
NORTHERN IRELAND ASSEMBLY

Tuesday 30 September 2008

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

Members observed two minutes' silence.

ASSEMBLY BUSINESS

Mr Lunn: On a point of order, Mr Speaker. Before the start of Question Time last Monday, Basil McCrea made a point of order about the selection of questions for Question Time. Correctly, you said that that issue was not the business of the Speaker's Office. In his comments, Mr Basil McCrea queried the integrity of Assembly staff. He said:

"We have been assured that the selection of questions is a random process. Clearly, it cannot be". — [Official Report, Vol 33, No 3, p108, col 2].

He also said:

"four, five or six of the first six questions are regularly asked by the party to which the responding Minister belongs. There is something not right. I am not saying that something is wrong, but something is not right." — [Official Report, Vol 33, No 3, p108, col 2].

Assembly staff will be concerned about those comments. Did Mr Basil McCrea breach any of the rules of the House when he made those comments? Would it be appropriate to give him the opportunity in the House to retract his comments? If he was not accusing Assembly staff, who was he accusing?

Mr Speaker: I accept the Member's comments, and there are several issues to address. First, Mr Basil McCrea has already visited the Business Office and looked at the procedure that is used for selecting questions for Question Time. Secondly, I have examined his comments in the Hansard report, and Mr Basil McCrea has not broken any rules. However, I remind all Members to be careful about the language that they use in the House and not to identify officials from the Assembly or elsewhere.

I repeat that the Speaker's Office has no hand whatsoever in the random ballot for the selection of questions to the House.

Ms Ní Chuilín: Further to that point of order, Mr Speaker. I assume that the Business Office's invitation to Whips to witness the selection process for questions, which was open to every party, still stands.

Mr Speaker: I thank the Member for her point of order. I not only encourage Whips, but all Members, to visit the Business Office to see the procedure for selection of questions to the House. I hope that more Members will do so and will, therefore, have a better understanding of how questions to Ministers are selected.

EXECUTIVE COMMITTEE BUSINESS

Pneumoconiosis, etc., Regulations 2008

The Minister for Social Development (Ms Ritchie): I beg to move

That the Pneumoconiosis, etc., (Workers' Compensation) (Payment of Claims) (Amendment No. 2) Regulations (Northern Ireland) 2008, be affirmed.

The regulations are made under the Pneumoconiosis, etc., (Workers' Compensation) (Northern Ireland) Order 1979, which provides lump-sum compensation payments to be made to sufferers of certain dust-related diseases or to the dependants of sufferers.

The diseases that are covered by the Order can take a long time to develop and may not be diagnosed until 20 or 40 years, or even longer, after exposure. By that time, the employer who is responsible may no longer be in business, and sufferers and their dependants can experience great difficulty in obtaining civil compensation. The 1979 scheme was designed to assist employees who had little realistic chance of pursuing civil compensation through the courts because, for example, the former employer had ceased doing business.

Mesothelioma, which is a fatal disease that is caused by exposure to asbestos, is one of several diseases that are covered by the 1979 scheme. It is a particularly unpleasant disease for which there is no known cure; a person's life expectancy from the time that the disease is diagnosed can be short.

In Northern Ireland, mesothelioma causes up to 50 deaths each year. Although the 1979 scheme has been beneficial, it covers only employees who are in receipt of industrial-injuries disablement benefit. Therefore, it cannot assist self-employed workers or people who have contracted mesothelioma from contact with the work clothes of a relative who worked with asbestos. That is one reason why I brought the Mesothelioma, etc., Bill before the Assembly in May 2007. I was pleased by the support for the Bill from all sides of the House.

From 1 October 2008, the Mesothelioma, etc., Act (Northern Ireland) 2008 breaks the link to workplace exposure to asbestos. The mesothelioma scheme provides for a lump-sum payment to be made to sufferers of diffuse mesothelioma within a matter of weeks of diagnosis. In effect, that means that sufferers of mesothelioma will be eligible for payment, whether they are employees, self-employed or, indeed, have never worked, provided that they have not already received a compensation payment from another source — for example, through a civil claim under the 1979 scheme.

In line with the 1979 scheme, the amount of money that is paid in a lump sum under the mesothelioma scheme is based on the person's age at diagnosis. Those diagnosed with mesothelioma earlier in life will receive more.

During the passage of the Mesothelioma, etc., Bill, it was estimated that the average payment under the scheme to sufferers, many of whom do not currently qualify for any compensation payments, would be in the region of £6,000. The introduction of a compensation-recovery process will meet the cost of the scheme.

All mesothelioma and 1979-scheme payments are to be recovered from subsequent successful civil-compensation claims. Any moneys recovered will be ploughed back into the scheme, with the aim of funding higher payments in future. The scheme's payment levels are set so that the overall expenditure matches the recoveries from civil compensation.

My Department has worked closely with the Department for Work and Pensions to secure a pooling of funds. People in Northern Ireland will receive the same rate of payment as people in Great Britain, even though we are unable to recover sufficient money here to fund that higher rate. I am pleased to advise the House that sufferers in Northern Ireland will now receive, on average, a higher than originally estimated payment of £10,000. That is yet another example of the benefits of the parity arrangements. It is important that the Assembly affirm this piece of compassionate legislation.

The mesothelioma scheme is to be self-financing; therefore, the level of payments will be determined by what can be afforded out of the recoveries from civil damages. The intention is that payments under the scheme will be increased over time, up to the same level as those payments made under the 1979 scheme, which currently average around £18,000. When that happens, a person with mesothelioma will receive the same amount, whether that is under the mesothelioma scheme or the 1979 scheme.

The Mesothelioma, etc., Act (Northern Ireland) 2008 provides that a person is not entitled to a payment under the mesothelioma scheme if he or she has received a payment under the 1979 scheme. However, until payments under both schemes reach the same levels, if a lump-sum payment has been made under the mesothelioma scheme, and it is subsequently discovered that a higher payment under the 1979 scheme is appropriate, the regulations provide for a balancing payment to be made. That ensures that no one who is entitled to a payment under the 1979 scheme is worse off because he or she has already received a payment under the mesothelioma scheme.

The regulations will ensure that people will receive cash in the remaining months of their lives, and they will remove sufferers' concern for their dependants' future. It is a compassionate piece of legislation.

The Chairperson of the Committee for Social Development (Mr Simpson): The Committee considered the Department's proposal to make the Pneumoconiosis, etc., (Workers' Compensation) (Payment of Claims) (Amendment No. 2) Regulations (Northern Ireland)

2008 at its meeting on 26 June 2008 and considered the statutory rule at its meeting on 11 September 2008. As Members are aware, the Mesothelioma, etc., Act (Northern Ireland) 2008 introduced a new compensation scheme for the sufferers, or the dependants of sufferers, of certain serious dust-related diseases.

The Committee reviewed carefully the regulations that provide compensation for the tragic sufferers of those life-threatening diseases. Members will agree that although no amount of money can compensate for the misery and suffering that conditions such as pneumoconiosis cause, the amounts payable must offer some assistance to sufferers and their dependants.

The regulations recognise that payments under the Mesothelioma, etc., Act (Northern Ireland) 2008 are appropriate and allow for the reduction of certain other payments made under the Pneumoconiosis, etc., (Workers' Compensation) (Northern Ireland) Order 1979.

I assure Members that the Committee for Social Development considered the statutory rule fully and recommends that it be affirmed by the Assembly.

10.45 am

Mr Brady: Go raibh maith agat, a Cheann Comhairle. I reiterate what other Members said. Given the nature of pneumoconiosis and mesothelioma, it is essential that proper and adequate legislation is introduced to help people who, unfortunately, suffer from those conditions. The legislation will adequately provide some help for those people. Go raibh maith agat.

Mr Burns: I support the motion. I have great sympathy for people who suffer from any asbestos-related disease, such as mesothelioma. People who contract that disease, through no fault of their own, suffer so much, and that causes distress to their families. I also have sympathy for the wives and mothers of men who worked with asbestos and brought it home on their clothing; some of those people suffered as much from mesothelioma as the workers themselves.

I am delighted that the regulations are being introduced. They afford sufferers a way in which to seek compensation quickly before they die, given that the time between diagnosis and death can be very short.

Mr Armstrong: As a new member of the Committee for Social Development, I confess that I have not been privy to any of the Committee's deliberations on the matter.

It is my understanding that the measure is relatively uncontentious and reasonable and that it enjoys cross-party support. I support the motion.

Ms Lo: Like other Members, I support the motion, and I thank the Minister for tabling it. Mesothelioma and other such diseases are horrible, and they cause a great deal of pain and suffering, not just for the employees who contract them, but for their families. This is a

humane and compassionate piece of legislation that I am sure all Members will support fully.

We want to provide some comfort to mesothelioma sufferers — and their families — during their last days. I am pleased to hear the Minister announce that compensation will increase from the initial estimate of £6,000 to £10,000. I hope that, in a few years' time when the compensation scheme has grown, sufferers will receive the promised £18,000. In some way, that will help sufferers and their families.

The Minister for Social Development: I am pleased with the consensus of support for the regulations from across the Chamber. I thank Mr Simpson and the Committee for Social Development for the positive way in which they have dealt with the regulations. In fact, all Members who spoke during the debate are members of the Committee for Social Development — Mr Brady, Mr Burns, Mr Armstrong, whom I welcome as a new member, and Ms Lo.

All those Members made the principle point that it is important that we provide not only for the tragic people who suffered from mesothelioma as a result of their direct contact with asbestos, but for their wives and children.

It is important that we provide for those people. Like Mr Simpson, I agree that nothing can account for the suffering and misery that are caused by that terrible disease. However, we should show, in some small measure, our compassion.

I trust that I have dealt with all the issues that have been raised, but I think that we are all in agreement — we all want to ensure that if a payment is made under the new mesothelioma scheme, and it is subsequently discovered that a higher payment was appropriate under the 1979 scheme, a further payment can be made so that, overall, the claimant would receive the higher amount of money. The regulations make provision for a balancing payment to be made until such time as payments are equalised under both schemes.

Although no amount of money will ever compensate individuals and families for the suffering, loss, bereavement and misery caused by mesothelioma, I believe that the new scheme will provide real and meaningful financial help at a time when it is needed most. I assure Members that I will urge my officials to expedite payments, because urgency and expedition is the order of the day when one is dealing with the suffering of so many people.

Question put and agreed to.

Resolved:

That the Pneumoconiosis, etc., (Workers' Compensation) (Payment of Claims) (Amendment No. 2) Regulations (Northern Ireland) 2008, be affirmed.

COMMITTEE BUSINESS

Public Accounts Committee Committee Reports

Mr Speaker: The Business Committee has agreed to allow up to two hours for the debate. The proposer of the motion will have 15 minutes to propose and 15 minutes to make a winding-up speech. All other Members who are called to speak will have five minutes in which to speak.

The Chairperson of the Public Accounts Committee (Mr P Maskey): I beg to move

That this Assembly takes note of the Public Accounts Committee First Composite Report (03/08/09R) and of the following Committee Reports:

Report on the Upgrade of the Belfast to Bangor Railway Line (1/07R)

Report on Outpatients: Missed Appointments and Cancelled Clinics (01/07/08R)

Report on Springvale Educational Village Project (04/07/08R)

Report on Northern Ireland's Road Safety Strategy (05/07/08R)

Report on the Transfer of Surplus Land in the PFI Education Pathfinder Projects (11/07/08R)

Report on Tackling Public Sector Fraud (13/07/08R)

Report on Use of Consultants (16/07/08R)

Report on Job Evaluation in the Education and Library Boards (18/07/08R)

Report on Excess Votes (Northern Ireland) (20/07/08R)

Report on Northern Ireland Resource Accounts — Northern Ireland Child Support Agency Client Funds 2003-04 - 2006-07 (21/07/08R)

Report into Older People and Domiciliary Care (24/07/08R)

Further Report on the Use of Operating Theatres in the Northern Ireland Health and Personal Social Services (25/07/08R)

Report on Social Security Benefit Fraud and Error (26/07/08R)

Report on Good Governance — Effective Relationships between Departments and their Arm's Length Bodies (28/07/08R)

Report on National Fraud Initiative (33/07/08R)

Report on Northern Ireland Tourist Board — Contract to Manage the Trading Activities of Rural Cottage Holidays Limited (35/07/08R)

Report on Hospitality Association of Northern Ireland: A Case Study in financial management and the public appointments process (36/07/08R)

and the following Department of Finance and Personnel Memoranda of Reply:

The Upgrade of the Belfast to Bangor Railway Line (NIA 20/07-08)

Outpatients: Missed Appointments and Cancelled Clinics (NIA 63/07-08)

Springvale Educational Village Project (NIA 67/07-08)

Northern Ireland's Road Safety Strategy (NIA 71/07-08)

The Transfer of Surplus Land in the PFI Education Pathfinder Projects (NIA 99/07-08)

Tackling Public Sector Fraud (NIA 112/07-08)

Job Evaluation in the Education and Library Boards (NIA125/07-08)

Use of Consultants (NIA 127/07-08)

Northern Ireland Resource Accounts — Northern Ireland Child Support Agency Client Funds 2003-04 — 2006-07 (NIA 136/07-08)

Older People and Domiciliary Care (NIA 176/08-09)

The Use of Operating Theatres in the Northern Ireland Health and Personal Social Services (NIA 187/07-08)

Social Security Benefit Fraud and Error (NIA 187/07-08)

Good Governance — Effective Relationships between Departments and their Arm's Length Bodies (NIA 209/07-08)

Northern Ireland Tourist Board — Contract to Manage the Trading Activities of Rural Cottage Holidays Limited (NIA 16/07-08)

Hospitality Association of Northern Ireland: A Case Study in the financial management and the public appointments process.

Go raibh maith agat, a Cheann Comhairle. On 15 January 2002, Mr Billy Bell, the former Chairperson of the then Public Accounts Committee, moved the very first motion that asked the Assembly to take note of the works of the Public Accounts Committee. Today, I am pleased to do likewise. Members may be concerned that this is possibly the longest motion ever brought to the House, and will also be delighted to learn that I have insufficient time in which to speak on every report or memoranda of reply. I must leave that pleasure to other members of the Committee and other Members of the Chamber.

However, it is important for me, as Chairperson of the Committee, to explain the role of the Public Accounts Committee and the contribution that it makes to a better and more efficient delivery of public services.

The Public Accounts Committee is a standing Committee of the Assembly, established under the Northern Ireland Act 1998, with a relatively straightforward remit:

“to consider accounts, and reports on accounts laid before the Assembly.”

Those accounts are laid by the Comptroller and Auditor General, the head of the NI Audit Office. The Comptroller and Auditor General is an officer of the Assembly and is responsible to the Assembly for the audit of central Government Departments and most of their sponsored bodies.

In my short time as the Chairperson of the Public Accounts Committee, having taken over from my party colleague John O'Dowd earlier this year, I have come to recognise, not only the excellent work that the Audit Office does, but the quality of support that the Comptroller and Auditor General and his staff provide to the Public Accounts Committee — I thank him and his staff for that help. I also thank the Committee Clerk

and his staff who work very hard in the background, week after week, making the deliberations of the members much easier, so go raibh maith agat to them.

In his speech to the Confederation of British Industry on 13 September 2007, Peter Robinson, then Minister of Finance and Personnel, said:

“We must also liberate those in the public sector who are being asked to play a role in assisting economic growth. There is an important scrutiny role for the Public Accounts Committee to play, but this must not stifle innovation or on occasion risk-taking.”

I want to make it clear that the Committee welcomes innovation in the interests of efficiency. Departments must innovate if they are to deliver the improvements in services and efficiencies that we all want to see. The Committee, therefore, fully supports risk-taking in the public sector, provided — and this is an important qualification — that it is well thought through and well managed.

I would now like to move on to talk briefly about some of the achievements of the Public Accounts Committee.

Just last week, the Committee issued its first composite report on matters dealt with by correspondence. The matters related to reports produced by the Audit Office during the suspension of the Assembly and not reported on by the Public Accounts Committee at Westminster. The Committee covered such issues as incorrect claims for prescription charges and electronic libraries. I understand that copies of the Committee’s report were made available to all Members.

We are fortunate that standards in the public sector here are high. Occasionally, issues have emerged that show that we cannot take our high standards for granted. The Committee has made it clear to the Audit Office that it will continue to give a high priority to dealing with cases of fraud or impropriety. We have already dealt with, and reported on, a number of such cases and incidents, which will always be on top of the Committee’s agenda as and when they arise.

One such case, which happened to be in my constituency, was the Springvale Educational Village Project, which was promoted by the University of Ulster and the Belfast Institute of Further and Higher Education, now Belfast Metropolitan College. The Department for Employment and Learning was the main provider of funding, and the project was to build a main campus, an applied research centre and a community outreach centre at a cost of £71 million. However, only the community outreach centre, costing £4 million, was delivered.

The Committee’s overall conclusion was that that project failed to deliver because the Department and the University of Ulster simply lost the goodwill to succeed, despite the enormous political goodwill shown towards the project. When the university’s concerns

about governance and affordability emerged, it could have called on that goodwill, but chose not to.

The Committee found it particularly disturbing that effectively the Department did nothing to try to save the project. The Committee had serious concerns about the quality of financial planning, management and control exercised by the project’s promoters. The project appraisal process was also inadequate. The Committee found that the university behaved deplorably in its relationships with the Belfast Institute of Further and Higher Education and the local communities. The Department appears to have acquiesced in that.

There have been only limited tangible benefits from the project, and the current levels of deprivation in west and north Belfast are as high as when the project ceased in 2002. Some £3·6 million of direct funding was wasted, and a further substantial, but unquantifiable, sum was lost in respect of the enormous amount of time and effort that was devoted to the project by local communities and various Departments and agencies.

In its memorandum of response in December 2007, the Department for Employment and Learning accepted the Committee’s recommendations and undertook to consider any potentially viable and sustainable development in order to provide new educational facilities on the Springvale site.

That particular case and report typifies what has been the bread-and-butter work of the Public Accounts Committee. However, there is also an important balance to work yet to be done by the Committee. Alongside our investigations, which have highlighted weaknesses, failings and poor practice in the delivery of public services, the Committee has undertaken work that aims to identify and promote good practice. Where possible, that type of work will play a more significant role in the Committee’s workload.

This is not a Committee that is deliberately seeking out errors and weaknesses. Instead, we believe that if the foundation for spending the public pound is based on sound governance, we will see fewer Springvale-type reports.

It was with the goal of better governance in mind that the Committee produced its report on the governance of Departments’ arm’s-length bodies. There have been well-documented failings in governance of such bodies, failings that have had a substantial negative impact on public confidence as well as on the delivery of public services and value for money.

In this context, I will mention the NI Events Company. I will not dwell too much on that matter today, but I want to assure the House that the Public Accounts Committee will return to the issue when investigations are completed.

In that report, the Committee empathises with the need for Departments to ensure that there is a strong culture of accountability in their relationships with arm's-length bodies. It is not sufficient simply to have the right structures of governance in place. Though important and necessary, good governance must be delivered in practice.

The Committee's recommendations were clear and practical, for Departments and for arm's-length bodies. They covered issues such as the work of membership of audit committees, the scope for departmental representation on the boards of arm's-length bodies, and the important role played by independent, non-executive board members. The Committee also highlighted the need for appropriate training of staff in Departments and in the arm's-length bodies, and the need for robust internal audit and risk-management processes.

I am pleased to inform Members that the response to the recommendations in the report was very positive, with all 17 being accepted.

11.00 am

In recent years, progress has been made on the provision of guidance on good governance, but it is clear that the Department of Finance of Personnel (DFP) must play a more significant role in ensuring that such guidance is not only issued but implemented and that good practice is highlighted for others to follow. The message from the report is clear: to avoid the reoccurrence of costly failures that have resulted from poor governance, it is vital that good practice and lessons from failures are shared and adopted across the public sector. The Committee looks to DFP to demonstrate its commitment through its actions.

I draw Members' attention to the Committee's innovative report on the fraud initiative — the NFI. The initiative is innovative in that it is the first time that the Committee produced a report that is not based on an Audit Office report. We produced that report because we felt that we had to show our support for and recommend participation in the fraud initiative.

The NFI is based on data matching, which compares the extent to which computer records that are held by one body match those that are held by that or another body. Computerised data-matching techniques are then used to narrow the search for duplicate or fraudulent claims that are made to those bodies. A body that supplies data receives a report identifying instances of matching data in that body's own records and in those of relevant organisations.

Some 1,500 bodies participated in the most recent exercise. Overall, NFI has helped participants to detect fraud and overpayments in excess of £400 million. The result of the 2004-05 exercise identified over £111 million of fraud and error, and the indications are that the results

of the most recent exercise will show a substantially higher amount.

To date, participation of the Northern bodies has not been as extensive as that of those in Britain, but that is changing. The Serious Crime Act 2007 came into force on 6 April 2008, and under that Act, the Comptroller and Auditor General has been given powers to conduct data-matching exercises for the purposes of assisting in the prevention and detection of fraud. Anyone whose accounts are required for auditing by the Comptroller and Auditor General or by a local government auditor will be subject to mandatory participation in the data-matching exercise. The Act also includes provision for voluntary participation.

Given that the Audit Office is required to comply with the Data Protection Act 1998, a code of practice sets out the responsibilities of the Comptroller and Auditor General and participating bodies, addressing such issues as governance arrangements, fair processing, quality of data, security arrangements and disclosure of data.

The Audit Office plans to begin its first data-matching exercise, which, in practice, will be undertaken by the Audit Commission on behalf of the Comptroller and Auditor General. I should inform Members that in October 2008, the Assembly will take part in that exercise, and details of the Assembly secretariat and Members will be used in a national data-matching exercise. If anyone is doing anything that may be questionable, now is the time to do something about it.

The Committee welcomes the close working relationship between DFP and the Audit Office in addressing fraud issues. DFP has highlighted to Departments that resources will have to be allocated to checking out matches that arise in that exercise. DFP has held conferences for public-sector bodies and has raised those issues at regular meetings with accounting officers and board members.

The Committee views NFI as a key tool in the armoury against fraud and error. The potential savings are considerable, and added to those must be the potential savings that will be attained through discouragement of those who would want to defraud the system, knowing that they would be more likely than ever to be caught.

The NFI is not only about fraud and error; it will identify incidences in which underpayments of benefits or other entitlements may have been made. That aspect of NFI is to be welcomed as much as its other elements, and it is equally important.

I thank Members, and I look forward to hearing their contributions to the debate. Go raibh maith agat.

Mr Speaker: Before I call the next Member to speak, I should point out that I am conscious that several Members have approached the Table to say that

the five minutes that have been allocated are not enough for them to speak to the motion.

All sides of the House should be aware that the Business Committee discusses motions and decides, on occasion, to allocate more time for particular debates. Despite that, Members normally have only five minutes in which to speak.

The Business Committee unanimously agrees the timing of each motion. If Members feel strongly about a particular motion and need more time to speak, it is vital that they channel those issues through their Whips for discussion at future Business Committee meetings.

Mr Shannon: Aa'd laek tae turn tae tha fraud in tha publick sector. Fraud isnae á victimless wrang as is sae aftin painted.

Tha monies stolen fae tha publick sector purs in Norlin Airlan er á waest ó publick resources. This means poorer publick services an heigher than whuts needed taxes. Sae eech an invery yin ó us suffer at tha hans ó fraudsters.

Although fraud in the public sector is often portrayed as a victimless crime, it is not. Money stolen from the public-sector purse in Northern Ireland is a massive waste of public resources and leads to poor public services and higher taxes. Therefore, we all suffer at the hands of fraudsters. Those reasons underline why public-sector fraud cannot be tolerated.

Departments and the bodies that they support must demonstrate a zero-tolerance policy and tackle all forms of fraud aggressively. The Public Accounts Committee held several meetings on the issue of fraud, the first of which related to internal fraud in the accounts branch of the Ordnance Survey of Northern Ireland (OSNI), which, at that time, was an executive agency in the Department of Culture, Arts and Leisure. OSNI is now part of the newly formed Land and Property Services; that may warrant a two-hour debate at a later date.

The fraudster stole £70,690 in a five-year period between 1998 and 2003. The Committee discovered that the nature of the fraud was not particularly sophisticated and was, mainly, due to serious shortcomings in the control environment that included inadequate segregation of duties and supervision failures. The Public Accounts Committee submitted several recommendations that were accepted by the Department of Finance and Personnel.

First, the Committee recommended that Departments establish mechanisms to ensure that the fraud forum's advice and guidance are systematically circulated to all subsidiary bodies. Secondly, the Committee highlighted the need for the Department of Finance and Personnel to undertake a stocktaking exercise across the wider public sector to assess the availability of trained, front-line investigation staff and to devise a strategy to fill any skills gaps that are identified. Thirdly, the

Committee recommended the need for greater emphasis on whistle-blowing in order to identify potential fraudulent activity, and the Department has initiated further work in that area.

The review's most significant impact will be the introduction of new data-sharing and data-matching powers provided under the Serious Crime Act 2007. The Committee asked to be consulted on the protocols for data matching and held a meeting in April 2008 that heard evidence from the Comptroller and Auditor General and Mr Peter Yetzes of the Audit Commission. In May 2008, the Committee published its report, and members understand that a data-matching exercise is under way. Incidentally, as a result of that report, the stolen £70,690 was returned to the Department.

Given that our predecessors had examined road safety in 2000, the Public Accounts Committee was keen to continue that work. Poor driver behaviour is the main cause of collisions, and, therefore, the Committee focused on a range of measures to tackle that issue. During that session, a precedent was set; the PSNI accepted our invitation and explained its strategy to deter and detect those who endanger their own safety and that of other road users. The Committee highlighted the need to tighten existing regulations for motorcycle instructors and motorcyclist training, which were much less stringent than systems applied to learner drivers and driving instructors.

The Committee underlined the need for urgent implementation of improvements because we discovered a 200% increase in motorcyclist numbers and a 50% increase in motorcyclist casualties in the past decade. That is a shocking statistic.

In addition, with drivers in the 17- to 24-year-old age group accounting for a disproportionately high percentage of road casualties, we concluded that the review of the restricted-driver scheme and its speed limit of 45 mph — which was scheduled for 2003 — was long overdue. In tandem with that review, we urged the Department of the Environment to evaluate a range of initiatives that are used in other parts of the world — such as logbooks for learners and graduated driving licences for novice drivers — and assess their suitability as a means of reducing Northern Ireland's unacceptably high casualty rates.

The Committee was pleased to note the Department's assurances that we will be kept abreast of relevant developments worldwide, with a view to introducing new initiatives in Northern Ireland where appropriate. The Committee also considered that it was imperative for the PSNI to improve its performance in the detection and processing of speeding offences.

In conclusion, the Committee believes that it has made a number of important recommendations to encourage responsible Departments and agencies to be

more ambitious and more innovative in their efforts to improve road safety in Northern Ireland.

Mr Speaker: The Member's time is up.

Mr Shannon: If that happens, we can take heart that the Committee played a direct and tangible role in making things better.

Mr Beggs: At the outset, I stress that five minutes is not adequate time in which to deal with this issue. The Public Accounts Committee reports once a year to the Assembly on its work, so more than five minutes each should have been allocated to those Members who wish to speak.

I pay tribute to the work of the Northern Ireland Audit Office and the Public Accounts Committee staff, who provide us with support and enable us to carry out our work. The Public Accounts Committee is different from other Assembly Committees because we are assisted by the multimillion pound Northern Ireland Audit Office and the expertise of its staff. Its reports provide a starting point for our work, and we are guided by it as we enter our deliberations.

Another way in which the Committee is slightly different is that ordinary citizens are provided with a great deal of clarity when they listen to the outcomes of our work. That is because the Committee frequently investigates how money has been squandered and how lessons must be learned for the future so that better use is made of taxpayers' money. As MLAs, we all receive stick about what we do up on the hill. When I refer to some of the issues that I have contributed to in the Public Accounts Committee, I feel that I have helped to make a difference by making better use of taxpayers' money, rather than being a burden on taxpayers.

Without devolution, we would not have the same degree of scrutiny. Past failings must be learned from so that they are not repeated. It has been a busy period as the Public Accounts Committee has met on a weekly basis, rather than on a fortnightly basis, as was previously the case. Some 18 reports have been scrutinised and completed during the period in question; it has been quite a busy time for Committee members and staff.

It must be remembered that there was not the same level of scrutiny during direct rule. In Northern Ireland, there were no directly elected representatives who would be accountable to their electorate, and there was only a limited role for local government. A void existed because the Westminster Public Accounts Committee considered only one or two reports from Northern Ireland annually, because it also has to deal with the other parts of the United Kingdom. It is important that the work of the Public Accounts Committee is recognised, good practice is continued and lessons are learned.

Given the limited speaking time that is available, I will comment briefly on two reports — 'Outpatients: Missed Appointments and Cancelled Clinics'; and 'Older People and Domiciliary Care'. Missed appointments cost the public purse a significant amount of money, as all the staff are present and the patient does not turn up. Alternatively, it is stressful for a patient to be invited to a clinic and to turn up, only for the appointment to be cancelled due to issues regarding the administration of the Health Service. In recent years, £259 million has been spent on secondary medical care and outpatient clinics. It is important that that money is well spent.

During the course of our deliberations, the Committee noted that a significant number of those outpatient clinics were not being monitored as they were non-consultant-led and accurate data were not being compiled.

Therefore, we recommended that trusts produce annual reports to analyse the root causes of cancellations and the demographics of non-attendance in order that further lessons might be learned and built on, and that was taken up in a memorandum of response.

11.15 am

Given the difficulties that MLAs witness among their constituents, the subject of older people and domiciliary care is dear to us all. Recently, the matter became personal to me when my grandfather entered a period of ill health. It is important that we ensure that the best possible service is available.

In the course of reviewing 'Older People and Domiciliary Care', the matter arose of the non-implementation of the fourth capitation formula review, which has adversely affected my constituents in East Antrim.

Mr Speaker: The Member's time is up.

Mr Dallat: It falls to me to deal with two types of consultants: those who manage our operating theatres, and the people who are sometimes accused of picking the brains of our best civil servants, putting that information in glossy folders, and sending us the bill. I will talk about the second group later.

A key factor in the overall use of hospital resources in Northern Ireland is the extent to which hospital operating theatres are used and managed efficiently and effectively. Decisions about the use of operating theatres are directly related to the availability of hospital staff and beds and to the volume and nature of emergency cases.

In July 2007, the Public Accounts Committee wrote to the Department of Health, Social Services and Public Safety asking for an update on its progress in responding to the Committee's previous inquiries. Subsequently, the Committee's report focused on four main points: waiting lists and waiting times; spare

capacity in operating theatres; the cancellation of operations; and computerised theatre-management information systems.

Although we found that high waiting lists for operating theatres had been significantly reduced since the original report was published in 2005, planned theatre sessions still only account for two thirds of theatre capacity. Therefore, we called for further action to reduce theatre-usage downtime.

We commended the Department of Health, Social Services and Public Safety for using consultants to act privately to help to clear backlogs among those waiting for operations. In addition, we welcomed the Department's assurance that appropriate costing methods would be used to ensure that the full cost of that activity would be recovered.

Although we recognise that cancellations are sometimes unavoidable, we believe that the current 5% cancellation rate is far too high, a direct result of which is that £6.4 million of resources have been wasted or not used to best effect. I am sure that Members will agree that that is unacceptable.

Finally, concerning hospital theatres, the computerised theatre-management information system was originally planned to come into operation in 2006. We are still waiting for it. Indeed, it will not be fully implemented until March 2009. That system will be crucial to the programme's management.

Turning to my second type of consultant, the Committee met on 16 November 2007 to consider the Comptroller and Auditor General's report on the use of external consultants by Northern Ireland Civil Service Departments. Given the increasing level of consultancy spending by Departments — over £40 million annually — we were disappointed to discover that such expenditure has not always been well managed and that best practice has not been adhered to throughout the public sector. That is extremely annoying.

Our report focused on the need to control and manage future consultancy expenditure through improved collaboration between Departments and through the increased use of collective purchasing power. In addition, we produced proposals to identify and meet skills gaps throughout the Northern Ireland Civil Service. Those approaches should contribute to reducing future consultancy expenditure.

I believe that there are a lot of untapped skills in the Civil Service. The Committee is pleased that DFP will improve how it keeps records and monitors contracts. We also welcome DFP's commitment to produce an annual report on the extent to which Departments comply with requirements to undertake business cases, to put contracts out to competitive tender, and to conduct post-project evaluations.

The award of consultancy contracts must be open and transparent. The Committee welcomes the Department of Finance and Personnel's agreement — given in response to our report — that perceptions of conflicts of interest must be eliminated. That is an area in which the Committee strongly endorses transparency. It is further welcomed that DFP will use databases to record assessments of consultants' performances. Doing so will help to identify poorly performing consultants and, where appropriate, exclude them from future public-sector contracts. DFP's overall response to the Public Accounts Committee's report was very encouraging.

I congratulate myself for finishing my contribution in five minutes. *[Laughter.]*

Mr Lunn: I endorse the comments on the five-minute rule made by Members earlier in the debate. I have been asked to speak about 'Report on Northern Ireland Tourist Board: Contract to Manage the Trading Activities of Rural Cottage Holidays Limited'.

Although the relevant Committee session was good, it illustrated what could go wrong when a conflict of interest was not declared or properly managed. Good governance in public-sector bodies has been an important theme of the Committee's work. The Public Accounts Committee and the public expect Government bodies to apply high standards to the administration of expenditure. Therefore, a failure to declare conflicts of interests undermines public confidence in the standards of public administration. The report states that achieving such standards should not be difficult; it is a basic principle of good public administration.

The Rural Cottage Holidays case was one of a string of conflicts of interest with which the Committee has dealt; it proved an important case study, and provided valuable lessons in how to deal with such conflicts. Our report makes clear that it is fundamentally important that chief executives of public bodies provide clear leadership on ethical issues. Those chief executives must recognise the dangers of conflicts of interest and get to grips with them when they come to light.

The Committee was often astounded by the failure of Departments or their sponsored bodies to properly deal with conflicts of interest. It appears that even such simple procedures can be made complicated. The Committee Chairperson and Mr Dallat have said that the debate will return to that issue.

The Committee's work on Rural Cottage Holidays showed the value of probing officials. It brought to light what can go wrong when the public sector dabbles in commercial activities. Onerous financial commitments remain because a small number of cottage owners secured a very good deal from the Tourist Board. The inquiry highlighted the dangers of being overly optimistic in assessing projects, and the

importance of preparing an exit strategy for when things go wrong. The Committee has requested that it be kept advised by the Department on its progress towards ending this drain on taxpayers' money. The Public Accounts Committee's continued interest may help to secure a long-overdue conclusion to what turned out to be a bad use of public funds.

I turn now to 'Report on Job Evaluation in the Education and Library Boards'. The Public Accounts Committee decided to consider the Comptroller and Auditor General's report on the subject because it was a long-running scheme involving significant public funding, and which had a potential impact on front-line education services.

The programme started in January 1995 and is still running. Originally introduced for all non-manual staff in the education and library boards, it was later extended to include all manual posts. At the time of the Public Accounts Committee's report, it had cost at least £124 million, and it was estimated that a further £5 million would be needed to complete the exercise. By then, it will probably be time to start again.

Among the main lessons identified in the Public Accounts Committee review was the need for strong project management from the outset, which should include clarity about the timescale of the process, the setting of target dates, ongoing monitoring, and regular reporting and feedback

In its reply to the Committee, the Department of Education stated that it recognised fully that the effective management of projects was an essential element of resource control, and it confirmed that it has in place robust, proactive systems for project management, which include the establishment of agreed time frames and clear lines of responsibility. The Department also undertook to write to bodies that it sponsors to stress the need to have effective project-management structures in place, and it confirmed that the new education and skills authority will apply similar project-management disciplines.

The Committee felt that there was no excuse for the Department of Education's failure to put in place proper financial management measures at the start of the scheme. We sought assurances from the Department that, in future, the financial impact of major schemes will be properly assessed and planned. In response, the Department stated that it continues to apply and follow relevant DFP guidance and that that will ensure that, should any schemes be undertaken by either the Department or one of its sponsored bodies, the financial impact will be assessed and planned for right from the start. We regard that as a very satisfactory response.

Given the scale of the job-evaluation exercise and the level of funding involved, the Committee was disappointed to find that the scheme was not linked to

a proper efficiency process, as was originally intended. In response, the Department —

Mr Speaker: I ask the Member to bring his remarks to an end.

Mr Lunn: I will stop there.

Mr Craig: I wish to speak about the 'Social Security Benefit Fraud and Error' report. Members will be aware that the Committee has a particular interest in ensuring that fraud and financial error in public funds is tackled robustly and reduced. This year, the Committee probed those important issues during its investigation of the social security system.

It was satisfying to hear from the heads of the Department for Social Development and the Social Security Agency that a strategy for tackling benefit fraud and error had been in place for some time and, more importantly, was having some success. However, the Committee was unable to accept the agency's assertion that it will struggle to maintain, let alone improve on, the level of benefit fraud and error detection.

I am sure that Members will agree that although the agency faces some major challenges, the overpayment of £60 million and the underpayment of £22 million to customers in the 2006-07 financial year showed a disappointingly high level of fraud and error in the system. The agency requires meaningful information about the levels of benefit fraud and error that exist. Indeed, the Committee, the House and the taxpayers expect it. The agency accepted a range of recommendations aimed at producing fuller analysis and reporting of information on fraud and error.

Although the Committee recognises the complexity of the benefit system and the good work that is carried out by agency staff, it has sought further initiatives to strengthen training and support for front line staff to improve the accuracy and the standards of benefit processing. It is unacceptable that approximately £28 million — almost half the total sum lost as a result of fraud and error — is lost due to internal staff error. Customer error accounts for approximately £14 million of the total. That means that £18 million is lost as a result of fraud, and that amounts to just under 0.5% of the entire social security budget.

Therefore, it is clear that serious issues must be dealt with, particularly in relation to staff awareness about how to deal with such problems. In response to that situation, the agency will target areas for improvement at both individual and organisational level. It will monitor the outcome of those initiatives in order to measure the effectiveness of its efforts.

The Committee also made a wide range of recommendations aimed at maximising the use of scarce resources in fraud investigation. For example, targets and the performance measurement of investigation

activity must be reviewed, and the number of sanctions for benefit fraud must be maximised.

The type of fraud being committed must also be reviewed and analysed, and action plans drawn up to address those issues. Indeed, the agency has accepted the need for those improvements.

11.30 am

The Committee's report included 22 recommendations, and the response was largely positive with all recommendations except one being adopted. That exception related to addressing and publishing levels of fraud and error in each of the agency's six districts. The Committee felt that that should form the basis for enabling better targeting of its counter-fraud and error-reduction activities. In the agency's view, that would require a significant increase in resources and it felt that it would be better to develop its existing risk assessments to address the issue.

That response was disappointing to say the least. The Committee remains of the view that information on the types of fraud, and where they occur, would help the agency to deploy its resources more effectively and enable it to demonstrate that it is doing so.

The Committee expects tackling benefit fraud and error to remain a priority for the Department and the agency. Such a strategy is vital in ensuring that taxpayer's money is not wasted and that those who are entitled to benefits get that to which they are entitled.

Mr McLaughlin: Go raibh maith agat, a Cheann Comhairle. I have the same difficulty as other members of the Committee with respect to the five-minute time limit for the debate today. Therefore, I will move on quickly.

My focus is the Committee's investigation and subsequent 'Report on the Upgrade of the Belfast to Bangor Railway Line'; the first report to be completed by the Committee following restoration. It was an important first for the Committee as it enabled the Assembly — through the members of the Committee — to hold senior officials to account for what was, by any standard, a poorly delivered project.

It was a local project that would have, in all likelihood, fallen beneath the radar of the Westminster Public Accounts Committee. Therefore, from the outset, we were sending out a message that devolution was going to make Departments more accountable to its elected representatives.

The Committee's report highlighted a number of key failures in the management of the project by the Department for Regional Development and its arm's-length body Translink. For example, we highlighted the lack of appropriate control and oversight by the Department. There was an overspend of almost £20 million on the project. In fact, the final spend was almost £34 million from an initial budget of £14.7

million. That overspend was caused by an inadequate initial economic appraisal that seriously underestimated the cost of delivery and specifications of the work that needed to be done. It was amplified by the Department's failure to insist on a reappraisal when it became apparent that the budget would be exceeded.

The project concerned the upgrading of a railway track that was approximately 11.5 miles long and which had 11 stations on it. The original specification expected trains to be able to travel at speeds of up to 90 mph, and that travelling time for commuters would be reduced by up to two minutes. That led one to ask whether it could ever have been achieved, and one can see that there were issues that the Assembly could bear down upon on behalf of the public purse and the public interest.

In taking evidence, the Committee was very critical of Translink as it was clear that its governance arrangements operated way beyond normal public-sector controls. Furthermore, the Committee's report identified an appalling lack of control by Translink of contract variations — that is, amendments to the scheme as it progressed — which was tantamount to giving the contractors a blank cheque.

As a result of Translink's poor management procedures, the public purse was made to bear excessive extra costs while the lead consultant on the project was allowed to walk away without any liability. More generally, accepted standards of corporate governance were not embedded or operating in Translink. The Committee also noted instances of excessive generosity following the retirement of a senior executive and raised concerns that board members had failed to exercise their function and responsibility in relation to the project.

The Committee made a series of recommendations aimed at improving departmental control and oversight. Recommendations were also suggested to improve Translink's ability to undertake and manage major capital investment projects and improve the effectiveness of its corporate governance arrangements.

The Committee is pleased to note that the Department has accepted the recommendations and has made formal commitments to effect improvements in those important areas. Such commitments include closer scrutiny and more robust challenge of future economic appraisals emanating from Translink.

I turn to the use of PFIs and, particularly, to the evidence session considering the Comptroller and Auditor General's report, 'Transfer of Surplus Land in the PFI Education Pathfinder Projects'. That session was important, not only because of the issue that was being dealt with, but because it was the first time that the Committee had held an evidence session in the local community. The session was convened at Wellington College, Belfast — one of the six education pathfinder projects — and the Committee appreciated the time

and the effort that the school's board of governors, principal, staff and pupils put into facilitating us.

In 1999 and 2000, five contracts were let for six education pathfinder projects. A feature of those projects was the transfer of surplus land and buildings from the public sector to the PFI operator. Following negotiation, £23 million was agreed as the value for those assets. The Committee was particularly interested in the status of Balmoral High School, which was one of the six pathfinder schools. That school closed six years after its new premises were opened in 2002. With proper foresight, that project could, and should, have been avoided.

Mr Speaker: I ask the Member to bring his remarks to a close.

Mr McLaughlin: I will indeed; I will leave it at that.

Mr Wells: I share the frustration of many Members this morning at the short time that has been allocated to each Member who wishes to speak in the debate, but I accept the Speaker's ruling that the matter should have been taken up with the Whips. In future, the Business Committee should divide the length of time allocated to a debate by the number of Members who wish to speak. I suspect that this morning's debate will collapse quickly, but many Members will have wanted to have made more in-depth contributions on what are technical and lengthy documents.

I have been on the Public Accounts Committee only long enough to attend a few meetings, so I will not pretend to be the great font of all knowledge on the reports that the Committee has issued. I am still finding my feet; I am a novice. In the past, I watched the great stalwarts of the Public Accounts Committee. Members will remember Seamus Close, a Member for Lagan Valley, who got uptight and angry about every penny that was spent wrongly; Jane Morrice from North Down; and, of course, Mr Dallat from East Londonderry. I watched, with interest, those three stalwarts of the Committee, and I have been impressed by the work that has been done up to now. It is hoped that my becoming a member of the Committee will not ruin its good work. I have also been impressed by the work of my colleague Simon Hamilton.

The Committee is performing a useful role. However, I was naive when I joined it, because I wondered what else could remain to be done after the Committee had completed its hard work. After all, the Committee had brought Department after Department and agency after agency into the Senate Chamber, given them a roasting and sent them away with a flea in their ear. Surely the Departments and agencies had learnt their lesson; they would implement correct procedures and we would not have any further problems. How wrong I was.

It reminds me of a friend that I had at Queen's University, 30 years ago. I will call her Eileen, for the

sake of argument. I lived on Elmwood Avenue, close to the Catholic chaplaincy. Every Saturday morning, I watched Eileen going to confession, and I wondered what happened when she got there. Eventually, curiosity got the better of me, and I stopped her one day and asked her what happened at confession. She told me that she went in and told the priest that she had smoked, drunk, chased men, disobeyed her parents and been lazy and slovenly, and then she asked for forgiveness. I said that that was great, but I wanted to know what happened next. She told me that she was granted absolution. Then I asked her what would happen next week, and she told me that she would go in and tell the priest that she had smoked, drunk, chased men and disobeyed her parents.

To some extent, that is what happens with Departments — they come before the Public Accounts Committee and get a grilling; the Committee exposes their mistakes; the Departments go away in sackcloth and ashes; and, a few years later, they return before the Committee because they have done the same thing as they were doing five years earlier. They never learn their lessons.

Why is this important? Mitchel McLaughlin has mentioned the Northern Ireland Railways contract for the Bangor to Belfast railway line — a project on which £20 million was wasted. For years, I have been campaigning for a Ballynahinch bypass. That £20 million would have built me two Ballynahinch bypasses, and left some change for the ribbon.

Unfortunately, that money is out of the public budget for transport and it is gone for ever. That lesson should have been learnt, but I suspect that it will come up time and time again.

We have seen the same problems crop up and the same issues remain unresolved, and they come back to haunt Departments. Such issues include the lack of accountability and the lack of control over arm's-length bodies — and we saw that clearly with the Northern Ireland Events Company. I am glad that the former Minister of Culture, Arts and Leisure Mr Poots brought that situation to heel immediately.

There was a debacle with Rural Cottage Holidays Ltd, where the lack of control by arm's-length bodies allowed that company to get away with what it wanted. I suspect that the Public Accounts Committee will have a lot of work to do over the next few years, and I look forward to that. I hope that we will reach the stage where lessons will be learnt and where we will not have to come before the Assembly. At least the Executive can say that little, if any, of the examples that were reported on happened during their watch. The situation will become more interesting as we bring our own Ministers before the Committee to justify their decisions while in office. I hope that that will be seldom, but I suspect that I will be wrong.

Mr Burns: I will not dwell on any confessions.

A Member: We would be here all day. *[Laughter.]*

Mr Burns: I have not been a member of the Public Accounts Committee for very long, as I joined in March. However, since then few good-news stories have come before the Committee. I have been shocked by the mismanagement of public finances. I commend the work of the Public Accounts Committee for highlighting the waste of public-sector money. I am glad that the motion has been tabled, and I will talk briefly about some of the reports mentioned.

The problem common to all the reports appears to be bad procurement, which leads me on to the subject of the Belfast to Bangor railway line, which was referred to by Mitchel McLaughlin and Jim Wells.

I am a keen user of public transport, and I would like to see the railway line between Antrim and Lisburn reopened and, ideally, in public ownership. That railway line would service Belfast International Airport. However, we have to compete for the money for that line alongside the backdrop of what happened on the Belfast to Bangor railway line — and the report into the upgrade of that line makes for bad reading. The project was a disaster and ended up costing double the original estimate, with a massive overspend, bad management of wages, poor performance by consultants, a lack of written contracts and poor bookkeeping. At the end of the day, the people just walked away after overspending by millions of pounds. No money was ever recovered from the contractors who messed up the project and the intended benefits were never realised. The original specification of a 90 mph speed limit had to be reduced to 70 mph. However, no one was held accountable.

Lessons must be learnt. People cannot come to the Public Accounts Committee with a project that will cost so many million pounds, start the project and then run short of money. Nevertheless, when such projects are started, they must be finished, and so contractors ask those in charge of Northern Ireland's finances for another £10 million to finish their project because so much money has been spent already. A report will then come before the Public Accounts Committee. That is not good enough and falls far short of what should be happening. We should never get involved in a situation similar to that of the upgrade of the Belfast to Bangor railway line.

11.45 am

In its 'Report on Use of Consultants', the Public Accounts Committee highlighted the spend on consultants, which has doubled to £42 million in the past five years. Indeed, Mr Dallat referred to the difference between medical consultants and those who send a bill for information that they have been given by civil servants. Money has been splashed about like

water. Nobody is accountable — it is the land of the consultants and the reports.

The findings of the 'Report on Social Security Benefit Fraud and Error' were also disappointing. The report indicated that levels of fraud and error were high. There have been both underpayments and overpayments, and half the overpayments were due to staff error. That means that people who are entitled to benefits, particularly the elderly, may not have been receiving their benefits.

Other reports revealed the need for computer systems to be updated. The outdated systems that are currently in use are a recipe for disaster. I commend the Chairperson of the Public Accounts Committee for tabling the motion, and I am committed to the Committee's work.

Mr Hamilton: Until a few weeks ago, I had been a member of the Public Accounts Committee from its inception last year. Committee members and others may have thought that I would disappear but, to borrow a phrase, I "haven't gone away, you know". I thank both Chairpersons under whom I served during my time on the Committee. I also thank my former Committee colleagues, from all parties. I especially thank the Committee staff, who do an excellent job, and the staff of the Northern Ireland Audit Office, who are friends and colleagues of the Committee.

It is a good Committee that works well, and its members — irrespective of their party affiliation in the Chamber — come together to deal impartially and dispassionately with the serious issues that face them. I enjoyed my time on the Committee. We undertook an extremely busy workload over those 18 months, and the numerous reports that are mentioned in the motion are evidence that the Committee's busy workload will continue.

Other Members who have spoken provided a flavour of some of the reports, which cover a broad range of themes including: conflicts of interest; fraud; gross overspends; and delivering better public services more efficiently. The Public Accounts Committee has made many — probably hundreds of — sensible recommendations. By and large, those recommendations are accepted by the relevant Departments, and I hope that lessons will be learned from that. It is difficult to gauge the success of the Committee at this stage; that will be judged later.

I will not dwell on the details of the reports; I will leave that to current Committee members. The Public Accounts Committee has a very serious and important role to play, especially at a time of budgetary considerations and tight finances when everyone is seeking value for money. In the past 18 months, the Committee has had to deal with the mess that was left by direct rule. It is

only now that attention is being given to the errors and faults of the period of devolution.

Not for a second would I advocate the Public Accounts Committee's future role being one that turns away from mistakes that have been made since devolution — far from it. It will always be essential to examine overspends, frauds, conflicts of interest and the improvement of service delivery. Those issues will always exist, and there will always be a need for the Public Accounts Committee to come down hard on whatever Department is making errors. The purpose of the Public Accounts Committee should always be to ensure that lessons are learned; the Committee should never dispense a kicking for kicking's sake.

Reflecting on my time on the Public Accounts Committee, the highlights were when the Committee was working in full flow.

Mr Durkan: The Member suggests that the Public Accounts Committee should not indulge in blood sports with officials who appear before it. As well as insisting that the Public Accounts Committee retains its very strong role, a way to solve the problem that was highlighted by Mr Wells from South Down might be for the Public Accounts Committee to insist that a budget line be flagged for anything from one to five years. Then, when dealing with budgetary issues, the relevant departmental Committee would always know to ask whether an identified problem has been worked on. Generally, once the Public Accounts Committee has prepared a report, everyone assumes that everything will be OK from that point on. Only when a significant problem emerges later do people realise that everything is not OK. The other scrutiny Committees should be vigilant and police their Departments to ensure that the lessons have been properly learnt and that any new procedures are being properly applied.

Mr Speaker: The Member will have an extra minute.

Mr Hamilton: I am certainly not advocating that the Public Accounts Committee engage in blood sports. Now that my good colleague Jim Wells is a member of the Public Accounts Committee, I am sure that blood sports are the last activities in which the Committee will engage.

Mr Durkan makes a pertinent point; a much better relationship must evolve between the Public Accounts Committee, in carrying out its very important role, and the departmental scrutiny Committees. I do not wish to dwell on my next point, but I am a member of another Committee that is examining an issue that has led to, if not a tension, a realisation that Committees must establish a much better way of working with one another so that matters can be progressed. In that way, when the Public Accounts Committee finishes dealing with an issue and sets it aside, it will not be forgotten about. The Assembly must work towards that goal.

I know, from my experience as a member of the Public Accounts Committee, that it can certainly be very entertaining when the sexy stuff emerges — the discovery of records in a skip somewhere, or the misuse and abuse of credit cards — but that does not necessarily lead to the Public Accounts Committee achieving its goals in the best way possible. Regardless of our perspective, we are all trying to build a new Northern Ireland. We are trying to rejuvenate our economy, reform our public services and deliver best value for money for everybody in our country. We cannot, on the one hand, expect innovation and new ideas from our officials, while, on the other hand, put them off striving for such innovation because of the threat of receiving a kicking from the Public Accounts Committee.

Those are the sorts of issues that the Committee, and the Assembly as a whole, must resolve before deciding exactly how we should move forward. I hope that the Public Accounts Committee will continue to play a role in ensuring good value for money and better Government for the whole of Northern Ireland.

Mr Speaker: The Member's time is up.

Ms Purvis: I will focus on two reports, the first of which is the report on the Hospitality Association of Northern Ireland (HANI). That unique report focused on standards of financial management and control of a third-party organisation, namely HANI, and the weaknesses in the public-appointments system. The Committee's overall conclusion was that that case stood out as a lesson in how not to manage a relationship with a third-party organisation, how not to operate the public-appointments process and how not to handle a major conflict of interest.

We found an astonishing catalogue of shortcomings on the part of the two Departments involved; the Department for Employment and Learning and the Department of Culture, Arts and Leisure. The Committee concluded that the public sector was more vulnerable to abuse than it should have been and that that situation must not be tolerated. There were widespread weaknesses in financial control within HANI, and the Department for Employment and Learning, as a primary provider of funding, was ultimately responsible for the proper stewardship of taxpayers' money.

We were astonished to find that senior departmental officials had judged the obtaining of false invoices by a HANI employee to be a case of mismanagement. Such behaviour is fraudulent and can only be intended to subvert the proper use of public funds. We were also disturbed to find that the same former HANI employee was subsequently appointed to seven public roles. Astonishingly, the Department also extended that employee's term of office on one of its most prestigious boards.

The Committee noted the extent to which many of its key recommendations relating to public appointments had been identified by its sister Public Accounts Committee at Westminster in its report on the Emerging Business Trust. We have therefore concluded that the public sector has yet to grasp fully the importance of the ethical standards that those lessons are designed to reinforce.

The former HANI employee was also involved in a major conflict of interest issue in the Events Company, a body sponsored by the Department of Culture, Arts and Leisure. The Committee found that the Department's response to the issue was weak and ineffective. We were surprised to learn that the Office of the Commissioner for Public Appointments is not independent of the bodies that it regulates. The Committee believes strongly that it should be independent.

Furthermore, we were concerned to learn that there are systemic weaknesses in the public-appointments system. That is unacceptable. The continuing perception of cronyism is not compatible with the structures being established under devolution. That is an enormous challenge for the Senior Civil Service, and the Committee expects it to act urgently to establish confidence in the system.

I will now comment on the report on the Child Support Agency's client funds accounts for 2003-04 to 2006-07. The agency's failings have been well publicised over the years, but the Committee was surprised to learn the full extent of the problems. The agency's accounts have, since the agency was set up in 1993, been qualified by the Comptroller and Auditor General. One of the reasons for that ongoing qualification was that staff in the agency made many errors when first calculating the amount of child maintenance, and those errors accumulated as debt. The amounts owed were not paid, thus the figures in the accounts are incorrect.

A further complication is that the agency's IT system cannot produce an accurate list of who owes money and how much is owed. The Committee took a very critical view of that. Although the agency is dependent on its GB counterpart for IT, it was the Committee's view that the Northern Ireland Child Support Agency still had a vital role to play in resolving the IT problems. The Committee was dismayed to learn that only one in three absent parents pays any money towards the upkeep of his or her children, and it was concerned about the effect that that was having on children's lives. Child poverty is a major issue in Northern Ireland, and — shockingly — the total uncollected debts were continually rising and were in excess of £70 million. That was unacceptable to the Committee.

The Committee's view is that the agency must be faster and better at collecting money owed, and it could do more to recover money owed from people who do not pay any child maintenance. Indeed, the

statistics regarding the amount of arrears collected and prosecutions for recovery of debts were disappointing, to say the least. Therefore, the Committee encouraged the agency to make more extensive use of its powers to recover money owed and to pursue any additional powers that will help to reduce the escalating levels of debt.

Other issues included the high cost:collection ratio in comparison with GB. The Committee expects the Department to take forward our recommendations in the new child maintenance and enforcement division.

Mr Adams: Go raibh maith agat, a Cheann Comhairle. Ar dtús, gabhaim mo bhuíochas leis an Choiste. B'fhearr liom a bheith ag labhairt anseo inniu faoi ollscoil nua i mBéal Feirste thiar darbh ainm Springvale; sin an aisling a bhí ann ag an tús. Déanann an tuairisc seo cur síos ar chuid den fháth ar scriosadh an aisling sin. Beidh níos mó le rá faoi sin.

The Public Accounts Committee's report on the Springvale educational village project makes grim and depressing reading. It is an indictment of Government Departments and of the University of Ulster, and it points up the crucial lessons that must be learnt and acted on if similar debacles are to be avoided in the future.

I commend the Committee for its work and for the way in which it has framed, clearly and concisely, its conclusions and recommendations. Regrettably, the experience of the Springvale educational village project smacks not only of incompetence but of discrimination against the working people of west and north Belfast. The greatest damage to the project was caused under a Minister from the Social Democratic and Labour Party during the previous power-sharing Executive. The Public Accounts Committee's report confirms that the most senior civil servants in the Department for Employment and Learning knew, one year before its collapse, that the University of Ulster intended to renege on its commitments to the Springvale project.

Therefore, the investment of millions of pounds of public money is wasted. That is of particular concern, given that the same civil servants who were pledging money to, and releasing finance for, the project were also undermining it.

12.00 noon

Members will know that the Springvale project was formally launched 10 years ago this month, in September 1998. The then US President, Bill Clinton, his wife, now Senator Hillary Clinton, and the then British Prime Minister, Tony Blair, came to the site on the Springfield Road to ceremonially turn the first sod. The promise made that day to the people of west and north Belfast — some of the most deprived communities in the whole of the Six Counties and in these islands — has never been honoured.

The Public Accounts Committee said in its report that the Department for Employment and Learning:

“failed in its role as Government’s representative on the Springvale project.”

It continued:

“The evidence clearly shows that the Department did not ensure that the project promoters had a firm grip on the viability of the project”

and that it failed to communicate properly with local communities. The Committee concluded that the Department’s monitoring process was “clearly inadequate” and described its response to the University of Ulster’s decision to pull out of the project as “weak and ineffective”.

It is not the first time that an opportunity to deliver measurable change to the lives of people most affected by conflict and by some of the most socially disadvantaged and structured discrimination has been spurned. The educational village concept was put together after lengthy consultation. It was a very democratic process, in which all sections of the local community came together to paint their vision of the joined-up approach that would give particularly disadvantaged people, such as women who had dropped out of learning, a bridge back into education.

It is unacceptable that those proposals, which those communities helped to form, were sabotaged. The Springvale experience should never be repeated. If these institutions — I am mindful of the current difficulties — are to have any credibility whatsoever, they must deliver real and progressive change for all sections of our community, but particularly for those with the greatest need.

In conclusion, I welcome the Public Accounts Committee’s call for the establishment of a significant educational facility at the Springvale site. Go raibh mile maith agat.

The Minister of Finance and Personnel (Mr Dodds): This is my first Public Accounts Committee debate as Minister of Finance and Personnel; there have only been two in the history of devolution, so I am pleased to be able to respond to the debate. I have listened intently to the Members who have spoken in the debate and who have attended throughout and listened to other Members’ contributions. I have listened in particular to the members of the Public Accounts Committee, who spoke with knowledge and passion.

I acknowledge the Committee’s hard work, which is evident from the increasing number of reports that it produces. I also acknowledge the hard work of those who have taken part in the Committee’s deliberations in the previous and current mandates, as well as its Chairperson and Deputy Chairperson. I wish to add my comments to those of Members who have commended the work that the Comptroller and Auditor General and

his staff in the Northern Ireland Audit Office undertook in supporting the Committee.

I have heard it said that accounting officers consider an appearance before the Public Accounts Committee as their least favourite appointment of the year. I can understand why, having listened to the contributions that have been made today and having read the reports. Although it is sometimes an uncomfortable experience, it is right and proper that those responsible for spending taxpayers’ money be held accountable to the Assembly for the use of resources under their control. Scrutiny of public expenditure is in all our interests. Not only does it instil confidence in our system but it allows us to promote good practice in the management of public funds and to expose examples of the poor use of resources.

It should not stop there, however. Billy Bell, who is a former Chairperson of the Public Accounts Committee, recognised that its role is retrospective. He said of his evidence sessions that, in many cases, the door had opened after the horse had bolted. However, although evidence sessions are a vital part of the Public Accounts Committee’s process, in that they rightly hold public servants to account, it is the Committee’s reports, which provide us with examples of good and bad practice, from which we must learn.

An important part of the accountability process is the application of examples of good practice that are highlighted in the Committee’s reports, and the avoidance of examples of bad practice. My Department plays a key role in that process, and works closely with the Committee and the Audit Office. My Department seeks to help other Departments to improve their management and use of resources, and it circulates the Committee’s reports to accounting officers to promote good practice and to highlight lessons that should be applied across the public sector.

An example of good practice is the Audit Office report ‘Good Governance — Effective Relationships between Departments and their Arm’s Length Bodies’ and the subsequent Committee report that Paul Maskey referred to when proposing the motion. The Audit Office highlighted several instances of good practice, and the Committee subsequently produced an excellent report with 17 recommendations, all of which were accepted.

In recognition of the importance of that report and the important role of arm’s-length bodies within the public sector, my Department has created a team that is headed by a senior and experienced finance official. That team will initially work with the Department of Culture, Arts and Leisure — and subsequently other Departments — to improve and embed best practice in the sponsorship and management of arm’s-length bodies. I assure the Committee that its report will feature heavily in that work.

During his opening remarks at the first evidence session of the Public Accounts Committee after devolution in May 2007, the then Chairperson, John O'Dowd, said:

“Our purpose is to ensure that public finances are spent wisely and properly, because those finances are limited.”

Although that is indeed the role of the Committee, we are all responsible for ensuring that taxpayers' money is used economically, efficiently and effectively, and that public services are delivered to a high standard.

Since the last such debate in the House on the Committee's reports, in January 2002, the landscape of public-service delivery — never mind the political landscape — has changed dramatically, not least through our reform agenda. That landscape will continue to change. We want to deliver modern and efficient public services for Northern Ireland and, in striving to do so, we must be innovative. If we continue to do the same things in the same ways, we will continue to get the same results — and that is not good enough.

To make the progress that is required to improve our public services, our public servants must take risks and think outside the box. As Mr Hamilton said, public servants occasionally may not get it right. However, if public servants do not get it right, despite their good intentions, we should be measured in our response, rather than damning in our criticism.

It is right and proper that we hold public servants to account, but we must also allow them some latitude to be innovative and to do things differently for the benefit of our public services. Therefore, I ask the Committee and the Audit Office to consider its reports and recommendations in that light. Rules and regulations are required to guide us, but they can stifle the very progress that we all desire if they become too numerous and too onerous.

The Public Accounts Committee plays a vital role in the oversight of the public sector and the process of accountability, from the Northern Ireland Audit Office reports, to the evidence sessions, to the Public Accounts Committee's reports, and, finally, to my responses through the memoranda of reply. All of those stages of the process form a very strong framework to ensure public accountability and share lessons that have been learned.

My respect for the Committee and its work is not in question, but I ask it to accept that there will be times when I, and my ministerial colleagues, may not consider it appropriate to accept the recommendations that it makes in a report or to apply a control to the level of scrutiny that it suggests. In such circumstances, I shall consider my response carefully. I may not always be able to meet the Committee and, if it continues to have reservations in such situations, it may be appropriate for a matter to be considered further in the Chamber.

All Members want modern and efficient public services in Northern Ireland, but the harsh reality is that public finances are tight, so we are all trying to do more with less. Therefore, further improvements in our public services must be funded, to some extent, by improvements in efficiency. Two important initiatives are helping us to do that.

The first initiative is the work of the performance and efficiency delivery unit (PEDU) in the Department of Finance, which my predecessor established in 2007. As Members may be aware, PEDU has two main functions, the first of which is to examine the scope for Departments to deliver higher levels of cash, to tackle inefficiency and release resources for reinvestment, and to work with Departments on specific areas in order to ensure that resources deliver required outcomes. I am confident that, in the not too distant future, the fruits of that work will be seen in the form of increased efficiencies.

The second main function is to achieve better financial management in the public sector. I commend the Public Accounts Committee and the Audit Office for bringing financial-management issues, wherever they find them, to the fore. Virtually every decision that a public servant takes in a work context has a financial consequence. That is why a higher standard of financial management in the public sector is crucial, not just for accountants, but for all public servants. If high-quality public services that represent value for money are to be delivered, all public servants need the financial skills to do so.

However, that does not mean that the employment of more accountants is all that is needed, although I am sure that we all agree that they are important. Although, in the dim and distant past, numbers may, too readily, have been left to the number crunchers, times have changed. In order to make improvements in financial management that will allow the delivery of services that taxpayers, rightly, expect, the Department seeks to embed the highest standards of effective financial management in the culture of public bodies. It must be ensured that from the accounting officer to the administrative officer, all public-sector workers are not only financially literate, but are also fully aware of the financial environment in which they operate and the responsibilities that that brings.

Recently, my Department has worked with others in the public sector in order to elevate the profile of financial management. That has been done in several ways. One key element of that work has been to improve financial professionalism in public bodies. Every finance director in the 11 Departments is a qualified accountant and a member of the departmental board. I consider the development, support and encouragement of good financial-management practice in their Department to be a key role for all departmental finance directors.

In parallel, the successful implementation of Account NI, a common account and financial-reporting solution for the Northern Ireland Civil Service in four — soon to be six — Departments, represents a major achievement for the Civil Service and will provide Departments and the Executive with financial information of significantly improved quality that is used to support decision-making. Every work decision has a financial consequence. It is, therefore, important that the Department strives to embed those standards throughout the entire public sector.

I now want to respond to points that were made by Members during the debate, and to try to cover most of them in the time that remains. As well as the issue to which I referred, which was raised by the Chairperson of the Public Accounts Committee in his opening remarks, he also mentioned the Committee's 'First Composite Report On Issues Dealt With By Correspondence'. I was pleased to note that the Committee concluded that Departments had provided full information to support the recommendations in the reports that were the subject of its deliberations.

Mr Maskey and Mr Adams referred to the Springvale educational village project. The Department for Employment and Learning's role will be to insist that when a range of promoters co-operate on a project, all parties work in an open and transparent manner; departmental officials attend project board meetings for major or high-profile projects; and, where weaknesses are identified, departmental officials ensure that they are dealt with at an early stage. It is, therefore, absolutely vital that lessons are learned and that the Department for Employment and Learning takes forward the report's recommendations.

Mr Maskey also referred to the Committee's report on the national fraud initiative. I want to commend the Committee for the public support that it has given to that initiative and the welcoming and positive nature of its report. The national fraud initiative is a key tool in the fight against fraud and error. It has been successful in the rest of the United Kingdom and is expected to be no less so in Northern Ireland.

Mr Shannon raised the issue of tackling public-sector fraud generally. During the debate, he and other Members pointed out, rightly, that fraud robs us of the scarce resources that are needed to improve public services. There is already a strong anti-fraud culture in the public sector. Procedures and measures are in place that demonstrate to people who seek to defraud Government and the public that such action is unacceptable and will not be tolerated.

12.15 pm

My Department will continue to work closely with others and with the Audit Office to ensure that a co-ordinated approach to fraud prevention and management is implemented across the Northern Ireland public sector.

Mr Shannon also referred to the fraud in the Ordnance Survey of Northern Ireland (OSNI). Following that instance of fraud, all 43 internal audit recommendations were implemented by OSNI management and have been carried forward into the practice of Land and Property Services. Mr Shannon also referred to the Committee's 'Report on Northern Ireland's Road Safety Strategy'. Since the publication of that report, a team has been set up within the Department of the Environment's road safety division to prepare a new road safety strategy for publication in 2010.

Mr Beggs referred to the Committee's 'Report on Outpatients: Missed Appointments and Cancelled Clinics'. The Department of Health, Social Services and Public Safety is taking appropriate action to ensure that all the Committee's recommendations are fully implemented. That should ultimately lead to a shortening of waiting times for outpatient appointments, and that will be of benefit to a significant number of the people of Northern Ireland. Mr Beggs also referred to the Committee's 'Report into Older People and Domiciliary Care'. Again, the Department of Health, Social Services and Public Safety has made progress on the implementation of many of the Committee's recommendations and plans to ensure full compliance with them in due course.

Mr Dallat referred to the Committee's 'Further Report on the Use of Operating Theatres in the Northern Ireland Health and Personal Social Services'. It is in the interests of us all that the most efficient use is made of operating theatres, and thereby a reduction in waiting lists may be achieved. The Committee has kept a watching brief on that issue. The Department of Health, Social Services and Public Safety has established key targets for both the use of operating theatres and the numbers of cancelled operations which, if achieved, will further benefit the citizens of Northern Ireland.

Mr Dallat and Mr Burns referred to the Committee's 'Report on Use of Consultants'. That subject evokes much media coverage and comment, and I thank the Members for their comments on how we have approached that issue. It is important, because it relates to expenditure by all Departments. My Department has listened intently to the Committee and has conducted a significant amount of work to address the Committee's concerns. Most significantly, for the financial year 2007-08 and onwards, all Departments are required to provide DFP with an annual report on their use of consultants, as Mr Dallat stated. Those reports will provide an overview of the nature and extent of consultancy expenditure for all Departments. It will allow my Department to analyse the information supplied and circulate the findings to Departments so that best practice can be shared. It will also allow my Department to address with the Department concerned any issue of non-compliance with procedures.

Mr Lunn and Mr Wells referred to the Committee's 'Report on Northern Ireland Tourist Board – Contract to Manage the Trading Activities of Rural Cottage Holidays Limited'. One of the key issues in that report was the handling of conflicts of interest. I agree with the Committee's central conclusion that the appropriate response to any potential conflicts of interest is that they should be identified, recorded and managed effectively. My Department will continue to ensure that the issue of conflicts of interest is given due attention in relevant training courses for public servants, and that will include specific references to the Committee's reports where appropriate.

Mr Lunn also referred to the Committee's 'Report on Job Evaluation in the Education and Library Boards'. I note that the Department of Education accepted the Committee's recommendations and is implementing them. The Department has written to the chief executive designate of the education and skills authority to bring his attention to a number of the Committee's recommendations.

Mr Craig and Mr Burns referred to the Committee's 'Report on Social Security Benefit Fraud and Error'. The Department for Social Development's key aim is to ensure that people who are properly entitled receive the correct benefit. From the response provided to the Committee's report, I note that both the Department and the Social Security Agency are taking a number of steps to further minimise the incidents of fraud and error. It is absolutely vital that that matter is followed up and that we ensure that people get what they are entitled to, and that those who are not entitled to benefit do not receive it.

Mr McLaughlin, Mr Wells and Mr Burns commented on 'The Upgrade of the Belfast to Bangor Railway Line' report; the Department for Regional Development has provided an update of the progress made on responses to the Committee's recommendations. The update confirms that significant improvements have been made about the governance and control arrangements of the Northern Ireland Transport Holding Company and Translink, which is welcome.

Mr McLaughlin also referred to the Committee's report, 'The Transfer of Surplus Land in the PFI Education Pathfinder Projects'. The majority of recommendations emanating from that report were of a general nature, so my Department addressed them. After the publication of the Committee's report and the memorandum of reply, my Department drew a number of the Committee's recommendations to the attention of the other Departments. The key message is that, where public bodies decide to dispose of surplus assets, value for money must be clearly demonstrated as a prerequisite for DFP approval when required.

I welcome Mr Wells's joining the Committee. During his contribution, he mentioned someone whom he had met at university. When he said her name, I began to get extremely worried as to whom he was referring. [Laughter.] He said that she went to a priest to ask for forgiveness for smoking, drinking and behaving in a slovenly way, and for chasing after this, that and the other. However, he said that, after she was granted absolution, she reverted back to her bad ways. I did not think that the Civil Service had descended to those levels. I realise that Mr Wells used that only as an example of some people's recurrent and repetitive behaviour. I welcome his remarks, and I look forward to his contribution, through the Committee, and his engagement on issues with the Department.

Dawn Purvis raised some issues regarding the Hospitality Association of Northern Ireland. We all agree that proper controls must be put in place to protect public money. That should be agreed at the start of any financial relationship with a third-sector organisation to ensure the most effective balance of risk is struck between the funding body and the third-sector organisation. She also referred to the Committee's report, 'Northern Ireland Resource Accounts: Northern Ireland Child Support Agency Client Funds 2003-04–2006-07'. Since the report was published, the Child Maintenance Act (Northern Ireland) 2008, which places greater emphasis on stronger and more effective enforcement, has been enacted.

I have tried to cover most of the important points that were raised during the debate. I too would have preferred if Members had been allowed more time in which speak. However, that is not a matter for the Speaker or me to address.

I look forward to continued work with the Committee in the months ahead.

The Chairperson of the Public Accounts Committee: I will not need the full 15 minutes in which to speak, because the Minister has fully summarised what Members said during the debate. It is not worth repeating those contributions.

I thank all those Committee members and Assembly Members who contributed to the debate. I also thank the Minister for his contribution and response.

Of the Members who spoke during the debate, 10 are Committee members. Committee membership changed recently, which is perhaps the reason that George Robinson did not contribute. He joined the Committee only recently, attending his first meeting last week. Therefore, at this stage, he is still getting to grips with the Committee's work. I thank the Committee members for their contributions. I found the debate helpful and positive, and I look forward to building on the strong links that have already been established with the Minister's Department.

I also mention the excellent work of the Treasury officer of accounts and thank his staff, because they act as our principal contacts with DFP.

Jim Shannon spoke about the Committee's report on the road safety strategy. He brought us on the road to an interesting debate. We covered many issues, including the Committee's report, 'The Upgrade of the Belfast to Bangor Railway Line', about which Mitchel McLaughlin raised considerable concerns with the Committee. That issue was highlighted on two other occasions during the debate. Thomas Burns said that there are no good-news stories in his area and that he was shocked about the issues raised in the Public Accounts Committee's reports.

I have only been on the Committee for a number of months; but as regards good-news stories, the Public Accounts Committee looks at bad practice in the past and hopes that that will be turned into the good-news story of the future. That is the importance of the Public Accounts Committee. It is our wish to turn bad-news stories and bad practice into good-news stories and good practice.

We can joke about what Mr Wells said about confession — I do not know whether Jim Wells went to confession or not, but someone behind me asked what penance he would have received if he did. Maybe he could tell us at a Committee meeting. We look forward to hearing what penance he received.

Mr Shannon: It is the Public Accounts Committee.

The Chairperson of the Public Accounts

Committee: Maybe that is exactly what it is — you have been landed with us instead, Jim.

Simon Hamilton said that he has not gone away, and the Committee appreciates his contribution to today's debate. Overall, today's remarks have been very encouraging. I believe that the debate has served several purposes: the principal reason for the motion was to demonstrate to the House and reassure Members that the Public Accounts Committee is working very hard to do what it has been doing, and should be doing, on behalf of the Assembly Members. The Committee has not been found wanting when it has come to investigating instances in which public funds have not been spent as well as they could have been.

Today, the House has heard how the Committee addressed difficult issues such as the use of consultants, older people and domiciliary care, and social-security fraud and error. Members have had the opportunity to comment on our performance. However, the Public Accounts Committee does not want to be seen solely as a Committee that seeks out and criticises inadequacies in the management of public expenditure — some may say that that is too easy. We want to offer positive advice through considered recommendations.

I hope that the debate shows that the Public Accounts Committee's focus is shifting towards the scrutiny of governance issues. That is the way forward as regards real effectiveness, and if lessons are learned from that, then fewer accounting officers will be coming before the Public Accounts Committee to explain why their delivery did not match their plans.

On that point, I return to the Minister for Finance and Personnel's comments about Public Accounts Committee's reports. The Committee's reports will not stifle the work of any Departments — the reports need to be produced, and Departments need to learn from them.

Mr Adams spoke about the Springvale site, and the Minister acknowledged that there are very important issues to be learned from that report, as well as from some of the other reports.

We can all learn from the reports that have been published by the Public Accounts Committee up to now. As the Minister said, we can ensure that mistakes are not repeated. In some areas, like west and north Belfast, it is too late, because the projects have already been scuppered. That is an issue which must be addressed — I look forward to that.

Jim Wells asked how we go forward. I think it is important that we look at departmental progress 12 months after the publication of reports to see which recommendations they have accepted, and where that has taken us. It is important that these reports are not just left on the shelf, where nobody will take encouragement from them. It is of utmost importance that we learn from the reports, and the Public Accounts Committee will be looking to see which recommendations have been implemented by Departments.

Sometimes, Members may question the effectiveness of working in Committees. However, sometimes small things show that Members do make a difference. I recently read an article in the September edition of 'Agenda NI' by Brian Clerkin. He wrote about the new emphasis on accountability that is now being demanded by the Public Accounts Committee. Mr Clerkin went on to write that every accounting officer, audit committee and every head of internal audit in every public body should make sure that they read all Public Accounts Committee reports and recommendations. He suggested that a nominated member of the management team should be made responsible for disseminating the key points to the relevant managers in the organisation, and that the points raised by the Public Accounts Committee should be tested against the organisation's risk register at both corporate and operational levels.

I urge Members, particularly the Minister, to read the article, bearing in mind that if those outside the public service can recognise how the reports of the Public Accounts Committee need to be used, then there

can be no excuse for those inside the public service failing to do so.

I hope that the witnesses who have come before the Committee have found us to be challenging but fair, and determined but understanding.

Finally, I wish to say to those who will appear before the Committee in the future that we do not seek headlines through sensationalism or unfair criticism. If witnesses cannot convince us, please do not try to confuse us. I ask them to ensure that they are fully briefed, because the Committee will be. I ask them to ensure that their responses are clear and concise. If they help us to find the problems, we will help them to find the solutions. Go raibh mile maith agat.

Question put and agreed to.

Resolved:

That this Assembly takes note of the Public Accounts Committee First Composite Report (03/08/09R) and of the following Committee Reports:

Report on the Upgrade of the Belfast to Bangor Railway Line (1/07R)

Report on Outpatients: Missed Appointments and Cancelled Clinics (01/07/08R)

Report on Springvale Educational Village Project (04/07/08R)

Report on Northern Ireland's Road Safety Strategy (05/07/08R)

Report on the Transfer of Surplus Land in the PFI Education Pathfinder Projects (11/07/08R)

Report on Tackling Public Sector Fraud (13/07/08R)

Report on Use of Consultants (16/07/08R)

Report on Job Evaluation in the Education and Library Boards (18/07/08R)

Report on Excess Votes (Northern Ireland) (20/07/08R)

Report on Northern Ireland Resource Accounts — Northern Ireland Child Support Agency Client Funds 2003-04 - 2006-07 (21/07/08R)

Report into Older People and Domiciliary Care (24/07/08R)

Further Report on the Use of Operating Theatres in the Northern Ireland Health and Personal Social Services (25/07/08R)

Report on Social Security Benefit Fraud and Error (26/07/08R)

Report on Good Governance — Effective Relationships between Departments and their Arm's Length Bodies (28/07/08R)

Report on National Fraud Initiative (33/07/08R)

Report on Northern Ireland Tourist Board — Contract to Manage the Trading Activities of Rural Cottage Holidays Limited (35/07/08R)

Report on Hospitality Association of Northern Ireland: A Case Study in financial management and the public appointments process (36/07/08R)

and the following Department of Finance and Personnel Memoranda of Reply:

The Upgrade of the Belfast to Bangor Railway Line (NIA 20/07-08)

Outpatients: Missed Appointments and Cancelled Clinics (NIA 63/07-08)

Springvale Educational Village Project (NIA 67/07-08)

Northern Ireland's Road Safety Strategy (NIA 71/07-08)

The Transfer of Surplus Land in the PFI Education Pathfinder Projects (NIA 99/07-08)

Tackling Public Sector Fraud (NIA 112/07-08)

Job Evaluation in the Education and Library Boards (NIA125/07-08)

Use of Consultants (NIA 127/07-08)

Northern Ireland Resource Accounts — Northern Ireland Child Support Agency Client Funds 2003-04 - 2006-07 (NIA 136/07-08)

Older People and Domiciliary Care (NIA 176/08-09)

The Use of Operating Theatres in the Northern Ireland Health and Personal Social Services (NIA 187/07-08)

Social Security Benefit Fraud and Error (NIA 187/07-08)

Good Governance — Effective Relationships between Departments and their Arm's Length Bodies (NIA 209/07-08)

Northern Ireland Tourist Board — Contract to Manage the Trading Activities of Rural Cottage Holidays Limited (NIA 16/07-08)

Hospitality Association of Northern Ireland: A Case Study in the financial management and the public appointments process.

Mr Speaker: The Business Committee has arranged to meet immediately upon the lunchtime suspension. I propose, therefore, by leave of the Assembly, to suspend the sitting until 2.00 pm.

The sitting was suspended at 12.30 pm.

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

2.00 pm

PRIVATE MEMBERS' BUSINESS

Dental Care

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

Lord Browne: I beg to move

That this Assembly calls upon the Minister of Health, Social Services and Public Safety to review the current dental service and ensure that Health Service dental care is available to all citizens.

I thank the Minister for being in the House for the debate, particularly as this is the third debate in the House on dental care in the past year. That illustrates the importance of the subject.

In June 2007, an oral-health strategy for Northern Ireland was launched, and a report was published. Perhaps the most disturbing finding of the report is that the oral health of Northern Ireland's population is the worst in the United Kingdom. Indeed, that has been the case for many years. Therefore, the implementation of the report's constructive recommendations for dealing with that should be regarded as an urgent policy priority.

Recommendation 3.1 of the report refers to:

"Preventing caries in children, particularly among those from disadvantaged backgrounds, should be a key health objective for all Boards and Trusts in Northern Ireland."

Dental caries is a disease that damages the structure of teeth. Tooth decay and cavities are consequences of caries, and, if left untreated, the disease can lead to pain, tooth loss, infection, and in a few cases, it can prove to be fatal. The largest increase in dental caries is associated with diet change.

The strategy report refers to fluoridation as:

"the most ... cost-effective and equitable way of improving population dental health".

However, given that fluoridation is a controversial matter and that its introduction may be delayed or may not come about, the report states:

"an alternative, evidence-based, regional prevention programme for caries in children should be developed and implemented as soon as possible."

The report also recognises that much of the disease burden in the Western World is related to socio-economic factors:

"Health, both oral and general, is not equally distributed within Northern Ireland but rather varies across social groupings."

Tackling those inequalities should be a priority for the Department of Health, Social Services and Public Safety.

Smoking is now recognised as one of the most dangerous lifestyle problems, so I am interested to know whether the Minister can confirm that a procedure is in place by which dentists can screen at-risk patients for oral cancer, which the strategy report recommends. Has the Department established partnerships with health boards and trusts to improve dental service utilisation levels among those groups with historically low levels of attendance at dentists?

The report also recommends that each health board and trust should produce an annual action plan, which should be submitted to the strategic implementation group at the beginning of each financial year. Were action plans submitted by each board and trust at the beginning of this financial year?

Information on the progress in achieving the long-term targets that are set out in the report would also prove useful to Members. For example, is the target on course for 50% of five-year-old children and 40% of 12-year-old children being free from obvious decay by 2013?

The report states:

"In 2003 almost 8,000 young children received a general anaesthetic in a hospital to have decayed teeth extracted, over 1 million courses of dental treatment were started".

Members will agree that although those figures are five years old, they are staggering and unacceptable. Up-to-date information on numbers of children receiving such treatment would be useful.

Northern Ireland has an ageing population, which will present challenges to the dental-care service in the future. It is essential to maintain dental care for that group. Access to dental care must be a priority, and the service must be planned to meet customer needs rather than to be convenient for the provider. The number of dentists per head of population is higher in Northern Ireland than in the rest of the United Kingdom. However, that does not necessarily imply a fair and equitable distribution, particularly in isolated and rural areas and among society's most vulnerable individuals. Indeed, the strategic report confirms:

"the greater the proportion of dental treatment carried out privately, the more likely the distribution of practices is to be skewed towards the more affluent areas."

The Minister and Members will agree that access to dental care and treatment must be available to everyone equally. However, the report identifies sections of our community that cannot access those essential services.

For example, in some areas, individuals with special needs experience unacceptable waiting times for dental appointments. As the proportion of the population with special needs increases, it is imperative to correct that inequality as soon as possible.

On 2 July 2007, the Minister informed Members that the health boards were considering how to employ salaried dentists in areas that have experienced problems accessing services. The Minister assured Members and the public:

“all possible steps will be taken to ensure that dental treatment is available under the Health Service to those entitled to it and who wish to avail of it.” — [*Official Report, Bound Volume 23, p112, col 1*].

It would be useful to learn how those schemes are progressing, particularly the launch of the salaried-dentist scheme.

The Minister is aware that dentists are leaving the National Health Service to set up private healthcare. In my constituency of East Belfast, I know of two dentists who, in recent days, have informed their patients that they will be going private from December. That has caused serious concern, particularly among senior citizens who have been part of that practice for most of their adult lives.

On 29 April, the Minister informed the House that the formulation of a new contract between health and social services boards and the dental profession has been slow. Furthermore, the House was informed that a committed Health Service dental practice receives almost £30,000 in allowances that can be used to hire staff, buy equipment or refurbish premises. Has there been any further progress on the formulation of the new contracts? Are dentists who receive almost £30,000 a year and, subsequently, decide to leave National Health Service obliged to return that money?

The British Dental Association (BDA) reported recently that dentistry in Northern Ireland has declined over the past two years. Moreover, Central Services Agency statistics show that 5,300 fewer patients were registered for Health Service dental care in September 2008 compared with September 2007. Although dentist numbers have increased in the past two years, the number of dental practices has decreased.

The importance of access to dental care for all sections of our community cannot be overemphasised. Good dental care, and the prevention of tooth decay and gum disease, is essential for good health. It is, therefore, imperative that sufficient dentists are available in all areas of Northern Ireland. I hope that many of the laudable goals that are detailed in the oral-health strategy will be achieved as soon as possible.

The Chairperson of the Committee for Health, Social Services and Public Safety (Mrs I Robinson): I congratulate both of my colleagues for securing this very important debate. Recently, when I was talking to

a member of my constituency about access to National Health Service dental services, my constituent responded, “What access?”

In April 2008, I made a plea to the Health Minister for greater investment in dental services in Northern Ireland. I cited the most critical issue in addressing access to NHS dental services in the Province as increased funding for the infrastructure of dental services, and said that I believed that dentists want to provide up-to-date, preventative care for patients. I am committed to supporting dentists in pursuing their professional aspirations through a properly funded dental service.

Recently, it seems that announcements about further investment and funding have simply come about through recycled funding that was already in the dental budget — it did not represent any additional spending on dentistry needs from the Minister. As many as seven million people in the United Kingdom do not have access to an NHS dentist. In 1999, Tony Blair promised that all patients would have access to NHS dentistry within two years. Today, statistics show that, nationally, only four in 10 people are on the books of NHS dentists.

On 2 July 2007, the Health Minister, Mr McGimpsey, announced that he would introduce a tailor-made contract that would be better than the 2006 contract in England and Wales. The new contract in England and Wales simply saw a decline in access. In the three months following its introduction, 300,000 people lost their dentists. Over one million fewer patients have been able to access NHS dentistry in England since the introduction of the new dental contract.

Mr McGimpsey promises that we will have a better service here. However, as we have been made aware by the British Dental Association — and as happened across the water — access to NHS dental services in Northern Ireland has declined over the past two years. In September 2008, 53,000 fewer patients were registered for Health Service dental care as compared to September 2006.

In my constituency, I am told that there has been a significant drop in the number of adult patients registered for NHS dental care in the Ards community care area of the Eastern Health and Social Services Board. In September 2006, 55,228 adult patients were registered. At September 2008, there are 8,880 fewer adult patients registered, leaving a total of 46,348. Thankfully, the number of children — those under 18 years of age — who are registered for dental care has stayed fairly stable.

Throughout much of the recent literature on access to dental services in Northern Ireland, the phrase “interim measures to alleviate problems” seems to be common. Surely the only way to address the access issue is not through interim measures or bespoke

contracts, but through a radical dental reform that is underpinned by new, realistic funding.

I am told that the term “bespoke” refers to the upscale customisation that is reserved for the prestigious clientele. It seems that the Minister’s aspiration is to follow the folly of the experience of England and Wales. The financial patching-up of the existing dental service simply serves to drive dentists into the private-care sector.

At the end of this academic year, only 32 out of the 45 graduates who applied to work in Northern Ireland were able to find training posts. Against that background, and given the decline in dental practices over the past two years, 13 graduates have had to leave in that time. There is a clear need for capital investment, from the ground up.

2.15 pm

Scotland is the only area in the United Kingdom where there has been an increase — 6.6% for children and 6.9% for adults — in NHS registrations for dental services. How has that been achieved? Scotland has prioritised investment in the training and retention of dentists. The £500,000 allocation by the Minister this year for vocational training is not enough. Dentists must seek work outside Northern Ireland, and that sum of money reflects the degree of priority that the Minister has given to what is becoming one of the most visible social needs in healthcare.

Mrs O’Neill: Sinn Féin is committed to creating a society in which healthcare inequalities are eradicated and everyone has equal access to healthcare services. Healthcare is a right, and should be free at the point of delivery — that includes access to dental services.

This is the third debate in the Chamber on dental care during this mandate. However, we must continue to revisit the subject, because there is still a major problem in the North with respect to access to NHS dental care. Today, and in earlier debates, we have heard from many Members about the ongoing problems, and we are all aware of the startling statistics that illustrate the fact that the North’s oral-health levels are among the worst in this part of the world.

There is a blanket problem throughout the North; however, there appears to be a greater access problem in rural areas. I represent Mid Ulster where, according to British Dental Association statistics, between September 2006 and September 2008, 9,166 fewer adults registered for Health Service dental care. That figure covers just one constituency. Moreover, 8,000 of that drop in registrations occurred in the past year — from September 2007 to September 2008. Those figures demonstrate that not enough has been done to secure dental services for the people of Mid Ulster and, indeed, across the North.

Such decreases in NHS dental service registrations occurred despite the fact that several initiatives have been rolled out in the past 18 months to improve dental services. Those projects are welcome; however, some of them are at too early a stage for their success to be measured. Nevertheless, other projects have proven unsuccessful. For example, £400,000 was allocated to recruit dentists to areas of particular concern. According to British Dental Association figures, that investment has not addressed the access problem.

Although the number of people being registered is decreasing, in the past several years, the number of dental practitioners has increased, which begs the question: why? We must get to the bottom of those causes.

There is still a problem with maintaining the required level of new graduates and with ensuring that enough training places are available, so that those graduates are not forced to seek employment elsewhere. We must consider innovative ways to provide training places. As I said during previous debates, each year in the North, we aim to produce 40 new graduate places in training practices so that those individuals can begin their careers. However, in the past two years, that target has not been met. In 2007, there were just 30 new graduate training places, and 32 in 2008. Consequently, graduates are forced to seek work elsewhere.

The cost of providing surgery facilities to accommodate a new graduate falls on the practice, and, as Iris Robinson, the Chairperson of the Health Committee, said, that amounts to approximately £30,000, plus the cost of providing a dental nurse. Health Service funding meets the cost of training; however, it does not recognise the required investment in infrastructure at practice level. That disparity presents significant challenges for Health Service practices that wish to take on new graduates, and I hope that the ongoing consultation with the profession can address that matter.

Simply deploying numerous trainee dentists is not a quick-fix solution to the problem of access. However, in the long term, investment in vocational training and development will certainly be of assistance in ensuring that dentists are equipped and ready to take on the challenge of a modern, fit-for-purpose dental service.

Health Service dentistry provision is being reformed, and the profession is engaging constructively with the Department about the nature of that reform. We must secure a long-lasting solution to what is a growing problem. It has been said already that access to Health Service dentistry has declined over the past two years, with fewer than 53,000 people being registered with dentists.

In answer to a question from my colleague Carál Ní Chuilín, the Minister indicated that discussions with the BDA were ongoing and that the intention was to pilot a new contract in 2009. However, I note from a

BDA briefing that it is only hoped that the new arrangements will be in place by then. Can the Minister confirm which is the case? Are we at the stage to roll out the pilot and to conduct a proper evaluation of a project that will, I hope, bring much-needed improvements to the health of people in the North?

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

Mr McClarty: I welcome the debate, although I recognise that it is the third Assembly debate on dental service provision in just over a year.

It is accepted by the House — and, indeed, by the Minister — that there is a problem in the Province with the provision of Health Service dentistry. Unfortunately, and as we all know, thousands of people, particularly those in the west of the Province, find it difficult to gain quick and regular access to National Health Service dental treatment.

There are many reasons for that, not least because more and more dentists have increased the number of private services that they provide. Coupled with that is the fact that although there has been an increase in the number of dentists, there has been a reduction in the number of practices in the Province. Dentists also face more regulations and rising costs. The Ulster Unionist Party recognises that several issues must be worked through in order to ameliorate that situation.

Although I welcome the motion, it must be recognised that we have a Health Minister who is fully aware of the problems, who has taken decisive action already, and who is engaged fully in negotiations with the British Dental Association about new Health Service dental contracts.

We cannot expect the problems that have been created as a result of direct rule underinvestment in health and dental services to be removed overnight. Unfortunately, the Health Minister does not have a magic wand. Rather, he is developing the necessary processes, and I am confident that he will succeed in delivering improved Health Service dental provision for the Province. Indeed, he has already steered through the Assembly the Health (Miscellaneous Provisions) Bill, which was granted Royal Assent in February. The Act places a duty on each health and social services board to provide — or secure — the provision of primary dental services in its area to the extent that the board considers necessary to meet that area's needs. If a board cannot get an independent practitioner to set up in a particular area, it becomes the duty of the board to secure dental services in some other way — for example, by employing a salaried dentist.

Those are real and meaningful changes to the duties on and powers of our health and social services boards to provide Health Service dental provision in their areas. However, it will take time for the new processes and practices to deliver results, so, unfortunately, we

may have to be patient. I ask the Minister to update the House on the progress that has been made.

In addition, the Minister previously invested the substantial sum of approximately £8 million in Health Service dentistry in order to address the profession's concerns about the provision of the service. That investment included £4 million to help dental practices with their overheads, and that move was welcomed by the profession. The Minister invested £3 million to help buy cross-infection control equipment to reduce patients' risk of infection. He also announced £500,000 to incentivise dentists into training new graduates.

That means that an attractive package is now available to encourage dentists to become trainers. The initial response has not been as successful as was hoped, but the fact is that the process will take some time.

We all recognise that a problem still exists with Health Service dentistry provision in Northern Ireland. Thousands of people still find it difficult to register with an NHS dentist, and that problem is more acute in the west and north of the Province. The Minister and his Department are engaged in constructive negotiations with the British Dental Association on reforming the contractual arrangements between the Department and dentists to deliver Health Service provision. Those negotiations are progressing more slowly than one would have hoped, but it is important that we do not repeat some of the problems that have been experienced in England and Wales. I support the motion.

Mrs Hanna: I welcome the debate and thank the Members who tabled the motion. As has been said, this is the third debate on dental care since restoration. That highlights the fact that the main concerns that were raised in the previous debates are still outstanding. It was useful to have Mr McClarty set out the Minister's stall.

In response to the first debate on 2 July 2007, which Tommy Gallagher and I secured, it was acknowledged that problems exist with the arrangements between NHS dentists and the Central Services Agency. At that time, the Minister acknowledged that the issue was not the number of dentists but was about arranging proper contracts for their services. He added that, in short, the issue was primarily one of access.

The second debate on 29 April 2008, which Members from Sinn Féin secured, was about access to services. I now want to know how Members can pick up from where we left off. After the second debate, the Minister acknowledged that he was in talks with the British Dental Association to develop a new contract and that, because of the problems across the water, such a contract would have to be bespoke, to use his word. He said that the contract would give health and social services boards more control over where dentists locate their practices — that is an issue, because black spots exist, where access to dental services is poor. The contract,

the Minister said, would, therefore, improve access, as well as focus on preventive care and provide guaranteed out-of-hours services.

It has been said that the BDA wants a new, properly funded system in which dentists can give the modern, high-quality care that they want to provide for their patients. The BDA is concerned about the need for investment in existing infrastructure and in the expansion of existing practices, both of which will help dentists to meet the legislative and regulatory demands.

I am aware that the Minister and his Department have invested considerable resources in dental health. However, as far as I am aware, the Western Health and Social Services Board has not yet managed to put dentists in place — will the Minister give an update on that situation? Will he also provide an update on the matter of salaried dentists, an issue that is being pursued? I believe that the Minister also mentioned private-sector involvement in the NHS — I have no concerns about that if it is used to tackle the existing backlog, but I want to know where such involvement sits with NHS provision.

A point that I made in the previous debates, which was that poor oral health has a negative impact on people's general health and well-being, still stands. We are aware of specific diseases that are associated with tooth decay, and we want a quality dental service. More emergency dental service is needed, because, although the dental hospital is very good, it cannot do everything.

I also have a real concern for those patients who are just above the benefits level and must pay for all their treatment, because they are often the hardest hit. Often, those people require complex treatment, such as root canal work, and they cannot afford it. We also know, from listening to our constituents, that visiting a dentist can be a very clinical experience, and patients are often unsure of what is happening.

2.30 pm

Why are dentists dissatisfied and disillusioned with the National Health Service? Work carried out on a private basis is very lucrative, and the big challenge is how to encourage, motivate and support dentists to work in the NHS. The ethos of "drill and fill" demotivates those dentists who would otherwise stay in the NHS. Wider access must be maintained.

In addition to a better working environment, we also require more dental hygienists and nurses as part of an integrated approach to dental health. The other factor involved is dental health promotion. I am aware that that issue has been mentioned by the Minister and the Department. General oral health must be the long-term focus of dental health.

Mr McCarthy: I welcome the motion, and I thank the Members who tabled it. Dental provision is an

important issue for many people, and I hope that, through this debate, we can make progress

As many Members have said, it has been recognised that Northern Ireland has a very poor record of oral health. That cannot be good for the general health of our population. Indeed, Lord Browne has given facts and figures in relation to that very point. Our Government and our Assembly have a duty of care to provide people with easy access to a local dentist, as was the case not long ago.

Conditions must be right to encourage and entice dental practitioners to open their doors to everyone in the community. Our Government must follow their own guidelines when they say that prevention is better than cure — something with which we all agree.

If people cannot reach a dentist, they cannot receive the treatment they need; and it is obvious, and unfortunate, that their condition will deteriorate. It is a vicious circle, and patients may fall into poor health as a result

The Health Service should look after us from the cradle to the grave and should be free at the point of delivery. I hope that that sentiment still carries weight with the Department. The Department must ensure, among other things, that dental treatment is available to all.

As has already been acknowledged, more funding went into the budget for dentistry in 2007. However, some dentists continue to go down the private-practice route, making it increasingly difficult for many people to gain easy access to dental care.

Now that we have a working Assembly and — I hope — a listening Minister, our constituents want, need and expect us to deliver a local dental service to them and their children. The Assembly, in conjunction with the Health Promotion Agency, must encourage people to look after their teeth and their oral health.

MLAs have been elected to the Assembly to help provide basic health facilities including dental care. Members of the public are not interested or excited about how dentist's contracts are worked out. They simply do not understand why they cannot get the services of a dentist when they need to. People want the facility to be available when they need it. The Alliance Party fully supports the motion and hopes that the public will be able to receive dental treatment when required.

In relation to the BDA and the future of dentistry in Northern Ireland, that body has a number of key issues to deal with. There is much to be done if access to Health Service dentistry is to be improved. The BDA believes that action is required in a number of areas; I will cover the first of those, which is the main one. In the longer-term the new arrangements for Health Service dentistry in Northern Ireland, currently being negotiated between the BDA and the Department, must

create a system in which dentists can give the modern, high-quality care that they want to provide and that their patients want to receive.

That will mean a properly funded system that provides high-quality and affordable patient care at its heart. That is the main theme and thesis of today's motion, and it is hoped that the Minister will listen. I know that he is working hard to improve our lot in relation to dentistry, but it is important that he goes further to provide a better service for the masses — one that they can access when they need it. I support the motion.

Ms S Ramsey: Go raibh maith agat. I welcome the debate, as other Members have done, and I thank the proposer of the motion for allowing the Assembly to return to this subject. On 29 April of this year, my colleague Michelle O'Neill and I tabled a similar motion, because, like all Members, we were concerned about the lack of access to Health Service dental treatment. The debate on the Sinn Féin motion was preceded by the tabling of a similar motion by the SDLP, on 2 July 2007. This is the third time that such a motion is being debated; perhaps it will be third time lucky and we will receive assurances that the dental service treatment is working for our community.

I know that additional money has been made available, but, despite the Department's oral-health strategy and primary dental care strategy, the ordinary person on the street says that there does not seem to be any difference in access to dental care or treatment. Many Members have went through some of the relevant figures, and, according to the BDA's briefing paper — for which I am grateful — the situation is getting worse, as the House was informed by the proposer of the motion. According to the BDA, there are 53,000 fewer patients registered with a dentist this year than there were in 2006. That situation must be examined; it seems that we are getting worse instead of better.

I acknowledge that a substantial amount of money has been spent in the Health Service and that it received additional money in the Budget, but the question of whether that is enough must be asked. It seems that we are debating a Health Service-related motion every day that we come to the Chamber. Members must ask whether there is enough money in the budget, or whether other measures could be taken to achieve efficiency savings that will ensure that the people who are in greatest need are targeted.

I could go through the list of improvements that have been made in the Health Service by virtue of the fact that we have the Assembly and a local Minister. As local representatives, Members are aware of the local needs, and our communities are not shy about stopping Members in the supermarkets or on the streets to tell them where needs exist. We must recognise that

we have a local Minister, and local people will challenge him to meet their needs.

Members must also recognise that the current dental provision does not meet the needs of urban or rural communities. Members who spoke previously mentioned how much harder it is to access dental care west of the Bann. I could go into specific cases, but they have been highlighted in previous debates. The lack of service and access to services mean that we are punishing the most vulnerable in society, and we must get our acts together in that regard.

Children who live in the 20% most deprived wards are almost twice as likely to experience dental decay as children from the 20% most affluent areas. That is a startling statistic that the Assembly must challenge. The motion calls on the Minister to review the current dental service. Let me save the Minister some money and time: he does not need another report. I will be his adviser on this matter: the Health Service dental treatment is not working. That is the review completed. It will save money on conducting another review. We should leave it at that and proceed with changes. I will advise the Minister on a lot of other subjects, if he would like. That would be an alternative to producing more glossy reviews or documents. We know that the system is not working; we should move on. I would appreciate if, during his response, the Minister would inform the House of how he proposes to make changes and ensure that they work.

The Department's oral-health strategy set a number of targets. It aimed to reduce the proportion of adults without any natural teeth by 8%, or less, by 2008; increase the proportion of adults with 21 or more natural teeth to 78% by 2008; and, by 2008, to reduce the proportion of adults reporting at least one problem related to oral health from 47% to 40%.

How will we deal with those three targets in 2008, of which there is only a few months left, if we are saying that people cannot access dental healthcare or treatment? I support the motion and appreciate the opportunity to discuss the matter.

Mr Shannon: I support the motion. I have listened in horror to some of my constituents' stories about their dental health problems and the fact that they cannot get any help or relief from their pain. One can do nothing but feel sympathy for them. I refer them to a dentist who may be able to see them, but who might charge private-treatment prices that may be too expensive. The cost of treatment would not be an issue if it were a medical problem. Thankfully, no one in the Province stops going to his or her doctor because he or she cannot afford treatment. That will become truer as prescription charges are reduced and eventually cancelled, and I thank the Minister for announcing that decision yesterday. Many people are grateful for that decision.

The sad fact is that Northern Ireland has the worst record for oral hygiene and tooth decay than anywhere else in the United Kingdom. The British Dental Association's statistics show that a 12-year-old child in England will have, on average, one rotten tooth; in Wales the figure is one and a half; in Scotland it is one and three quarters — whatever that may mean; and in the Province it is two and a half. We have a real need for good dental care. However, many of our problems stem from the fact that in Northern Ireland, and the UK as a whole, there is a severe lack of dedicated NHS dentists.

Mr Hamilton: The Member remarked on the low levels of dedicated NHS staff. Does he share my concern at the news that the last remaining dentist in Comber, in our constituency, is changing from NHS to private practice? That will make access to NHS dental services even more difficult in an area that already has problems, and it will have a negative impact on the oral-hygiene concerns that he has expressed.

Mr Shannon: I agree wholeheartedly with the Member's comments. The situation in Comber is mirrored in Newtownards, the Ards Peninsula and many other places. It is sad that NHS patients in Comber no longer have a dentist.

People now decide to see their dentist to have a tooth removed, to stop the pain and to ensure that they are not faced with a big bill. For that reason, Northern Ireland has the highest number of people in the United Kingdom who have no natural teeth. We should note that even in the Republic of Ireland, which used to lag far behind us in dental care, children have the lowest levels of tooth decay in Europe. That would not be an issue if there were enough dentists. A cracked tooth could be removed, and a child could be shown at first hand how to clean his or her teeth and gums.

A recent article in the international press had a quiz about comparing teeth: it read, "Spot the British teeth". We are internationally famed for having bad teeth, and have been so for many years. That must change.

Mr K Robinson: Will the Member give way?

Mr Shannon: I will, but you will have only 20 seconds. *[Laughter.]*

Mr K Robinson: Does the Member agree that the problem was flagged up many years ago by Spike Milligan in his famous poem about English teeth?

Mr Shannon: I have a minute left. I appreciate Mr Robinson's comments, but, had I given him more time, I would not have any left.

We have been left with a generation that has not been taught about good oral hygiene and is suffering the effects. I am old enough to remember when dental nurses visited schools and gave pupils tablets that turned the plaque in their mouths blue, just to show how much they needed to brush their teeth. That is not

politically correct any more, and has gone the same way as the nit nurse. Our children do not understand the risks and problems associated with not taking care of their teeth when they are young.

My constituency has felt the effects of the lack of dentists who are willing to treat NHS patients, and my colleague Simon Hamilton has given a clear example of that. The BDA has said that dentists tend to be concentrated in major cities and urban centres away from some of the deprived or less-populated urban and rural communities that often need treatment most. A child from a middle-class professional family is more likely to have 20% less tooth decay than that of a working-class child.

2.45 pm

That is not entirely surprising, given that many people cannot get a dentist willing to treat them on the NHS; many families cannot afford private treatment and choose to go without any treatment at all. There are more than two million people in the UK who cannot find NHS dentists; that absurd problem must be resolved urgently before it is too late for our children. Only 9% of the 75% increased spending on the NHS was allocated to dentistry. The dental system must be brought up to date. It is feared that the shortage of dentists will have doubled by 2011. We must do something now to ensure that that statistic is never realised in the Province.

The Minister made the right decision in scrapping prescription charges. I ask that he also thinks long and hard about dental care and that he invests some money to ensure that no one will be denied dental treatment for financial reasons. I ask the Minister to examine ways of lowering the cost of dental treatment and to provide better packages to encourage more dentists to treat patients on the NHS. We are addressing poverty in Northern Ireland and trying to give people something to smile about. I ask the Minister to play his part in ensuring that those people will be smiling with their natural teeth. I support the motion.

Mr Gardiner: Mr McGimpsey took over as Health Minister just over 18 months ago. His brief was faced with years of problems — such as dental care in the Province — that had built up under the direct rule regime. Mr McGimpsey has been an active Minister, in stark contrast to other Ministers who seem to consider calling Executive meetings and giving Northern Ireland joined-up Government as too much for them. The Minister has been working hard to develop a unique dental contract for Northern Ireland, which is one potential solution to shortfalls in dental cover. The strategy is sensible and realistic and designed to avoid the problems that have been experienced with the national contract.

Some of the motions that come before the House — such as the one that we are debating today — are of a headline-grabbing and grandstanding variety. The motion is framed with a cheap and easy headline in mind. It is not constructive and implies inaction on the Minister's part, which could not be further from the truth. The Minister announced an additional £8 million for dental services in Northern Ireland.

Mrs I Robinson: Will the Member give way?

Mr Gardiner: No, thank you. He gave £400,000 to each health board to directly employ salaried dentists. The Minister also invested £500,000 to encourage serving dentists to take on trainee dentists. *[Interruption.]*

Mr Deputy Speaker: Order. There is too much gnashing of teeth. *[Laughter.]*

Mr Gardiner: The training grant for trainee dentists amounts to almost £19,000 a year, which is double the amount in England and Wales. Trainers also get to keep the trainee's gross earnings, which amount to £40,000 a year on average. The Department pays the trainee's salary of £29,000 a year. That package represents a clear financial incentive for practising dentists to train new dentists. The scale of the problem must be put in context: Northern Ireland still has a higher number of dentists per 100,000 of the population than Scotland, England and Wales.

One suggested solution was to make young trainee dentists repay the cost of their training by forcing them to work in the National Health Service for several years. That sounds like a good plan, but such a contract would run into legal difficulty, and the shortage of dentists is a nationwide problem. Indeed, dentists would simply move away from Northern Ireland, and more student dentists would move to English and Scottish universities. That would make matters worse.

The Minister is diligently exploring possible solutions. For example, he is assessing the potential for dental organisations to tender for National Health Service dental work. As recently as April, he told us that that could present an opportunity to target what he calls service black spots.

The solution to the problem of dental cover will be reached through hard, painstaking negotiations, such as those that the Minister has engaged in with the British Dental Association to try to achieve a local contract for all Northern Ireland dentists. Some people may be critical of the Minister's efforts, but, in my view, that is unfair. If I were a betting man, my money would be on the hard-working Health Minister, Mr McGimpsey, who has clearly supported a Health Service that is free at the point of access. He has announced the abolition of prescription charges, and he is working to provide a comprehensive dental service across the Province.

Mr Gallagher: There appear to be two schools of thought as far as the motion is concerned. One is that the Business Committee must sharpen up its act and not allow repetitive debates to be held in the Chamber. The other is that this debate is necessary because the public continues to face serious problems in accessing NHS dentists. I agree with the second school of thought. Every week in my constituency office, I hear from constituents about the serious problems that they encounter in accessing dental care. I therefore commend Lord Browne for tabling the motion.

Reference has been made to Northern Ireland's poor dental health record. There is no doubt that our record is by far the worst on these islands. The pity is that it is the most vulnerable groups — the elderly, young children and the financially disadvantaged — who suffer most. Indeed, it is a pity for all those who need dental care, especially those who need it urgently.

I agree with Michelle O'Neill's point about the particular access problems experienced by those who live in rural areas. Public transport is poor, and, again, the financially disadvantaged are affected most: if they even manage to find a dentist, they must, on top of everything else, pay considerable transport costs.

As a result of the first debate on this issue on 2 July 2007, the Minister, to his credit, responded to the crisis by announcing to the Assembly, immediately after the summer recess, on 17 September 2007, details of a £4.4 million package. As has been mentioned, some of that money was for allowances to help dental practices meet overhead costs. Over £1 million was put towards infection control, while some was spent on vocational training allowances. However, over £400,000 was earmarked for the employment of salaried dentists. Indeed, other money has been invested to help to improve the service since that announcement was made.

However, only one health and social services board has been successful in recruiting salaried dentists, which is another source of frustration for the public. The Western Health and Social Services Board, which covers the area that I represent, has not even yet reached the stage of advertising for salaried dentists. It is very frustrating that that kind of bureaucracy exists at that level in the Health Service — it is frustrating for Members, and irritating and disappointing for the people who are in need of services. That matter must be examined. It would be helpful if the Minister could bring about a step change in those boards that have not yet recruited salaried dentists.

In the meantime, we must intensify the work that is under way with the dental profession to resolve the outstanding issues. We know that dentists must meet the costs of maintaining their premises and equipment, and that is clearly one of the reasons that dentists are

turning in greater numbers to private work. Therefore, that issue cannot remain unresolved for much longer.

Training allowances are also very important. As the Committee Chairperson said, they are vital if we are to retain young graduates in Northern Ireland.

The proposer of the motion mentioned the issue of fluoridation. We must revisit that issue, because if one considers the dental health of people in the Republic of Ireland, a case can be made for supporting the argument for fluoridation. Indeed, the case for a better dental health strategy is a pressing matter.

Mr G Robison: I am pleased to speak to the motion, because there is a great need for access to dental treatment. That is especially true when it comes to the most vulnerable groups in society: the young; the elderly; and the disabled. I praise the steps that have been taken, as they have resulted in a reduction in the waiting list for people with disabilities. That reduction is largely down to the excellent work that has been carried out at the Causeway Hospital, and I applaud all the staff who are involved there.

However, the three most vulnerable groups are the least likely to seek regular dental treatment. In fact, the Department's 'Oral Health Strategy for Northern Ireland', which was published in 2007, acknowledged that fact, and it recommended ways in which to deal with the treatment shortfall. The strategy highlights one stark fact, which is that, when children reach the age of 18 and must pay for their treatment, their attendance for regular examinations drops rapidly. The next high point occurs at the age of 40, but, after that, there is a continuous decline in dental examinations. The strategy also states that loss of teeth is one of the main causes of nutritional deficiency in older people. That cannot be tolerated in a twenty-first-century society.

Some constituents have told me that they struggle to find the money to pay for treatment, especially for dentures. Will the Minister examine ways in which to address older people's specific needs? Furthermore, will he take into account the continuing demographic changes and bear in mind that we must not only seek to prevent dental problems but ensure that everyone who requires treatment gets it?

There is a further acknowledged link between material deprivation and poor dental health. That situation must also be addressed. We cannot permit young people to have poor health as a result of their not receiving adequate dental treatment. The departmental strategy shows that poor health and poor dental health are linked.

If the statistics are to be believed, the problem of access to dental practices is not a major issue for most of Northern Ireland's population. However, people with special needs and/or mobility needs seem to have difficulty accessing treatment. That issue must be tackled. As I said earlier, the Causeway Hospital is

leading the way in treating that group. Many people have been treated successfully — in some cases, after years of waiting. Such an approach must be taken to ensure that that most vulnerable group is treated. However, there is no point in having good treatment if people cannot access the facilities. I support the motion and thank my colleagues for tabling it.

The Minister of Health, Social Services and Public Safety (Mr McGimpsey): I welcome the opportunity to respond to the motion, which calls on me:

“to review the current dental service and ensure that Health Service dental care is available to all citizens.”

Dental services in Northern Ireland comprise hospital dentistry, community dental services and general dental services. My Department regularly reviews the dental workforce. The previous workforce report, which was issued in March 2006, showed a relative balance in the supply of dentists into our workforce. However, in order to meet future workforce needs, the report recommended that we increase the intake of students into the school of dentistry from 40 to 45 and that we increase the number of vocational training places for new graduates to 40.

3.00 pm

I am pleased to announce that I have made the funding available for an additional five dental student places from August 2008, which makes the dental school at Queen's University the largest in Ireland. I also made additional funding available last year in order to increase the number of vocational training places to 40. In fact, Northern Ireland puts more direct funding into vocational training than any other part of the UK.

My Department intends to conduct another workforce review of the entire dental service within the next 12 months. The hospital dental service is a specialist service, which treats patients on referral from primary care and provides services such as oral surgery, orthodontics and restorative dentistry. Like any other secondary care service, the hospital dental service is subject to the waiting list targets, and, to date, has met those targets. Patients are, therefore, able to access those services to the standards expected by the public. My Department is also about to commence a workforce review that is specifically targeted at the hospital dental service, and hopes to report its findings and recommendations next year.

The community dental service works from health centres in primary care. Its role is to care for patients with special needs, such as a learning disability, a physical disability or a compromising medical condition. The community dental service also provides care for socially disadvantaged children. A full review of the community dental service was conducted in 2003, and my Department is progressing a programme to deliver on the recommendations of that review. At present, special-needs patients

are able to access the appropriate services from the community dental service.

General dental services are delivered through high-street dental practices. The four health and social services boards are responsible for making arrangements with local dentists for general services in their own areas. However, there is no obligation on dentists to accept a patient for Health Service treatment, nor do current contractual arrangements permit health and social services boards to compel dentists to provide Health Service dental services.

As Members are aware, registering with a Health Service dentist has continued to be problematic for many people in certain areas throughout Northern Ireland. That had been the case before I assumed responsibility for health matters. Even though Northern Ireland has one of the best dentist:population ratios in the UK, patients are still having problems when they try to access Health Service dentistry. That is due to a drift of dentists into private practice. Although we appear to have a sufficient number of dentists, we have an insufficient number willing to provide Health Service dentistry.

I have already said that under current contractual arrangements, general dental practitioners who are independent contractors can choose to provide general dental services, private dentistry, or a mixture of both. Dentists can, therefore, set up practices anywhere they wish and treat as many or as few Health Service patients as they want. They can also walk away from the Health Service at short notice. In most cases, however, dental practices continue to provide Health Service dental care for exempt adults and children. Indeed, Sue Ramsey talked about that problem and about the fact that the service is not working, and suggested that a consultant should send me a bill. The fact is that 860,000 patients are registered, but we must take into consideration the 50,000 people for whom the system is not working. That is where I am specifically concentrating my efforts.

The motion calls on me as Minister of Health, Social Services and Public Safety:

“to review the current dental service and ensure that Health Service dental care is available to all citizens.”

My Department published the primary dental care strategy in November 2006. The strategy aims to modernise dental services and ensure that everyone has access to a dentist. In order to deliver those reforms, as Members will know, my Department is engaged in negotiations with the British Dental Association to develop a new contract for Northern Ireland. I am aware that Members have received the BDA's position paper on the subject.

The BDA is negotiating terms, conditions, contracts and money, and, therefore, will present a strong argument. In getting a contract, of course, it takes two to tango, and we have worked hard to get that contract. Members

will also be aware that a new contract was introduced in England and Wales in April 2006; however, it has not been popular with the profession there, and has failed to deal with all the access issues. The Department of Health will say that some progress has been made. A recent report shows that the average dental salary in England and Wales is roughly £100,000; however, the dentists there are not happy.

With the British Dental Association, my officials are developing a bespoke dental contract for Northern Ireland, and are working to avoid the problems experienced by the GB dental contract. The new contract will give health and social services boards more control over where dental practices are located and the patients whom dentists treat, which will improve access. It will focus on more preventative care and provide guaranteed out-of-hours services. That is what we want.

Health Service dentists raised improved pay and conditions as a key area of concern, and, importantly, the contract will provide those. However, everyone is aware that there is not a bottomless pit of money; there is a limited amount available. It will not simply flow, so all proposals must be justified and must stand up to scrutiny. Being told that dentistry must be properly and more realistically funded is music to the ears of the British Dental Association, but I have to balance that with other priorities.

I will now answer Lord Browne's questions. Each trust submitted annual action plans at the beginning of the financial year, and the Department measures the decay rates and the preventative schemes that trusts monitor. He asked whether the target for 50% of five-year-old children to be free from decay by 2013 is on course — the Department is meeting its targets for improving dental-decay rates in five-year-olds, which were set out in the Department's priorities for action. He also asked about waiting lists for people with special needs — those patients are seen in waiting list target times.

Lord Browne asked about general anaesthetic figures. In 2004, 40,000 teeth were extracted from 8,600 children by general anaesthetic, whereas in 2007, those figures had decreased to 6,000 children and 30,000 extractions. One could argue that those figures are still too high, but there has been a reduction.

Lord Browne and other Members asked about salaried dentists. Salaried dentists have been recruited in the Northern Board area, and, contrary to what Tommy Gallagher said, the Western Board has advertised six salaried-dentist positions. That is why, on 29 April — the last time that the issue was debated — I said that I was commissioning a new initiative to tender for dental services.

Therefore, despite our best efforts, progress on the new contract has, until recently, been slow. I have stressed to officials and the general dental practice

committee of the BDA the importance of expediting those arrangements. When negotiations have been satisfactorily completed, it is proposed that the new arrangements will be piloted in 2009, as planned, before the new contract is rolled out.

We have invested some £8 million, which, contrary to some assertions, is not recycled money. There was an underspend in the dental budget because of dentists leaving, and I invested all that in extra provision for dental services. That money would have gone back to DFP, so it is not recycled. That is the largest single investment in dental services in the past 20 years. Members were able to cite where that money has been spent, particularly Mr McClarty, who gave me a list.

Members will recall that on 29 April, I advised the House of the Department's intention to secure additional dental services through a large-scale tendering process. The main advantage of that tendering exercise is that it will allow boards to cite those additional services in areas of highest access need.

Contractors will allow the Department to undertake Health Service work. That has the potential to largely eliminate the current access problems. That has been the experience in England, Wales and Scotland.

During the past four years, 50,000 fewer patients received Health Service dental care. That is the nature of the problem that the Department faces — and which I am determined to deal with. Following receipt of legal advice, the Department was required to consult widely. I made an announcement to the House on 29 April 2008, and the Department has worked on the matter throughout the summer. The consultation period ends next week, after which progress can be made. When consultation is complete, the Department will issue the tender as soon as possible. I anticipate that the Department will have preferred bidders for additional dental services early in 2009.

Sue Ramsey made the important point that, although oral decay must be dealt with, access to dental services is the key issue. Oral health depends on lifestyle and diet. Consumption of less sugar and fewer fizzy drinks can prevent oral decay. Northern Ireland has the highest intake of sugar and fizzy drinks anywhere in the UK, and hence has the worst oral health. The way to combat that is through better diet and the use of fluoride toothpaste. Public health studies show that progress has been made.

The Government in the Irish Republic took a different approach; they fluoridated the water supply. That is why the Republic went from having the worst oral decay rates in Europe to the best. I am aware that the DUP and Sinn Féin oppose water fluoridation. I suppose that, as an all-Ireland party, Sinn Féin must currently be campaigning for fluoride to be removed from the Republic's water.

Access is the key issue. Members who made that point during the debate understand where action must be taken. Several other points were made, and I have tried to respond to them all in my comments. As I have said, improving oral health is one side of the issue. Providing access to dental services is most important.

Of course, the Health Service cannot hope to match the sort of rates that dentists are able to charge for cosmetic work, for example. However, the Department hopes to provide dentists with a good, steady income. It hopes to provide access through a tendering process, whereby dentists can tender for the dental needs of a particular area. As I have mentioned, 50,000 patients are short of access.

That is the direction in which the Department is going, and it will take other steps, if necessary. That is the most practical, timely and cost-effective way to deal with current access problems in Health Service dentistry. I am optimistic that by the end of 2009, patients will, once again, be able to access Health Service dentistry throughout Northern Ireland. I trust that the House will support me in that approach, as I continue to work at it.

As I have said during previous debates, if anyone has a better idea, let me know about it. No one has ever done so. I have never received a single proposal suggesting a better way to do something because my way is wrong, except to ask that I provide more realistic and better funding — therefore, more money. That is my approach. The Department has made investment and taken several initiatives, such as the tendering process. The obvious way to do that is through a contract with the British Dental Association. Although the Department has also worked hard on that, it takes two to tango.

Mr Deputy Speaker: Minister, your time is up.

The Minister of Health, Social Services and Public Safety: I trust that, when the next debate on this issue takes place, Members will see that further progress has been made. I share exactly the same aims as everyone else.

Mr Newton: The main purpose of the motion — which is the third to have been debated on this issue — is to deal with the fact that many people throughout Northern Ireland do not have access to a dentist, either because of a lack of financial means or a lack of dental practices in their area.

That is the case even though, according to Central Services Agency sources, Northern Ireland has a higher ratio of dentists per person than other parts of the UK — those facts have already been trotted out.

One of the problems identified is that dental surgeries more closely resemble small businesses than medical facilities. If it is not economically viable for a dental surgery to survive in an area, none will open or stay

open. That has led to a situation in which dental surgeries will only remain open in affluent areas. Those who need care most will be forced to travel long distances or face not going to a dentist.

3.15 pm

It is noticeable that more and more dental practices are turning to private dentistry, which means that socially disadvantaged people cannot afford the oral healthcare that they require. That means that the oral health of many Northern Ireland citizens has gone unexamined for many years.

Dental registration is highest among eight- to 18-year-olds; for that age group, free healthcare is universal. However, as other Members stated, of those people, who must pay for their treatment, far fewer register with a dental practice. That affects socially disadvantaged people such as the unemployed, the disabled, those with a lack of education, those with an addiction or those from minority-ethnic groups. That is worrying, because the dentist is often the first to detect diseases such as oral cancer. General tooth decay can have a detrimental effect not only on health but on overall well-being.

Again, as other Members have said, the current system for providing healthcare in Northern Ireland is under review. However, we must ensure that those who cannot receive dental care owing to their social situation will be able to access treatment after this review — the word “access” crops up again. I accept that the arrangements for the provision of Health Service dentistry in Northern Ireland are subject to reform and that constructive dialogue with the profession about the nature of that reform, to which the Minister referred, is ongoing.

Many dentists struggle to provide Health Service dentistry. Any cuts in administrative or practice allowances will result in more NHS dentists moving into private practice. The opening of additional dental practices should not prove detrimental to existing NHS dental practices. The location strategy should be based on qualified need; the terms of the review should not see Health Service dentists disadvantaged, and those dentists should be encouraged to supply additional NHS dentistry.

Concerns have been expressed that figures from the Central Services Agency show that almost 53,000 fewer people are registered for Health Service dental care in 2008 than was the case in 2006. The figures for adults are as follows: the number registered in September 2008 is down 49,757 on the number registered in September 2006, of which there was a decline of 26,300 between September 2006 and September 2007, and a decline of 23,457 between September 2007 and this month.

The British Dental Association has recommended that action be taken in three key areas. First, it has identified a need to create a system in which dentists can provide the modern high-quality care that patients expect. That means a properly funded system that is affordable to patients as they require it. Secondly, the BDA has said that increased investment in the future of dental healthcare is needed, and that involves investing in educational programmes in order to ensure that the Northern Ireland dental service has skilled graduates of the highest quality in its ranks. Thirdly, the association identifies a need to invest in existing infrastructure, expand practice facilities and create initiatives that will help dental practices to open in areas where there is a defined need.

That may require incentives to newly qualified dentists to establish practices. However, as I already said, care must be taken not to impact negatively on already established practices.

There is desperate need for dental care in my constituency of East Belfast, for which the Eastern Health and Social Services Board has responsibility. Since 2006, some 9,000 fewer adult patients have registered for Health Service dental care. Some 88,000 adults were registered for dental care in September 2006 compared with some 79,000 patients in September 2008. In the Sydenham area of East Belfast, half of all children aged between three and five are not registered with a dentist.

The Minister must recognise constituents' frustrations, expressed by Members on their behalf. Concerned constituents have not seen the problem addressed as quickly as they would have liked.

I want to deal with some points that Members raised. I fully support Lord Browne's points. He placed great emphasis on the need for an effective strategy for oral-health provision. His primary argument was that dental care should be accessible for everyone.

Mrs Robinson, in her capacity as Chairperson of the Committee for Health, Social Services and Public Safety, also stressed the need for accessibility. She quoted statistics that illustrated the number of adults not receiving dental care. She also expressed the concerns of qualified dentists who have difficulty getting into a practice. Indeed, Mrs Robinson emphasised the positive experience of dental care in Scotland, and pointed to that as an example of best practice.

Michelle O'Neill welcomed the pilot schemes, but indicated that, perhaps, it was too early to judge their success. She also stressed the need for jobs for graduates.

In support of his Minister, David McClarty stressed that negotiations were ongoing, and he called for time to deliver results.

Carmel Hanna talked about the concept of salaried dentists. She said that she viewed private dentists as a

temporary measure on the path to a much improved Health Service. She also highlighted the frustration of National Health Service dentists.

Kieran McCarthy stressed the need for progress and for additional funding that must deliver for patients.

Sue Ramsey offered her services to the Minister as a consultant. She said that Health Service dental care is not working and that there is no need for more glossy reports.

Jim Shannon benchmarked the standards of oral hygiene of children from local areas with that of children from other areas of the UK.

I am sorry that Sam Gardiner took a negative stance on the motion while defending his Minister. The motion makes no attempt to attack the Minister. Rather, it highlights concerns for the well-being of the public and the availability of access to dental care.

The Minister, of course, defended his strategy. The motion was tabled to highlight the needs of constituents and the frustration experienced by Members in the Chamber.

There is no real key to that —

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

Mr Newton: The motion is not an attack on the Minister, and I ask that he pays attention to the problems raised by the BDA.

Question put and agreed to.

Resolved:

That this Assembly calls upon the Minister of Health, Social Services and Public Safety to review the current dental service and ensure that Health Service dental care is available to all citizens.

PRIVATE MEMBERS' BUSINESS

Environmental Improvement Schemes in the Markets Area, Belfast

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

Mr A Maskey: I beg to move

That this Assembly calls on the Minister for Social Development to fulfil the commitments given by her Department to the local community in relation to the Environmental Improvement Schemes in the Markets area, Belfast.

Go raibh maith agat, a LeasCheann Comhairle. I thank the Business Committee for giving me the opportunity to table the motion. I also thank the Assembly's Research and Library Service for providing Members with very helpful information, particularly on neighbourhood renewal schemes and programmes.

I table the motion reluctantly, because the Minister for Social Development, Margaret Ritchie, has made her commitment on the proposal to complete phases 3 and 4 of the environmental improvement schemes in the Markets area. Those schemes pre-date the Minister, and she has clearly made her commitment.

I acknowledge the fact that the Housing Executive officials with whom I have worked over the past few years continue to demonstrate their personal and professional support for the project. I do not want to take any issue with them, but I wish to make the point that in May 2008, I met the Minister to discuss several issues relating to South Belfast. It is fair to say — and the Minister and I can dispute this point, even though it is not very important — that we did not exactly hit it off over some of the matters that were under discussion. Perhaps that is par for the course.

I entered into further correspondence with the Minister, and on 18 June 2008, I requested a further meeting; to date, I have not received a response. That is why I was reluctant to table the motion. I expect that the Minister is present to reaffirm her personal and departmental commitment to delivering the project. However, the issue has a history of some years' standing, and I want to address that.

The Markets area is a small residential area on the edge of the city centre. For decades, it was one of the largest inner-city working-class communities, with thriving industry and commerce. There were abattoirs, bakeries, water springs, engineering companies and, of course, markets. With progress, however, comes change, and although the project to provide new social

housing in that community is welcome, it is not the most successful of schemes.

The scheme was designed with little or no real local community consultation. It has ended up with a small residential community being hemmed in on all sides. On one side is Cromac Street — the main road — on the second side is East Bridge Street, on the third side is the railway line and on the fourth side are the gasworks.

That part of the Markets area where the two schemes are based is hemmed in on all sides. The initial building design means that the area comprises back alleyways, back-to-front housing and very little vehicular access, which means that parts of the area are falling into disrepair and have become focal points for much vandalism and antisocial behaviour. That behaviour is always being sensationalised — perhaps rightly so — but what is eventually being recognised is that this community has turned from being a thriving, commercially vibrant area into one that is now ranked fortieth out of 890 of the most-deprived small areas. There are high levels of multiple deprivation; in the super-output areas of the Noble indices, the Markets area is among the top 2% for the worst living environment and the top 6% for the health deprivation indicator.

3.30 pm

Those statistics, coupled with the unemployment figures, show that the Markets is an area of considerable deprivation; indeed, it is being increasingly marginalised as progress continues apace outside its immediate vicinity. The last work that was carried out on the railway station meant that the railway line had a bigger and better wall that borders part of the Markets community. The welcome developments on the gasworks site, which was substantially supported by the Department over the years, has seen many millions of pounds spent on a site that borders the Markets community but from which that community gains little or no benefit.

Promises were made years ago that when the gasworks development took place there would be serious and consistent attempts to ensure that people in surrounding communities had equal access to job opportunities. Unfortunately, that has not panned out. There is, therefore, an increasingly marginalised community in the Markets that has not benefited from the surrounding economic developments of recent years.

The Markets is a neighbourhood renewal area, yet it continues to rank high on multiple deprivation indices. It is an area that is in desperate need of remedial work. The Housing Executive, many in that community and I have been raising those issues for years; indeed, I have raised them with the local management of the Housing Executive. I arranged for the chief executive of the Housing Executive, with a senior team, to tour the area to see the situation literally on the ground.

I have raised the issue with the Minister directly, as have community associations, local clergy and other representatives, such as local schools. Many people in the area have been working hard with the local statutory agencies, and particularly with the Housing Executive, to ensure community improvement. Proposed schemes that emanated about 2000 have been in operation since about 2004. There are two small blocks, housing four flats each; they are not penthouses or of high quality and they need to be demolished. Demolishing those two little blocks would allow work to take place that would open up the district, allowing for vehicles to travel through and people to walk in traditional streetscapes.

The benefit of such a scheme is to increase access for the local community. It would also allow for some properties that are falling into disrepair to be given over to tenants as driveways or gardens. In addition, if the considerable resurfacing required by these proposals was undertaken, it would make a valuable contribution to improving the built environment in the area.

Promises were made to the local community, and hopes ran high at public consultations to debate the schemes. However, because of the delay since 2004 in implementing the schemes, I defy anyone to tell me that anyone in the Markets area even remembers that those schemes were promised to them. That is unfortunate, because many good people, including Members and representatives of statutory bodies, are working with the community's interests at heart.

I urge the Minister to remind herself and the Department that those schemes were promised to the Markets community, yet they are, after several years and for a variety of reasons, still outstanding. The board of the Housing Executive and the Department itself have taken far too long to make a decision on the demolition or otherwise of those two little blocks of flats. Even if those flats are not demolished, other work should be carried out.

Those schemes have been deferred year on year. We are now told that one will go ahead in February 2009 and the last in January 2010. I introduced this motion because promises and commitments have been made year after year. However, I am concerned that further delay in those projects means that the area continues to be neglected, does not have the quality of environment to which it is entitled and has not seen progress in improving its physical appearance. Nor does further delay give people in that community hope that statutory bodies do care while multimillion-pound developments are continuing all around the Markets area.

I know that the Minister made a commitment to those projects, but I urge her to ensure that there is no further delay. I urge her not only to ensure that the commencement date is adhered to — if not brought forward — but to ensure that the budget for those projects is ring-fenced

and guaranteed. Otherwise, the scheme will be delayed by further years, and people will give up hope on what is only a £2 million spend in an area that has been greatly neglected for years. Go raibh míle maith agat.

Dr McDonnell: I thank the Member for his ongoing interest in the Markets area. As always, I welcome the opportunity to bring the needs of that community to the attention of the Assembly. I have served that community for some 30 years, and I agree with the Member that the area has many social needs. However, I am a little disappointed, but not surprised, by the motion. Rather than genuinely focusing on helping the community in a constructive way, the motion is more concerned with taking cheap Judas swipes and making mean attacks on the Minister. That is unfair.

Mr A Maskey: I am disappointed by the Member's comments. In my remarks, did I do anything other than commend the Minister and, particularly, officials in the Housing Executive for their personal and professional commitment to the project? The local community is determined to work with the relevant agencies. Did I say anything that criticised the Minister?

Dr McDonnell: The wording of the motion is ambiguous and dubious, as was much of what the Member said. His shyness and reluctance was touching, but he cannot have it both ways. As the Member said, the Minister has done her job, and the Housing Executive has done its job. There is no substance to the motion.

The motion is not helpful. I emphasise the point that the people of the Markets have been neglected for decades by direct rule Ministers, who were preoccupied by other agendas, including personal political agendas, as they drifted past here. The people of the Markets deserve better from any of their representatives than political scheming.

The Member knows full well — and has half admitted — that the scheme for the Markets was approved 14 or 15 years ago. He knows full well that some £3 million has already been committed and spent on phase 1 and phase 2 of the environmental scheme, which resulted in a much-welcomed upgrade of the estate.

Under phase 3, which must be considered honestly, eight fully occupied, good, modern flats are being marked for demolition, merely to make way for car-parking spaces. Those are relatively new homes which, in my estimation, are worth some £1.25 million in an area of high housing demand. From my meetings and discussions with people in the broader Markets community, I am acutely aware of the desperate housing need and the concerns that people have over the demolition of eight perfectly good flats to make way for a car park. I have a list as long as your arm, and perhaps longer, of people in the Markets who would give their right arm to get one of those flats. They do not want those flats to be knocked down.

Undoubtedly, there is a severe car-parking problem in the area, which is caused by commuter car-parking. Development of the city centre and the gasworks has created pressure, and people who live in the Markets find it almost impossible to get into and out of their area during the week, never mind park near their home.

Vehicles are parked close to residents' doors, and emergency vehicles experience difficulty accessing houses. Would it not be better for the Member to join other Members and have a chat with his colleague the Minister for Regional Development about creating a sensible parking solution for the area? Such a solution could override the earlier plan to charge people who live in the area an extra inner-city car-parking tax. We need a solution that addresses commuter parking problems and that releases the space that will enable residents to get to and from their homes. That makes a great deal more sense than evicting people from eight good homes in the area, given that people are crying out for homes and there is a long waiting list. Good homes should not be demolished.

Those issues must be dealt with. I am happy to meet with the Member — or anybody else — to consider the matter. Whatever the shenanigans in the Executive, I urge the Minister for Regional Development to have a word with the Minister for Social Development about some of the matters that are involved in phase 3 of the scheme. Likewise, I ask the Minister for Regional Development to end his Department's spat with the Department of the Environment in order to ensure that phase 4 of the environmental scheme gets the green light.

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

Dr McDonnell: Phase 4 has been stopped dead in its tracks because of a dispute in Roads Service.

Mr Deputy Speaker: The Member's time is up. I call Mrs Anna Lo.

Ms Lo: It is Ms Lo; thank you. The neighbourhood renewal strategy generated a great deal of hope and expectation in communities in disadvantaged areas. The strategy's interdepartmental collaboration in community, economic and social and physical renewal was considered to be the first initiative that would make a real difference to the lives of people in those neighbourhoods.

The environmental improvement schemes formed part of the strategy's physical renewal objective. Although the strategy has had some success, there have been disappointments, primarily with the lack of buy-in from Departments other than the Department for Social Development. That Department's intention to hand over the implementation of the action plans to local councils in the future has, understandably, caused a great deal of concern and uncertainty in those communities. Indeed, I wonder how the rest of the plans will be delivered.

I am pleased to support the motion, and I, too, call on the Minister to reaffirm her commitment to complete phases 3 and 4 of the environmental improvement scheme in the Markets area. The Minister has been responsive to community needs, and the community has appreciated her regeneration plan for the Village.

Recently, the Minister, Carmel Hanna, Alasdair McDonnell and I visited residents in Great Northern Street and the Lisburn Road, and, as a result of that visit, Roads Service will inspect the roads on Friday 3 October 2008 with a view to improving surfaces. It is therefore great to have the Minister's support. However, I understand frustrations in the Markets area about the delays and the lack of progress that has been made in promoting the frontage there since the completion of the two previous phases.

3.45 pm

Phases 3 and 4 will help to create a more attractive and sustainable environment in the Markets area. A brighter environment will lift the spirits of the people and will enhance their well-being.

I take this opportunity to commend the residents of the Markets area for the way that they have shared their neighbourhood with elderly Chinese residents in the sheltered-housing scheme in McAuley Street. I lobbied for that scheme, which was the first sheltered-housing scheme to be built on the island of Ireland. The residents from the Chinese community have been very well looked after, welcomed and well received by their neighbours. That very much demonstrates the wider perspective of a shared future in the Markets area, and the residents should be praised for their efforts.

I call again on the Minister to reaffirm her commitment to complete the remaining two phases.

Mr Armstrong: I welcome the opportunity to speak in the debate, which is the first time that I have had the opportunity to speak in my capacity as the Ulster Unionist Party's spokesperson on social development issues.

The amount of money that has been spent, and is due to be spent, on the Markets area indicates that that part of Belfast has done rather well as regards resource allocation from the Department for Social Development and other Government agencies. It is hardly an area that has been neglected by the Department. During phases 1 and 2 of the improvement scheme, a very significant sum — more than £2 million — was spent. In phases 3 and 4, a further £1.7 million has been earmarked mainly to realign roads and introduce traffic-calming measures.

Those sums are not insignificant. Were similar expenditure to be forthcoming for Mid Ulster, I assure any doubters that my constituents would be very happy indeed. If elected representatives from Belfast are suggesting that the sum is trivial and is of no real use to the Markets area, I assure them that the people of

Mid Ulster would be grateful and would be well capable of putting it to good use.

There may well be delays that are affecting the improvement schemes in the Markets area. However, as any MLA can tell the House; when one tries to do anything in Northern Ireland, the Planning Service or the Roads Service become involved, and delays are sadly inevitable. I have no doubt that there are real problems facing residents in the Markets area. Those problems are found in the inner-city areas of any British city, and they include the need to provide housing and other issues that have received much media coverage in recent times. One such issue that needs to be addressed is that of commuter parking.

Those issues are being addressed through partnership between DSD and bodies such as the Belfast City Council, the Housing Executive, the Belfast Regeneration Office and the Markets Development Association. It is quite clear that the Markets area has not been abandoned by the powers that be.

The Minister for Social Development (Ms Ritchie): First, I thank all speakers who contributed to this debate.

It is disappointing that this institution has reached the point at which relatively local issues are commanding prime time on the Floor of the Assembly. That is a consequence of the complete lack of Government business being presented to the House. That, in turn, is a consequence of the decision by the party proposing the motion to block all business of the Executive Committee.

Once again, I call on it to face up to its responsibilities and let those of us who want to get on with our work do so.

It is particularly noteworthy that the motion, which is primarily about housing, has been proposed by a party that is holding up much-needed housing reform and stalling my draft housing Bill at the Executive. I will take no lectures from people who — although they pretend otherwise — care only about themselves.

Mr A Maskey: Will the Minister give way?

The Minister for Social Development: I have only started, so I will continue.

Nevertheless, I welcome the opportunity to respond to the motion, because it allows me to clarify some of the matters that have been raised.

The Northern Ireland Housing Executive identified the Markets area of south Belfast as the focus for a programme of environmental improvement works to be delivered in four phases over several years. Phases 1 and 2 have already been completed, at a cost of £600,000, which represents a significant investment. Phases 3 and 4 will involve a further investment of

£1.7 million. The overall investment in the area will amount to £2.3 million.

Phase 3 involves the realignment of roads; the introduction of traffic-calming measures; and the demolition of eight properties to make way for additional car parking, which is of particular concern to me, as I am yet to be convinced of the need for it. Members from that area are aware that housing demand remains high and that those eight properties are occupied. I have made it clear that my foremost priority is social housing, and I am therefore not minded to agree to demolishing properties in order to provide car parking. Furthermore, I am concerned that increasing the number of car-parking spaces in the vicinity may detract from the recent initiative to reduce the blight caused by commuter parking. Access for emergency vehicles is another reason for the demolition of those properties, and that does require careful consideration. I am more concerned about that than about addressing car-parking need.

Standing here today, we will not address those concerns. Therefore, I have asked my officials to convene an on-site meeting for all interested parties. I assume that the Member who proposed the motion will want to take part in that meeting, and I will issue invitations to him and to other local representatives.

Work on phase 4 will also involve several traffic-calming measures and some road realignment. Unfortunately, the start of that work has been delayed due to ongoing discussions involving the Roads Service. The Member who tabled the motion may wish to speak to his party colleague the Minister for Regional Development to ascertain why the matter has dragged on longer than expected. Work cannot begin on phase 4 without agreement with the Roads Service, and, accordingly, I have written to Minister Murphy.

Outside those schemes, a tremendous amount of work is already under way to improve the physical environment in the Markets area. For example, this year, there has been substantial funding for a variety of work to remove graffiti and rubbish, erect fences, and empty drains throughout the estate. Moreover, the Housing Executive supports a programme to undertake other minor works, such as landscaping, shrub and tree planting, and various external masonry repairs. Of course, that is in addition to the regular maintenance programme.

Environmental improvement works are not confined to the estate. My officials are working closely with various statutory agencies and communities to deliver a programme of environmental improvement works, particularly along arterial routes. Currently, we are completing a scheme at the junction of Cromac Street and East Bridge Street to enhance that gateway to Belfast city centre.

It involves the upgrading of footpaths and traffic islands and the planting of semi-mature oak trees. The scheme will be further enhanced by a new piece of sculpture situated outside St George's Market. Members of the local community have been closely involved in the development of the plans.

Earlier in the debate, Dr McDonnell referred to various issues that affect the Markets. I thank the Member for his contribution, and share his concerns about car-parking problems.

Anna Lo referred to issues related to neighbourhood renewal, the lack of buy-in from other Departments and other matters in the south Belfast area that fronts onto the city centre.

Billy Armstrong compared environmental improvement schemes, and referred to the amount spent on city-centre urban areas compared with urban towns in rural constituencies.

I trust that Members and Markets residents who are here will be reassured by what they have heard. I do not see any visitors; I thought that there might have been some in the Public Gallery.

When I see the proposer of this motion, Mr Alex Maskey, in the context of the Markets, I think of only one thing — the events surrounding the cruel murder of Robert McCartney. I think of Mr Maskey's remarks in the immediate aftermath of that event —

Mr A Maskey: On a point of order, Mr Deputy Speaker.

First, it is very regrettable that the Minister wants to introduce the tragic murder —

Mr Deputy Speaker: Is this a point of order?

Mr A Maskey: Mr Deputy Speaker, it is a point of order. Just let me finish.

If the Minister is in any way trying to align me with what was a brutal murder that I have repeatedly condemned, then she will very soon be listening to my lawyers. It is a shambles and a disgrace that the Minister is seeking to divert attention from the issue of an environmental scheme in a small residential area at a cost of less than £2 million, which she is partly to blame for delaying —

Mr Deputy Speaker: What is your point of order?

Mr A Maskey: My point of order is that —

Mr Deputy Speaker: The Member will sit down for a moment. I must hear the point of order.

Mr A Maskey: The point of order is that the Minister, in trying to deflect what does not amount to even mild criticism of her handling of this scheme — I could go much further, and criticise the Minister for her failure to look after the Markets community — has sought to

associate me with a brutal murder which I am on record as repeatedly condemning.

I am advising the Minister to choose her words very carefully, because my lawyers will be scrutinising the Hansard report. The Minister will not run off at the mouth at my expense. That is my point of order.

Mr Deputy Speaker: Carry on, Minister.

The Minister for Social Development: I think of Mr Maskey's remarks in the immediate aftermath of that event, and his stance in relation to the violence that greeted the police conducting their follow-up investigations in the Markets. More than that, I think of Robert McCartney's partner and his two sons, now exiled in England, and of his brave sisters who were forced from their homes and who are still denied justice. I think of the so-called republicans who saw nothing that night.

I met Mr Maskey a few months ago to discuss housing in the Markets. I will meet him again soon, and I have written to him recently — a fact that appears to have escaped him. We will talk about housing. However, when he walks into my room next month all that I will see is the image of Robert McCartney holding his two young sons.

Ms Ní Chuilín: Go raibh maith agat, a LeasCheann Comhairle. I want to put on record my disgust at the Minister's remarks. This is a debate about a motion on environmental improvement schemes for the Markets area. What the Minister said was completely out of order.

I commend Alex Maskey for moving the motion. It is the prerogative of Members to raise in the Assembly any issue that is relevant to their constituents.

The Business Committee has discussed the purpose and validity of some motions, and it was accepted by all party Whips — albeit reluctantly — that it is a prerogative of Members to table motions.

4.00 pm

As my colleague Alex Maskey said, the rationale for tabling the motion is to get the Minister to reaffirm her commitment to the continuation of phases 3 and 4 of the scheme for the people of the Markets area. It is becoming apparent from the Minister's comments, and those of her colleague Alasdair McDonnell, that her focus is on car-parking spaces. It is concerning that the Minister has such a skewed and narrow vision for the third and fourth phases of the scheme.

The motion is about vehicular access, not just car parking. The Minister mentioned access for emergency services, but the motion is about access for residents, providing uplift for the area, and ensuring that the environmental improvement scheme enhances the area. The issue is about neighbourhood renewal and much more. Despite being an elected representative for 30-odd

years, Alasdair McDonnell still has not caught the flavour of what is going on in relation to the discussions —

Dr McDonnell: Will the Member give way?

Ms Ní Chuilín: No; the Member will not give way, the Member has heard enough from you.

Dr McDonnell: Will the Member give way?

Ms Ní Chuilín: No; the Member will not give way, and the Member will not be interrupted either.

Mr Deputy Speaker: Order.

Dr McDonnell: I have been elected repeatedly for 30 years by people in that area —

Ms Ní Chuilín: That is not a point of order.

Mr Deputy Speaker: It is clear that the Member does not want to give way.

Ms Ní Chuilín: Thank you, a LeasCheann Comhairle.

The debate is about how the Assembly, through the Department for Social Development, can ensure that the commitment to undertake the environmental improvement scheme in the Markets area — which could be a similar scheme in any of our constituencies — is reaffirmed.

Anna Lo pointed out the difficulties with securing commitment from other statutory bodies and agencies to buy into the neighbourhood renewal strategy. She also highlighted how the people of the Markets, in conjunction with the Chinese Welfare Association, adopted the sheltered-housing scheme for Chinese residents. That was achieved through consultation and through people wanting to be inclusive and having a vision of how to improve the area — that is how it should be.

With all due respect to Billy Armstrong, I am not sure of his point other than that he felt that people from the Markets area should be happy with their lot. If that were the case, we would not be having the debate. I know that Billy has recently become a member of the Committee for Social Development. Our reason for tabling the motion is to ensure that the uplift for the area happens.

Returning to the motion, I am disappointed that it seems that every time a motion involving the Minister for Social Development is tabled, there is an antagonistic response from some Members — that is dead on; it is all part of the cut and thrust of debate. However, what is not mentioned —

Mr Attwood: Will the Member give way?

Ms Ní Chuilín: No; the Member will not give way.

What has not been mentioned by any Member here is that the scheme is a result of consultation with people living in the Markets area. It has been created by the residents, who went through the process of identifying

the needs of their area. It is their families and neighbours who are on the housing waiting list; they know what that involves.

It is those residents who have said what would improve their area; what would improve vehicular access; what would ensure that they do not feel hemmed-in, and what would ensure that they feel part of a community. They have seen huge projects being undertaken — such as the development of the gasworks area — and have seen huge companies setting up in Belfast. However, they are the people — along with residents of areas such as the Village — who have benefited very little from the massive investments that were made in the city centre. In the grand scheme of things, £2.3 million is a lot of money; however, it has been proven that spending money creates the potential to attract money. This is what people have asked us to do on their behalf to improve the general well-being of the area.

I do not see any difficulty with Alex Maskey, or any other Member, tabling a motion on this issue. No one is denying that commitments are needed from other Departments.

I ask the Minister when she wrote to Conor Murphy, because I suspect that it was very recently. If Conor Murphy or any other Minister needs to be involved in the project or in its delivery, Sinn Féin will ensure that they are involved in that. We are not cheerleaders for our Ministers. It is about holding people to account.

I ask the House to support the motion and I thank the Member for tabling it today. Ba mhaith liom tacaíocht a thabhairt don rún arís. Go raibh maith agat.

Question put.

The Assembly divided: Ayes 28; Noes 50.

AYES

*Ms Anderson, Mr Boylan, Mr Brady, Mr Butler,
Mr W Clarke, Dr Deeny, Mr Doherty, Dr Farry, Mr Ford,
Mr G Kelly, Ms Lo, Mr F McCann, Ms J McCann,
Mr McCarthy, Mr McCartney, Mrs McGill,
Mr M McGuinness, Mr McKay, Mr McLaughlin,
Mr A Maskey, Mr P Maskey, Mr Molloy, Mr Murphy,
Ms Ní Chuilín, Mr O'Dowd, Mrs O'Neill, Ms S Ramsey,
Mr B Wilson.*

Tellers for the Ayes: Mr P Maskey and Ms J McCann.

NOES

*Mr Armstrong, Mr Attwood, Mr Beggs, Mr D Bradley,
Mrs M Bradley, Mr P J Bradley, Mr Bresland,
Lord Browne, Mr Buchanan, Mr Burns, Mr T Clarke,
Mr Cobain, Mr Craig, Mr Cree, Mr Dodds, Mr Durkan,
Mr Easton, Mr Elliott, Mr Gallagher, Mr Gardiner,
Mr Hamilton, Mrs Hanna, Mr Hilditch, Mr Irwin,
Mr Kennedy, Mr McCausland, Mr I McCrea,*

*Dr W McCrea, Dr McDonnell, Mr McGlone, Mr McNarry,
Mr A Maginness, Lord Morrow, Mr Moutray, Mr Newton,
Mr O'Loan, Mr Paisley Jnr, Mr Poots, Ms Ritchie,
Mr G Robinson, Mrs I Robinson, Mr P Robinson,
Mr Ross, Mr Savage, Mr Shannon, Mr Simpson,
Mr Spratt, Mr Weir, Mr Wells, Mr S Wilson.*

Tellers for the Noes: Mr D Bradley and Mr Burns.

Question accordingly negatived.

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

Motion made:

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

ADJOURNMENT

The Future of Ballycastle Health Centre

Mr Deputy Speaker: The proposer of the topic will have 15 minutes to speak. All other Members who wish to speak will have approximately eight minutes.

Mr Paisley Jnr: I welcome the opportunity to have a debate about the future of the delivery of GP services in my constituency. Ballycastle health centre is trust-owned and was built in 1966 to house one GP service. During the past 42 years, the service has increased, but there has been no structural expansion of the building. The health centre now houses two GP practices, each with three GPs and their accompanying clerical and auxiliary services. The two GP practices serve around 8,000 people, making it a large health centre.

The health centre has been characterised as a D-category building by the Department of Health, Social Services and Public Safety's Health Estates Agency. What does that mean? The agency has said that improvement to the building is:

“uneconomical or impossible regarding functional suitability for GP clinical practice”.

That tells its own story — the building is no longer fit for the purpose for which it is being used.

According to the three GPs who lobbied me — Dr McLister, Dr Burns and Dr O’Kane — the current useable floor space in the practice is 185 sq m. Departmental guidance states that a practice of that size ought to have at least 560 sq m, which leaves Ballycastle health centre with a massive shortfall.

I visited the health centre earlier this month to see for myself the adequacy, or otherwise, of the facilities.

All Assembly Members will also have received a letter from Dr McLister, Dr Burns and Dr O’Kane regarding the case for a new health centre. It is important that a new health centre is built in the coastal town of Ballycastle.

I welcome the Minister’s attendance, and I hope that he will respond to the points that I and other Members raise about the need for a new health centre in Ballycastle.

When I visited the three doctors, our meeting had to be facilitated in rooms in the adjoining Dalriada Hospital building. It tells its own story when the inadequacy of the building in which GPs work means that a meeting with a public representative has to be facilitated

elsewhere. I heard at first hand from the GPs of the building’s inadequacy to deliver twenty-first century medical care.

The public has certain expectations of their GP service that they are entitled to have met. They expect to be able to consult with their GP privately; they expect to have an adequately sized examination facility; and they expect there to be adequate space for clerical work to be carried out and for their records to be properly housed.

The building being used by the two practices cannot meet those expectations. It has no minor-surgery facility; its treatment rooms have no disabled access; it has no disabled toilets; it has no public toilets; and it does not have a clinical area capable of facilitating gynaecological procedures. That list goes on, and it shows that a large coastal town — the population of which almost doubles during the summer — is being serviced by an overcrowded health centre. That situation must end, and the Department can help to alleviate the problem. It is not possible for the public’s expectations to be met in the existing health centre. Therefore, a new building must be put in place.

It is not only the public who have certain expectations of a GP practice. GPs have expectations of the service that they deliver to their patients. They want to do their best, and they want to deliver the service in the most modern facilities available. GPs want to meet their patients’ demands, but that cannot be done in the dysfunctional building in Ballycastle. The endeavours of GPs based there are being hampered.

Furthermore, the GP practice in question is a teaching practice, and the three doctors whom I have mentioned are affiliated to Queen’s University. Dr O’Kane is a tutor for a fourth-year undergraduate attachment. Queen’s recommends that practices with an attachment should have a dedicated research facility, a library and a specially allocated workspace with Internet access. Those recommendations simply cannot be implemented in the building in Ballycastle and, therefore, they are not available to undergraduate students. Dr McLister is nearing completion of the programme to become a postgraduate tutor for F1 and F2 doctor posts. Doctors under Dr McLister’s tutelage will require a workspace beside their tutor, but that requirement cannot be met in the existing building.

Dr McLister, Dr Burns and Dr O’Kane have identified a location — across the road from the site of Dalriada Hospital and a few minutes’ walk from the existing health centre building — that could be utilised as a GP practice. The Department has prioritised the project, but I appeal for the Department to go further and make the project happen. The solution to the problem in Ballycastle is staring the Department in the face. I appeal to the Department to take action to deliver that important project in my constituency of North Antrim.

During my visit to the practice earlier this month, I was informed that some healthcare has to be administered behind screens in the waiting area. The letter that Dr McLister, Dr Burns and Dr O’Kane sent to all MLAs details the case of a disabled patient who was unable to gain proper access to the health centre building. That letter states:

“On one occasion a collapsed patient had to be manually lifted from a wheelchair to the treatment room couch by three members of staff as the wheelchair did not fit through the door. This caused immense distress to both the patient and the family members who were there. Our disabled patients also have no access to toilet facilities.”

Dr McLister, Dr Burns and Dr O’Kane have to run their practice from two consulting rooms in order to allow two surgeries to run in tandem. That means that one GP cannot practise at the same time as the others, which is a complete waste of human resources. It causes delays and results in an inefficient service.

The Minister knows that that is poor value for money. His Department must make efficiency savings, but it is impossible to start to make efficiencies given this situation. The constraint on this practice means that it is not fit for purpose; it is trying to deliver twenty-first century medication in a twentieth-century facility, and, frankly, the two do not fit.

I hope that the Minister recognises that what is happening in my constituency is no longer acceptable and that he will take measures to improve that unsatisfactory situation. The purpose of the debate is not just to gripe about the problems that my constituents face but to try to identify a course of action to remedy the situation in which Ballycastle health centre finds itself — in an ineffective location and with an inefficient structure.

The Minister kindly visited Rathlin Island recently, at the invitation of his colleague Rev Dr Robert Coulter. He was welcomed there, and he made several improvements that will address the islanders’ health needs. However, the decision to improve islanders’ access to healthcare puts even more strain on the Ballycastle health centre practice, as it happens to deal with the lion’s share of the island’s patients. In recognition of the demands that the Minister knows exists, I urge him to ensure that the plan to develop a new GP surgery at the Dalriada site is given the go-ahead. He cannot, on the one hand, increase the demands and expectations of patients, while, on the other hand, allow them to continue to use an outdated, dilapidated, dysfunctional building that is not fit for purpose. I hope that he recognises the inadequacies of that situation.

The Minister wrote to me last month after I asked him to examine the case, and he agreed that the building is a priority. However, he said that constraints on the budget prevent that priority from being progressed. Again, I urge him to take home the feasibility study that has been submitted to his Department and to read it for himself. If such a situation existed in his constituency or

in any other part of Northern Ireland, it would not be considered to be an acceptable way to deliver services. I urge him to find the necessary resource and mechanism to allow the new GP surgery to go ahead.

In his letter to me, the Minister said that a regional review of capital investment priorities has just been commissioned and that he hopes to report to the Assembly in the autumn. Is the Minister in a position to update Members on that review? I hope that he will not tell us that we must wait another 10 years for the new surgery. Rather, I hope that he will give us some hope that this GP practice in Ballycastle will be able to move ahead, develop a better service and meet the expectations of patients and the hopes and aspirations of the GPs who deliver a very effective service in intolerable conditions. I hope that the Minister recognises that case and responds positively to it.

Mr McKay: Go raibh maith agat, a LeasCheann Comhairle. I thank the Member for bringing the matter to the House.

I spoke to the doctors at the health centre last week, and I was horrified by some of the stories that they told me. I was particularly horrified to hear that the clinic is not yet compatible with provisions in the Disability Discrimination Act 1995 (DDA). Many people will be shocked to hear the examples that Mr Paisley has given today.

The clinic provided all local MLAs with information on the burning issue: the need for a new site for the health centre in Ballycastle.

The issue must be treated with the utmost urgency. The Department could do more to support and engage with GPs to ensure that all health centres are compatible with the Disability Discrimination Act 2005. Last week, I asked the Minister what health centres had adequate access for people with disabilities, but he was not in a position to answer. I hope that he has further information on that today.

4.30 pm

The facility is not DDA compatible, and Mr Paisley Jnr outlined an occasion when someone in a wheelchair had to be carried by three members of staff across a reception area. Everyone was watching, there was no privacy whatsoever, and the person was carried into a very small treatment room. That example outlines the major problem that must be addressed. We need to find out how widespread the problem is. The Minister should undertake to find out the extent of the problems in health centres regarding compliance with the Disability Discrimination Act 2005 to ensure that disabled people get the service that they so rightly deserve.

Last week, the Minister admitted in answer to a question that I put to him, that the accommodation in which the GPs practise in Ballycastle health centre

falls below the standards that he would like for health and social care facilities. I welcome that admission. However, the communities in Ballycastle and Rathlin Island would welcome a firm commitment from the Minister that funding will be provided to bring the GP practice up to standard. The number of people availing themselves of the service is increasing due to the rising population in the area, and if adequate facilities are not provided to match the excellent service that the practice undoubtedly provides, it will be in a state of crisis in 18 months.

The Minister went to Rathlin Island and gave a commitment to increase the access to healthcare for residents of the island. Part of that healthcare must include GP facilities in Ballycastle.

I read over the business case that the practice put forward, and it is extremely comprehensive and sound. The developing better services strategy previously indicated that Ballycastle health centre was a priority for replacement, categorising it as a 1A priority. However, due to the limitations of the current facility, it will not allow the practice to be proactive in the development and redesign of its services, even though that is what the doctors dearly want. The guidelines indicate that the practice has only one third of the floor space that might reasonably be expected of any standard practice. As the business case states, the slippage of the developing better services programme and its subsequent funding is unacceptable in the current climate, and the risks and practice development issues must be addressed immediately.

Mr Paisley Jnr has already referred to some of my other points, so I will not repeat them. However, some examples of the limitations of the current facility include the lack of an appropriate minor surgery facility, the lack of DDA compatibility, insufficient disabled access, no disabled toilets, no public toilets, confidentiality problems at reception, confidentiality problems in waiting areas — the list goes on. Therefore, the issue must be addressed. The Minister went to Rathlin Island to speak to residents, but he should also pay a visit to the health centre in Ballycastle to see the situation for himself. Then he will understand that the MLAs who represent North Antrim are speaking so passionately about the issue because it affects our constituents.

The doctors in the health centre deliver an excellent service for the people of Ballycastle and Rathlin Island, but they need adequate facilities to match the excellent service. I urge the Minister to give a commitment here today that he will deliver facilities for Ballycastle before it is too late. Go raibh maith agat.

Mr O'Loan: Ian Paisley Jnr has raised an important issue: medical practitioners should not have to seek political support to achieve ends that ought to be achievable in a professional way. It is a measure of

their frustration and of the seriousness of the situation that they have felt it to be necessary.

The old-fashioned advice to a preacher is to say what you are going to say, say it and say what you have said, so I will do something like that. I intend to make three points: first, to say something about what is wrong; secondly, to say something about what has happened; and thirdly, to say something about what should be done.

I will not say much about what is wrong. I am aware of the detail and the seriousness of the situation; it has been made clear by the two previous contributors. I shall take those points as read, although I emphasise that I am conscious of the detail of those very serious points.

I will move on to say something about what has happened in response to the situation. I wrote to the Northern Health and Social Services Board and received a response, and I have also written to the Minister of Health, Social Services and Public Safety, and I know that he will be in touch with me. The Northern Board made clear the course of action that was taken over several years on this issue, but the way in which the board's management has dealt with the situation does not give me much comfort.

I am aware of a sequence of events that goes back to November 2003. I would not be surprised if it goes back further than that, because the health centre premises in question have been inadequate for a very long time. In November 2003, a process began that examined the potential acquisition of an adjacent site and a newbuild on that site, but it was aborted because a different solution was identified.

Another process seems to have begun in January 2004 to consider a refurbishment, including an extension and improvements in accordance with the Disability Discrimination Act 2005. That process continued for two years only to be abandoned because a further, apparently better, solution was embarked on, which was to create a modern health and care centre. I am a great believer in health and care centres because they integrate several primary medical facilities, GP services and other direct community medical services.

That option seemed to be, at that point, the best solution, and was allowed to continue for some time. However, at a certain critical stage, although that option was one of the Northern Health and Social Care Trust's top five primary-care priorities, it was not included in the trust's overall priorities because of competing pressures for capital funding. It became another cul-de-sac.

I am told that the current state of play is that representatives of the Northern Trust recently met members of both practices and are reviewing what structural work could be done in the existing building, including the creation of an additional surgery and

separate reception areas, subject to the availability of resources.

That sequence of events should concern us all. Often, while an ultimate and best solution is being sought and worked at, temporary measures ought to be taken that would redress a very serious and quite unacceptable situation. That did not happen at all in the intervening years.

The current situation seems weak and does not instil confidence that a proper solution will rapidly ensue, particularly when the phrase “subject to the availability of financial resources” is used.

The delivery of a modern Health Service is one of the big challenges faced by the Minister and Northern Ireland. That challenge presents major problems for the Minister, because the example that we are discussing is one of many that the Minister will have on his desk. There are enough resources to address the problem, but fundamentally better solutions are required. It is not easy to turn our large ship around, and we must give every support to the Minister if and when he proposes radical solutions. The problems at Ballycastle health centre highlight an unacceptable and intolerable situation. The Assembly is entitled to look to the Minister for a remedy and to ask when it will be put in place.

The Minister of Health, Social Services and Public Safety (Mr McGimpsey): I have listened with much interest to the points that Members, particularly Mr Paisley Jnr, have made in the debate, and I share their interest and concern about the future of medical services in Ballycastle.

I am sure that Members will agree that people across Northern Ireland are entitled to have access to safe, high-quality health and care services and that we need the appropriate environment in which to deliver those services. I am aware of the concerns that have been expressed both in the House and in correspondence that I have received from Mr Paisley Jnr, my party colleague Rev Dr Coulter, Mr McKay and Mr O’Loan. I appreciate that the accommodation at Ballycastle health centre is well below standard.

Funding for the improvement of GP practices is contained in the general medical services budget, which also covers the delivery of clinical services for patients through the general medical services contract. That funding envelope is cash limited with no separate budget for premises and infrastructure. Therefore, funding under the contract must be prioritised between both patient services and investment in premises. As with other boards, the Northern Board must consider and evaluate the competing priorities for funding and respond appropriately.

The harsh reality is that the Northern Board, like other boards, is constrained by financial pressures. Therefore, all general medical services and primary-

care pressures for funding in the Northern Board area, including those in Ballycastle, have had to be considered within those budget constraints. Ballycastle health centre is just one example of a Health Service building that would benefit from major infrastructure investment. I am sure that Members will accept that there has been a historic level of underinvestment of capital resources across all of our health and social care facilities. A significant capital-investment programme to address years of chronic underinvestment is required.

The Health Service estate comprises a wide range of properties of varying age and condition — for many of those buildings to be fit for purpose and meet current and future demands, significant gaps must be filled. For example, many of the facilities were built in the early 1960s, which means that they are over 40 years old, are past their best and require renewal. They do not meet our current needs, let alone our future needs. I am also concerned about the safety issues if we continue to use those premises.

The level of investment in our health and social care system has, for too many years, been insufficient, and it is important that the infrastructure receives the necessary level of investment to ensure that, as far as possible, it is fit for purpose to deliver the healthcare services that will see us well into the twenty-first century.

Members will be aware that I made a bid of £5.7 billion for the investment strategy over the next 10 years, £1.1 billion of which was within the current comprehensive spending review (CSR) period. That bid was made on the premise that there had been too many years of neglect in health and social care, and that immediate investment in infrastructure is required in order to sustain services for the future.

4.45 pm

However, after the outcome of the Budget and the investment strategy for Northern Ireland process, I was provided with only £3.3 billion in total, with just over £700 million in the current CSR period. Of that £3.3 billion, almost £1.1 billion is already contractually committed. That level of funding is insufficient to support all the infrastructure investment that is required throughout the health and social care system. Unfortunately, no additional funding is currently available, which means that careful consideration must be given to investment proposals.

Early in summer 2008, in the light of existing funding constraints and in order to ensure that available resources are targeted appropriately, I instigated a strategic review of capital priorities. The review was led by health estates in conjunction with the Department’s infrastructure investment directorate. Its aim was to examine trusts’ and boards’ proposals for infrastructure needs in the medium to long term, within budgetary constraints, and to make recommendations to me on the way forward.

In that context, infrastructure includes newbuilds, equipment and information technology. Existing facilities that require significant refurbishment are also considered. As part of the review, each of the trusts and the Northern Ireland Fire and Rescue Service have been asked to review their proposals for infrastructure developments and submit their priorities to the Department.

Today, I received a report on the review. Although I will need time to consider its findings, it is already clear that I must take some difficult decisions about which capital projects I will be able to fund, not only during the current CSR period but during the decade beyond. The total demand across the estate exceeds my allocated budget. Therefore, I must carefully consider the review's findings. Several key initiatives compete for that limited funding, including the primary and community care infrastructure programme. That is a Province-wide infrastructure investment programme, which is to be delivered over the next 20 years.

The Ballycastle health and care centre forms part of that primary and community care programme and is one of the priorities identified by the trust. However, I must add that many other facilities are in a similar position. Until I have had the opportunity to give full consideration to my capital programme in the round, I will not be able to make comments about capital provision for Ballycastle's practices. As I said earlier, it is simply not possible, with my budget, to meet all needs immediately. I must consider and make difficult decisions about priorities in order to ensure that the limited funding at my disposal is used to maximum effect. I am sure that Members would expect nothing less.

I listened carefully to Mr Paisley's comments about basic health and safety, disability access, provision of public and staff toilets, and so forth, at the existing building in Ballycastle. Clearly, the current situation is unacceptable and must not continue.

Mr O'Loan made the point that while we wait on the new proposal for a health and care centre in Ballycastle — which will cost around £12 million that I do not have at present and will have to consider carefully in the light of the strategic review — there is a problem in the here and now and with what citizens in Ballycastle have to tolerate from their primary-care provision.

I undertake to the House that I will reconsider existing premises. If I am not able to proceed with full-blown investment of £12 million for a new health and care centre within a reasonable period, I will examine carefully the existing premises that doctors and patients must use in Ballycastle.

I am not aware of the situation there because I have not visited the premises. However, as described by Mr Paisley Jnr, the basic requirements of disability access, confidential consultation, provision of public and

patient toilets and other facilities being provided are far from tolerable.

I will investigate as quickly as possible, and I will respond to the Members who have spoken this afternoon.

Adjourned at 4.50 pm.

