a single comprehensive piece of legislation:

“to protect all emergency workers and promote a culture of zero tolerance towards violence and abuse directed at staff.” — [*Official Report, Bound Volume 22, p182, col 1*].

He also referred to the Emergency Workers (Scotland) Act 2005. I ask the Minister what progress has been made over the past six months on developing the proposed consolidated legislation for Northern Ireland, similar to that which was introduced in Scotland. When will it be brought before the Assembly? I support the motion.

Ms Ní Chuilín: Go raibh maith agat. The provisions in the Criminal Justice and Immigration Bill relate to nuisance and disturbance. Although this is a reserved matter, it is a welcome development for staff to be given the authority to remove people who are creating low-level nuisance. As the Minister said, this relates to visitors making undue noise and persistent demands on people’s attention without any clear medical reason.

The Bill is a clear demonstration of the Department’s and the Assembly’s commitment to hospital staff. My only regret is that, as the Chairperson of the Health Committee said, it has not been extended to doctors and other on-call healthcare professionals. Perhaps we can look at that in the future, because our support is

about recognising the value that we place on all healthcare workers.

The Criminal Justice and Immigration Bill, as outlined, will not affect anyone who has what the Minister described as a “reasonable excuse” — for instance, anyone who has just received news of a bereavement or anyone with certain medical or mental-health difficulties. That is to be welcomed. Currently, security staff do not have the power to remove anyone who is abusive or who is causing serious nuisance and disturbance, and they are often left feeling helpless when such situations arise.

Although I support the motion, I have a couple of caveats. I am concerned about any potential there might be for the person who is being removed to suffer any shock or harm. The Minister mentioned “reasonable force”, and I would like him to define that for the House. Will the staff who are using reasonable force be made more vulnerable? I suppose that that is a catch-22 question. Ultimately, staff will have to be properly trained, and the training must be constantly monitored and evaluated. I assume that the Bill has been screened, but I must ask whether it has the potential to affect anyone’s civil or human rights.

I hope that the legislation will lessen the abuse and attacks that staff, regrettably, have to endure. It will have the potential to act as a good deterrent; I have no doubt about that. Furthermore, it will demonstrate that the Assembly places value on all staff and healthcare workers, as well as on patients and their visitors. As the Chairperson of the Health Committee said, the Committee supported the zero tolerance policy towards violence in May, and I am encouraged to see these additional measures afoot. With those caveats, I support the Bill. Go raibh maith agat.

Rev Dr Robert Coulter: I support the motion, and I am glad that the Health Minister has brought it before the House. This issue has occupied my attention for some time, and I have campaigned long and hard. It is completely unsustainable for any democratic society to allow attacks on health workers, especially in the accident and emergency departments. I am glad that there are specific definitive statements set aside to pinpoint the areas in which a criminal charge can be brought against someone who indulges himself or herself — under the influence of alcohol or drugs, or for whatever reason — on those who are trying to assist them to regain their health.

However, we have to look beyond the hospitals and the accident and emergency departments. In these days when the health system is developing and evolving and many health workers are out in the community, we constantly hear stories of those who have gone to homes to help people and who have been abused verbally and physically by those whom they have gone to help, or

by members of their family. The Bill should reflect all these things and cover all emergencies in that way.

We are also appalled when we read of attacks on ambulance workers or on any aspect of the emergency services. The powers must be there to deal with those who think that it is entertainment to attack ambulance workers or their vehicles. I trust that the Bill will not be delayed, and that it will go forward quickly so that healthcare workers can be encouraged and motivated in the knowledge that this House supports them in the defence of their principles and their safety.

Dr Farry: The Alliance Party supports the Bill, just as other Members and parties have done. However, it is important that Members see the motion in its proper context and recognise that it is a limited element in addressing the broader problem: the threats to health workers across the spectrum and in a range of locations.

Obviously, the Minister is restricted today by the terms of the Bill that was drafted in Westminster and is up for discussion there. As an Assembly we have a much broader agenda, and it is important that we recognise that the terms of this piece of legislation are relatively restricted.

First of all, it deals effectively with non-criminal behaviour. While causing a disturbance or nuisance in hospital will not be a criminal offence, refusal to leave under direction will be. In that sense the Bill parallels a lot of the antisocial behaviour legislation that has been passed in the United Kingdom in recent years.

Like other Members I have concerns over gaps in the legislation. There are major problems with attacks on healthcare workers outside formal health-sector buildings, notably ambulance staff, paramedics, and doctors on call. There is also a parallel with other public-sector workers — for example, those who work for the Fire and Rescue Service. When criminal offences are committed against those who are doing an important job for the public good of society, it is important that those offences be treated as aggravated offences, subject to stiffer sentences when the culprits are caught and brought to justice through the courts. That type of approach would recognise the serious nature of those offences, in that they are not just offences against the individuals who carry out the work, but a threat to the public safety and all of society.

Healthcare workers, like Fire and Rescue Service workers, must feel confident going into situations where they are required to give assistance to people who are suffering and in need of urgent medical, or other, assistance. That needs to be addressed through legislation in this Assembly, because the UK legislation is not sufficiently broad. I am puzzled as to why that type of legislation is not being put forward on a UK-wide basis, but, as it is not, it is incumbent upon this

Assembly to take action, because the community at large feels very strongly about this issue.

Another gap in the legislation is the issue of potential patients themselves causing problems. The Minister has referred to that. There is a need to ensure that people who are in need of medical assistance receive it, but we must be equally conscious that a lot of the problems of nuisance and disturbance come from patients, or potential patients. I have in mind the situation on a Friday or Saturday night when a lot of accident and emergency facilities are attended by people who are under the influence of drink and drugs. That has sometimes caused major difficulties. We must take that kind of scenario into account and provide the necessary protection for the staff, who are doing an important job. Other people using the facilities are also under threat, and it is important that we consider all of society in the legislation.

Recognising that we can only do what is contained within the UK Bill at this stage, the Alliance Party is happy to go along with the motion today, while urging the Minister to take broader action to address the wider range of concerns.

(Mr Speaker in the Chair).

Mr A Maginness: On behalf of the SDLP, I welcome the Minister's proposal. It is both balanced and reasonable, and should have the support of all Members of the Assembly.

As Dr Farry pointed out, we are dealing with non-criminal behaviour that manifests itself in low-level nuisance and misbehaviour. This provision is very limited, but nonetheless to be welcomed by nursing staff and anyone engaged with working in a hospital setting. I note that the Bill is confined to hospital buildings, which is perfectly reasonable in the circumstances that the Minister has highlighted.

In a professional, legal capacity I have come across many instances of misbehaviour by patients — and non-patients — in hospital buildings.

It is a disturbing trend in the Health Service, and it must be addressed at a broader level by the House.

1.00 pm

In a sense, the Minister is using a mechanism to deal with this type of mischief, to remedy it and to give the power of removal to hospital authorities. However, it falls short of what is necessary in a broad range of misbehaviours that affect Health Service staff across many disciplines.

Justice and policing powers have not been devolved to the Assembly and, if nothing else, this provision highlights that gap. The sooner policing and justice powers are devolved to the Assembly, the sooner we can address the wide range of outstanding issues that

affect our constituents, whether they are workers or people using hospital services. People in our society are very concerned about nuisance or disturbances in Health Services premises.

I am sure that the Minister feels frustrated about not being able to address those issues today. The sooner policing and justice powers are devolved, the sooner we can address them.

I appeal to all Members of the House to work constructively towards an early return of policing and justice powers to the House. My party supports the Minister's proposition.

Mr McGimpsey: I thank the Members who have contributed to the debate. It should be seen as part of an ongoing strategy for zero tolerance in dealing with verbal and physical attacks and assaults on health and social services staff, not only in hospitals but wider afield.

Several measures have already been implemented, including the setting up of a zero-tolerance strategic group and a publicity campaign. Every trust is required to have policies in place to deal with violence against staff. We have used advertising posters and have carried out a leafleting campaign. Over 10,000 personal alarms have been issued, a pilot scheme in the accident and emergency department of the Belfast City Hospital is operating in conjunction with the police, and a senior director in each trust has explicit responsibility for staff safety. We can take those steps thanks to the opportunity afforded by the Criminal Justice and Immigration Bill.

The next stage is proposals for new legislation that will make it a specific offence to assault any member of the healthcare profession while he or she is on duty, and we are working on those. Those measures will be specific to individuals and employees, but not to premises.

I take Mrs Robinson's point about low-level nuisance leading to higher levels of nuisance activity. However, specific guidance will be issued next year as part of the process, so that it will be clear whom hospital authorities are entitled to evict from Health Service premises and whom they are not. Anyone attending hospital for medical treatment — patients or others on the premises to obtain medical advice or treatment of care — will be exempt from eviction, because of the point made by Mrs Robinson, and the point made by Ms Ni Chuilín about the right to healthcare treatment. That is part of the thinking behind the measures. Those rights will not be impeded because of a particular medical condition, which may cause an individual to appear to act as a nuisance, but whose behavior is indicative of a deeper medical complaint that requires treatment.

That is part of a process and strategy that we will continue to pursue because the number of assaults is rising. In 2006-07, there were just over 6,000 assaults, and that is completely unacceptable.

Sadly, it is necessary to bring forward such legislation to deal with something that should be a given in society: that we look after those who care for us. However, we must do so. It is not a minimal response, but, it is, as Mr Maginness described it, a reasonable one, and it is part of a general strategy to deal with the unacceptable level of violence that is directed towards staff. Therefore, I ask all Members to support the motion.

Question put and agreed to.

Resolved:

That this Assembly endorses the principle of the extension to Northern Ireland of the provisions of the Criminal Justice and Immigration Bill dealing with nuisance or disturbance on Health and Social Services premises which are contained in clause 107 of, and schedule 18 to, that Bill as introduced in the House of Commons.

COMMITTEE BUSINESS

Ad Hoc Committee: draft Sexual Offences (Northern Ireland) Order 2007

Motion made:

That, as provided for in Standing Order 48(7), this Assembly appoints an Ad Hoc Committee to consider the proposal for a draft Sexual Offences (Northern Ireland) Order 2007, referred by the Secretary of State for Northern Ireland, and to submit a report to the Assembly by 4 February 2008.

Composition:

DUP	3
Sinn Féin	3
UUP	2
SDLP	2
Alliance	1

Quorum: The quorum shall be five members.

Procedure: The procedures of the Committee shall be such as the Committee shall determine.

[Mr McNarry]

[Mr Burns]

PRIVATE MEMBER'S BUSINESS

Health Service Reform

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

Mrs I Robinson: I beg to move

That this Assembly calls on the Minister of Health, Social Services and Public Safety to bring forward a health and social services reform Bill, as a matter of urgency, for consideration by the Assembly.

I am delighted to propose the motion. The DUP cares passionately about the Health Service, as, I hope, do the other parties in the House. There was consultation on the draft Health and Social Services (Reform) (Northern Ireland) Order 2007 from January to April 2007, and, until 8 May, its proposals were widely supported.

In recent times, there has been much discussion about the Budget allocation for health and whether, in respect of its share of overall resources, half the cake is sufficient. I am somewhat alarmed by the impression created by the Minister of Health, Social Services and Public Safety's commitment to reaching his Department's efficiency targets. I hope and trust that those targets will be reached and that the efficiency savings, which are important, will result in an improved Health Service.

In the Democratic Unionist Party, we mean much more when we speak of efficiencies. Merely meeting efficiency targets may get us through the next couple of years; however, the position of the Health Service will be no better in three years' time, come the next comprehensive spending review, when the massive proportion of the block grant sought by the Department of Health, Social Services and Public Safety will have rocketed even further. That is why fundamental change to the operation of the Province's Health Service is essential.

This is not about point scoring; it is about getting the best Health Service for the moneys that are put in. We cannot afford to keep plugging away with the same old methods, content that health will receive double-digit increases in Budget after Budget. We cannot have half the cake now, Minister McGimpsey, and two thirds of it in the future.

Overhauling the way in which we commission services is vital. Key to the reforms is the replacement of the four existing health boards with a single authority, and the establishment of locally based commissioning groups comprising general practitioners and other local health professionals.

The formation of the single health authority is much more than a simple matter of rationalisation. The most

important consequences of that will concern performance management and the financial management of health services across the Province. Until the authority is in place, we will underachieve; we will not realise the maximum outcomes for the resources that we invest.

The Minister says that he does not want to rush; he wants to consult with stakeholders. Perhaps he should consult his own party and Assembly group. The Minister's party was most vociferous in support of reforms — it was certainly supportive of such reforms until 8 May 2007, when the Minister took office.

In 2005, when the further consultation document on the review of public administration (RPA) suggested backtracking from a single authority, the Minister's party leader, Reg Empey, in that party's submission, was quite adamant in stating:

"We view the current proposals as a recipe to continue the existence of the current health boards without an improvement in service. The Ulster Unionist Party has proposed the formation of a single Hospital Authority at the regional level with the creation of primary health care groups... we cannot agree to the current proposals as we view them as a retrograde step which, if implemented, would stymie the development of a... health service for the 21st century."

Less than one year ago, his party's health spokesperson, Robert Coulter, said:

"The failure to create a single Northern Ireland hospitals' authority is one of many glaring missed opportunities in the RPA model." — [*Official Report, Bound Volume 21, p63, col 1*].

However, on 15 November, on 'Hearts and Minds', UUP Health Committee member John McCallister described his party spokesman's cherished single health authority as the "mother of all quangos".

Why the sudden change in opinion since the Minister came into office? Where do other members of the Ulster Unionist Party stand? Are they with their party leader and their party spokesman, or are they with Michael McGimpsey?

No doubt, the Minister will continue to prevaricate, and claim that he needs more time. However, few people in Northern Ireland buy his excuses. The reforms have already been the subject of consultation twice. Too much time has already been lost. The current health structures have been in place for 35 years, yet, bizarrely, the Minister has argued that that is all the more reason to take his time.

Undoubtedly, some people are resistant to change. The House can only hope that the Minister is not one of them. Northern Ireland cannot afford a Health Service that operates in that way and is still in the mindset of the early 1970s.

We must increase productivity, because it is 11% worse than that in England. Doctors, nurses and all the other front line staff work tirelessly. There is little more scope to increase the work that they do. They are not working 11% less hard than their colleagues in England.

I have no doubt that even to suggest that would make them fairly angry. Therefore, the problem must be the way in which the system works. A new system of commissioning is needed, with incentives to increase performance. Health professionals view the Minister's delay as a blow to the completion of the reform that has been ongoing for more than five years.

There are now only five trusts. I welcome that reduction, with the proviso that commissioning structures should be put in place to reflect the needs of patients in a bottom-up — rather than a top-down — manner.

The Belfast Health and Social Care Trust is the largest such body in the United Kingdom, and one of the largest in Europe, with 22,000 staff. It spends £3 million every day. An organisation that large makes the establishment of a regional authority a necessity.

1.15 pm

One of the targets in the draft Programme for Government is to reduce by 50% the number of unplanned hospital admissions by 2011. That can be achieved only by investing in better care in the community, primary-care intervention and self-care. Commissioning bodies should be facilitators in this, comprising GPs, dentists, pharmacists, optometrists, lay people, allied health professionals and nurses, all working together to commission services for patients in their areas of expertise.

The single health authority was to be the commissioning organiser, maintaining the local care groups and commissioning regional services — a single bureaucracy that would support local groups and reduce duplication. Its performance-management role would be the key to holding local commissioning groups and trusts to account — something previously sadly lacking in the National Health Service in Northern Ireland. Doctors and nurses are constantly being quality-assessed for their competence to practice. However, nothing ever seemed to be in place to sufficiently assess management structures.

Many staff nearing retirement saw the overhaul of structures as a chance to plan for early retirement, allowing flexibility in the service in order to keep the number of compulsory redundancies to a minimum. Some have already gone, but others are now being told that the change has been delayed for at least one year. That is not the greatest morale-booster.

People in the boards are working in stressful conditions, and vacancies are not being filled. That could be forgiven with the April 2008 deadline fast approaching and a target to work towards. What impact will the delay until at least 2009 have on the vacancy controls? What reforms will be implemented to ensure that there are few compulsory redundancies?

There was a lot of scepticism in the medical profession about these reforms, and it took a long time to bring

them on board, particularly the doctors. The delay is a major let-down; one needs only to read this morning's newspapers to see that. The legislative process must commence. Members do not necessarily have to agree on everything at this stage — it is unlikely that we will — but let us get the process moving by introducing the Bill and having the debates. The Minister wants to talk to stakeholders — let us use the time now to do that. The Minister should not waste valuable months, and maybe even years, consulting before finally introducing a Bill, only for Members to have to go away and consult again.

The UUP tabled a motion criticising the legislation that is passing before this House. There is no reason not to have a health reform Bill. The excuses for delay from the half-the-cake Minister are, unfortunately, only half-baked.

Mrs O'Neill: Go raibh maith agat, a Cheann Comhairle. I speak in favour of the motion, and I agree with most of the comments made by Mrs Robinson regarding fundamental change in the Health Service's being essential. It is important to get the best service with the resources that we have.

The review of public administration has been ongoing since 2002, when the Office of the First Minister and deputy First Minister (OFMDFM) launched the initial consultation on its terms of reference. The premise of the review was to reduce bureaucracy, create savings and restructure the public sector. Regarding the changes to the Health Service, five new health trusts have already been created, which is a welcome reduction from the overburdened 18 health trusts. However, in order to complement those changes, we need the introduction of the health and social care authority, the establishment of local commissioning groups, and the one-patient client council.

The main driver for change in what was to be the new healthcare environment was to be a revolution in commissioning. The introduction of those structures is vital to counterbalance the powers of the newly established trusts. We now find ourselves in limbo in that regard.

The Minister has stated that he wants to take his time to fully consider the impact of pushing forward with those changes, and that he wants to get the changes right. I agree with him in that respect — they must be right; we do not want to see change for the sake of change, with no benefit to the Health Service. However, a prioritisation of those issues by the Minister is required.

The failure to push on with change is leaving the Health Service in disarray. Morale in the Health Service is low, and many rumours are circulating regarding what is happening to people's jobs, to commissioning powers, and regarding the retention and recruitment of staff.

That is all detrimental to good working environments. It would be remiss of Members, as elected representatives,

to ignore the comments of health professionals who are directly involved and who are concerned at the decision being deferred for at least a year.

I have been lobbied by GPs who have been appointed to local commissioning groups. One GP described the current situation as a hiatus in the development of those groups. GPs say that the groups sit monthly and are wasting public money: they are starting to become disheartened and feel like withdrawing from the groups, as they do not want to support a sham. Apparently, the local commissioning groups nominally share responsibilities for decisions on commissioning that are actually made by the boards.

From those comments, it is clear that the support gained from doctors and other health professionals over the past 18 months, and the impetus in taking forward the proposed RPA changes, are in danger of being lost. Further delay in RPA reforms will impact negatively on the savings that they are designed to achieve.

It has been suggested that some services are already being removed or withheld; for example, according to one trust area, cognitive behavioural therapy has been suspended due to the present uncertainty. I am sure that the Minister will agree that that is not in keeping with his commitment to make mental-health services a priority.

The current situation is frustrating and confusing for all involved. I know that the Minister must take difficult decisions, but I urge him to take them as a priority. We want a Health Service that caters for the needs of all and that is efficient and accountable for the benefit of all the people of the North. I support the motion.

Rev Dr Robert Coulter: I am glad that the motion has been tabled. Anyone looking at the monolith of the Health Service will agree that reform is necessary. I am glad that the Chairperson of the Committee for Health, Social Services and Public Safety, who tabled the motion, has noticed that the Ulster Unionist Party has called for this kind of reform for quite some time.

My question is: what kind of single health authority do we want? The proposal is for a health and social services authority that will replace the four health boards. Such an organisation has been asked for, through legislation, for some time. It would have an annual budget of £140 million and 1,800 staff. Members should look at that proposal and see it for what it is: a glorified quango. I am sure that those who propose the motion do not wish to advance "quangoland" in Northern Ireland any further. We have far too many quangos, and we do not want a super-quango that will drain £140 million from the health budget every year and carry a burden of 1,800 staff.

The Royal College of Nursing has supported the Minister's stance and believes that the direct rule proposals now being adopted by the DUP are flawed because they fail to provide for accountability. The

health and social services super-quango is to have 11 senior executives on salaries that will be well in excess of £100,000. The monstrous and unaccountable health and social services authority was the creature of direct rule Ministers. Why is the DUP adopting this further drain on the Health Service budget?

The recent draft Programme for Government made us all sit up and ask where we had heard it all before. An Ulster Unionist Minister is crying for more money for the Health Service; but what was presented as new was an amalgam of Bills generated by the Civil Service machine under direct rule Ministers and rehashed and represented to us.

In other spheres, a sensible solution would be called for. The one thing that I am afraid of is that, under political pressure, and because he belongs to one particular party, the Health Minister would bring forward something not carefully thought through.

I think back many years, to the time when we looked for a new hospital in Ballymena. Under political pressure, the location of the new hospital was changed from Ballymena and it was built in Antrim. We were told that that was the right hospital in the right place. Looking back over the past few years, some may have commented that it would have been better had time been taken to think the project through properly, in which case the hospital would not have been located in Antrim, but in or near Ballymena, where it would have better served the area to the north-east of our Province.

The trade union UNISON has said that that model, which some are attempting to rush through the Assembly, was in direct contradiction to the structures-and-reform model that was developed locally in the Hayes Report, and the RPA process. UNISON went further, and stated that the draft Order was established without specific consultation or an equality assessment, and replicated the dysfunctional elements of English Health Service delivery, including the purchaser/provider split, and the retention of the trust model.

Unionists correctly said that they believed that legislation should be drafted in response to the consultation and introduced as an Act of the Assembly for consideration in the Chamber, and by the Committee for Health, Social Services and Public Safety, as per the normal legislative process.

The Health Service is not a toy to be played with among political parties; it is for the patients, whom we should put first, rather than our political ideals.

Mrs Hanna: I had tabled an amendment to the motion, and I am sorry that it was not accepted. I am not sure why that was, because a much more constructive debate is necessary.

I do not believe that there is any Member — not the Minister, the Chairperson, or any members of the

Committee for Health, Social Services and Public Safety — who does not subscribe to the idea of radical reform of health and personal social services.

First, I shall deal with the proposal for a single health authority. In common with other Members, I have some reservations and concerns about delays, the detrimental impact on staff morale, and the potential loss of savings. The new health and social care authority must commission services on a regional basis. Unfortunately, five minutes does not give me time to go into the other recommendations, but they are equally important.

Thanks to the findings of the Appleby Report and the Wanless Report, it has been well established that the Northern Ireland health spend is higher than in GB, although the differential is eroding. Professor Appleby also makes it clear that the differential for Northern Ireland's needs — on indicators agreed in the Department of Finance and Personnel — has increased from 7% to 14%, and that the funding gap based on need rather than raw population is thought to be around £300 million. By 2011, that gap will increase to £600 million.

Those realities must be recognised by the Assembly. That funding shortfall will not go away. Despite bickering among Members and parties, the shortfall remains, and if we are serious about looking after the health of the people of Northern Ireland, we must decide how we will address that. There are things that we can do: we can encourage people to take responsibility for their own health; we can examine the issue of repeat prescriptions; and we can educate doctors to save money by prescribing generic drugs and reducing prescriptions.

Members will know that 70% of the health spend goes on staff pay, and through the RPA, we are considering a reduction in staff, partly through wastage, and through the reduction of bureaucracy and administrative duplication. The Bamford Review has made a strong economic case based on early intervention and increased action to promote good mental and physical health, particularly through early intervention, parenting and early-years support.

1.30 pm

The National Health Service celebrates its sixtieth anniversary in July 2008. Its founder, Aneurin Bevan, described it as “pure socialism”. I prefer to say that the most socialist initiative that a democratic Government ever took is also the most politically popular. It is the hallmark of a decent society that it has an excellent and equitable healthcare system. The founding principle of the National Health Service was that it must be free at the point of need, even though healthcare demands are unimaginably different and complex compared with anything that was envisaged 60 years ago.

There must be greater efficiency, effectiveness, innovation and value for money in the deployment of healthcare, and the SDLP fully backs those demands. My party accepts that the growth of a dynamic and innovative economy is a priority. However, it must also be accepted that to have a physically and mentally healthy population is the best investment that can be made in any society. People are society's biggest asset. The 10% productivity gap between Northern Ireland and GB in the delivery of health services can and must be closed.

Dr Farry: Like other parties, the Alliance Party supports the motion. However, Members must recognise that the motion has been tabled in the wider context of a row between the DUP and the Ulster Unionists over the health budget.

Members must also be conscious that Health Service reform is not, by any means, the only area in which the Executive have been dragging their feet with the review of public administration. The feet-dragging that has occurred over the health and social care authority runs parallel to that which the Minister of Education and her Department have been doing over the education and skills authority. Therefore, rather than focus on the failure of one particular Minister, Members must recognise that there has been broader failure in the Executive to deal with the difficult choices that must be made in governing Northern Ireland.

Members must also be conscious that there is now a democratically elected Assembly for Northern Ireland. With it, the context changes radically. It leads much more easily to the creation of Northern Ireland-wide single authorities to deliver the outcomes of policy decisions that are taken by Ministers and MLAs. There is a strong case for having a single health and social care authority for Northern Ireland, which has a population of 1·8 million people. A health authority for that size of population is not unusual in many other regions on these islands.

Many Members are conscious of inconsistencies in the health and social care that is offered across Northern Ireland. Although that is a matter for the trusts, boards, or whoever their successors are, a single health authority for Northern Ireland can only assist in the process to establish consistency in the service across Northern Ireland.

Budgetary considerations for a single health authority are also relevant to the debate. Members must be conscious of the fact that the health sector is under tremendous funding pressures. For example, Northern Ireland has enhanced need per capita compared with elsewhere on these islands; a greater number of the population is in worse health; drugs are becoming more expensive; the cost of healthcare technology is rising; and people are living longer, which, although that is to be welcomed, creates its own financial pressures.

Northern Ireland also has growing demand for measures such as free personal care for the elderly — a matter that is close to the heart of my colleague from Strangford, Mr McCarthy. It is important that such issues are put on the agenda. At present, Northern Ireland suffers from the opportunity costs of not dealing with fundamental reform in the health system.

My party has considerable sympathy with the Minister's call for more funds. Despite the fact that the health sector gets the lion's share of funds, enhanced need in Northern Ireland means that it is falling behind the rate of growth in the rest of the UK. The Assembly must reflect on and tackle those statistics.

Mr Easton: Does the Member accept that the health sector gets 51% of all new moneys?

Dr Farry: I fully accept that point. Equally, that amount of money is not sufficient to meet the gap between health funding in Northern Ireland and that in the rest of the UK.

Mrs I Robinson: Will the Member accept that it is immoral to do the same thing, over and over again? Moreover, if there are efficiency savings to be made — and increased productivity — that allow moneys to be released, that should be done. We should not continue to do the same old thing, time and time again. The Appleby Report highlighted the fact that there are efficiencies to be made. Surely major efficiencies can be made, even by simply establishing a single authority?

Mr Speaker: The Member has an additional minute for taking two interventions.

Dr Farry: I do not agree with the honourable lady that it is immoral. Nevertheless, I agree with the remainder of her point. We cannot stick with the status quo; we must have change in Northern Ireland. By the same token, there are areas of the health sector that require urgent investment. The Minister of Health, Social Services and Public Safety, to his credit, set out a comprehensive list of bids under the comprehensive spending review. Virtually none of those bids was met.

There are matters that the Assembly has endorsed — for example: free personal care for the elderly; free prescriptions; increased funding for mental health; and the recommendations of the Bamford Review. We are losing out on those issues, because we have not addressed the reforms. However, we still need an uplift in the health budget to meet those additional costs, something that we cannot even remotely consider at present.

Although the honourable lady is correct in saying that we must have greater reforms in the Health Service and greater efficiencies, the Minister is equally right in saying that we are losing out on money and that the funding gap with the rest of the UK is getting wider and wider. It is important that we do not polarise the debate and that we recognise that we need to move

forward on both those strands in order to provide a Health Service that is fit for purpose.

Mrs I Robinson: Will the Member accept that £2 billion was provided for the health budget in 2000-01? In 2007-08, £4 billion will be provided for the health budget. Will he agree that we have seen double the benefits to the Health Service because of the doubling of that budget?

Dr Farry: The Member is correct about the figures. Health budgets across the UK have risen at the same rate. Northern Ireland is no different to any other part of the UK. We need to find greater efficiencies and to release that money to reinvest in other facilities.

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

Dr Farry: Thank you, Mr Speaker.

Mr Easton: The people of Northern Ireland had every reason to expect that the establishment of devolved Government at Stormont would deliver a more efficient and better Health Service for Northern Ireland. We have had 40 years of terrorism and civil upheaval that has left us with an infrastructure that needs to be renewed. We are left with an economy that has suffered greatly as our traditional industries have declined. We have had years of direct rule by Ministers who have not faced up to their responsibilities as they might have done. We have had four decades of wasted opportunity, economic inertia and instability.

We have seen many plans, investigations and reviews set in motion. However, the truth is that we have seen a great deal of prevarication, with important and critical decisions being deferred to another day in the hope that the problems would go away or be dealt with by someone else. It is now time to deal with the problems and to stop waiting for other people to solve them. It is time to get to work to build the better Northern Ireland that we promised our constituents when we sought election to the Assembly.

When it comes to dividing and apportioning financial resources to the Departments, we know that those resources are limited. The cake that is to be divided out is a certain size, and no amount of discussion will avoid the necessity of taking hard decisions. The only way in which to increase the size of the cake is to grow a dynamic, innovative economy. In that endeavour, we need to examine every aspect of the way in which we do things to ensure that, in every area of public life, we are making the best of our resources.

We need to ensure that, in every division of our economy, we have highly efficient and effective public services that deliver value for every pound that is spent and that make the best use of the revenue provided, and of our existing assets. We must all accept that collective decisions will be made that challenge individual Ministers

and Departments. It is vital to ensure that pressures are placed equally on all Departments and that they all accept that they have a responsibility to work for the common good.

There is a responsibility on all Ministers to ensure that their Departments are challenged and stretched to make their part of the overall organisation more streamlined, more effective and less expensive. The fact that something is better does not always mean that it has to cost more money. We must examine every aspect of our endeavours to ensure that they are the best that they can be.

The health budget of £3.8 billion represents 48% of the entire block grant for the Province. Indications are that, in the next three years, health and social services will receive 51% of all new moneys. We spend more per capita of the population on health than the rest of the United Kingdom, yet our output is much poorer. I have worked most of my adult life in the Health Service, and my experience has given me a belief that as much money as possible should be spent on the people who need help and on those who are in the front line in providing that help.

We must do away with expensive quangos. We need centres of excellence and increased productivity. We need to make massive efficiencies in the cost of drugs. We must look particularly at the level of staff in administrative areas of the Department of Health, Social Services and Public Safety (DHSSPS), and there must be joined-up practice across the various trusts.

The levels of sickness and the cause of low morale among staff must be examined. Outpatient waiting lists must be reduced, and there should be charges for those who miss appointments without offering a reason or any notice of their intentions. Salaries and wages must be considered, and an equitable system developed in which nurses, in particular, receive a fair wage. We must also consider closely those who earn large salaries, including doctors, to ensure that there is fair distribution all round.

We desperately need to reduce waste and bureaucracy. Those who work in DHSSPS know that those changes are necessary. Above all, the four health boards must be replaced by one streamlined cost-effective authority that could establish locally based commissioning and enhanced responses to local needs.

The UUP's response to the RPA consultation in February 2004 said that Northern Ireland has the most over-administered Health Service in the United Kingdom. In 2005, when it seemed as though Professor Appleby was less than enthusiastic, Sir Reg Empey reminded us that:

"The Ulster Unionist Party has proposed the formation of a single authority at the regional level with the creation of primary health care groups."

The Ulster Unionist Party's 2005 manifesto said that:

“...there's too much bureaucracy and too little flexibility.”

“To reduce bureaucracy

We would replace Northern Ireland's 4 health boards with 1 health authority.”

That reflected the 2001 manifesto, in which it was said that co-operatives, with control of their own budgets, should be formed to deliver primary care locally, and that acute care should be managed through a single Northern Ireland authority.

Why then has the Minister refused to act on the advice and intentions of his own party and its manifesto? It is time for the Minister to get on with his job and stop his whinging —

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

Mr Easton: — and provide a better Health Service for the people of Northern Ireland.

Ms Ní Chuilín: Go raibh maith agat, a Cheann Comhairle. On 9 October of this year, the Minister of Health, Social Services and Public Safety announced that the structures for health and social care trusts and the Ambulance Service would not change until April 2009. The reasons given were the need to ensure that we get it right, and, in particular, to ensure that any new structures and changes will deliver the best outcome for people — and, above all else, meet local needs.

I doubt that any Member would argue against that. We all want to ensure that any change will result in better outcomes for staff, patients and carers. We are all committed to reforming and improving services for people who seek health, some of whom are among the most vulnerable in our society.

Improving services for staff, patients and carers is a priority for everyone, and the need to augment the outdated structures and services that should be germane to achieving effectiveness and raising public confidence in our health and social care system is now a matter of concern.

That having been said, the rationale behind the motion is about having the drive and the ability to see those changes through and to end the uncertainty that has become prevalent throughout the health and social care system.

Most, if not all, of us have been recipients of health and social care to some degree or another. We all expect that care to be effective, and we expect delivery. However, the delay in establishing a single healthcare authority has unsettled many in our health and social care system.

Let us reflect on some of the main themes of the proposed restructuring. The first is a new health and social care authority to replace the existing four health and social services boards. The second is to establish seven primary-care-led commissioning groups in the local authority, which will involve local health and

social care professionals. It will also involve lay representatives in planning services at community level and in partnership with communities. The third is the abolition of certain agencies and the transfer of their functions, staff, assets and liabilities to other health and social care bodies.

1.45 pm

The Committee for Health, Social Services and Public Safety has met, and will continue to meet, staff-side representatives from the unions and some of the colleges. There are concerns about the length of time in which reforms were to occur. People in the system are fatigued, and burnt-out by reviews and the prospect of more of the same. That has had an impact on Health Service staff. Despite that, they have continued to provide services and care with compassion and professionalism of the highest standard.

The motion calls for the Minister of Health, Social Services and Public Safety to introduce a health and social services reform Bill as a matter of urgency. He should also try to ensure that reform takes place. We must make sure that the issue is not ducked. Local communities must be able to play a meaningful role, such as taking part in local commissioning groups. Some of those groups have argued that they have been considered as add-ons, rather than being integral to the health agenda.

We must all acknowledge and embrace the challenges that reform will bring. The review of public administration, the Executive's Agenda for Change strategy and the need for better investment in mental-health services must be time-bound, and our approach must be based on the realisation that our Health Service is 35 years old and is becoming archaic. The Assembly must see movement; otherwise, the anticipated savings that can be accrued from reform will begin to dwindle. We will also lose experienced and highly-trained staff, which will have a long-term impact on the health system.

I support the motion on the basis that if a health and social services reform Bill is introduced, we can scrutinise it line-by-line, and end the wait for overdue reform, restructuring and implementation. As elected representatives mandated by the people, we all agree that the lack of investment under direct rule has had an impact. We have a responsibility to bring about changes that ensure equality for all citizens, regardless of post-code. Go raibh maith agat.

Mr Hamilton: I welcome the opportunity to participate in this debate, and I congratulate my colleagues on securing the debate on such an important issue. We have clearly shown how we all support the guiding principles of the National Health Service, how each and every one of us wants to see a better Health Service for all of the people of Northern Ireland, and how we all admire the dedication to duty of our health professionals.

Earlier, we heard about some of the physical dangers that they have to face in the line of their duty. Yet, all of their efforts are being hampered by systemic problems that stifle the NHS in Northern Ireland. We have already heard from the Chairperson of the Health Committee how spending on health and social care in Northern Ireland will more than double from £2 billion in 2001 to over £4 billion in the current Budget period. However, nobody could say that productivity in the Health Service in Northern Ireland has doubled over that period, proving the point made in the Appleby Report that it is the use of resources rather than the amount of those resources that is important.

It is worth reminding the House of some of the grave inefficiencies in the Health Service in Northern Ireland that were highlighted by Professor John Appleby during the course of his work. He found that the unit cost of hospital procedures, hospital throughput, consultant productivity, the average length of stay in hospital and spending per head on prescriptions were all significantly worse in Northern Ireland than in England. Even if we were as efficient as England — hardly a model of efficiency in health provision itself — immense differences could be achieved. More patients could be seen in less time, and massive savings could be made for front-line services.

Reform that targets those inefficiencies and improves the way in which the Health Service does its business is long overdue. That is why we all supported the consultation on the draft health and social services (reform) (Northern Ireland) Order 2007. One would have thought that this issue would have been at the top of the new Minister's agenda. During a debate last week, the Member for North Down Brian Wilson compared the Health Service in Northern Ireland to an oil tanker. However, if we are to change direction we must start turning the wheel. Since assuming office, the Minister of Health, Social Services and Public Safety has shown no desire to address seriously the radical reform of Northern Ireland's Health Service that is required. If anything, he has shown himself to be a roadblock to reform.

Instead of tackling the issue head-on, he is heading in the opposite direction. Instead of doing what would receive widespread support in the House and further afield, he has illustrated a desire to head in the opposite direction, exemplified by his freeze on the RPA reforms in health. The creation of a single health authority and local commissioning boards has been widely recognised as being an essential element in a more efficient and effective health service. I only wish that the Minister would show as much passion about tackling inefficiencies in the Health Service as he does about whingeing and crying for more money.

As other Members have said, the Ulster Unionist Party was in favour and supportive of the reforms.

Around a year ago, the UUP's health spokesman, Rev Coulter, said that the failure to create a single authority was one of the many glaring missed opportunities in the restructuring model. One might ask what has happened to the UUP's 2005 election manifesto pledge:

“To reduce bureaucracy

We would replace Northern Ireland's 4 health boards with 1 health authority.”

It seems that ditching election manifestos is now at epidemic proportions in the UUP.

There is a consequence for not carrying forward those reforms. Dr Brian Patterson, chairman of the BMA (British Medical Association) Northern Ireland Council, recently said:

“The health boards are required to soldier on for at least another 18 months, but are they fit for purpose? They have lost many core staff to the new trusts or left the Health Service entirely. Those who are left are demoralised and paralysed to an extent by uncertainty.”

The BMA's criticism was shown to be spot on when that sense of paralysis and poor morale resulted in the resignation of David Sissling as chief executive designate of the HSSA (Health and Social Services Authority). A man whose capture was a coup for Northern Ireland has been lost to our Health Service, and our patients and health professionals will prove to be losers for that.

As if demoralisation and paralysis were not bad enough, the state of stasis comes at a cost. Key management staff that have been appointed to the HSSA at an estimated cost of £500,000 are still in post. Rather than costing money to create the HSSA, it is costing much more not to go ahead with it. Foot-dragging is costing us a fortune. I urge the Minister to listen to what has been said in the Chamber today and to listen to people in the Health Service, and health professionals in bodies such as the BMA, who are urging him to move forward and get on with his job and do what he knows he has to do.

Mr McCallister: Some strange and bizarre claims have been made today. Since Mr Hamilton is so good with election manifestos, will he consider reading his own party's manifesto, as well as ours? The DUP's 2005 manifesto states:

“Northern Ireland has suffered from relative underfunding for decades. More than 20% extra spending per capita on health care is required to achieve the same level of service as England.”

It is strange that the DUP has made such a turnaround. The DUP's 2007 manifesto states that:

“the Health Service in Northern Ireland has suffered from long-term under-funding relative to the rest of the UK.”

The problem with the DUP's finance and personnel spokesman, Mr Hamilton, contributing to the debate on health is that he is fixated with the money; that aspect is all that he knows. It is strange that in the House of Commons on 5 April 2005, a month before

the general election, Mrs Robinson criticised the direct rule health budget increase of 9% as insufficient. Why is a 1.2% increase sufficient now?

Mr Hamilton: Does the Member accept that the allocation in the draft Budget to health includes not only that increase, but much, much more for health?

Mr McCallister: The increase will give the Minister of Health £16 million to develop new activities in the Health Service this year. Mrs Robinson quoted some figures on how much the Health Service spends each day and mentioned the Belfast trust; £16 million would not run the Health Service for two days.

Mr Easton keeps bringing up the old chestnut that 48% of the draft Budget is to go on health provision. However, the Department's portfolio covers health, social services and public safety — everything from doctors and nurses to the Fire and Rescue Service.

Mrs I Robinson: It was £2 billion before that.

Mr McCallister: You are on record as saying that that is not enough.

Mrs I Robinson: And it is £4 billion now.

Mr Speaker: Order. The Member has the Floor.

Mr McCallister: The DUP has clearly distinguished between direct rule Ministers' policies, which it criticised, and those of the proposed strategic health and social services authority. Its proposals differ little from those advocated under direct rule. However, the DUP suddenly wants to run with the direct rule Ministers' proposals. Even Mr Hamilton said in his contribution that England was not a great model of financial efficiency to follow, so why does he wish to impose the same system here?

The Labour Government in Britain have increased bureaucracy in the NHS enormously. In England, the average number of managers grew from 21,400 in 1997 to 30,900 in 2002. Central-function staff numbers there have increased from just under 61,000 to more than 72,000 in the same period. Most of the extra money that the Government have pumped into the NHS — money that is in no way matched in Northern Ireland — has gone on bureaucracy, consultants and administration. Experts consider —

Mrs I Robinson: Will the Member give way?

Mr McCallister: I will, if the Member is quick.

Mrs I Robinson: I may have misunderstood the Member, but does he suggest that to pump more money into additional staff and management is the right direction in which to go?

Mr Speaker: The Member, because he has taken two interventions, may speak for an extra minute.

Mr McCallister: Thank you, Mr Speaker.

I propose that we get the model right, because there is no point in our jumping headlong into something. As Dr Coulter has pointed out, it has already cost £140 million to create the strategic health and social services authority.

Mrs I Robinson: You supported the —

Mr McCallister: Your party supported a 20% rise in its 2005 election manifesto, but it does not —
[*Interruption.*]

Mr Speaker: Order. The Member has the Floor.

Mr McCallister: The Member's party supported a 20% rise in its 2005 election manifesto, but it does not seem to trouble her much to go back on that promise.

The way in which to handle the situation is to establish a plan for where our Health Service is headed. Everyone agrees that it needs to be reformed, and everyone agrees that that reform project is huge. I have every confidence that the Minister will deliver on a reform agenda. I know that the Chairperson of the Committee for Health, Social Services and Public Safety likes to engage in party political point scoring, but there is too big a job at hand for her to be doing that. The Committee should be working with —

Mrs I Robinson: Will the Member give way?

Mr McCallister: I have already given way to Mrs Robinson once, Mr Speaker. She is not as generous with her time when she is speaking.

Mrs I Robinson: Nobody asked me to give way.

Mr McCallister: Basil McCrea asked you to give way, and you refused.

We must get Health Service reform right. The Minister is right to take his time and consult with people so that we might get the model that we want. Our view of healthcare is very different from that of the DUP. Mrs Robinson may think that the best way in which to deliver healthcare is to have one hospital in Belfast and have everyone drive to it —

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

Mr McCallister: Thank you, Mr Speaker.

Mr Gallagher: I welcome this important debate on the reform of the Health Service. We must not allow political point scoring to distract us from that debate, because, as elected representatives, we are all aware of the demands that are placed on the Health Service, day and daily. We are also aware of the support that the Health Service needs in order for it to deliver.

I wish to state an important fact about need. The Appleby Report pointed out that, although a differential did exist between here and GB, based on need, of 7%, that differential has now risen to 14%. That is an inescapable fact whether it occurs in the Department of Health, Social Services and Public Safety, the Department

for Social Development, the Department of Finance and Personnel, or wherever.

We all know that health professionals, carers and the service users have highlighted how they find the uncertainty that surrounds proposed Health Service structures confusing and worrying.

We know that some of those problems have been inherited from the period of direct rule, but we know also that, as an Assembly, we must move on and deal with those issues, and establish plans and timetables as quickly as possible.

2.00 pm

Important issues must be tackled, including the future of primary care and mental-health plans, the care of the elderly, and, not least, the morale of health workers. Morale is very low due to growing pressures, and because of delays in implementing the Agenda for Change programme.

I draw Members' attention to the situation in the Western Health and Social Care Trust area, where 99% of workers have gone through the job-matching process, yet 32% of them have still not received their pay award. In the Northern Health and Social Care Trust area, 20% of workers have still to receive their pay award, which is backdated to 2003. It is a disgrace that, at Christmas 2007, key workers still have not received their payments.

I share the view that the Health Service is failing to satisfy the public because of some inefficiencies and the seemingly endless bureaucracy that many users encounter. Those matters must be addressed. As the motion states, reform of the Health Service must be "a matter of urgency" for the Assembly.

I wish to turn to PFIs because, as we know, 10 new hospitals are in the pipeline under that process, and some of the tenders are at an advanced stage. The Enniskillen hospital is the pathfinder PFI project, and that is moving forward. We cannot afford to make mistakes, because we have seen them made elsewhere with PFI projects. Currently, there is not a Department-led, coherent approach to the handling of PFI initiatives.

Mr Elliott: Will the Member agree that it would be most unfortunate if members of the Health Committee were to initiate a process in an attempt to stop progress on the hospital for the south-west, which is to be built at Enniskillen?

Mr Gallagher: It would be most unfortunate were anyone to try to delay progress on that hospital. However, in reality, it is too late for delays. Progress is being made, but an inconsistent approach to such big undertakings has been adopted by the Department. That could prove very costly. For example, in the Western Health and Social Care Trust area, people and services are included in PFI tenders, and that has led to concerns about jobs

and working conditions. In the Belfast Health and Social Care Trust area, there is an entirely different approach whereby people and services are not included in the tenders.

There are important issues in respect of jobs and conditions, and people know what has happened in England, where some PFI projects have been disastrous and where private operators have been able to make savings by cutting design standards and by reducing bed numbers.

All 10 of the new hospitals that are planned under PFI arrangements are crucial. The Department of Health must ensure that all the trusts adopt a common approach in order to avoid the mistakes that have been made elsewhere.

Mr G Robinson: I pay tribute to Health Service staff, who carry out their duties in a professional and diligent way — sometimes at personal risk, as we have heard. Everyone in Northern Ireland should be grateful that such dedicated people work in the NHS.

In the DUP's 2007 manifesto, we committed ourselves to improving the Health Service in the Province. We knew that that would involve tackling the problems of understaffing, trolley waits, health promotion, illness prevention, addressing the needs of our longer-living population, services for the disabled, and, most of all, effective use of the available resources.

The Health Minister seems to be unwilling to accept those aims, despite having almost half of the entire Northern Ireland Budget to spend.

If more money were to be made available to the Minister, which Department does he suggest should take a cut in budget? Every Department faces financial challenges, and all Ministers are addressing problems in prioritising resources. All of them accept that there has to be a greater return for every £1 spent. For health, that will involve looking at innovative ways of carrying out treatments; greatly reducing the number of readmissions; tackling hospital-acquired infections such as MRSA; and adopting a more community-based approach to care.

The best way to start the improvements that we all want in the NHS is by ensuring that there are enough well-trained, highly motivated staff with high morale to carry out patient care. As someone who, from personal experience, understands the need for a motivated workforce, I believe that we must address the current low morale of NHS staff. I am frequently told about that by NHS staff and it must be the starting point for all reforms of health provision.

We acknowledge that all areas of public-sector funding in Northern Ireland have suffered; the Appleby Report confirmed that. Therefore it is essential that every £1 spent on the NHS produces the greatest possible

benefit for the population. One way of achieving that is to move towards a Health Service delivery system that focuses on prevention rather than cure. The Minister should not be afraid of examining models in countries that have preventative rather than curative health service provision models for ideas on how our healthcare model can be reformed and adapted.

I could give the Minister a long list of suggestions, but he may not want to hear them, and I have only a few minutes to speak. I ask him to examine the area of neurology urgently. Northern Ireland has a chronic shortage of neurologists, which needs to be addressed urgently because it affects those with long-term — and lifelong — health requirements who therefore have greater need of medical support and expertise.

I am sure that the Assembly understands that any reforms proposed will be implemented in the mid- to long term. However, it is important that the Assembly hear the Minister's vision for reform urgently. I support the motion.

Mr Shannon: I congratulate my colleagues on tabling the motion. The issue is close to the hearts of many inside and outside the Chamber who want to hear what will happen to the Department of Health, Social Services and Public Safety.

I contacted the Minister recently about a constituent of mine who suffered what could only be described as a nightmare hospital visit that lasted three days when it should have lasted one. She was left alone and frightened as she awaited treatment. The Minister, in his reply to me, agreed that that was unacceptable.

Many cases have been publicised that detail, in precise and awful terms, the horrible experiences suffered by people due to glaring failures in our Health Service. In my constituency, patients bring blankets with them to keep warm while awaiting their appointments and tests in the outpatients' department of the Ulster Hospital. That cannot be tolerated.

I could tell many such stories; perhaps others could top them. However, no one here is under any illusion about the state of the healthcare system. Our system, despite having a talented workforce, doctors and surgeons, does not, sadly, provide what people need.

Northern Ireland has the largest spend per head on healthcare, yet there are no real dividends from it. No one in the Chamber would argue against the case for reform; however, some will try to distract us from the fact that they are not pulling their weight or doing their job.

The issue is not complex: there must be urgent reform.

The Minister has been given half the money in the draft Budget, and it is the job of the Assembly to hold him accountable for spending it. The 51.5% represents £454 million of new money. A Member earlier mentioned the figure of £16 million: the actual figure is £454 million.

The motion calls for actions instead of mere words, and it reminds the Minister that it is his job to introduce a reform Bill urgently and that it is the job of those elected to the Assembly to consider it. I was brought up on the simple phrase: if you are going to do something, do it right. I understand the Department's desire to introduce a Bill that will change the system and have a positive effect on people's lives.

However, this reform was planned long before devolution day. My colleague Simon Hamilton has already mentioned the fact that the consultation and the start of this planned reform was in place as far back as 2005. At that time, the then, and current, leader of the Ulster Unionist Party stated that he wanted to see change. If he wants to see change, I suggest that now is the time to implement change. Initially, the Ulster Unionist Party fully supported change, yet as soon as a UUP Minister is in place, it is backtracking and saying that more time is needed. If anything, the need for change is even more urgent.

Why is the Bamford Report at number 17 in the Health Service's list of priorities? Mental health is important, and additional moneys have been allocated, but why is the Bamford Report not receiving —

Mr McCallister: Will the Member detail some of the earlier health bids, or will he accept that those earlier bids concerned inescapables, which is why mental-health provision is priority number 17?

Mr Shannon: I am not sure whether I thank the Member for his intervention, but I will respond to his comment. Mental-health provision is not an inescapable. We as a party put in an additional £450 million, and the bids must be addressed by that extra money. Why is that money not being used?

I live in the real world, not in a world of rainbows and pots of gold. I would like to visit a world where time has slowed down and where excessive research is conducted that has no effect on people. There should be no delay; we want Health Service reform straight away.

The British Medical Association has issued warnings and pleas to help the Department of Health, Social Services and Public Safety to realise that this situation cannot continue indefinitely.

Mr Easton: Does the Member agree that, if the Minister restructured his budget bid more sensibly, he might be able to manage his resources?

Mr Speaker: The Member is allowed an additional minute for taking two interventions.

Mr Shannon: I thank the Member for his constructive comment; he is correct.

Medical professionals are crying out for a change in the system that will enable them to utilise their skills and to do what they long to do — help people. Members

also want to help people. It is the Minister's responsibility to implement change and urgently issue a health and social services reform Bill before the system implodes and all the people of the Province suffer. I urge the Minister to tidy up his house and to put things in order. He must do this in a real-world timescale and not in the twilight zone in which some people seem to live.

Not so long ago, the Ulster Unionist Party was complaining about a lack of legislative movement, only to discover that its own Minister is holding back what could possibly be one of the Province's most important reforms. The situation would be laughable if it did not impact so seriously on the lives of our most vulnerable people. The Minister must introduce a motion for change, because we need reform, not empty words. He has the money — £450 million in additional money — and we ask him to do his job and allow Members to examine the Bill and so do our jobs. This is not a mere matter of numbers and data.

Mr Speaker: The Member's time is up.

Mr Shannon: It is a matter of real life and death for some people.

The Minister of Health, Social Services and Public Safety (Mr McGimpsey): I shall do my best to respond to the points that Members have made.

I am very clear about what I want from our health and social care system. It is what everyone wants: the best standard of treatment and care for all, delivered by motivated and highly skilled staff. Since I took up post in May 2007, I have been struck by two things: the dedication and commitment of our healthcare staff; and the vital need to transform the system within which they work.

Five years ago, the review of public administration was hailed as one of the most radical reforms to public services in Northern Ireland in 30 years. The key aim of the RPA was to create a modern, accountable and effective system of public administration that would deliver high-quality public services to our citizens. Local government, education and, of course, healthcare structures were all set to be transformed for the better under the RPA.

Five years later, Members are entitled to ask what has changed. The education system has four education and library boards, with plans to replace them and establish one education authority. Local government still comprises 26 councils, with as yet no apparent agreement on the final number of councils, which is a key feature of the work in which I am engaged.

What about health? The RPA's main proposals for health included: the establishment of a single health authority to replace the four boards and take on some Department and agency functions; a reduction in the number of health trusts; the establishment of one patient and client council to replace the five health and

social care councils, and the creation of seven local commissioning groups tied to the proposed seven local councils, in line with the coterminosity that was regarded as important.

2.15 pm

To date, and in sharp contrast to the lack of progress in other areas, the Department has been pushing ahead with the RPA reforms. In April this year, the number of trusts was reduced from 19 to six: five health and social care trusts and the Ambulance Service. Most staff are now working in the new organisations, and the trusts employ more than 50,000 of the 70,000 people who are employed in the health sector. I have informed staff of my decision that the current trust structures should remain largely as they are.

However, the proposals for the establishment of a huge regional health authority caused me the greatest concern. The authority was to have 1,800 staff, a budget of well over £100 million and was set to become another large quango. As Minister, I want to examine further whether another administrative body, on top of the Department, trusts, and so forth, is required. In addition to the obvious question of the affordability of such a huge organisation, I want to be satisfied that any new structures will deliver my objectives and are robust enough to deal with current demands and future challenges. To do otherwise would be to fail the people of Northern Ireland.

The authority, as proposed under direct rule, would be similar to the Health Service Executive in the Republic of Ireland, which has been the subject of much controversy and criticism due to its lack of accountability. One of the main objectives that the RPA was expected to deliver is democratic accountability, but where is the democratic accountability in an organisation that has no local representation? The direct rule proposal stipulated that the new authority would not have local representation.

Other characteristics of the RPA include community responsiveness, equality, human rights and quality of services. Under the proposals, the current four health boards and four health and social care councils would be replaced by one patient and client council. Where is the accountability? Can one large organisation speak for patients from all over Northern Ireland? Surely it would be better to reinforce and strengthen the existing health boards and councils.

I remain to be convinced that the excellent work being carried out on behalf of patients by the existing health councils would be improved by establishing one large body, and therefore I want to examine that matter further. I was also concerned to hear that several agencies were to be abolished and their functions transferred to the new authority.

I was particularly concerned about the proposal to get rid of the Health Promotion Agency, whose work is the envy of similar agencies across the UK. It works to publicise the main departmental objectives of reducing the misuse of drugs and alcohol and the spread of sexually-transmitted infections. As the Health Service moves towards a focus on prevention, the public-health messages so successfully delivered by the Health Promotion Agency, particularly to young people, have never been more important.

Much has been made of my decision not to plough ahead with the direct rule proposal. Many people have said that the Health Service will suffer and that the waiting lists are already returning to the bad old days of five years ago. That is simply not true. Waiting times for operations and appointments at outpatient clinics have dropped dramatically. People who need surgery no longer wait for years.

Look at the facts: in April 2006, 74,000 patients waited for over 26 weeks for outpatient assessment; today there are none. Some 6,500 patients waited for longer than 26 weeks for surgery; today there are none. Since April this year, the number of people who wait for more than 13 weeks for a first outpatient appointment has fallen from 22,000 to 5,100, and it continues to fall. The figures speak for themselves. That is a huge achievement and proves that the Health Service is transforming, and staff and patients are reaping the benefits.

There are three key elements of the system that I want to see in place. First, performance management is crucial. The system must ensure the delivery of targets and objectives. Secondly, strong financial management will ensure that we live within our means and get the maximum return on our investment in health and social care. Thirdly, commissioning is crucial. By that I mean the process of planning and resourcing services to ensure that they meet the needs of the population and ensure value for money.

To those functions I have added democratisation — in other words, examining ways in which to give local people and councillors a strong voice in the system. I am exploring the possibilities for enhancing the role of local government in the delivery of health and social care. I am also exploring ways of more collaborative working with district councils to help to address health inequalities. I am talking to as many people as possible, including representatives from trade unions, the British Medical Association and local commissioning groups. Those discussions have been very fruitful and underline the importance of taking the time to get it right.

There are some concerns about the delay, particularly in relation to commissioning. I believe in local commissioning, but I am still considering how many local commissioning groups there should be, what their most effective boundaries should be and their make-up. There are seven local commissioning groups coterminous with seven local councils, but I am unsure whether there will

be seven local councils. I am exploring other options — for example, if there are 11 or 15 local councils, how will that affect the numbers of commissioning groups and their boundaries?

Since April 2007, local commissioning groups have been working with boards to develop care plans and priorities. The chairs of the local commissioning groups have said that they are willing to continue working with me and the boards. They are grateful for the time being given to help them to develop in their roles. I expect reforms to be implemented by April 2009, but that is not the date for reaching my decision: I hope to make an announcement on that soon. As I have already stated, that does not mean that reform grinds to a halt. My Department —

Mrs I Robinson: Will the Minister give way?

Mr McGimpsey: I will give way in a minute. My Department is leading the way in delivering savings as a result of the review of public administration, with plans to remove almost 1,700 staff and to deliver more than £53 million of savings. Can the same be said of other Departments?

Mrs I Robinson: I thank the Minister for giving way. Perhaps he could indicate the time factor involved once he has made his decision on the structures of a single authority. How long will it take for primary legislation to be enacted?

Mr McGimpsey: The decision will be made soon, and I anticipate its implementation by April 2009. We all know the timetabling for legislation: it goes through the Executive, then through the Committee for Health, Social Services and Public Safety and then through the Chamber.

I will issue challenging RPA savings targets to each health and social care organisation shortly. I will insist that each body provides me with plans on how savings will be achieved. That will not be easy. It will mean removing one in every four managers, one in every four back-office staff, and 10% of the remaining administrative support staff. Those savings will deliver resources to secure front-line services over the CSR (Comprehensive Spending Review) period and dramatically improve productivity to health, social services and public safety.

Mr Shannon said “we as a party” have given the Health Service £455 million. I thought that it involved more than simply one party. It is interesting that we have a four-party mandatory coalition, yet “we as a party” have given £455 million. Against that, we have £700 million of inescapable costs. *[Interruption.]* Mr Speaker, if I may be allowed to continue. Therefore, on the current account of the Health Service, we are running a proposed deficit of £250 million under the draft Budget.

All the wagging of heads in the world will not change this: there is £700 million of inescapable costs and “we as a party” put in £455 million to cover it. That leaves a gap of £250 million. That is where the importance of CSR comes in, because CSR and the 3% will provide an anticipated £343 million, which leaves us only £97 million for resources. Some £16 million will be made available in year one, and all the talking in the world —

Mrs I Robinson: Nonsense.

Mr McGimpsey: Shouting “nonsense” will not change those figures.

Those savings will deliver resources that secure front-line services over the CSR period and dramatically improve productivity in health and social services. Do not be in any doubt of my desire and commitment to transform our Health Service. I will achieve the necessary efficiency savings and plough them back into front-line services. That will not be easy. I do not have to remind Members that Northern Ireland has greater need and less funding than England. In fact, we are underfunded by £300 million, and that total will double in three years if the draft Budget allocation is agreed. That is not acceptable.

A great deal is being asked of Health Service staff, and they continue to respond to every challenge. I ask them to be patient while I take time to consider the future structures. We have a rare opportunity to make a major alteration to our structures, and that will not happen again for many years. It is vital to get it right and ensure that we have a model that will continue to transform our Health Service and respond to new challenges in the years ahead.

Mr Campbell: On a point of order, Mr Speaker. I received a ruling from the Business Office at 1.45 pm today regarding your decision about my question for oral answer by the Minister for Social Development. You will be pleased, Mr Speaker, to know that I do not intend to attempt to question your ruling. However my understanding from the Business Office is that the Department knew about my question’s being on the Notice Paper on 21 November, and the court case took place last Friday, yet I was not informed that the question was being withdrawn until 1.45 pm today. Mr Speaker, can you establish for me when the Department was aware that there would be a likelihood of my question’s being invalid, and why I was not informed at that time?

Mr Speaker: I thank the Member for his point of order. I am happy to come back with a full response to the Member at a later sitting.

As we are approaching Question Time, I suggest that the Assembly takes its ease until 2.30 pm. This debate will resume at 4.00 pm, when Mr Thomas Buchanan will make his winding-up speech on the motion.

2.30 pm

Oral Answers to Questions

HEALTH, SOCIAL SERVICES AND PUBLIC SAFETY

Satellite Cancer Unit: Altnagelvin Area Hospital

1. **Mr McClarty** asked the Minister of Health, Social Services and Public Safety to make a statement on the provision of a satellite cancer unit to be located in Altnagelvin Area Hospital, which would serve the population of the North West. (AQO 1044)

The Minister of Health, Social Services and Public Safety (Mr McGimpsey): It is important to note that Altnagelvin Hospital is one of five cancer units in Northern Ireland that provides a full range of cancer services to the population, from screening and diagnosis to specialist oncology therapies. The other units are at the Ulster Hospital, Antrim Hospital, Craigavon Hospital and the cancer centre at Belfast City Hospital.

However, radiotherapy for the population of Northern Ireland is provided at the cancer centre in Belfast, which was developed to meet needs until 2015. An initial assessment of projected cancer incidence and demographics conducted by the Department suggests that a combination of radiotherapy services in Belfast and Altnagelvin would best meet the needs of the population beyond 2015. Any future development of radiotherapy services will, of course, be subject to a full economic appraisal.

Mr McClarty: I thank the Minister for his reply. Will the Minister continue to hold discussions in the future with his counterpart in the Republic of Ireland to explore what mutual benefits could be developed if further investment were made in cancer services at Altnagelvin? Does he agree that it is a scandal that the provision of additional oncologists and radiotherapy capacity, which would improve survival rates for a range of cancers, will not be possible, thanks to the draft Budget currently proposed and backed by the DUP?

Mr McGimpsey: My first responsibility is to provide for the people of Northern Ireland, and, because the number of patients is rising all the time, need will have outgrown the cancer centre at Belfast City Hospital by 2015. Therefore, we need to make further provision, and we need to plan that this year in order to be ready. The best option for the people of Northern Ireland

appears to be Altnagelvin, so there is a conversation to be had with the Republic about selling cross-border services for those in need.

There are 8,500 new cancers diagnosed every year, and the demand for services is rising as our elderly population rises — the cohort age group of people over 65 years of age is growing all the time.

I made a clear bid within my budget proposals for additional oncology and radiotherapy, and that remains. I would very much regret not being able to meet that need, due to the reasons I have just given the House.

Mrs M Bradley: Can the Minister state what other plans exist for co-operation between health Departments, North and South? Can the Minister also indicate when the new provision will be introduced in the north-west?

Mr McGimpsey: I am giving a situation report, not an announcement about new provision in Altnagelvin. There is some work still to be done, and I am merely stating the situation at the moment.

As for North/South co-operation, there is a joint suicide strategy, joint pandemic flu planning — because flu knows no boundaries — and joint child protection, which is another important area for discussion and co-operation.

Ms Ní Chuilín: Go raibh maith agat. The Minister has already outlined some of the measures that he is planning, but what assurance can he give the House on equity and equality for the provision of all cancer services for the people of the north-west? Is he also planning to develop all-island approaches for cancer services for the population of the north-west through the work of the North/South Ministerial Council, particularly for Altnagelvin, Letterkenny and further afield?

Mr McGimpsey: With regard to the provision of cancer services, as I said in my earlier reply to Mr McClarty's question, my first responsibility is to the people of Northern Ireland. However, we will co-operate where mutual benefits can be accrued, North and South, and that includes health. Cancer is a key area, and the need for cancer services is growing in the South as well as in Northern Ireland.

We want to ensure that no part of the population faces greater disadvantages in gaining access to diagnosis, treatment and management of cancers, and that is the case. Most of the population can access cancer services in Northern Ireland within the 60-minute rule.

New Hospital Provision

2. **Mr Neeson** asked the Minister of Health, Social Services and Public Safety to confirm that the announcements about the provision of a new acute hospital for the south-west by 2012 and a new local hospital for

Omagh in 2013 are identical to those announced under direct rule. (AQO 1039/08)

Mr McGimpsey: All my formal announcements have confirmed the plans to develop a new acute hospital for the south-west, located to the north of Enniskillen, and to develop a new enhanced local hospital in Omagh. I have also made it clear that the new enhanced local hospital complex in Omagh will provide a range of services, including a healthcare centre, inpatient mental-health services and a 24/7 urgent care and treatment centre.

Mr Neeson: Can the Minister outline the timescale for the completion of those projects? Can he assure the House that he will try to maximise the benefits on a shared facility that can be used on a cross-border basis?

Mr McGimpsey: The anticipated completion date for the hospital in Enniskillen is 2011; for the hospital in Omagh, it is 2012. My first responsibility is to provide for the people in Northern Ireland, and I am willing, keen and anxious to consider and enhance that provision through co-operation on a North/South and east-west basis. We have healthy relationships within the United Kingdom and within the island of Ireland, and that benefits our people.

Mr Adams: Go raibh maith agat, a Cheann Comhairle. On the issue of capital investment in future hospital provision, the Minister was quoted in the media last week as suggesting that a commitment to build a new women and children's hospital on the RVH (Royal Victoria Hospital) site might be put in jeopardy. Does the Minister acknowledge that his reported remarks have caused widespread concern, and will he now clarify that he has no intention of subverting the commitment to proceed as planned with the building of the new women and children's hospital on the RVH site?

Mr McGimpsey: I made the point that there was some conjecture about the new women and children's hospital on the RVH site — something that is badly needed and that was promised when the Jubilee Maternity Hospital was closed at Belfast City Hospital. Many Members campaigned and argued that the Jubilee Maternity Hospital should not have closed until the new women and children's hospital on the RVH site was opened, but to no avail.

It is now 2007, and that hospital facility is not within the three-year period of this comprehensive spending review: it falls within the next three-year CSR period. However, I made the point that the Budget constraints are so tight that, if I had the new hospital today, the Department could not afford to staff it because of the revenue consequences of capital build. Members will see, in the inescapable costs, the revenue consequences of capital; that was exactly the point that I made.

Mr Bresland: Will the Minister assure the House that the new enhanced local hospital in Omagh will have a 24-hour doctor-led urgent care and treatment centre?

Mr McGimpsey: I am happy to give the Member that assurance. At the time, I said that I was looking at three elements in relation to the new hospital in Omagh. One element was 24/7 urgent care and treatment, which I confirm today.

Another element was to review the emergency ambulance service, and the third was to commission a feasibility study into a midwife-led maternity unit. That study should report back to me in the next few weeks. Therefore, I can give all three of those assurances on the new local hospital for Omagh.

Increased Healthcare Spending

3. **Mr B McCrea** asked the Minister of Health, Social Services and Public Safety to make a statement on the need for increased healthcare spending in Northern Ireland; and to outline the comparison between healthcare spending in Northern Ireland and England, on key areas, including children's issues and mental health.

(AQO 1016/08)

Mr McGimpsey: In 2005, the Appleby Report concluded that it was necessary for Northern Ireland to spend approximately 7% more than England in order for it to provide the same standard of care. Draft figures from an update to that work suggest that the need differential now stands at about 14%. Need is 10% higher for National Health Service-type services, and up to 36% higher for social services functions. To tackle that gap and match the 3.7% growth rate in England would mean that an additional £600 million to spend would be required by 2010-11.

Without that money, we will continue to provide second-rate services for children and mentally ill people. To be crystal clear, if the draft Budget remains unchanged, the gap with England will not be addressed but will widen.

Mr B McCrea: Does the Minister agree that the gap between expenditure in England and Northern Ireland that was identified in the draft Budget is clearly unacceptable, and that there is considerable need in Northern Ireland that must be addressed? Does he also agree that, rather than engaging in personal attacks, it would be useful if all MLAs and Executive members were to work together to tackle those pressing problems, which affect so many of us?

Mr McGimpsey: I certainly subscribe to the idea of cradle-to-the-grave free-for-all-citizens and taxpayer-funded healthcare as one of the state's key principles. Many exercises have been undertaken to ascertain whether that aim is sustainable, and the conclusions have

invariably been that our Health Service is sustainable on an investment basis. The Appleby Report recommended a real-terms investment of 4.3% during the 2005-12 comprehensive spending review period. Clearly, we are falling well behind that. Consequently, there is a 25% greater mental-health need, and funding is 25% less than that in England — a clear differential. Our spend on children is the lowest in the UK — we are 35% behind England, and 44% behind Scotland. The proportion of our population that is aged over 65 is growing at the fastest rate in the UK, and that means that need is growing quicker here than it is in other parts of the United Kingdom.

Mrs Hanna: Given the spending shortfall in child mental-health services, and the fact that 5% of our children have a clinically recognised mental-health condition, how will the Minister address that crying need?

Mr McGimpsey: Mrs Hanna is a member of the Committee for Health, Social Services and Public Safety, so she is well aware that that need is difficult to address. After inescapables — what I cannot avoid paying for — and providing for conditions such as killer diseases, my number-one bid is for mental-health provision. That bid was roughly four times the size of my allocation. Those are the sort of difficulties with which I have been presented. Much has been made of Northern Ireland's per capita spend compared with that for the rest of the UK. In fact, in 2006-07, we spent 9% more per capita than was spent in England. That overspend is now down to 6%, so, while the gap is narrowing, the need is growing, and the allocation gap will double from £300 million at present to £600 million in three years' time. Therefore, the question remains as to whether Northern Ireland, as a society, can sustain the Health Service.

Mr Easton: Does the Minister agree that his political grandstanding on health spending in the draft Budget serves only to make healthcare staff and members of the public lose confidence in the Health Service and in his ability as a Minister, despite his being allocated 51% of all moneys for Northern Ireland and having the largest-ever Northern Ireland health budget?

2.45 pm

Mr McGimpsey: Last week, I began consulting staff in the acute sector. I did not hear that view expressed by any staff then — *[Interruption.]*

I will continue, Mr Speaker, if I am allowed to speak. Thank you.

Health Service spending is not about percentages: it is about the people of Northern Ireland; it is about patients; and about maintaining the National Health Service's cradle-to-grave healthcare, which is free for all our people. We appear to be saying that people here can have that service, but it will not be as good as it is

in the rest of the United Kingdom. That is unacceptable.

We are £300 million behind England — *[Interruption.]*

Mr Speaker: Order. The Minister has the Floor.

Mr McGimpsey: — under the draft Budget, and that will double over the next three years. That is unacceptable.

Maternity Unit: Omagh Area

4. **Mr McElduff** asked the Minister of Health, Social Services and Public Safety to consider the establishment of a free-standing midwife-led maternity unit for the Omagh area. (AQO 1049/08)

Mr McGimpsey: I recently asked the Western Health and Social Services Board to explore the possibility of providing a stand-alone community midwifery unit for Omagh. The board will provide me with a report of its findings by the end of the year. I will fully consider those findings in reaching my decision.

Mr McElduff: Go raibh maith agat, a Cheann Comhairle. I thank the Minister for undertaking that work with the Western Health and Social Services Board. I must emphasise that, because of the long distances that people in County Tyrone must travel to the nearest acute hospital with maternity provision, mothers have given birth to babies en route to hospital. Will the Minister assure the House that he will demonstrate a personal interest in arriving at creative solutions for maternity provision that will meet the needs of the people of County Tyrone?

Mr McGimpsey: As for personal assurance, one of my first visits was to Omagh because of concerns about services there and about the provision of an enhanced local hospital. As I said in response to a question from Mr Bresland, I gave assurances about ambulances, a doctor-led 24/7 urgent care and treatment centre, and a consultation on a midwifery unit. That consultation will conclude shortly, and, when I receive the reports, I will come back to the House as quickly as I can. The key criteria are a safe and effective tier of choice for women and the provision of safe and effective emergency transfer arrangements when necessary. As I said, I will immediately report to the House on the results of the consultation.

Mrs I Robinson: The Minister must think that if he repeats something often enough people might believe it. The issues are efficiencies and productivity. A draft Budget allocation of £4 billion — *[interruption.]*

Mr Speaker: Order. The Member has the Floor.

Mrs I Robinson: Four billion pounds is a significant amount. I wonder what the Minister wants to take away from other Departments to increase his allocation. Will

the Minister comment on the 2002 Ulster Unionist Party manifesto, which pledged extending choice for pregnant women through midwife-led maternity units? Never mind Omagh — what has he done about other midwife-led units across the Province?

Mr McGimpsey: Mrs Robinson said “Never mind Omagh.” The people of Omagh have a different view about that and about their area. Six months ago, when I had the honour of taking on this job, the Omagh consultation was one of my first undertakings.

The midwife-led maternity unit at Downpatrick is at an advanced stage of development, and there are opportunities for other such units. We must ensure that maternity services are sustainable, and we must take into account the views of all stakeholders and the impact on other services. However, the criteria that I mentioned to Mr McElduff seem to offer opportunities for such a unit, provided that it is safe and effective for mothers and infants.

Mr McCallister: I hope that the consultation goes well. A midwife-led maternity unit in Omagh is essential, and I am sure, as the Minister stated, that the people of Omagh are not in the “never mind Omagh” camp. Perhaps Mrs Robinson’s view is also “never mind Downpatrick” — it is certainly not mine.

Does the Minister agree that further investment in maternity services is required across Northern Ireland, and that the draft Budget — as proposed and backed by the DUP — will do nothing to help in that area? Is that not a disgrace?

Mr McGimpsey: I think that — *[Interruption.]*

Mr Speaker: Order. The Minister has the Floor.

Mr McGimpsey: As I explained earlier, with £700 million of inescapables and £450 million coming in, we operate a proposed current-account deficit of £250 million. Despite calls from sedentary positions, it is difficult to move forward on that basis.

Regarding consultancy-led maternity services, we operate the one-hour rule. However, as I said, that means units being influenced by their ability to access anaesthetic, paediatric and theatre services. The number of births is also a factor. There is a role for midwife-led maternity units, but we must wait to see the report on the feasibility study for Omagh.

Mobile Cervical Cancer Unit

5. **Mr S Wilson** asked the Minister of Health, Social Services and Public Safety to make a statement on an incident which took place on 12 November 2007, in the Markets area of Belfast, in relation to a mobile cervical cancer unit. (AQO 1018/08)

Mr McGimpsey: It is totally unacceptable that anyone who is working to save lives and to provide a public service should be subjected to any form of abuse. That is why I launched a campaign in June 2007 to spell out clearly the message of a zero-tolerance approach to attacks, abuse or threatening behaviour against healthcare staff.

Today, I have already sought the Assembly's endorsement of the extension to Northern Ireland of the provisions of the Criminal Justice and Immigration Bill that deal with nuisance or disturbance on hospital premises.

Mr S Wilson: The Minister is aware that, on 12 November 2007, in his own constituency, a bus bringing workers into the Markets area to screen women for cervical cancer was ordered to leave by a supposed community worker, who is paid through public funds. The Markets is an area that has a low uptake of screening services, and the bus had to leave with very few of the women having had the opportunity to avail of the screening.

The person who ordered the bus out was associated with Sinn Féin, and was paid from public money by the Department for Social Development —

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

Mr S Wilson: Will the Minister indicate whether he has had any discussions with Sinn Féin regarding that issue? Has he had any discussions with the Minister for Social Development about the funding of the Markets Community Association, which pays those wages? Furthermore, will the Minister assure Members that nurses will not be intimidated out of areas by people simply because they are not liked?

Mr McGimpsey: I fundamentally agree with the principles of what Mr Wilson has said. That incident was deplorable and disgraceful. Without getting into the details — because it is currently under investigation by the Belfast Health and Social Care Trust — the conclusion of the leading nurse was that it was best to leave the area because a small crowd had started to gather.

That small group, and the alleged involvement of that worker, did their community a disservice because, after breast cancer, cervical cancer is the single most common cancer for women worldwide. It respects no race or creed, and that is the same in the Markets as it is in any other part of Northern Ireland.

The workers were there to provide a vital service. The keys to tackling cancer are screening, early detection, early treatment, and early intervention. Those women in the Markets were denied that by the actions of that small group. We will persist in providing that service because the people in that area deserve it.

Mr Attwood: I welcome the Minister's last comments, which confirmed that his Department will persist in providing those services to people living in the Markets

area of Belfast and other communities in the North. My colleague Mrs Hanna the MLA for South Belfast wrote to the Minister within 24 hours of the incident.

I ask the Minister two questions. Does he agree that incidents of this nature must be subjected to the full rigours of the law? Does he agree that, in the event that the circumstances of the incident are confirmed, any person involved in causing that incident should have his or her employment status reviewed and, where appropriate, terminated, to send a message to the victim in this case, and to the people of the Markets and to those in other communities who are not yet free from that sort of behaviour, that that sort of action will not be tolerated by any Minister, Member or citizen in the North?

Mr McGimpsey: Like Mrs Hanna, I represent that constituency. I completely agree with Mr Attwood's remarks, both in principle and in practice. The individuals responsible should be subject to the full rigours of the law and I agree with him in respect of their employment status. It is absolutely reprehensible, given the sort of risks that women run with respect to cervical cancer which kills 80 women each year in Northern Ireland, to deny them treatment. It is disgraceful. I agree exactly with the Member.

Mr Cobain: All Members join with the Minister in condemning the attacks on healthcare workers in the Markets. The Minister has already alluded to his zero tolerance strategy. Will he tell the House what other steps he will take to thwart further attacks on healthcare workers?

Mr McGimpsey: Today, we received endorsement for the extension to Northern Ireland of the provisions of the Criminal Justice and Immigration Bill, which deals with incidents inside hospitals. My Department is also working up legislation to make it an offence to create nuisance or disturbance on Health Service premises and interfere with Health Service workers. That legislation will be effective in this area.

However, the incident represents a threat so serious that it is more a matter for the police than for the Health Service. As Mr Attwood has pointed out, the full rigour of the law is required in such incidents, which go beyond verbal abuse and which have a very serious undertone.

Brook Clinic: Public Funding

6. **Mr McCausland** asked the Minister of Health, Social Services and Public Safety what public funding has been provided to the Brook Clinic in Belfast, in each year since 2000. (AQO 1094/08)

Mr McGimpsey: Health and social services boards have provided funding to Brook Clinic since 2000. My

Department has also provided funding to it. The statistics are too detailed to read out: a copy of the information has been placed in the Library.

Mr McCausland: Does the Minister agree that the Brook Clinic promotes views that are at variance with those of many in Ulster in Protestant and Roman Catholic communities?

Does he acknowledge that the organisation Love for Life promotes values that are in keeping with those of many people in Ulster, and that it carries out valuable work to promote the well-being of young people, especially in schools? Will he therefore indicate when he proposes to meet Love for Life to hear the organisation's request for core funding?

Mr McGimpsey: I am not in a position to comment on Love for Life at the moment.

The question was about the Brook Clinic, which since 1992 has provided a free confidential service for teenagers in Belfast. Its service includes contraceptive information, advice and supplies, after-sex contraception, pregnancy testing, counselling, help and advice. It does not give advice on, or make referrals for, abortion. That is important.

We have a strategy for sexual health. The aspects that I have talked about reinforce the need to reduce the number of sexually transmitted infections, now running at 2,900 per annum; delay sexual activity among the young; reduce teenage births — last year there were 1,427 teenage births; and provide swift access to genito-urinary medicine (GUM) clinics.

There is a need for work in that area. If Love for Life is offering support, I am prepared to consider that sort of proposal.

3.00 pm

(Mr Deputy Speaker [Mr Molloy] in the Chair).

REGIONAL DEVELOPMENT

Belfast Sewer Project/Project Alpha/Project Omega

1. **Mrs Long** asked the Minister for Regional Development to confirm that the announcement of the Belfast sewer project — project alpha and project omega — contained in the draft investment strategy 2008-18, are identical to the schemes already existing in the Investment Strategy launched by direct rule Ministers in December 2005. (AQO 1063/08)

The Minister for Regional Development (Mr Murphy): A LeasCheann Comhairle. I have been advised by Northern Ireland Water that project alpha

and project omega for the Belfast sewer project, referred to in the draft investment strategy 2008-2018, are the same as those announced by direct rule Ministers in the investment strategy in December 2005. That is due to the size and complexity of the projects, which span a number of years and represent a significant investment aimed at improving water and sewerage infrastructure.

The Belfast sewer project commenced in May 2005, and will not be completed until the end of 2009. It will upgrade Belfast's Victorian sewer system at a cost of £130 million, and includes the construction of a large-diameter tunnel. Projects alpha and omega are public-private partnership projects, which commenced in June 2006 and May 2007 respectively. Although the bulk of the construction work will be completed by 2009, both projects have a 25-year concession. The projects aim to deliver a number of newer, upgraded water and waste-water treatment works at a total cost of £232 million.

Mrs Long: I thank the Minister for the clarification. No one would argue that the projects are either short-term or unnecessary. However, I commend the Department on its ability to recycle, because the announcements have already been made at other times in other places, and it appears that they have been dressed up again for the current round of budgeting.

Previously, the Minister has — rightly — identified that installing bigger pipes is not the only answer to the problem of flooding in urban areas. What progress is being made on the sustainable urban-drainage project to deal with new development and retrofitting in older properties?

Mr Murphy: In relation to the commentary in the first part of the Member's question, the Executive's announcement of the investment strategy in respect of the Belfast sewer project refers to its completion, which is an acknowledgement that the project has already started. We must continue to invest in it, and I presume that the Member would have had a more substantial case for disquiet had the Department not announced that it would spend the money to complete the project, as with others.

In relation to the second part of the Member's question, the studies are ongoing to provide the most effective, and retrofitted, drainage system possible for newbuilds. Those studies will take some time to complete, and weather conditions this year have exacerbated flooding problems, particularly in the Member's constituency of East Belfast.

The overall health warning is that no system can compete with the type of downfall that we had in June in Belfast, Omagh and other areas of the North. Nonetheless, the studies continue to endeavour to make the drainage system as effective as it can possibly be.

Mr Burns: Will the Minister ensure that the planned systems will be upgraded in accordance with the most recent EU directives?

Mr Murphy: We are always guided by EU directives, and where we are found to fall foul of them, infraction costs inevitably follow. The EU directives are uppermost in the thinking of all Departments when deciding how an issue is approached. I assure the Member that EU directives will continue to dictate how the Department for Regional Development conducts all such business.

Narrow Water Bridge Project

2. **Mr P J Bradley** asked the Minister for Regional Development to advise what progress has been made on the Narrow Water bridge project following the North/South Ministerial Council sectoral meeting of 14 September 2007. (AQO 1125/08)

Mr Murphy: A LeasCheann Comhairle. At the third meeting of the North/South Ministerial Council in transport sectoral format, held on 14 September 2007, the council noted the Irish Government's proposal for the construction of a bridge at Narrow Water linking County Louth with County Down.

The Irish Government have granted funding to Louth County Council to undertake preliminary technical work on the proposal. The matter will be kept under review and the results of the technical work will be examined when they become available.

Mr P J Bradley: I thank the Minister for his answer. At present, the Narrow Water bridge project is the major local talking point in South Down, the Cooley peninsula and further afield. Mr Deputy Speaker, I know that you encourage short questions and answers. Therefore, I ask the Minister whether he is fully committed to the proposed Louth-Down link at Narrow Water. In the interests of saving time, a one-word answer from the Minister will be sufficient. *[Laughter.]*

Mr Murphy: Had the Member asked a short question, there may have been a short answer. I want to correct certain information that the Member publicised locally, to the effect that matters in relation to a bridge at Narrow Water were advanced and that it would only take the Department for Regional Development to agree to it for the project to be delivered. That is completely inaccurate. Louth County Council's study into the technical aspects of the project has only just begun. When a proposition of support for the project is put to the Department, I will happily give an answer. Such a proposition has not yet been made.

Mr McCallister: Does the Minister agree that a far more worthy project than a bridge at Narrow Water is that of a southern relief road? Like my colleague the

Member for Newry and Armagh, I hope that the Minister's answer to a proposition for a bridge at Narrow Water is no. In order to develop tourism and trade and, in particular, to promote the growth of Warrenpoint as a major port on the eastern seaboard of the island of Ireland, does the Minister agree that the southern relief road is essential?

Mr Murphy: I believe that the Member has fallen into the trap that, regrettably, many of his local colleagues and lobby groups have also fallen into, which is to consider those as competing projects. I do not consider them as such. Both are worthy projects and are being advanced. Studies are being conducted into both.

At present, the study into the southern relief road is being conducted by the Roads Service in the North. That is not complete. The study into a bridge at Narrow Water is being conducted by Louth County Council. That is not complete either. Rather than view them as competing projects — both of which are important to the people of the area and of the east coast in general — the Member would do well to wait until the study that is being carried out into each of those projects is completed and the benefits to the people of South Down, Louth and the east coast of Ireland can be determined.

Mr W Clarke: Go raibh maith agat, a LeasCheann Comhairle. Can the Minister elaborate on what the Department is doing to improve links between County Louth and South Down in general?

Mr Kennedy: Nothing. *[Laughter.]*

Mr Murphy: At present, all that one can do is buy a boat. As I said during my previous answer, Louth County Council has been tasked with the study into a bridge at Narrow Water. The Executive have dealt with the Irish Government through the transport sectoral meetings of the North/South Ministerial Council, which will keep us up to date with the study.

Roads Service is conducting the study into a southern relief road at Newry. I have asked both groups to engage with each other in order to ensure that there is maximum exchange of information between them. When those studies are complete, the issues will return to North/South Ministerial Council's agenda. I hope that progress can then be made.

Translink SmartPasses

3. **Mr Cobain** asked the Minister for Regional Development to outline the actions his Department is undertaking, or considering, to ensure that the highest proportion possible of those eligible, possess Translink SmartPasses. (AQO 1057/08)

15. **Mr F McCann** asked the Minister for Regional Development, in light of the proposed extension of the

SmartPass to the over 60s, what steps his Department has taken to promote the uptake of the scheme.

(AQO 1117/08)

Mr Murphy: With your permission, Mr Deputy Speaker, I would like to answer question 3 and question 15 together.

The Department for Regional Development has developed an application process that it believes is simple and convenient for customers. It is advertised in local and regional newspapers and continues to be advertised on buses, trains and in stations. During the past two financial years, expenditure on advertising was approximately £85,000. The Department works closely with bodies that represent groups of people who are eligible for concessionary travel.

As a consequence of those measures, the uptake of SmartPasses is currently estimated to be in excess of 75%. That compares with a rate of about 63% in Britain. Steps have not yet been taken to promote the uptake of the scheme for people who are aged 60 years and over. Should the decision in the draft Budget to extend free travel to those people be confirmed, the Department will discuss with relevant groups the best steps to encourage uptake, including the issue of additional targeted publicity.

Mr Cobain: The Minister will be aware that the Committee for Regional Development has concerns about social exclusion in rural areas of the Province.

Will the Minister tell the House what his plans are to ensure that people who are socially excluded — particularly, pensioners in rural areas — can actually use their SmartPasses?

Mr Murphy: The Member will know, as Chairperson of the Committee for Regional Development, that the Department made a bid for a range of moneys to be made available to expand the concessionary scheme as broadly as possible; to take some of the people with disabilities from the half-fare concessionary scheme to a full-fare concessionary schemes and to target areas where uptake of the scheme is least.

The Member is right to highlight rural areas. We made a bid to extend concessionary fares to include travel on services that are provided by rural community transport partnerships. Unfortunately, we have not been successful, in the current round of the Budget, in those bids. We will continue to press our case and to ensure that people avail of the SmartPass scheme. We will bid, in further rounds of the Budget, to ensure that people who are accessing rural transport can also avail of the SmartPass scheme.

Mr Neeson: Will the Minister agree that it is ridiculous that Translink SmartCards, which can be used in the Greater Belfast area, cannot be used on train services in areas covered by Translink Metro buses?

Mr Murphy: That particular problem has not been raised with me, previously. Last week, I had a discussion with the Committee for Regional Development about the idea of purchasing tickets for single journeys, or return journeys, using SmartCards. I will gladly raise that issue with Translink. The purpose of any scheme where concessionary fares are introduced is, as the Committee's Chairperson has said, to tackle social exclusion.

If those concessionary fares are introduced — and the transport providers have some systems that mitigate against that — we want to resolve those issues as, otherwise, the purpose of introducing the cards in the first place is defeated. I will happily go to Translink to deal with that issue.

Mr T Clarke: Is it true that the Minister does not intend to roll out the SmartPasses to 60-year-olds until December 2008, even though money has been allocated in his departmental budget for that purpose?

Mr Murphy: There is no intention to roll out the scheme in December 2008. We intend to roll out the scheme in the summer or early autumn — not in December. Obviously, the Budget has not yet been agreed. While the draft Budget indicates that we have been successful in our bid to lower the age at which people become eligible for concessionary fares from 65 to 60, that has yet to be confirmed by the final budgetary decisions in January 2008. After that, an equality impact assessment will be needed to ensure the way in which the scheme will be rolled out, and to access those groups that will need to avail of it. The technical facilities will have to be changed to ensure that those passes can be produced and that we are aware of all those people who are entitled to them. That process will take a couple of months.

If the final decisions on the Budget go along the lines that we hope that they will, it is intended that the scheme will be rolled out for the summertime or the early autumn, and not in December 2008.

Bus-Replacement Scheme

4. **Mr McKay** asked the Minister for Regional Development to provide details of the Translink bus-replacement scheme. (AQO 1120/08)

Mr Murphy: A LeasCheann Comhairle. The current bus-replacement policy is aimed at delivering the target age limits for Translink's bus fleet as set out in the regional transportation strategy. The targets are that the average vehicle age should be no more than eight years, with no bus being more than 18 years old, and no coach being more than 12 years old. The overall policy objective is to achieve a modern, comfortable and reliable bus fleet that encourages people to use public transport for their journeys instead of private cars.

We have had some success in stopping the long-term downward trend in the number of people who travel by bus. I am pleased to report that the number of bus passengers in Belfast has increased by almost 14% over the past two years.

Mr McKay: Will the Minister tell the House how many more replacement buses are due to be purchased by his Department?

Mr Murphy: A LeasCheann Comhairle. Translink expects to buy 240 replacement buses during 2007-08 and 2008-09; 69 replacement buses in 2009-10; and 90 replacements buses in 2010-11. The total cost of those is estimated at almost £62 million. The 2007 draft Budget will allow the bus-replacement programme to be rolled out as planned.

Mr Cree: Will the Minister outline his views on the potential of hybrid and green technologies as alternative fuels for the Translink bus fleet?

Mr Murphy: That type of fuel has been used in some of the Department for Regional Development's vehicles. We are investigating the matter and will continue to investigate it.

The Programme for Government sets out the Executive's objective of reducing our carbon footprint, and we want to investigate each and every opportunity to do that. We will therefore continue to investigate the uses of such fuel in Translink fleets as well.

3.15 pm

Mr O'Loan: Does the Minister consider it acceptable that, as a result of the bus-replacement programme, some pupils travel on buses that have essential safety features, such as seat belts, while others do not?

Mr Murphy: Our intention is to bring all school bus fleets up to a high standard, but the necessary changes cannot be introduced overnight. There has been substantial investment in the bus fleet, which brought a large number of buses up to the required standard. As I said in response to an earlier question, that investment will continue. A substantial investment of, I think, £62 million has been allocated in the draft Budget, so there will continue to be investment in procurement to replace the older buses in the Translink fleet. That will bring all buses up to the standard to which the Member referred.

However, I presume that the Member will understand that, since the first bus fleets were introduced only this year, the entire fleet of Translink buses cannot be brought up to the required standard overnight. A substantial capital investment is required and will have to be budgeted for over several years. If this year's draft Budget is approved, there will, fortunately, be a substantial improvement in the coming years.

Adverse Winter Weather

5. **Mr Adams** asked the Minister for Regional Development for an update on the ability of the Roads Service to deal with adverse winter weather conditions. (AQO 1122/08)

Mr Murphy: Roads Service recognises the scale of the challenge, but it is prepared to deal with adverse winter weather conditions. Every night from now until the middle of next April, more than 270 people will be on standby to salt main roads, and approximately 50,000 tonnes of salt is stored in depots across the North.

Mr Adams: Go raibh maith agat, a LeasCheann Comhairle. Go raibh maith agat, a Aire. I thank the Minister for his answer. At the weekend, six people tragically lost their lives on the roads, and adverse weather conditions may have played a role in some of those accidents. I am sure that our thoughts and prayers are with the bereaved families.

As the Minister will be aware, almost half the West Belfast constituency is rural, and the roads in that area are increasingly being used by commuters travelling to and from Belfast. Will the Minister confirm that the Roads Service will be deployed to ensure that gritting and sandboxes are available to keep those roads — along with other roads in built-up areas of Lagmore, Twinbrook and Poleglass — clear and safe, despite any adverse weather conditions?

Mr Murphy: I thank the Member for his question, and I agree with him. I once again extend my sympathies to the bereaved families. The exact causes of the tragic accidents over the weekend are not yet known, but they are dreadful tragedies for the families involved. The Minister of the Environment, who has a keen interest in road safety, and I will ensure that everything possible is done to reduce the number of such tragedies.

We are aware that quite a few of the roads in West Belfast have become routes for people commuting to work in the city, particularly since work began on the Westlink. The gritting schedule is based on the number of vehicles travelling on any given road; it is not based just on the size of the road or the fact that it is a rural road. We will ensure that, as far as possible, 80% of roads are covered by the gritting schedule. As a matter of interest, raising that figure to 90% would double the costs. The gritting schedule gives priority to the most heavily travelled routes. Roads Service is conscious that, as a result of work on the Westlink, many routes in and around West Belfast and other parts of the city are experiencing more traffic flow. We will ensure that such roads are kept up to standard.

Mr G Robinson: The Minister will be aware of the tragic deaths over the weekend. Can he guarantee that the Frosses Road will receive special attention during

the winter months due to the volume of traffic on it and the sadly high number of fatalities there?

Mr Murphy: As with all the other road tragedies this weekend, the tragedy on the Frosses Road was a huge blow for the families involved. A number of accidents have occurred on that stretch of road over the years.

The Member will be aware that it is an 18-mile stretch of road. The cause of an accident on any given part of that stretch is another matter entirely, and it is much too early to speculate on the reason for the accident at the weekend. The Member will know that there are plans to upgrade and improve stretches of the Frosses Road. In the interim, we will look to road safety, which will involve the winter gritting schedule. We are aware that there is heavy traffic on that road, and all steps will be taken to improve safety there until the upgrade goes ahead.

Mr Savage: I thank the Minister for his answer. Would not the money that his Department has spent on consultancy fees in the past year have been better spent on road safety and on the expansion of the roads system, especially coming into what is predicted to be a severe winter, and bearing in mind that he has a budget of just £50 million?

Mr Murphy: There are several issues to consider in answer to that question. Any spending on consultancy fees was done as part of spending plans that direct rule Ministers approved last year, and I want an opportunity to examine that spending. It is simplistic, however, to say that if money were taken from one place, it could be put to better use in another. The money that is available allows Roads Service to cover 80% of the roads across the North — all classes of roads. If that budget were to be increased to cover 90% of the roads, the cost would double. Cost alone is not a reason for not doing that work, but the Member knows that we are working to a finite budget, and resources must be prioritised as best we can.

I am happy to examine how money is spent across the Department, and I am sure that other Ministers will do the same for next year in order to see where improvements and efficiencies can be made.

Public Lighting in Rural Areas

6. **Mrs D Kelly** asked the Minister for Regional Development to detail his plans for the extension of public lighting in rural areas. (AQO 1132/08)

Mr Murphy: Roads Service last relaxed the policy provision of road lighting in rural areas in 2002, to take into further consideration public buildings with significant night-time use. The demand for more rural lighting must be balanced against the environmental and financial costs of providing and maintaining additional public

lighting. There are no plans for a further review of rural public lighting criteria at this time.

Mrs D Kelly: I am sure that the Minister will agree that all policies should be rural-proofed. Will he give an undertaking to the House that he will examine that set of criteria, which were last reviewed in 2002, and update it with a view to improving conditions for people who live in rural areas?

Mr Murphy: The Member is right to say that rural proofing should play a part in our decisions. The criteria that are used when considering the provision of street lighting in rural areas are the density of housing in a community, including public buildings with significant night-time use, and road safety, where street lighting would contribute to a reduction in the number of night-time accidents. As with all policies, the Department is happy to examine them as we go along, and, as the Member said, the criteria were last reviewed in 2002.

There are circumstances in which people might criticise the overuse of street lighting in rural areas, in that it detracts from the rural character. All those factors must be taken into consideration. However, I have outlined the main criteria. If the Member wishes to re-examine those criteria, I will be happy to take her points on board.

Mr O'Dowd: I welcome the Minister's comments on street lighting in rural areas. One of the effects of increased street lighting is what is known as light pollution. What is his Department doing to reduce light pollution?

Mr Murphy: As I said in my answer to Mrs Kelly's question, we must consider the rural character, and that is another reason for doing so. In order to minimise the effect of light pollution, Roads Service makes use of more efficient lantern systems and lamp types, which offer better control of downward lamp output and are designed to reduce the amount of light that goes up into the night sky. Roads Service also aims to lessen levels of light pollution by not over-lighting roads. Designs for all street-lighting schemes are carried out to the appropriate category for each situation and in compliance with the latest guidance from the Institute of Lighting Engineers for the reduction of light pollution.

Strangford Ferry

7. **Mr Shannon** asked the Minister for Regional Development to detail his Department's expenditure on the Strangford ferry, and the income that was generated by the ferry, in each of the past 3 years. (AQO 1004/08)

Mr Murphy: Roads Service advises me that the cost of operating the Strangford Lough ferry service

was £1,529,896 in 2004-05; £1,549,921 in 2005-06; and £1,783,498 in 2006-07.

The income generated during each of the three financial years was £898,155, £910,715 and £1,016,727 respectively. I will supply those figures to the Member in writing if he wishes.

Mr Shannon: I thank the Minister for his response. Will the Minister recognise the important link that the ferry provides for Strangford and Portaferry in the premier borough of Northern Ireland — Ards? We are linked with the borough of Down, of course.

Is the Minister aware of the tourism potential for the Strangford ferry, and for Northern Ireland as a whole, and of the importance of continuing to subsidise it in order to realise that potential?

Mr Murphy: I do recognise that, and even people from outside the Strangford constituency will recognise the importance of the Strangford ferry and the contribution that it makes to travel in an isolated rural area of the peninsula. I also recognise the ferry's contribution to tourism.

The service recovered 55% of its costs in the last financial year, which is regarded as fairly good for this type of operation. That shows the level of subsidy that it enjoys, and it is because of its importance that it enjoys that level of subsidy. If one were trying to run such a service to make money, one would fall short. The level of funds that are returned against the costs of operating the ferry shows the importance to which the Department and the Executive attach to that transport link.

Mr P Maskey: Go raibh maith agat, a LeasCheann Comhairle. Although the Strangford constituency is some distance from my constituency of West Belfast, I recognise the importance of the tourism potential. As someone who has used the ferry on many occasions, I may have a conflict of interest, but will the Minister tell the House whether there will be a review of its fare structures?

Mr Murphy: I welcome the Member's interest; I thought that Belfast people did not get out of the city very much. The fares for the ferry service were last revised in 2004, and a review of the fares is under way.

Cherrymount Link Road

8. **Mr Elliott** asked the Minister for Regional Development what plans he has to reconsider the proposed access arrangements from St. Michael's College, Enniskillen, to the college playing fields, which will be affected by the proposals for the new Cherrymount link road. (AQO 1060/08)

Mr Murphy: A LeasCheann Comhairle. I recently met representatives from St Michael's College, and my Department's Roads Service is in consultation with it

about the provision of a footbridge from the college to its playing fields. The proposed location will provide access to the football pitches from St Michael's and will also facilitate the needs of schoolchildren attending two other schools, St Joseph's College and St Fanchea's College, as well as providing access for the general public.

Mr Elliott: I thank the Minister for that assurance. What plans does the Minister have to extend the Cherrymount link road, from its proposed route onto the Tempo Road, onto the A4 Belfast Road?

Mr Murphy: It is expected that the statutory procedures that are associated with the Cherrymount link road scheme will be published next month, and that will bring the procurement of that transport link to the next stage.

Road Speeds

9. **Mr A Maskey** asked the Minister for Regional Development what progress his Department is making to ensure that road speeds are limited in new residential developments. (AQO 1121/08)

Mr Murphy: The guidelines for the design of road layouts and new residential developments in the North are contained in the supplementary planning guidance, 'Creating Places: Achieving Quality in Residential Developments'. The guidance was published jointly by Planning Service and Roads Service in 2000, and it is intended to help developers to achieve high quality and greater sustainability in the design of all new residential developments. 'Creating Places' requires that traffic-calming measures are designed in the layout of residential roads to reduce vehicle speeds to a targeted maximum of 20 miles an hour.

Mr A Maskey: Go raibh maith agat, a LeasCheann Comhairle. I thank the Minister for that reply but, given the renewed carnage on the roads over the past few days — which a number of Members, including the Minister, have addressed — will the Minister give an assurance that he will work with the Minister of the Environment to ensure that a programme is rolled out in all residential areas to ensure that there will be a significant reduction in speed where necessary?

Mr Murphy: I assure the Member that I have already met the Minister of the Environment formally to discuss road safety.

The Member is quite right. Without going into the causes of the most recent accidents, driving at excessive speed without regard to conditions is a major factor in collisions. I have met the Minister of the Environment and the PSNI, because there is a joint responsibility for dealing with prevention, advertising and educating people about the danger on our roads. We must also

assess what assistance Roads Service can offer. My Department will continue that work with the aim of reducing the incidence of road fatalities.

Translink Trains: Dual-Destination Signage

10. **Mrs M Bradley** asked the Minister for Regional Development when he expects Translink trains operating on the Belfast to Derry/Londonderry line to carry dual-destination signage similar to that used on the Maiden City Flyer Goldline service. (AQO 1131/08)

Mr Murphy: Go raibh maith agat, a LeasCheann Comhairle. My answer will be brief. NI railways will implement dual-destination signage on internal and external display screens on new CAF (Construcciones y Auxiliar de Ferrocarriles) Class 3000 trains on the Belfast to Derry line by the end of December 2007.

3.30 pm

SOCIAL DEVELOPMENT

Affordable Housing

1. **Mr Ford** asked the Minister for Social Development to report on the implications for the provision of affordable housing arising out of the draft Budget 2008-2011. (AQO 1077/08)

Fuel Poverty

6. **Mrs M Bradley** asked the Minister for Social Development for an assessment of how the Executive's draft budget will provide the resources to combat fuel poverty in Northern Ireland. (AQO 1086/08)

The Minister for Social Development (Ms Ritchie): In the light of the similarities between questions 1 and 6, and if the Deputy Speaker is content, I will answer them together.

Under the proposed allocations in the draft Budget, my Department faces a shortfall in funding of between £100 million and £150 million across all social-housing programmes over the next three years. Existing commitments that will be carried forward into next year mean that the proposed capital allocations may not allow for any new starts next year.

The housing budget faces a significant shortfall in capital, and the Executive's commitment to provide 10,000 new starts over the next five years may not be achievable. However, I am busily exploring the leveraging-in of private finance, including through land sales. It is vital that, if I sell land, I can retain the receipts for the house-building programme.

I have commissioned Baroness Ford to investigate leveraging in private finance, and she will report to me later this month. However, I must make the House aware that that will take two or three years to become fact, and, therefore, many problems and challenges remain. The one thing that I learnt from my visit to London last week was that public-sector housing requires public-sector investment.

Some Members: Hear, hear.

Mrs M Bradley: Will the Minister explain how the Executive's draft Budget will provide the resources to combat fuel poverty in Northern Ireland?

Ms Ritchie: Despite my Department's success in reducing fuel poverty and improving energy efficiency in thousands of homes, the budgets for the warm homes and fuel poverty schemes may, unfortunately, have to be reduced. That will directly affect the most vulnerable in society, such as children and elderly people. I am determined to champion the needs of the vulnerable and those living in poverty. I will continue to seek additional resources, and I need the support of all my ministerial colleagues to achieve that. The warm homes scheme has been highly successful and I want to be able to continue to fund it, but I need everyone's support to do so.

That is why I need a full return on capital receipts and I must be able, with my ministerial colleagues, Mrs Foster and Mr Murphy, to pursue the implementation of article 40 of The Planning (Northern Ireland) Order 1991, which deals with private-developer contributions. To tackle long waiting lists and the high level of homelessness, mixed-tenure housing, with a 20% social-housing provision, must be introduced to private developments.

Mr Ford: I never mind giving way to a lady, even if we were called in the wrong order. Also, I must emphasise that I am not related to Baroness Ford.

The House will be concerned at the Minister's suggestion that there is a shortfall of at least £100 million in her capital budget. She talked about the importance of retaining asset sales. Has she received any assurance from the Minister of Finance and Personnel or the Executive collectively that asset sales from surplus land held by her Department, in particular, will be retained for use in the social housing budget and warm homes scheme?

Ms Ritchie: I am actively pursuing that issue with the Minister of Finance and Personnel. I need to retain the full receipts in order to construct the social housing building programme that the people of Northern Ireland require over the next three years. I want to meet the needs of the people, and I want to champion the needs of those who are deprived and disadvantaged. Above all, I want to meet the needs of all those who are on the housing waiting list.

I will continue to pursue the matter with the Minister of Finance and Personnel. Suffice it to say that it has been factored into the investment strategy for Northern Ireland as a priority. I have also raised the matter with the Committee for Social Development, which I hope will flag it up as an important issue when it responds to the Committee for Finance and Personnel and the Minister of Finance and Personnel.

Mr Brady: Go raibh maith agat, a LeasCheann Comhairle. One of the Minister's colleagues stated that due to the way in which the Minister has arranged her budget, she will not be in a position to build a single social house in 2008. How does that tie in with her stated objective of placing social and affordable housing as her number one priority? Furthermore, how does it tie in with her stated objective of building 10,000 new social homes over the next five years?

With hindsight, does the Minister agree that her myopic budgetary bids aimed at alleviating the social housing crisis were devoid of a plan A, never mind a plan B, and that they have done nothing to help solve the problem and, in fact, have only worsened it?

Ms Ritchie: There seems to be great confusion over the matter. I reiterate that the housing budget faces a shortfall in capital. It is the Executive's — that is, the Cabinet's — commitment to provide 10,000 new social homes over the next five years. That may not be achievable. However, I am honouring the fact that social housing must be the number one priority, because there is a clearly defined identified need among the greater public in Northern Ireland.

Housing was also identified as a number one priority in a recent 'Belfast Telegraph' poll, along with the issue of health. Therefore, I must address that. As the issue is so important, I am investigating other areas in which to lever in private finance, hence the revision of Planning Policy Statement 12 relating to mixed-tenure housing, which will mean a policy change. That is why I have commissioned Baroness Ford to carry out financial modelling exercises on the need to investigate all the issues to do with housing associations and land assets.

This is a problem for the Assembly and for all of my ministerial colleagues. I am seeking the support of all of them to achieve the budget that the people of Northern Ireland deserve in order that the social housing development programme may be provided.

I read some comments last week relating to the Department for Social Development and the budget, and there is definitely some confusion. It was stated that I could do something with the Department's land assets and that I had plenty of money in the budget. Then it was stated that I do not have plenty of money in the budget. Let us be real and let us get together and champion the people who need houses in the social-rented sector.

Some Members: Hear, hear.

Mr Craig: Will the Minister confirm that the issues in her budget relate to capital spend? What steps has she taken to realise capitalisation of assets in her Department? If all those assets were capitalised, would they meet her required budget, or would she also need capitalisation from other Departments?

Ms Ritchie: I would welcome the support of Mr Craig and his colleagues on the Committee for Social Development in my quest to obtain the proper and adequate budget to deliver a social-housing development programme. It is important that I receive a guarantee that, if and when I sell land, I will get a full return on the receipts. Above all else, I want to deliver the social-housing development programme, and I need the support of my ministerial colleagues to do that. The housing crisis is so great that there are 36,000 people on waiting lists and 21,000 homeless people, and the onus is on all Members to deliver that programme.

Dunclug Action Plan

2. **Mr Storey** asked the Minister for Social Development to provide an update on the Dunclug action plan. (AQO 1071/08)

Ms Ritchie: I visited the Dunclug estate on 26 September, and I had a constructive meeting on 12 November with Declan O'Loan, Daithí McKay and Mervyn Storey about the Dunclug area. There has been significant progress in the implementation of the 22 actions contained in the Dunclug action plan: eight have been delivered; five are on track for delivery; and the final nine will be delivered with some delays. I have asked officials to seek to overcome the delays, keep me abreast of progress, involve me directly and, if necessary, overcome any issues leading to delays. I have also placed a full update on the implementation of the Dunclug action plan in the Assembly Library. I assure Members — particularly those who represent the constituency of North Antrim — that when I visited the Dunclug estate, I was fully persuaded of the need for social and economic improvements to improve the life opportunities of the people who reside in the estate.

Mr Storey: I thank the Minister for her dependence on the four-party mandatory coalition that she has continually referred to today. It seems as though the SDLP has undergone a sea change from wanting to opt out of the Executive to wanting to be included in it. However, that is the nature of the politics in which the SDLP engages.

Mr Deputy Speaker: Please ask a question.

Mr A Maginness: Ask a question.

Mr Storey: Without any prompting from the Member for North Belfast, I will ask the Minister a question. I

welcome the Minister's input and her interest in Dunclug, but can she assure me that she will not accept the delay in the implementation of the action plan? There is a start date of November 2008, but the Housing Executive has dragged its feet on that. Furthermore, some matters — on which we are awaiting delivery — could urgently be taken to the board of the Northern Ireland Housing Executive. I am sad to say that the action plan bears little satisfaction in the Dunclug area because of those delays.

Ms Ritchie: I thank Mr Storey for his support on this matter. As I told the three North Antrim MLAs with whom I met in November, I have impressed on the Housing Executive that I want to see an early start date to the work at the Dunclug estate, because I was appalled to see the degradation and deprivation that exists there. It is unacceptable that people should have to live in such conditions.

Mr O'Loan: I thank the Minister for her answer and for the support that she has given to the scheme through her visit to Dunclug, her recent meeting with MLAs and the follow-up I meetings that I know she has held. Does she agree that there are many good and hard-working residents in Dunclug who are only trying to do the best for their families? Does she also agree that it is important that confidence be given to those people so that they will remain in the estate and contribute to the social solution of its many problems?

Ms Ritchie: I agree with my colleague Mr O'Loan. On my visit to the Dunclug estate on 26 September, I could only be impressed by the contribution, determination, zeal and commitment of those people who had an earnest desire to have the area improved.

I can only concur with their viewpoint and hope that the Housing Executive, along with other agencies, will be able to deliver what is required.

I have also been pursuing the Chief Constable on that particular matter, and an additional police officer has now been appointed. I asked the police to pursue the issue of part-time community officers, and I was told just today that the business plan for that has now been cleared. I have asked the Chief Constable to include that as a matter of urgency in his budget priorities.

All the issues in housing estates can be tackled as long as I have the support of all my ministerial colleagues in the Executive on Budget priorities and an adequate budget allocation. I have never wavered from that standpoint, because I believe earnestly that there must be ministerial collectiveness in tackling deprivation and disadvantage.

Mrs McGill: Go raibh maith agat, a LeasCheann Comhairle. Is the Minister satisfied with the performance of the Housing Executive in implementing the action plan to date? Will she also provide a guaranteed timescale for the full implementation of the action plan? Go raibh maith agat.

Ms Ritchie: I have told the Housing Executive on many occasions, before and after my visit on 26 September, and before and after my meeting with MLAs in November, that I wanted urgent action and the implementation of its particular aspects of the strategy as quickly as possible.

I am aware that the demolition of Flaxton House is part of the first phase of the estate strategy, and interviews have commenced with the nine remaining residents about rehousing. I have urged my officials in the Housing Executive to ensure that those interviews are expedited as quickly as possible to ensure that those residents are rehoused in circumstances suitable for them and their families; then demolition can take place. So, at long last, the residents of Dunclug can see things happening that will make their lives better.

Communication with MP for West Belfast

3.45 pm

3. **Mr A Maskey** asked the Minister for Social Development to outline what communication she has had with the MP for West Belfast since she came into office. (AQO 1143/08)

Ms Ritchie: In addition to the opportunities provided by debate and through questions in the House, my records show that the MP for West Belfast has raised two constituency matters with me since I took office. We have exchanged letters, spoken by telephone and met on two occasions on those issues. Indeed, my next meeting with the MP for West Belfast is scheduled for tomorrow.

Mr A Maskey: I thank the Minister for her response. Will she confirm that the MP for West Belfast first wrote to her regarding her decision on the site of the old Andersonstown RUC barracks on 26 July, and that over a three-month period she gave no written response, except to confirm that the Carvill Group had withdrawn its application and that the Department gave no proper consideration to gift-aiding the site to the local community for community, social or public use? Will she advise the Assembly of the reasons why she, as Minister, has dismissed that option, despite the precedent having been set already with former barracks sites at Fort Jericho, Henry Taggart and the Springfield Road?

Ms Ritchie: I note that the Member of Parliament for West Belfast is not in his place at the moment and has another Member from that constituency asking the question.

My records indicate that Mr Adams formally raised two constituency issues with me. He wrote to me on 26 July, 10 August and 26 September regarding the Andersonstown police station site. I spoke to him by telephone on 7 August, and met with him on 8 August

in Cloonagh House. We met again on 3 September, and I wrote to him on 3 October. He tabled a question in relation to that issue on 5 November, to which I provided a written response. As I outlined then, I am not gift-aiding the site, because the objective of its redevelopment remains to shape and attract investment and add value to West Belfast and its community while ensuring sustainability without looking to the public purse.

I also recognise that the community in the vicinity of the former Andersonstown barracks site has concerns that it will wish to voice; its views are extremely important in considering the way forward. My Department has been in contact with local community and public representatives to see how best that can be achieved.

Mr Maskey referred to other sites in West Belfast, but he is slightly misrepresenting the situation in respect of gift aid.

Mr McCausland: The MP for Belfast West does not take his seat at Westminster, nor does he play an active role in the Assembly. The greater Shankill area is a significant part of the West Belfast constituency. Does the Minister agree that the unionist people of the greater Shankill area do not look to Mr Adams as their political representative? Will she, therefore, commit herself to taking all adequate and appropriate measures to engage with the unionist political representatives of the Shankill area in making decisions for that constituency?

Ms Ritchie: I will be delighted to engage with Mr McCausland and his colleagues on that issue.

Mr A Maginness: I note the Minister's response in relation to Mr Adams. I find it bizarre that question 3 was asked by another Member from West Belfast rather than by Mr Adams himself. The Minister has spoon-fed Mr Adams about the situation in West Belfast.

There is another pressing matter in West Belfast: does the Minister propose to deal with the crisis in Ballymurphy? I know that the Minister is interested in the situation and has tried to help. Is there anything else that the Minister can do about that tragic situation?

Ms Ritchie: In relation to the Ballymurphy feud, I have decided to extend funding to enable the continuance of intervention measures in the area. That incorporates support for developing community capacity, health, education and community-safety measures. The additional £120,000 brings my Department's total financial contribution to almost £400,000 since February 2006. My Department will be represented on the project board set up to develop the extended schools initiative, which was announced by the Minister of Education over a week ago. I have written to the Minister of Education and the Minister of Health, Social Services and Public Safety on the issue.

Furthermore, I have had discussions with the Gaelic Athletic Association about its contribution to community

development in marginalised communities. I was, therefore, pleased to announce that the GAA is to fund two community-focused posts that will centre its activities in the Ballymurphy area. I understand that the GAA is also exploring the possibility of developing a sports facility in the area. I welcome all those developments, and I congratulate all involved.

Mr Deputy Speaker: The Speaker has ruled that question 4 in the name of Mr Gregory Campbell may not be put on the grounds that the matter is sub judice.

Bass Ireland Brewery Site

5. **Mr Attwood** asked the Minister for Social Development whether her Department had an interest in the former Bass Ireland Brewery site; and to detail the capacity of her Department to purchase part or all of the site, and any plans for the Glenmona, Brewery, and other Glen Road lands. (AQO 1083/08)

Ms Ritchie: The Member for West Belfast Mr Attwood has written two separate letters to me on the issue, and I am looking into it. My Department's ability to purchase the site in whole or in part is influenced by budgetary constraints and the task of prioritising resources targeted at neighbourhood renewal areas of the city. I stress, yet again, that I am seeking the support of ministerial colleagues to achieve an enhanced budget to tackle deprivation and disadvantage, as well as exploring all possible avenues of leveraging in private finance.

I met Mr Attwood and a delegation of local representatives earlier this year to discuss the potential of the Glenmona site.

My officials and the Housing Executive have been working with the diocese of Down and Connor. My Department has supported a change to the current zoning arrangements in order to facilitate a mixed-use development that will incorporate mixed-tenure housing, and I am hopeful that my Department will work in partnership with the diocese on the development and implementation of an agreed master plan for the site.

As for other Department-owned land in the vicinity, the Department is seeking to sustainably develop the site of the former Andersonstown police station.

Mr Attwood: I thank the Minister for, as she put it, giving voice to the community immediately adjacent to the Andersonstown barracks site. There must be an intensive, dedicated consultation process and, whatever else happens in the lower Andersonstown area concerning commercial development, the community's needs in relation to the Andersonstown barracks site must have primacy.

I have two questions for the Minister. Given that the Glen Road lands, incorporating Hannahstown, Glenmona

and the Bass brewery, comprise the single biggest land bank that is open to development in Belfast, will the Minister ask her officials to consider how the brewery site might be integrated with other nearby sites? Will she also ascertain whether her Department has the means to purchase any of that site for social development? Whatever happens, will she ensure that a situation does not arise whereby there is a bidding war for the 20-acre site on the Glen Road, so that the public interest does not go to the wall?

Ms Ritchie: I thank my colleague Mr Attwood for his supplementary questions, and I agree that an intensive, dedicated consultation process with the residents in close proximity to the Andersonstown police station site is required. I intend for such a consultation process to take place. In this instance, those people's views are paramount.

The Northern Ireland Housing Executive supports the development of social housing on the Bass Ireland brewery site as part of a mixed-use scheme. The InBev brewery site would, of course, be of interest to my Department for the provision of social housing. However, in addition to my pursuit of private-sector finance, my major problem is that I require the support of my ministerial colleagues in order to lever in an adequate budget, and I must be guaranteed that I will be able to retain the full capital receipts from the project.

I fully recognise the significance of the Glenmona lands for west Belfast, and I have had discussions with Mr Attwood about the site's potential for development and, subsequently, my officials met Mr Attwood and representatives from the diocese of Down and Connor. I am concerned by this matter, and I will ask my officials to reconsider, because every aspect must be investigated to ensure that the needs of west Belfast residents come first.

Mr P Maskey: Go raibh maith agat, a LeasCheann Comhairle. I am someone who resides in west Belfast, close to the Andersonstown barracks — unlike the person who asked the question. Does the Minister acknowledge that some of the areas that were mentioned in the question have not even been put up for sale? Perhaps if the Member who submitted the question had attended some of the relevant meetings, he would have found out about that.

This matter is important because the combined potential site will be bigger than the Titanic Quarter. Therefore, a good mixed-use project that offers social housing and employment must be developed. I agree that other Departments could be involved, and I know that the MP for the area, Gerry Adams, has organised a meeting with stakeholders in the near future. Does the Minister agree that a co-ordinated approach is required and that a master plan not only for the Glenmona site but for the whole area would be useful?

4.00 pm

Ms Ritchie: The Member for West Belfast Mr Attwood is the only Member who has written to me on that issue. As I said, the Northern Ireland Housing Executive supports the development of social housing on that site as part of a mixed-use scheme. My officials and I look forward to further examining that issue.

Mr Deputy Speaker: Mr Gallagher is not in the Chamber to ask question 7, so I call Mr Cobain.

Fuel Poverty

8. **Mr Cobain** asked the Minister for Social Development to give an assessment of progress regarding the achievement of eradicating fuel poverty by 2016.

(AQO 1081/08)

Ms Ritchie: Much has been achieved on alleviating fuel poverty. For example, 97% of properties in Northern Ireland now have some form of central heating. Research published by my Department last month in the report 'Fuel Poverty, Climate and Mortality in Northern Ireland 1980-2006' also indicated that there has been a considerable drop in the number of deaths linked to cold weather in recent years.

However, with fuel prices likely to remain high for some time, it will be extremely difficult to achieve the current fuel poverty targets. Add to that the capital budget proposed in the draft investment strategy, and the fuel poverty targets could be impossible to achieve. However, I assure Mr Cobain and the House that I am determined to act as a champion for those who are elderly or vulnerable by continuing to seek additional resources, and I would appreciate the support of all my ministerial colleagues in achieving that.

Fuel poverty is measured as a percentage of a person's net income, and it is difficult when that has to be measured against fuel prices, which have risen exponentially in recent months.

Mr Deputy Speaker: That ends Question Time.

PRIVATE MEMBERS' BUSINESS

Health Service Reform

Debate resumed on motion:

That this Assembly calls on the Minister of Health, Social Services and Public Safety to bring forward a Health and Social Services Reform Bill, as a matter of urgency, for consideration by the Assembly.

Mr Buchanan: In 2002 the then Minister for Health, Mr Shaun Woodward, set out his plans for the restructuring of health and social care services in Northern Ireland. At that time, Mr Woodward said:

“the current organisation of health and social services in Northern Ireland is too cumbersome, too bureaucratic, and inefficient.” *[Interruption.]*

Mr Deputy Speaker: Order.

Mr Buchanan: It produced inequalities and unacceptable delays in treatment. He began a rapid programme of reform and modernisation. I met him several times, and, although I never agreed with his continuation of his predecessor's plans for service delivery in the south-west quarter of Northern Ireland, which are still fundamentally flawed, I commend him on his vision and enthusiasm for the modernisation of the entire health structure across the Province.

The new structures were specifically designed to address efficiency and quality by having a smaller number of organisations and a more effective, accountable framework. The establishment of a single health and social services authority to produce regional standards and targets would ensure greater equality and improved consistency in service provision across Northern Ireland. It was envisaged that those structures would be in place by April 2008.

However, it is a matter of grave concern to health professionals, the British Medical Association and those who care about a Health Service that is professionally led and patient centred, that Mr Woodward's vision is lost on the current Health Minister, who has neither the vision nor the will to complete the reform. Rather, he has chosen to delay the entire process, and the services are ebbing back to the dark days of five years ago, when we had the longest waiting lists in Europe.

Such actions by any Minister are indefensible. This motion is before the House that we might impress upon the Minister not only his neglect of duty, but the detrimental consequences that the delay in introducing a health and social services reform Bill are having on service delivery.

Services are already being removed or withheld as a result of the delay. For example, as was mentioned earlier, according to one health trust, the provision of cognitive behavioural therapy is being suspended due

to the uncertainty and is virtually non-existent. How is that in keeping with the Minister's pledge to make mental-health services a priority?

After meeting the Minister on Thursday 11 October 2007, the chairperson of the BMA in Northern Ireland, Dr Brian Patterson, said:

“We were exceedingly alarmed when we first learned of the Minister's decision to delay the changes to the NHS proposed under the Review of Public Administration. However, we are even more concerned because after our meeting today we believe that another 18 months at least may well pass before much needed reforms are put in place.

We were very disappointed that the Minister was unable to identify for us his specific problems with the RPA process, bearing in mind that this review received public consultation twice over the past few years.

We advised Minister McGimpsey and his officials that the stalling in setting up of the commissioning process has serious ramifications for the future of patient care.”

What were those ramifications? An article in the ‘Belfast Telegraph’ on Friday 23 November 2007 quoted Mr Andrew Dougal, chief executive of the Northern Ireland Chest, Heart and Stroke Association, voicing his concern that David Sissling's resignation from Northern Ireland's stalled new health authority could spell:

“a black day for the future of the Health Service”.

The article went on to say that:

“The HSSA was planned as part of sweeping reforms of how the Health Service is run and was at a well-advanced stage when the minister called a halt.”

Mr Dougal is reported as having said that Mr Sissling's departure is:

“likely to mean going back to the old way of doing things, which is not in the best interests of patients or the Health Service”.

Medical professionals and Members who contributed to the debate expressed grave concerns about the detrimental consequences that the Minister's decision to delay the implementation of RPA will have. I want to touch on some of those concerns.

Mr Beggs: Will the Member give way?

Mr Buchanan: Certainly not; I do not have much time.

The Chairperson of the Committee for Health, Social Services and Public Safety, Mrs Robinson — whose untiring work on behalf of the Health Service I commend — pointed out that fundamental change is essential for the delivery of efficient services in Northern Ireland. She referred to the underachievement in the Health Service and said that too much time was being lost due to the delay in creating one authority. She also highlighted the lack of Health Service productivity in Northern Ireland.

Members of Sinn Féin expressed their concern at the continuing delays in reform; the effect that delays in establishing a single authority and commissioning groups — the main drivers for change — will have; and the need for the Minister to embrace the challenges that

reform presents. It appears that the Minister is unwilling to take on those reforms.

Robert Coulter agreed that reforms are necessary, but back-pedalled on comments by his party leader since Mr McGimpsey took responsibility for health. I have to ask whether that is good for the Health Service of Northern Ireland.

Carmel Hanna and Tommy Gallagher expressed their concern at the delay and said that reform was urgent. They also made a noteworthy point that an excellent Health Service is the hallmark of any decent society. I ask the Minister to take that on board.

Stephen Farry gets everything wrong, and he got it wrong today. He said that this was a row between two parties. Irrespective of who the Health Minister is, the DUP is consistent in its commitment to ensure that patient care comes first. I wish that all parties in the Chamber were as consistent.

Alex Easton outlined measures that the Minister could take to enable him to get on with the job of providing a more streamlined and effective Health Service. Simon Hamilton urged the Minister to be responsible and to do the job rather than being a constant roadblock to the delivery of proper healthcare services in Northern Ireland.

John McCallister sought to quote from the DUP manifesto, but failed to realise that the underfunding has been addressed in the draft Budget, with the Health Service receiving 48% of the block grant and 51% or more of the overall spend.

That sees the health budget double in size, but very little in return.

Mr McCallister: Will the Member give way?

Mr Buchanan: No; my time is almost up. The Member has had his opportunity to speak.

George Robinson and Jim Shannon both made the relevant points that for every pound spent, a greater return is required. However, we currently see no dividends from increases in the health budget; therefore, the Minister must tidy up his own house and start to deliver.

The Minister stated the vital need to transform and reform the system, only to make every excuse in the book for delay. That is causing mayhem in the health system.

However, I commend the Minister for adopting the DUP manifesto slogan of "Getting it right". Obviously, the Ulster Unionist Party is beginning to learn something. He stated that current structures have been in place since 1972, and it takes time to get it right. I asked him whether the passage of 35 years was not a reason for moving forward quickly. He also stated that the establishment of local commissioning groups had been delayed because the number of councils had not been confirmed. There is no reason why the process should not commence

and then the commissioning groups be rearranged in order to fit in with the number of councils.

The Minister and his colleagues, who welcomed the new health and social care authority, now call it the "mother of all quangos". That will not be the type of body to which the Minister simply appoints. It will be composed of professional people, who will go through a recruitment process and be appointed on merit. The Minister cannot seek to micromanage every aspect of the Health Service across the Province, and he would be very foolish to try to do so. In manifesto after manifesto, the UUP has supported those reforms. It is time for the Minister to get on with implementing those reforms. It is time that he began to deliver a proper Health Service for the people of Northern Ireland.

Question put and agreed to.

Resolved:

That this Assembly calls on the Minister of Health, Social Services and Public Safety to bring forward a Health and Social Services Reform Bill, as a matter of urgency, for consideration by the Assembly.

Motion made:

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

ADJOURNMENT

Midnight Soccer in West Belfast

Ms J McCann: I am glad to have this opportunity to speak about a project in West Belfast. Midnight soccer is a community football project for young people that was originally set up in north Belfast but has grown so that midnight soccer leagues have been organised in nine different areas across the North of Ireland, four of them in Belfast. To date, more than 1,000 young people have participated in the locally based leagues, whose winners then go forward to the midnight soccer finals, which are to be held in Dundalk. The project initially received funding from the then Sports Council, the Big Lottery Fund and the Youth Justice Agency. Recently, Sport Relief has provided funds to ensure its expansion.

Midnight soccer is about much more than young people simply playing football. It encourages personal development and team-building among participants, and it provides opportunities for them to realise their potential. Some projects, although not all, provide opportunities for participants to avail themselves of accredited coaching training. Midnight soccer provides an alternative for young people, who may instead have spent late evenings at weekends on the street, perhaps even becoming involved in antisocial activity.

Several such projects currently operate in West Belfast, but, as with all positive activities, we could do much more. Some of the projects are partly funded by Belfast City Council and Lisburn City Council, but others, which receive no funding, are almost totally dependent on volunteers. All the projects take hundreds of young people off the streets on Friday nights and encourage them to take part in a sport that is healthy and beneficial, both to themselves and to the wider community.

In the Colin area of West Belfast, which I represent, midnight soccer is a success story that is overlooked by those who continually portray the negative aspects of a small number of young people rather than celebrate the positive achievements of the majority.

The organisers of the projects in our area undertook research, for which participants in midnight soccer were interviewed. Sixty two per cent of the young people involved were not members of a youth club, nor had they previously taken part in any youth club activity. That is evidence that midnight soccer engages with those young people who are difficult to reach, or

who do not engage with other community-based projects. The research showed that 77% of the young people interviewed said that they would have been on the streets drinking alcohol, and 21% said that they would have been misusing drugs on the streets, if they had not been coming to the project every Friday evening.

4.15 pm

Midnight soccer provides a facility whereby a young person has a choice not to walk the streets, vulnerable to alcohol and drug abuse or antisocial activity — activities that Members know only too well can have devastating long-term effects on both the young person and members of the local community.

The organisers of many of the midnight soccer projects must be commended for giving up their Friday evenings. In particular, I commend those groups and individuals who do so in a voluntary capacity. Participants in the West Belfast midnight football projects are mostly male. There is an effort to get young females involved in soccer, or a similar sport of their choice. Midnight soccer is one of the most successful projects that there is in West Belfast; the positive impact on the wider community cannot be overemphasised, and there is a real need to expand the service. I hope that funding will be available to that end.

I will conclude by congratulating a local team, Sally Gardens A, who recently won the Colin tournament. I wish them, and the three other teams from Colin, the best of luck in the national finals in Dundalk on 15 December. Go raibh maith agat.

Mr Attwood: I welcome the debate, and congratulate Ms McCann on bringing the matter to the Chamber.

To begin with, I will reiterate some of the statistics that Jennifer McCann outlined, and add to them in terms of the success of the project. The evidence of the survey undertaken by Lisburn City Council and other representative groups in West Belfast confirms that 83% of those involved in the midnight soccer scheme say that they would otherwise be walking the streets. Not many projects have that level of uptake from people who would otherwise not be involved in any other youth activity, although I will name other examples later. As the figures also confirm, 62% of those who are involved in the scheme suggested that they would not or had not been involved in one of the local youth clubs. That level of uptake by people who might otherwise be involved in drugs, drink or antisocial activity is a measure of how successful the scheme has been.

Those involved in the midnight soccer scheme would acknowledge that there are a vast array of other youth providers in West Belfast who provide a high level of support to young people who might not otherwise be involved in creative activities, particularly in critical instances and around difficult issues. There are too

many to name, but there are two that I want to name in the context of this debate, the first of which is Corpus Christi Youth Club. As questions to the Minister indicated a short while ago, Ballymurphy has been the centre of difficulties and turbulence over the last 18 months.

Many organisations have provided stability in that area, but one of the main providers of youth facilities has been Corpus Christi Youth Club, which has kept its doors open to all parts of the Ballymurphy community, despite the tensions and difficulties that have existed between some elements of that community.

On the opposite side, there is Gleann Amateur Boxing Club — a boxing club in upper Lenadoon, which I have no doubt that the Maskey family are aware of. Despite being open for only the last six-and-a-half years, and despite having limited funds, the club has nonetheless provided boxing and other facilities to over 100 young people in upper Lenadoon and the Glen Road area. The club has had disproportionate success in boxing competitions — which I highlight particularly because the Minister of Culture, Arts and Leisure is present, and there are ongoing discussions about attempts to provide more stable funding and capital investment in respect of the club.

Therefore, the Corpus Christi Youth Centre, the Gleann Amateur Boxing Club, the midnight street soccer league and interventions by many other youth organisations in West Belfast direct young people on a much more constructive and positive path. All that must be acknowledged and welcomed.

That said, however, there is clearly a need for much wider approaches to be taken to deal with young people who are involved in wrongdoing. Although that leads us somewhat beyond the issue that has been brought to the Floor, all the organisations that provide youth facilities would concur that, unless such activity by young people is dealt with in a wider environment, the good work that is being undertaken by those projects will end up being frustrated. That is why new strategies are needed whereby those who are persistent and habitual offenders are penalised properly for their criminal activities.

It must be acknowledged that many of the children who are involved in those schemes come from backgrounds where there are learning difficulties, addiction problems, broken homes and — as was indicated in a earlier question to the Minister — mental-health problems. It must be acknowledged that, as the Children's Commissioner recently outlined, the percentage of spending on personal and social services for young people in the North is barely 14%. In England and Wales, it is 24%. Clearly, there are funding issues about support and protection for young people, especially those who come from vulnerable backgrounds. The debate confirms that — particularly in West Belfast, where economic and social indicators are so poor — investment in

appropriate leisure and school facilities is needed so that the young people who attend Corpus Christi Youth Centre, the Gleann Amateur Boxing Club or the midnight street soccer league have other opportunities to direct their energy towards more positive outcomes.

Therefore, I welcome the debate and recognise what the midnight street soccer league has achieved in West Belfast and in other parts of the city and the countryside — as Jennifer McCann has outlined — and that there are many other good projects that also deserve recognition. However, structural issues about general youth provision must be dealt with if the midnight street soccer league's good work is to be built on and exploited.

Ms S Ramsey: Go raibh maith agat, a LeasCheann Comhairle. At the outset, I want to place on record the fact that my colleagues and I are in no doubt about the work of many groups in the community and voluntary sector that provide excellent services for children and young people up to the age of around 22 or 23. Without those groups, there would be thousands more young people on the streets every day. Therefore, having taken on board Mr Attwood's comments, I want to take the opportunity to commend those groups for the excellent services that they provide.

The focus of the Adjournment debate, however, is on the midnight street soccer league. I congratulate Jennifer McCann for ensuring that the subject was brought to the Floor of the House. I welcome the Minister to the debate. It is helpful when a Minister listens to Members' comments and provides feedback. The Minister will be aware of the positive work that the midnight street soccer league does. Indeed, it is not so much "midnight" soccer, because some of the groups have been so inundated with young people who want to be involved that they have had to drop their start times in order to accommodate them.

I recall that, shortly after Mr Poots became Minister of Culture, Arts and Leisure, he was interviewed on television to highlight the positive work that is being done in north Belfast. As one colleague to another, I believe that he needs some extra coaching on his football skills. However, he is aware of that good work, and I hope that he does not show any red cards in his role as Minister.

The majority of debates in the Assembly seem to arise out of the Members' needs to highlight issues in their communities, whether injustice; a lack of facilities; a lack of resources; or lengthy waiting lists. I do not propose changing that because we are in the mouth of Christmas. There are realities that must come to the fore around the issue of midnight soccer, which is one of the good news stories.

As Jennifer McCann has said, more than 1,000 young people take part in midnight soccer every week. That means that over 1,000 young people are off the streets

and taking part in a positive, worthwhile project. It means that 1,000 young people are taking part in sport which will help to ensure that they have a good start to a healthy lifestyle. Everyone will agree that sport can play a positive role in our communities, and has an important role to play in addressing many social issues. Statistics in England, as well as here, have shown that it can help to reduce crime and antisocial behaviour.

Mr F McCann: Does the Member agree that, on many occasions, when such groups get off the ground and start to do excellent work, even the minimal funding that they receive becomes a target for Departments, Councils and other funding agencies? It is seen as an easy way to gather money in for their coffers at a time of cuts in funding.

Does the Member also agree that many sectors—such as youth clubs and outreach youth workers—have come together on an area-wide basis to tackle antisocial activity, and that one of the ways they do that is through midnight soccer and other forms of sport and external activity?

Ms S Ramsey: I concur absolutely with all that the Member has said. Undoubtedly, he looked over Jennifer McCann's shoulder and saw that my next point — *[Interruption.]*

Mr F McCann: I could play football too.

Ms S Ramsey: I think that you should start playing football. Since we are talking about a healthy lifestyle, perhaps we should all play football again. As I said earlier, midnight soccer has a positive aspect, and an impact at community level, for the family unit, and for the individual. I take this opportunity to commend the sports lottery fund, because we must give credit where credit is due. I take on board the point that Mr McCann made.

The sports lottery fund, individuals in the Department of Culture, Arts and Leisure — prior to the Minister's taking up office — and people in the Big Lottery Fund have, with the help of others, played a positive role. They had the foresight to see that it could work in constituencies. Members always talk about providing activities for children and young people. However, we never ask what those children and young people want. Midnight soccer is probably one of the few examples of people in authority, statutory agencies and the local community getting together to provide what is needed.

However, I am concerned about funding, and I return to Fra McCann's point. I have several times raised the concern that moneys are being lost from the Minister's Department, and from organisations that are closely associated with the Minister, to fund the Olympic Games. That has a negative impact on ensuring that midnight soccer, and sports facilities in general, move forward.

A project that was headed up by the Lenadoon Forum, in my constituency of West Belfast, went through all of the hoops and jumped all of the barriers. The project got through every stage except the final one, at which point they should have received their letter of offer, when the carpet was pulled from under them. The reason given to them was that money was being lost to the Olympic Games. Therefore, we need to examine the matter

The main focus of that project was to upgrade facilities and to ensure that they were the best. I do not detract from the good and positive work that is done, mostly by volunteers. The project leaders envisaged bringing the facility into the twenty-first century to ensure that more young people would become involved and healthy, and that, eventually, they would get them off the streets and turn those young people into model citizens of tomorrow. Go raibh míle maith agat.

The Minister of Culture, Arts and Leisure (Mr Poets): I welcome the debate on the issue of midnight soccer in West Belfast. At the outset, it is appropriate to consider midnight soccer in its wider context.

I made a statement in the House on 9 October on the introduction of a draft Northern Ireland strategy for sport and physical recreation 2007-17. On that occasion, I sought to set out the role of sport in society, tracing participation in sport and physical recreation at all levels, from grass-roots community level to achievement at the highest level. In my statement, I also sought to highlight the value of sport. Taking part in sport is fun, fulfilling and is of value in its own right.

4.30 pm

Equally, sport has the potential to deliver other significant benefits. It can play a vital role in improving public health; contribute to our children's improved academic performance and self-esteem; and Members have outlined how young people were participating in something positive when they may have otherwise been involved in drug-taking or underage drinking.

Sport can be a valuable tool in promoting neighbourhood renewal. Ms Ramsey was right when she said that I had visited north Belfast. In fact, I visited the Waterworks on my first official day in office. I met some of the young lads who were taking part in midnight street soccer. They thoroughly enjoyed participating in a sport that they found fulfilling.

Obviously, sport can touch on TSN issues, social deprivation and a range of areas; and the Department and the Committee for Culture, Arts and Leisure have often put forward that argument. This debate will help to highlight the value of sport at street level, and midnight street soccer is an excellent example of how to bring sport to people who are vulnerable and most in need.

I applaud the midnight street soccer project for its innovative and flexible approach, which brings positive

activity to many young people at the time when they are most susceptible to negative influences. It is important to recognise the foresight of the North Belfast Play Forum, which introduced this concept to Belfast in such a structured manner. Midnight street soccer is more than simply a football project. It incorporates the midnight street soccer championships, aimed at young people between 14 to 17 years of age, and offers five-a-side football in the heart of the community from 9.00 pm to midnight on Saturday nights.

It has introduced the midnight street soccer football club, which offers opportunities for young people from diverse backgrounds and communities to participate in leagues, competitions and education programmes. Young people are also provided with opportunities to acquire the skills and qualifications to become football coaches through the midnight street soccer coach education programme. That approach delivers participation, team-building and aspiration, and also provides opportunities for the transfer of coaching skills. Thus, it offers personal development and the potential for long-term community benefit.

Midnight street soccer has established itself in a relatively short period and is quickly becoming a model of best practice in demonstrating the positive impact of sport in addressing social issues. It is currently available at Avoniel Leisure Centre in east Belfast; Brook Activity Centre in the Lisburn City Council area; Brownlow Campus Sports Trust in Craigavon; Cregagh Community Centre, Castlereagh; Paisley Park on the Shankill Road; Olympia Leisure Centre in south Belfast; Shantallow MUGA in Londonderry; the Waterworks Sports Facility in north Belfast; and the Valley Leisure Centre in Newtownabbey.

Although it is still in its infancy, the project in West Belfast has shown encouraging signs. The benefits emerging from it include the provision of opportunities for young people who would not traditionally take part in sport. Those opportunities are available to young people who live in communities that are vulnerable to antisocial behaviour, and the project provides a basis for the development of effective partnerships with local community and voluntary organisations and sports clubs.

So far, midnight soccer has provided important opportunities for local people to gain training and progress into employment. It supports the effective use of council and community facilities at a time when they would otherwise be disused. I encourage the maximum usage of facilities, and I trust that, in future, we will engage more closely with the Department of Education to ensure that the many good facilities that exist can be fully used — and perhaps enhanced as a consequence of that increased usage.

It is an important development in the context of the new draft strategy, which places priority on increasing participation in sport and physical recreation.

Midnight soccer will help to deliver that objective, not just for those who currently take part; it will also create the habit of involvement that can be handed down to succeeding generations.

I concur with those who have expressed concerns about funding. We have lost funding as a result of the diversion of resources to the London Olympics in 2012, and we must examine ways to address that matter. We have sought more funding through the comprehensive spending review and have been successful to an extent. However, the Department would always welcome more financial support so that it can carry out good initiatives such as midnight soccer.

I warmly welcome the support of the House for the midnight soccer initiative in West Belfast. It is a fine example of how local needs can be addressed through the medium of sport and physical recreation. I hope that the project will go from strength to strength and encourage other innovative approaches to further promote participation and involvement.

Adjourned at 4.35 pm.

