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# OFFICIAL REPORT

(HANSARD)

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# NORTHERN IRELAND ASSEMBLY

Tuesday 2 December 2008

*The Assembly met at 10.30 am (Mr Deputy Speaker  
[Mr McClarty] in the Chair).*

*Members observed two minutes' silence.*

## MINISTERIAL STATEMENT

### Independent Investigation into the Flooding Incident at Broadway Underpass on 16 August 2008

**Mr Deputy Speaker:** I have received notice from the Minister for Regional Development that he wishes to make a statement regarding the independent investigation into the flooding incident at the Broadway underpass in Belfast on 16 August 2008.

**The Minister for Regional Development (Mr Murphy):** Go raibh maith agat, a LeasCheann Comhairle. With your permission, I wish to make a statement following the completion of the independent investigation into the flooding of the Broadway underpass on 16 August 2008. The purpose of the statement is to present to the Assembly the findings of the independent investigation.

First, I shall give a brief overview of the important points relating to the contractual background to the works, the weather conditions experienced, and details of the flooding incident. Secondly, I shall outline the independent consultant's report, including the main findings and recommendations of its investigation and how the report's recommendations will be implemented.

By way of background, I should explain that the construction of the Broadway underpass is part of a scheme to upgrade the M1/Westlink in Belfast. It is worth noting that the development of the scheme underwent the normal statutory processes, including a public inquiry in December 2000. Roads Service's preferred solution at Broadway was to construct a flyover at the existing roundabout. However, due to environmental concerns, the inspector recommended an underpass, and Roads Service accepted that recommendation.

Prior to the new works, the Clowney Water River and the Blackstaff River met in the middle of the Broadway roundabout. Therefore, it was necessary to

divert those rivers around the new Broadway underpass construction works using new culverts. I shall provide further details of the diversion works later.

The work was undertaken as part of the design, build, finance and operate (DBFO) package 1 contract between my Department's Roads Service and Highway Management Construction, which is known as the DBFO company but to which I shall refer as the contractor. At the outset, it is important to stress that that type of contract transfers the design and construction risks from the Department to the contractor, which is entirely responsible for the design, construction, completion, ongoing maintenance and operation of all elements of the road infrastructure that fall within the contract's scope.

Roads Service's role as client is to monitor the contractor's management systems and to confirm that they comply with the design and certification procedures and other requirements of the contract. That does not excuse the contractor from its responsibilities.

Completion of the M1/Westlink upgrade, including the Broadway underpass, is planned for the end of January 2009. Members who have travelled here from the west will have noted that a third lane in each direction was recently made available to motorists. Members will recall that the Broadway underpass was first opened to traffic on Friday 4 July 2008, with two lanes available in each direction. That was essential to allow construction work on the Broadway roundabout to be completed. Construction of the Blackstaff and Clowney culverts was also substantially complete at that time. However, the area still formed part of an overall construction site.

Severe weather warnings were issued by the Met Office on Friday 15 August. Roads Service participated in conference calls with other response organisations, such as local councils, the PSNI, Fire and Rescue Service, NIE, BT, the Met Office and the other two agencies with responsibility for drainage — Northern Ireland Water and the Rivers Agency — to ensure that everyone was prepared to deal with the emergency.

An exceptional amount of rain fell on 16 August. The Met Office has indicated that up to 67 mm of rain fell within 24 hours — equivalent to more than a normal month's rain falling in less than one day. In addition, there had been local heavy rainfall during the previous seven days, which had left the ground saturated, hence the exceptional run-off. The Met Office has also confirmed that it was the wettest August since 1914. Widespread flooding occurred throughout Northern Ireland on Saturday 16 August, resulting in the closure of more than 100 roads across the North, including the Broadway underpass.

The heavy and prolonged rain on 16 August caused the Clowney Water River to overtop its banks at the

inlet into the newly constructed Clowney culvert. That culvert had been constructed on a different alignment to allow the construction of the underpass. Emergency procedures were swiftly implemented by Roads Service, Rivers Agency, Fire and Rescue Service, the PSNI and the contractor to ensure that public safety was maintained at all times.

When the underpass began to flood, the PSNI instigated an emergency road closure to ensure that public safety was maintained. Despite those efforts, it appears that one vehicle breached the cordon and became stranded in the underpass; several other vehicles became stranded on the slip roads as the water level rose. The overtopping of the Clowney Water River continued, resulting in major flooding of the Broadway underpass and parts of the surrounding area.

The new underpass remained closed throughout the remainder of Saturday 16 August, through to Monday 18 August. Following the concerted efforts of the emergency services, the contractor and Roads Service staff, the underpass was reopened in both directions at 6.00 am on Tuesday 19 August. I wish to thank all those involved in reopening the underpass in such a short time, particularly the Fire and Rescue Service and the PSNI.

I visited the site on Sunday 17 August. When I saw the scale of the problem, I instructed Roads Service to arrange an independent investigation. Roads Service acted quickly and appointed the consultant, Amey, which is independent of the parties that were involved in the works. Amey was tasked to carry out an investigation and to report to Roads Service by the end of October. The terms of reference for the investigation were the weather conditions that contributed to the flooding; the identification of the cause, or causes, of the flooding; the response to the flooding; the design and construction standards of the drainage system; and any potential mitigation measures.

The delivery of the Amey report by the end of October was necessary to allow me to report its initial findings to the Assembly and for Roads Service to consider what remedial action, if any, is needed in both the short and longer term. The initial findings will allow a rapid response to implement procedures and measures that will ensure public safety and militate against the likelihood of such an event ever occurring again.

Amey undertook investigations during September and October and completed its report on 31 October. That report was delivered to Roads Service on 3 November, and I thank the consultants for its timely completion. I wish to highlight several important issues arising from the Amey report. However, before doing so, it will be helpful if I explain briefly the newly designed drainage configuration, in particular the way in which the Clowney Water River, which

flows from the west, meets the Blackstaff River, which flows from the Boucher Road area.

Those rivers now meet in a large chamber, which is referred to as the overflow structure. That new, box-like chamber broadly replicates the original overflow system. The new chamber controls the water flow into the downstream section of the Blackstaff culvert through a large sluice-type valve called a penstock. A large, secondary, downstream pipe — referred to as the relief culvert — is used as an additional outlet from the overflow structure to deal with any remaining water in the chamber. In summary, the newly diverted Clowney Water River and Blackstaff River flow into an overflow structure, which controls the water flow out of the Blackstaff and relief culverts.

It is also important to note that the Amey report concluded that the flow capacities into the overflow structure are broadly equal to the flow capacities out of it. Hence, Amey is satisfied that the drainage system is balanced.

The requirement used for the design criteria, which were set by the Rivers Agency, was the national standard of a one-in-100-year flood event. The Rivers Agency agreed, in principle, to the culverting and diversion of the Clowney Water River and the Blackstaff River, as proposed by the contractor. However, the report outlines that the new drainage system did not perform in accordance with its required design capacity of a one-in-100-year flood event, as Amey stated that the August storm was between a one-in-50-year and a one-in-70-year flood event.

The report concludes that there were a number of possible contributory factors around the inlet and outlet of the newly constructed culvert. First, a partial blockage of the trash screen by some debris at the entrance to the Clowney culvert may have been a contributory cause, but it is unlikely to have been the sole cause. Secondly, the water discharge from the overflow structure may have been restricted, and that would have caused a backup of water to the inlet where the Clowney Water River overtopped its banks. There is evidence of unusual flow patterns in that structure. Thirdly, the setting of the penstock valve on the Blackstaff River will have been a factor in restricting flow from the overflow structure.

Amey determined that the flood banks of the Clowney Water River had not been raised to the appropriate flood level at the time of the flooding. However, it also determined that such a rise would not have prevented the flooding, but merely delayed it.

It is important to rule out the misunderstanding that the use of temporary pumps located in the underpass would have mitigated the flooding event. The purpose of the pumps — whether temporary or permanent — is



to remove carriageway drainage; they were not designed to deal with flooding of such a magnitude.

The report recommended that the contractor should complete the works to raise as soon as possible the banks adjacent to the Clowney Water River to the design level of 500 mm above the one-in-100-year flood level. It recommended that the contractor should develop enhanced procedures to include more regular inspections on the Clowney Water River and introduce an early-warning system to advise of impeding high water. Furthermore, the report recommended that it will be necessary to assess the hydraulic efficiency of the drainage system and to build a physical model, which can be used to determine what happened to the water in the system at the time of the flood and investigate further possible physical measures to mitigate against further flooding.

Roads Service and I accept fully the conclusions and recommendations of the report. The recommendation to raise the flood banks on the Clowney Water River has been completed by the contractor, and that will provide additional capacity in the system that will delay any future flooding. In order to ensure public safety, the contractor has also implemented enhanced procedures relating to Met Office forecasts for severe weather warnings.

In addition, Roads Service, the contractor and the Rivers Agency have agreed to work in partnership to investigate, in greater detail, the efficiency of the drainage system and to identify possible further physical measures in order to mitigate the likelihood of future flooding. They have instigated work to appoint a specialist team of engineers to undertake physical modelling. That work, which is expected to take about six months to complete, will prove invaluable in increasing knowledge of the flow characteristics of the drainage system.

I thank Amey for its work in presenting the report. By determining the likely causes of the flood, Amey has highlighted that further analysis is required to establish any mitigating measures. A question remains about the nature of the flow through the system on that day and, indeed, about what is required to mitigate against a similar event. Until those measures are developed and, if necessary, implemented, there remains a risk — albeit low — that in the unlikely event of similar exceptional rainfall, flooding could reoccur. As an interim measure, Roads Service has ensured that the enhanced procedures recommended in the report have been implemented to ensure the safety of the public.

The hydraulic design of the complex drainage systems is not an exact science. It is important that we proceed as quickly as possible through further analysis and the provision of any necessary enhanced physical

measures to mitigate against any similar event. On completion of that further work, I expect to present another statement to the Assembly.

I trust that Members will be reassured that Roads Service, the Rivers Agency and the contractor acted quickly following the flood and will continue to work together to ensure the safety of the public and to develop a long-term solution. Go raibh míle maith agat.

**The Deputy Chairperson of the Committee for Regional Development (Mr Wells):** The Minister will be aware that his officials will provide a full update on the investigation into the flooding to the Committee for Regional Development tomorrow, and perhaps that will be the best forum in which to deal with the more technical aspects of the incident.

A weather warning was issued on Friday 15 August. At that stage, it would have been appropriate for Roads Service officials and, perhaps, officials from the Rivers Agency to check how well the system was working, considering that they knew that heavy rain was on the way.

10.45 am

It is fortunate that the incident occurred during daylight hours; had it occurred at night, we could have been dealing with fatalities, which would have been not only a tragedy, but highly embarrassing for the Department and the contractor.

Will the Minister assure us that the costs involved in putting matters right at Broadway will be borne by the contractor, and not by the taxpayer through the Department for Regional Development's (DRD) Roads Service or any other public funds? Indeed, if something has gone wrong, the contractor must pick up the tab, rather than the hard-pressed Roads Service budget.

**The Minister for Regional Development:** I thank the Deputy Chairperson for his comments. I am aware that the Committee will discuss the matter with Roads Service officials tomorrow, when it will have an opportunity to go into the matter in much greater detail.

A weather warning was received, which resulted in activity between all the agencies that needed to respond to a severe weather warning, and there were conference calls to ensure that people were co-ordinating their efforts.

Of course, there was widespread flooding right across the North on that Saturday; it was not confined to just the Broadway underpass, though that was the most serious and most visual of all the flooding. The system cannot be tested until it is full and, therefore, it was impossible to test the system in advance of the flooding. In many ways, therefore, it took rainfall and a flood of that magnitude to expose the problems in the system. It is virtually impossible to test the system fully until that volume of water passes through it.

The cost of putting the Broadway underpass right and ensuring that the system built will withstand a one-in-100-year flood event will, of course, be borne by the contractor. Should further inquiries raise issues of safety that go above and beyond that for reasons of public reassurance, any further costs would be borne by Roads Service. However, the responsibility for producing a system for drainage in the culverts that will withstand a one-in-100-year flood event, as designed and approved by the Rivers Agency, is the responsibility of the contractor alone, and all costs with regard to that will be borne by the contractor.

**Mr P Maskey:** Go raibh maith agat, a LeasCheann Comhairle. I was caught in traffic on the Boucher Road that day for more than two hours, and I thought that the problem would never go away. I thank the Minister and his Department for carrying out that much-needed assessment so quickly, and I appreciate that.

We hope that such a situation will never happen again. The Minister said that the Roads Service, the contractor and the Rivers Agency will investigate the drainage system as soon as possible in order to mitigate the likelihood of future flooding, and that they have already instigated work to appoint a specialist team of engineers. Is there a time frame for when those engineers will be in place?

**The Minister for Regional Development:** Mr Wells also mentioned the issue of public safety. The police are responsible for emergency road closures, and a cordon was put around the area. However, it was breached by several vehicles, one of which ended up stranded in the underpass. The emergency services, Roads Service and the contractor had people on the ground very quickly to deal with the situation. Unfortunately, not everyone responded to the instructions given at the time.

Roads Service, the Rivers Agency and the contractor have agreed to construct a model, as there are still questions to be answered as to what happened in the overflow chamber. Three issues were identified: the first was that the trash screen at the Clowney Water River was partially blocked with debris; secondly, there was an issue surrounding the overflow chamber; and, thirdly, the impact of the penstock valve. A model will be constructed and tested, and it is intended to have that work completed in six months. I hope to be able to report back to the Assembly at that stage on what other work may be required as a result of that exercise.

**Mr Kennedy:** I welcome the Minister's statement. He indicated that a newly designed drainage configuration will be put in place, and the main recommendation of the Amey report confirms that.

Why were those configurations not part of the original contract? There appears to be widespread concern about the matter. How does the Minister respond to the charge that, for cost-saving purposes,

his Department did not oversee the complete design of a system that would perhaps not have completely eradicated the possibility of flooding, but certainly would have alleviated its effects? That remains a serious issue. Will the Minister also clarify the ongoing requirements of the contract, and when will the contractor be relieved of those responsibilities?

**The Minister for Regional Development:** As regards the design of the system, as I said, Roads Service initially wanted to build a flyover at the Broadway roundabout where the two rivers meet. The public inquiry and the inspector's report recommended that an underpass be built, and Roads Service accepted that recommendation. Therefore, that change in design altered the nature of the drainage system where the rivers meet.

The requirement of the design of that system, whatever the cost to the contractor, is not the issue. The requirement is to build a design that is acceptable to the Rivers Agency and that meets the required design capacity of a one-in-100-years flooding event. The design that the contractor provided was accepted in principle by the Rivers Agency. The system did not work at the time of the flooding, which is why further work involving the Rivers Agency, the contractor and Roads Service must be carried out to identify whether there was any weakness in the design. However, the system was designed to certain standards, and the design was accepted in principle. The issue is not how much the design cost the contractor; rather, it is that the system must be built to a certain design to do a certain job.

Payments were also mentioned. The contract is one of design, build, finance and operate. The contractor is responsible for the functioning and operation of the road for the next 30 years and is paid in instalments over that period. That is how the contract works. Obviously, the contractor will have ongoing responsibility for anything relating to the road that falls within the contract.

**Mr Attwood:** I welcome the report, and the fact that it is plain speaking. As the Minister outlined, the report is frank in its finding that although contributory factors have been identified, the root cause of the flooding has yet to be identified.

Further to Mr Kennedy's question, at this stage, can the Minister rule out the possibility that rather than there being a weakness in the new drainage system, there is, in fact, a fundamental flaw in the system? Rather than it being a matter of simply providing measures to mitigate the risk of flooding in the future, might it yet be the case that after the further design work is completed, fundamental work will have to be carried out on the drainage system at the Broadway junction?



I urge the Minister to work closely with the Minister of Agriculture and Rural Development to tackle the still unaddressed flooding issues in West Belfast, in the Beechmount and Glenhill areas and elsewhere.

**The Minister for Regional Development:** I am glad that the Member accepts that this is an initial report. We undertook to carry out an initial report and to bring details of it to the Assembly as soon as possible, and further issues must be identified.

However, Amey Consulting's review did not find any fundamental flaw in the system. It found that the system did not work and identified several issues that may have been responsible for the problems, highlighting one in particular that requires further investigation; the operation of the overflow chamber and the penstock valve, which allows water out of the chamber.

For that reason, the contractors, the Department and the Rivers Agency are working together to design a physical model of the drainage system to assess its operation. The system was designed on the basis of a theoretical model, so we hope to build a constructed model to find out whether there are any faults. Therefore, there is no acceptance that there is a fundamental flaw in the system, nor is there any evidence to suggest that that is the case.

The system did not work, and our responsibility is to investigate to find out why it did not work and to take the necessary measures to put it right. The system was designed for a one-in-100-years flooding event; it was approved for that capacity. It did not function properly at the time of the flooding, which was between a one-in-50-year flood event and a one-in-70-year flood event. We must ascertain the reasons for that and put the system right.

The Member mentioned wider issues. When I visited the underpass, I also visited the Beechmount area, along with the Minister of the Environment.

Certainly, there is work to be done by all Departments that have responsibility. Although the flooding of the Broadway underpass was the main focus of attention, many homes in the Castlereagh area of east Belfast and the Beechmount area suffered flooding. We are working to identify the cause of that and to establish mitigating factors that can be implemented.

**Ms Lo:** I also welcome the Minister's statement and thank him for coming to the House so soon after the report's publication.

A question mark remains over the drainage system. The Minister said that the contractor, Roads Service and Rivers Agency will have six months from now to examine the drainage system. From my calculations, that means that it will be June 2009 before they report back to the Minister. After that, how long will it take to address the drainage problem? I ask that because we

will be entering the rainy season in June, and I recall serious flooding across Northern Ireland in June 2007.

**The Minister for Regional Development:** I remind the Member of what I said in my statement: action has already been taken, such as the raising of the banks of the Clowney Water River and the implementation of an early-warning system. Therefore, measures have been implemented to address some of the factors that contributed to the flooding.

Designing the model will take six months, and it is impossible to say whether it will require further work. It may require some modest adjustments that can be done immediately, or it may require substantial work; we will not know until the model is designed and tested. However, I assure the Member that part of the reason for the prompt compilation and publication of the report, and part of the reason for me speaking about it in the House this morning, is to restore some public confidence in such a major piece of infrastructure.

It is in the interests of all to ensure that any required works are done as speedily as possible, because, as the Member said, we have had a series of flooding incidents over several summers, and we do not want to find ourselves in that position again.

**Mr Newton:** I thank the Minister for coming to the House to debate the report's findings. He has moved speedily, and I thank him for the independent investigation.

Does the contractor accept the report's findings? In the Minister's statement, he said that he would include more regular inspections of the Clowney Water River; what does that mean? He also said that he would introduce an early-warning system to advise of impending high water; what form would that system take?

It is my understanding that had the underpass not filled with water, many local houses and businesses would have flooded. Therefore, in some ways, it was fortunate that the underpass flooded. Has the flood risk for local houses and businesses been taken into account in the compilation of the independent report?

**The Minister for Regional Development:** All interested parties accept the findings of the Amey report, which is why the Department, the contractor, Rivers Agency and Roads Service have agreed to work collectively to address some of the issues that it raises.

One finding in the report was the partial blockage of a trash screen at the Clowney Water River culvert. There has been a decision to undertake more frequent inspections of that so that any debris is cleared regularly and is not allowed to build up.

In cases of severe flooding, debris is often carried along a watercourse. That links to the Member's third point, which was about early-warning systems. There

is now a better link between the contractor and the Met Office, and where a warning of severe weather is received, measures will be instigated for a serious inspection of the underpass. Therefore, lessons have been learnt from last summer's incident.

11.00 am

I cannot say whether surrounding properties would have flooded had the underpass not taken all the water. That is merely speculation; it was not part of our investigation. Drainage systems on the other side of the overflow chamber were not full to capacity. Therefore, the assumption would have to be that if that system had worked, the water would have drained away and would not necessarily have caused a problem for surrounding properties. However, Rivers Agency, in particular, is conscious of the impact on surrounding properties, such as the Royal Group of Hospitals and other facilities in and around that part of Belfast. That will form the main background to the thinking behind the solutions to the problem.

**Mr F McCann:** Go raibh maith agat, a LeasCheann Comhairle. I also welcome today's report. Having visited one of the problem areas, I witnessed the serious amount of debris that was flowing down the river. In fact, officials had to bend the screen that goes across the river to allow the water to flow properly.

As Robin Newton said, there was great relief in St James's and in the Village to see the underpass taking the overflow of water; those areas used to flood constantly. Indeed, I have no doubt that there would have been serious flooding in those areas had the underpass not been there. Will new procedures be put in place to protect surrounding areas from flooding? What procedures were put in place on the day of the flooding to protect surrounding areas?

**The Minister for Regional Development:** I accept that there are concerns in the area, as people there have experienced flooding before, and measures to mitigate the problem should be put in place. Since the flooding occurred, the culvert has been built up further, and the intention is that the drainage system will cope adequately, so that rainwater coming down from the Black Mountain through west Belfast will pass through the Broadway junction and be carried on to the lough and drained away properly. That is what the system is designed to do. However, in this case, there was a fault in the system; it did not work properly. Further investigations have identified the areas of the potential problems.

When the severe weather warning was announced that Friday, systems were put in place to protect the public and properties. All the agencies responsible for being active on such an occasion got in touch with each other and made preparations. When the river overtopped its banks, the police, Roads Service and the contractor were on the scene to protect the travelling

public. They closed the road immediately and tried to prevent people from getting into danger. They then tried to ensure that the flooding did not spread to any other property, because there was also some flooding elsewhere in the general areas.

Ultimately, we want a system in place that will prevent similar situations from happening, and that will allow water coming along the watercourse to pass through the junction and be drained into the lough without causing problems for anyone.

**Mr Shannon:** I thank the Minister for his response. It is obvious that the Minister has grasped the issues clearly and is trying to make changes that will ensure that such an incident does not happen again.

The Minister said that today's statement is an initial statement. With that in mind, we are all aware of what happened at the Westlink, but the Minister omitted something from his statement. Someone could have been injured; lives could have been lost, and there could have been more car owners on the underpass.

My colleague George Robinson drove through the underpass when the water was starting to rise, and within 10 minutes, there was a large flood. Will the Minister confirm whether compensation is to be given to the driver who lost his car to water damage on that day and narrowly escaped with his life? If compensation or assistance has been offered to that driver, on what grounds was the offer made? Is the Minister aware that there were other incidents all over the Province similar to the incident at the Westlink — or, as people got to know it, the "Wetlink" — where vehicles have been lost to flooding?

**The Minister for Regional Development:** I am not aware that compensation has been offered. Any discussions on compensation would be a matter between the contractor — who indemnifies Roads Service by taking control of the contract and the works on the site — and the car owner. That incident does not have any bearing on, or create any precedent for, any other incident.

The situation on that day developed rapidly; the river overtopped its banks and the underpass filled very quickly. The police initiated an emergency closure of the underpass, assisted by Roads Service and the contractor, who coned off the road to try to prevent people from entering it. Unfortunately, several vehicles breached that cordon, and one vehicle ended up being stranded in the underpass. That is regrettable, but, as quickly as possible, the police, assisted by Roads Service and the contractor, were out there trying to prevent people from getting themselves into a dangerous situation. Members will understand that the incident developed very quickly, and once the river overtopped the banks, water quickly filled the underpass.

Anything that happens on the site is a matter for the contractor, who indemnifies Roads Service from any

claims for compensation. I have no evidence or information to suggest that anyone has been offered compensation.

**Mr Beggs:** I thank the Minister for his statement. Given the increased levels and intensity of rainfall that are associated with climate change, will the Minister advise whether his Department is reassessing the calculations that it associates with a one-in-100-years rainfall standard? Such levels of rainfall seem to be happening more and more frequently.

Will the Minister accept that new development is speeding the flow of water to streams and rivers? Has he discussed that with the Environment Minister, particularly in relation to catchment areas for flooding, in order to consider the need for the introduction of sustainable drainage systems to lessen the speed at which water is released to streams and rivers?

**The Minister for Regional Development:** The one-in-100 standard is generally accepted. I accept the Member's point that flooding incidents seem to be becoming more frequent, although I am not sure whether that is merely based on anecdotal evidence or whether substantial evidence exists to support that. The Highways Agency is reviewing that standard, and I anticipate that further guidance will issue that takes account of climate change. On receipt of that guidance, Roads Service will examine the standards that are used. The work of that broader agency will inform Roads Service's approach to that.

I visited the scene with the Minister of the Environment, because, along with the Minister of Agriculture and other Executive colleagues, we felt a collective responsibility for dealing with all the issues that resulted from the flooding at that time. I understand that the Departments will co-operate in the matter of planning, and with the questions of where properties go and how infrastructure is developed. Co-ordination must take place across the range of Departments.

I am sure that the Member is aware that the Department of the Environment and the Department of Agriculture publicly released the flood-plain maps to demonstrate the areas that may be at risk. When planning any infrastructure, whether for regional development, education facilities or health facilities, Ministers must work with colleagues from different Departments in order to ensure that public money is spent in such a way as to protect money and infrastructure.

I anticipate that that good degree of co-operation and information-sharing across the Departments will continue and will improve, which will assist my Department in planning public spend.

**Ms J McCann:** Go raibh maith agat, a LeasCheann Comhairle. One of the main problems that people encountered during that particular flooding incident was blocked drains on the roads. Has the Minister

made provision to ensure that the problem drains that were identified are kept clear?

**The Minister for Regional Development:** Roads Service's general approach to road gullies for which it has responsibility is to inspect them twice a year in urban areas and once a year in rural areas. If there has been a particular incident or problem, obviously, Roads Service, in conjunction with other agencies, will act as quickly as possible to ensure that that issue is addressed and does not become a recurring problem.

**Mr Dallat:** I also welcome the Minister's statement. I am experiencing a moment of nostalgia; as a child who lived in a rural area, I remember travelling to Clowney Street to spend my holidays with my uncle and aunt, and I recall catching tadpoles in the Clowney Water River. That, of course, was long before it was culverted out of sight and out of mind.

Can the Minister assure the House that the recommendations being put in place will ensure that there will no repeat of the embarrassment caused last August?

**The Minister for Regional Development:** There are certain parts of the Clowney Water River that are still open, so the Member can still go there to catch tadpoles if he so wishes.

The only guarantees that any of us have are death and taxes. That is why I have said quite clearly that there are further studies to be undertaken and further work to be done by the contractor, Roads Service and Rivers Agency to examine the overflow chamber and the valve, and what exactly caused the problem. That will require further work.

Mitigating measures have been put in place that will reduce the risk of any further flooding; however, I cannot guarantee anything. Once the model is constructed, we will be able to get a clear look at what happened in that chamber and what caused the Clowney Water River to overflow. After that, we will be in a much better position to provide some guarantees.

**Mr G Robinson:** I apologise for not being present at the very beginning of the session. I was one of the more fortunate people on 16 August, because I was able to drive through the underpass approximately 15 minutes before it flooded completely.

Can the Minister give assurances that if water is seen to be gathering in the underpass in future, his Department, in conjunction with other agencies such as the PNSI and Roads Service, will close that section of the Westlink to through traffic as soon as possible, in the interests of the health and safety of the travelling public? From personal experience, the underpass should have been closed a lot sooner than it was on that particular day.



**The Minister for Regional Development:** I appreciate that the Member and other people who were in and around that area had a very unpleasant experience that day. Certainly, they had genuine cause for concern about what they might have been caught up in. The incident happened very quickly. The system backed up, the river overtopped its banks, and the water flowed down into the underpass very quickly.

The emergency services were on the ground as quickly as possible. The contractor and Roads Service were on the ground to assist that operation and to close the road. As I said, a number of vehicles did breach the cordon. One vehicle got trapped in the underpass, and its driver had to be rescued. I am sure that lessons can be learnt. Obviously, we want to carry out improvement works so that there is not a repeat of that type of flooding incident. Lessons will be learnt about the degree of co-operation and co-ordination among the agencies involved in responding to any such incident. I am sure that there will be lessons learnt from that.

I remind the Member — although I am sure that he is well aware — that the flooding of the underpass happened very quickly and that people were on the ground as quickly as possible. The fact that no one was injured or that there was no loss of life reflects the fact that people acted as quickly as possible.

**Mr Deputy Speaker:** That concludes questions to the Minister on his statement. I ask Members to take their ease for a few moments until we come to the next item on the Order Paper.

11.15 am.

*(Mr Speaker in the Chair.)*

## EXECUTIVE COMMITTEE BUSINESS

### Pensions (No. 2) Bill

#### Consideration Stage

**Mr Speaker:** Members will have a copy of the Marshalled List of amendments detailing the order for consideration. The amendments have been grouped for debate in my provisional grouping of amendments selected list.

There are four groups of amendments, and we will debate the amendments in each group in turn. The first debate will be on amendments No 1, No 2, No 3 and No 4, which deal with the duties placed on employers and the quality of pension schemes.

Amendments No 11 and No 12 are consequential to amendment No 4. Therefore, if amendment No 4 is not made, I will not call amendments No 11 and No 12.

The second debate will be on amendments No 5, No 6, No 7 and No 8, which deal with compliance, records and information.

The third debate will be on amendment No 9, which deals with the definition of a person who is actively part of a pension scheme.

The fourth debate will be on amendments No 10, No 11 and No 12, which deal with the delegation of power by the regulator as well as the secondary powers contained in this Bill.

I remind Members who are intending to speak during the debates on the four groups of amendments that they should address all the amendments in each particular group on which they wish to comment.

Once the initial debate on each group is complete, any subsequent amendments in the group will be moved formally as we go through the Bill, and the Question on each will be put without further debate. The Questions on stand part will be taken at the appropriate points in the Bill. If that is clear, we shall proceed.

No amendments have been tabled to clauses 1 to 7. I propose, by leave of the Assembly, to group these clauses for the Question on stand part.

*Clauses 1 to 7 ordered to stand part of the Bill.*

#### **Clause 8 (Jobholder's right to opt out)**

**The Minister for Social Development (Ms Ritchie):** I beg to move amendment No 1: In clause 8, page 6, line 8, after "behalf" insert "or in respect".

*The following amendments stood on the Marshalled List:*

No 2: In clause 22, page 11, line 25, leave out “such persons” and insert “them”. — [*The Minister for Social Development (Ms Ritchie).*]

No 3: In clause 22, page 11, line 26, after “are” insert “J and”. — [*The Minister for Social Development (Ms Ritchie).*]

No 4: New Clause

After clause 27 insert—

“Sections 20, 24 and 26: certification that quality requirement is satisfied

27A.—(1) The Department may by regulations provide that, subject to provision within subsection (6)(f), a scheme to which this section applies is to be taken to satisfy the relevant quality requirement in relation to any jobholder of an employer if a certificate given in accordance with the regulations is in force in relation to the employer.

(2) The certificate must state that, in relation to the jobholders of the employer who are active members of the scheme, the scheme is in the opinion of the person giving the certificate able to satisfy the relevant quality requirement throughout the certification period.

(3) This section applies to—

- (a) a money purchase scheme to which section 20 applies;
- (b) a personal pension scheme to which section 26 applies;
- (c) a hybrid scheme, to the extent that requirements within section 24(1)(a) apply.

(4) The “relevant quality requirement”—

- (a) for a scheme within subsection (3)(a), means the quality requirement under section 20;
- (b) for a scheme within subsection (3)(b), means the quality requirement under section 26;
- (c) for a scheme within paragraph (c) of subsection (3), means the requirements mentioned in that paragraph.

(5) Regulations may make further provision in relation to certification under this section.

(6) Regulations may in particular make provision—

- (a) as to the period for which a certificate is in force (the “certification period”);
- (b) as to the persons by whom a certificate may be given;
- (c) as to procedures in connection with certification or where a certificate has been given;
- (d) requiring persons to have regard to guidance issued by the Department;
- (e) requiring an employer to calculate the amount of contributions that a scheme, and any section 26 agreements, required to be paid by or in respect of any jobholder in the certification period;

(f) as to cases where the requirements of a scheme, and any section 26 agreements, as to payment of contributions by or in respect of jobholders of an employer did not satisfy prescribed conditions.

(7) Provision within subsection (6)(f) includes in particular provision for a scheme not to be treated by virtue of regulations under this section as having satisfied the relevant quality

requirement unless prescribed steps are taken (which may include the making of prescribed payments).

(8) In subsection (6) “section 26 agreements” means the agreement required, in the case of a scheme within subsection (3) (b), by section 26(4) and any agreement required, in the case of such a scheme, by section 26(6).

(9) The Department may by order repeal this section.’ — [*The Minister for Social Development (Ms Ritchie).*]

Clause 8 establishes the right of a jobholder who has been automatically enrolled or re-enrolled into a qualifying pension scheme to opt out within a prescribed period by giving notice to his or her employer. In this context, opting out refers to a specific decision taken not to participate in a scheme from the point of enrolment or re-enrolment. Once enrolled in a scheme, an active member is free to cancel his or her membership at any time. The clause does not interfere with that right. If a jobholder exercises their right to opt out, the jobholder and the employer receive a refund of contributions in accordance with regulations made under clause 8(2) (b). However, as currently drafted, the wording of the Bill suggests that the regulations should deal with jobholder contributions only. The amendment makes clear that both jobholder and employer contributions are covered in law.

Amendments No 2 and No 3 relate to clause 22. In order for an occupational pension scheme to be accepted as a qualifying scheme for the purposes of the Bill, it must satisfy quality requirements. The requirements for UK-defined benefit schemes are set out in clause 21.

One of the requirements that may have to be satisfied is that the pension scheme meets the test scheme standard as set out in clause 22. The test ensures that jobholders have access to pension provision that meets the minimum standards. The amendments to clause 22 clarify the drafting and confirm that the terms “such persons” — and jobholder “J”, as it is referred to in the amendment — refer to scheme members.

Amendment No 4 introduces clause 27A. Currently, the Bill provides for employers to assess whether their workplace pension scheme meets the quality standard over the course of a year. The intention behind the Bill has always been to complement the existing and very good occupational pension schemes already offered by employers. The policy intention has never been to add to the burdens of such employers. The Bill is not intended to have the perverse effect of employers levelling down those very good schemes to the minimum requirement set out in the Bill or defaulting into the personal accounts scheme.

The proposed new clause clarifies that policy intention by allowing such employers to certify that their schemes meet the quality requirements. In particular, clause 27A confers a power on the Department to make regulations that allow an



employer, or a designated person connected to that employer, to certify that the scheme is, for the purposes of the Bill, a qualifying scheme.

Certification will be based on three principles. The first principle is that the employer, or a connected person, is confident that each worker in their scheme is on course to receive the new minimum level of pension savings.

The second principle deals with cases in which a member's contributions unexpectedly fall short of the minimum during the certified period. In such cases, employers will not be required to make retrospective reconciliation payments unless the detriment to an individual exceeds minimum levels.

The third principle is that the minimum levels for reconciliation will be set in such a way as to protect individuals from significant, systematic, or persistent detriment.

Certification on the basis of those principles should provide greater certainty for employers and result in administrative easements around reconciliation payments. At the same time, the savings outcome for individuals, which is fundamental to the success of the reforms, will be protected. As proposed, clause 27A provides a mechanism by which a scheme can be certified, thus allowing for workers to be auto-enrolled and for employer contributions to be paid.

As I said earlier, a key principle in the development of the present proposals has been to make it as easy as possible for those employers who offer generous pension contributions to continue to do so. It has been necessary to try to achieve that without opening up the unacceptable risk that some individuals might routinely, or materially, save at levels below the minimum standard.

The certification procedure provided for in amendment No 4 strikes the appropriate balance and clarifies the underlying policy intention. It will ensure that employers who already run very good occupational pension schemes continue to do so.

**The Chairperson of the Committee for Social Development (Mr Simpson):** On 6 November 2008, the Committee for Social Development agreed to support the Minister's proposal that the Pensions (No 2) Bill should be granted accelerated passage. The Committee recognised the importance and the value of retaining parity between Northern Ireland and the rest of the United Kingdom in respect of pensions.

At that time, the Committee expressed concerns around the large number of amendments expected to be tabled at Consideration Stage. The Committee has not had the opportunity to review those amendments in detail; therefore I shall not give a Committee view on the proposed amendments.

Nonetheless, I would like to record the Committee's belief that communicating the meaning of the complex provisions of the Bill to employers and low-paid employees is of great importance. Of particular concern to the Committee was the impact that the requirement to contribute to a pension scheme would have on low-paid employees. I note that the Bill proposes to phase in employee contributions from 2012 at the rate of 2% in the first year, 3% in the second year, and 5% in the third year.

As Chairperson of the Committee for Social Development, I reiterate the Committee's view that communicating and explaining those matters to the people whom they affect must be done well in advance of the Bill's coming into effect. It is essential that low-paid employees are allowed to make informed choices about their wages and about the provisions that they choose to make for their retirement.

**Mr Brady:** Go raibh maith agat. I agree with the Chairperson of the Committee for Social Development's point about the Committee not having had the chance to study in any depth either what appear, on reading, to be very technical amendments or the impact that those might have. It is worth saying that the commission that reviewed the pension scheme with a view to updating it accepted that it was the most complex pension scheme in the world.

Therefore, anything that simplifies that pension scheme and, in particular, enhances the rights of low-paid workers in order to provide them with a proper pension scheme for their retirement can only be good. I also very much agree with what David Simpson said about the necessity to put the information in such a clear manner as to avoid any misunderstanding about the roles of employees and employers in the context of the Pensions (No.2) Bill.

All the amendments that I have seen so far are of a very technical nature and must be studied in much more depth. However, anything that simplifies the existing pension scheme is welcome. Go raibh maith agat.

**Ms Lo:** I support the amendments in group 1, and I particularly welcome amendment No 4 in that group, which proposes to introduce new clause 27A. That proposed new clause will provide further clarification on the system. Anything that improves and simplifies the pension system and encourages people, particularly young people, to save money for their pensions is to be welcomed. Amendment No 4 adds clarity to the system and provides greater certainty to employers and employees. I support those amendments.

**The Minister for Social Development:** I am grateful to the Chairperson and members of the Committee for Social Development and to the Assembly for their support for the Pensions (No. 2) Bill, for granting it

accelerated passage, and for supporting it at Second Stage last week.

In response to the Chairperson of the Committee for Social Development, Mr Simpson, I accept that it is undesirable to move amendments in the way that we have. However, I am sure that he appreciates that in line with the policy of parity, such a method is unavoidable, because the Assembly must mirror amendments that were made to the Westminster Bill at its Third Reading in the House of Lords on 19 November. It must be understood that parity relates to the timing of the legislation, its content and funding.

Mr Simpson also raised the issue of communication. That is not linked to the amendment, but I think that the point requires clarification. There are three years in which to plan the communication strategy. There is a role for the Department, for the Pensions Regulator, and for the Personal Accounts Delivery Authority.

11.30 am

Mr Brady also raised certain issues. Everyone in the Assembly wants the pensions scheme to be simplified as much as possible. I agree that good communication is needed with employers and employees. That will be important in the move towards delivery stage. Ultimately, those amendments are intended to provide greater technical clarification, which, I believe, is urgently required. I firmly support the right of low-paid workers to have access to pension schemes, and I believe that everyone in the Chamber supports that.

I thank Ms Lo for her support and I agree with her comments. I hope that the Bill will make progress towards achieving our common aspirations for pensions and for how they are delivered in the future. I am sure that all Members of the House want the Bill to work properly and for any unintended effects to be avoided. Those amendments are designed to ensure just that. I commend them to the Assembly.

New clause 27A is supplementary to the provisions in clauses 16 to 27, which deal with the quality requirements that schemes must meet.

*Amendment No 1 agreed to.*

*Clause 8, as amended, ordered to stand part of the Bill.*

*Clauses 9 to 21 ordered to stand part of the Bill.*

**Clause 22 (Test scheme standard)**

*Amendment No 2 made:* In page 11, line 25, leave out “such persons” and insert “them”. — [*The Minister for Social Development (Ms Ritchie).*]

*Amendment No 3 made:* In page 11, line 26, after “are” insert “J and”. — [*The Minister for Social Development (Ms Ritchie).*]

*Clause 22, as amended, ordered to stand part of the Bill.*

*Clauses 23 to 27 ordered to stand part of the Bill.*

**New Clause**

*Amendment No 4 made:* After clause 27, insert

“Sections 20, 24 and 26: certification that quality requirement is satisfied

27A. — (1) The Department may by regulations provide that, subject to provision within subsection (6)(f), a scheme to which this section applies is to be taken to satisfy the relevant quality requirement in relation to any jobholder of an employer if a certificate given in accordance with the regulations is in force in relation to the employer.

(2) The certificate must state that, in relation to the jobholders of the employer who are active members of the scheme, the scheme is in the opinion of the person giving the certificate able to satisfy the relevant quality requirement throughout the certification period.

(3) This section applies to —

- (a) a money purchase scheme to which section 20 applies;
- (b) a personal pension scheme to which section 26 applies;
- (c) a hybrid scheme, to the extent that requirements within section 24(1)(a) apply.

(4) The “relevant quality requirement” —

- (a) for a scheme within subsection (3)(a), means the quality requirement under section 20;
- (b) for a scheme within subsection (3)(b), means the quality requirement under section 26;
- (c) for a scheme within paragraph (c) of subsection (3), means the requirements mentioned in that paragraph.

(5) Regulations may make further provision in relation to certification under this section.

(6) Regulations may in particular make provision —

- (a) as to the period for which a certificate is in force (the “certification period”);
- (b) as to the persons by whom a certificate may be given;
- (c) as to procedures in connection with certification or where a certificate has been given;
- (d) requiring persons to have regard to guidance issued by the Department;
- (e) requiring an employer to calculate the amount of contributions that a scheme, and any section 26 agreements, required to be paid by or in respect of any jobholder in the certification period;
- (f) as to cases where the requirements of a scheme, and any section 26 agreements, as to payment of contributions by or in respect of jobholders of an employer did not satisfy prescribed conditions.

(7) Provision within subsection (6)(f) includes in particular provision for a scheme not to be treated by virtue of regulations under this section as having satisfied the relevant quality requirement unless prescribed steps are taken (which may include the making of prescribed payments).

(8) In subsection (6) “section 26 agreements” means the agreement required, in the case of a scheme within subsection (3)(b), by section 26(4) and any agreement required, in the case of such a scheme, by section 26(6).

(9) The Department may by order repeal this section.” — [*The Minister for Social Development (Ms Ritchie).*]

Clauses 28 to 36 ordered to stand part of the Bill.

**Clause 37 (Calculation and payment of contributions)**

**The Minister for Social Development:** I beg to move amendment No 5: in page 19, line 22, after “pay” insert “on behalf or”.

*The following amendments stood on the Marshalled List:*

No 6: In clause 59, page 32, line 33, leave out “qualifying scheme” and insert

“pension scheme that is relevant to the discharge of those duties”. — [The Minister for Social Development (Ms Ritchie).]

No 7: In clause 59, page 32, leave out line 39. — [The Minister for Social Development (Ms Ritchie).]

No 8: In clause 59, page 32, line 42, leave out “, ‘worker’ or ‘qualifying scheme’” and insert “or ‘worker’”. — [The Minister for Social Development (Ms Ritchie).]

**The Minister for Social Development:** Clause 37 makes provision for the calculation of unpaid contributions in relation to a compliance notice issued to an employer for contravention of employer duties or an unpaid contribution notice. Clause 37(3) allows the Department to make regulations about the way in which the Pensions Regulator can estimate the amount of contributions that an employer has failed to pay.

Under clause 37, as currently drafted, the regulations cover only contributions due in respect of a worker. Amendment No 5 makes clear that the regulations cover contributions that the employer has failed to pay on behalf of the worker, as well as employer contributions due in respect of that worker. The amendment will also ensure parity with clause 38(2), in which the same terms are used.

Amendments Nos 6, 7 and 8 refer to clause 59. Clause 59 currently provides the Pensions Regulator with power to inspect employers’ premises when it has reason to believe that documents relevant to the administration of a qualifying scheme are being kept. However, an employer scheme would not be a qualifying scheme in relation to workers without qualifying earnings under clause 9.

It is also possible that an employer might declare a pension scheme to be a qualifying scheme when, in fact, it does not satisfy the requirements that are set out in clause 16. The amendments replace the reference to a qualifying scheme with a reference to a pension scheme that is relevant to the discharge of those duties. That will ensure that the regulator’s powers of inspection apply in all relevant circumstances, in line with the policy intention.

*Amendment No 5 agreed to.*

Clause 37, as amended, ordered to stand part of the Bill.

Clauses 38 to 58 ordered to stand part of the Bill.

**Clause 59 (Powers to require information and to enter premises)**

*Amendment No 6 made:* In clause 59, page 32, line 33, leave out “qualifying scheme” and insert

“pension scheme that is relevant to the discharge of those duties”. — [The Minister for Social Development (Ms Ritchie).]

*Amendment No 7 made:* In clause 59, page 32, leave out line 39. — [The Minister for Social Development (Ms Ritchie).]

*Amendment No 8 made:* In clause 59, page 32, line 42, leave out “, ‘worker’ or ‘qualifying scheme’” and insert “or ‘worker’”. — [The Minister for Social Development (Ms Ritchie).]

Clause 59, as amended, ordered to stand part of the Bill.

Clauses 60 to 76 ordered to stand part of the Bill.

**Clause 77 (Interpretation of Part)**

**The Minister for Social Development:** I beg to move amendment No 9: In page 40, line 18, at end insert

“or (where section 9 applies) a worker in relation to whom there are direct payment arrangements (within the meaning of section 107A of the Pension Schemes Act) between the worker and the employer;”.

This is an amendment to the interpretation clause for Part 1 of the Bill. Clause 9 allows workers without qualifying earnings — less than £5,035 per annum — to require the employer to arrange for them to be enrolled in a pension scheme. The definition of active member is amended to make clear that people without qualifying earnings who opt into a workplace personal pension under clause 9 are active members of their scheme, in the same way as job holders with qualifying earnings who opt in are active members.

*Amendment No 9 agreed to.*

Clause 77, as amended, ordered to stand part of the Bill.

Clauses 78 to 106 ordered to stand part of the Bill.

**Mr Speaker:** We now come to the fourth group of amendments for debate. It will be convenient to debate amendments Nos 10, 11 and 12 together. These amendments deal with the delegation of power by the regulator and the secondary powers contained in the Bill.

**Clause 107 (Delegation of powers by the Regulator)**

**The Minister for Social Development:** I beg to move amendment No 10: In page 53, line 28, leave out from “, for sub-paragraph (d)” to the end of line 35 and insert



“the existing provision becomes sub-paragraph (1).

(2) For paragraph (d) of that sub-paragraph substitute—

‘(d) permitting the Regulator to authorise such persons, in such circumstances and under such arrangements, as the Regulator may determine, to exercise on behalf of the Regulator—

(i) the power to determine whether to exercise any of the functions listed in sub-paragraph (2);

(ii) the power to exercise any of the functions listed in sub-paragraph (2) or such other functions as may be prescribed.’

(3) After that sub-paragraph insert —

‘(2) The functions mentioned in sub-paragraph (1)(d) are—

(a) the power to issue an improvement notice under Article 9;

(b) the power to issue a third party notice under Article 10;

(c) the power to recover unpaid contributions under Article 13;

(d) the power to require information under Article 67;

(e) the power to vary or revoke a determination, order, notice or direction under Article 96;

(f) the power to require payment of a penalty under Article 10 of the 1995 Order;

(g) the power to issue a compliance notice under section 34 of the Pensions (No. 2) Act (Northern Ireland) 2008;

(h) the power to issue a third party compliance notice under section 35 of that Act;

(i) the power to issue an unpaid contributions notice under section 36 of that Act;

(j) the power to issue a fixed penalty notice under section 39 of that Act;

(k) the power to issue an escalating penalty notice under section 40 of that Act;

(l) the power to recover penalties under section 41 of that Act;

(m) the power to review a notice under section 42 of that Act;

(n) the power to issue a compliance notice in respect of prohibited recruitment conduct under section 50 of that Act;

(o) the power to issue a penalty notice in respect of prohibited recruitment conduct under section 51 of that Act.’

(4) Subsections (1) to (3)—

(a) do not affect any regulations made under paragraph 2(d) of Schedule 1 to the 2005 Order before the coming into operation of this section, and

(b) do not affect the powers conferred by that paragraph, so far as exercisable for the purpose of making, by way of consolidation, provision having the same effect as any provision of those regulations.”

*The following amendments stood on the Marshalled List:*

No 11: In clause 111, page 56, line 17, after “17(1)(c)” insert “27A,”. — [*The Minister for Social Development (Ms Ritchie).*]

No 12: In clause 111, page 56, line 29, at end insert “(ba) an order under section 27A(9);”. — [*The Minister for Social Development (Ms Ritchie).*]

Amendment No 10 is a technical amendment that is designed to ensure clarity on the pension regulator’s

ability to contract out its functions. Paragraph 2 of schedule 1 to the Pensions (Northern Ireland) Order 2005 enables regulations to be made permitting the regulator to contract out its regulatory functions.

The purpose of clause 107 is to facilitate the regulator’s ability to contract out functions and to ensure greater flexibility in doing so by removing the requirement to specify the identity of the contractor in regulations. The intention in delivering the compliance regime is that the regulator will be able to delegate the power to determine whether to exercise its functions and its power actually to exercise those functions. Without that distinction, there is a risk that the regulator would not be able to delegate decision-making relating to a function. The technical amendments to clause 107 will ensure absolute clarity by referring to both exercise and determination.

However, in clarifying that point, we do not want that power to allow the regulator to delegate both the exercise and the determination for the entire range of its functions. The amendment, therefore, explicitly limits the ability to contract out determination to the regulator’s activities set out in the new sub-paragraph 2. The Department will retain the power to enable the regulator to contract out the exercise, but not the determination, of functions that are prescribed in regulations.

Amendments No 11 and No 12 refer to clause 111. Clause 27A is introduced by amendment No 4 and enables the Department, through regulations, to allow an employer or a designated person to certify that his or her scheme is a qualifying scheme for the purposes of the Bill.

Clause 27A(9) enables the Department to repeal that clause by Order. These amendments add regulations made under clause 27A or an Order under clause 27A(9) to the list of provisions that are subject to the confirmatory procedure. That means that the regulations or Order would cease to have effect unless approved by the Assembly.

*Amendment No 10 agreed to.*

*Clause 107, as amended, ordered to stand part of the Bill.*

*Clauses 108 to 110 ordered to stand part of the Bill.*

### **Clause 111 (Orders and regulations)**

*Amendment No 11 made:* In page 56, line 17, after “17(1)(c),” insert “27A,”. — [*The Minister for Social Development (Ms Ritchie).*]

*Amendment No 12 made:* In page 56, line 19, at end insert — “(ba) an order under section 27A(9);”. — [*The Minister for Social Development (Ms Ritchie).*]

*Clause 111, as amended, ordered to stand part of the Bill.*

*Clauses 112 to 118 ordered to stand part of the Bill.*

*Schedules 1 to 10 agreed to.*

*Long Title agreed to.*

**Mr Speaker:** That concludes the Consideration Stage of the Pensions (No. 2) Bill. The Bill stands referred to the Speaker.

## COMMITTEE BUSINESS

### Hospital Car-Parking Charges

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

**The Deputy Chairperson of the Committee for Health, Social Services and Public Safety (Mrs O'Neill):** I beg to move

That this Assembly notes the announcement by the Minister of Health, Social Services and Public Safety in May 2008 on the introduction of free hospital car parking for very ill patients and their families; and, while welcoming this announcement, further calls on the Minister to abolish all hospital car-parking charges.

Go raibh maith agat, a Cheann Comhairle. As Deputy Chairperson of the Committee, I am pleased to introduce the motion, which calls on the Minister to abolish all hospital car-parking charges.

The motion acknowledges that, in May 2008, following a review of car-parking charges, the Minister introduced free car parking for patients suffering from cancer who require chemotherapy or radiotherapy and patients receiving renal dialysis. The concession extended to the next of kin or partner of such patients, and all Members will acknowledge that that was a welcome development.

At the time, the Minister indicated that the aim of the review was to establish a consistent car-parking policy for all health and social care trusts. However, when he announced the review's outcome, he indicated that individual trusts will decide whether to charge a car-parking fee to patients and visitors who make lengthy or frequent visits to hospitals. The Committee feels that such a measure does not promote consistent policy.

The Committee believes that the Minister did not go far enough, and that the only consistent policy would be to abolish all car-parking charges at hospitals. As Members will be aware, that is what happened in both Scotland and Wales, and I believe that we can learn from the bold steps taken there. We should follow that example.

In March, the Welsh Assembly Government announced that from 1 April parking would be free at NHS hospitals. In September, the Scottish Health Minister, Nicola Sturgeon, announced the ending of hospital car-parking charges from the end of this year. She said:

“It is simply not fair to expect patients or visitors to have to pay when they come to hospital, when they may be suffering personal



anxiety, stress or grief. Put bluntly, a car-parking charge is often the last thing that people need.”

I wholeheartedly agree with those sentiments. I believe that it is an unfair and costly way of generating income for hospitals. It could be argued that it is in fact a tax on ill health.

In many cases, the lack of an easily accessible public-transport system serving the hospitals makes the situation worse. When people need to attend the accident and emergency department, attend clinics of various kinds, or visit very ill patients, they cannot always rely on suitable and convenient public-transport systems, and having to pay for car parking adds to the anxiety, upset and concern at such times.

In his announcement in May, the Minister recognised the particular problems faced by cancer patients and renal dialysis patients. A study by Macmillan Cancer Relief in 2005 found that cancer patients spent, on average, £380 on travel over the course of their treatment. The introduction of free car parking for cancer patients is very welcome, but having to go through the process to be reimbursed can sometimes be off-putting, bureaucratic and stressful for patients, and many may be too proud to apply for that exemption. There are also issues concerning how patients are made aware of their entitlement and how such schemes are promoted.

Patients attending hospital for other chronic conditions can find themselves in a similar position where they need to attend hospital over a lengthy period of time, and can be faced with considerable costs as a result. People suffering from chronic conditions are often living on benefits because they can no longer work, and they are often struggling already to make ends meet.

The Committee is not suggesting that all hospital car-parking charges can be abolished overnight at the stroke of a pen. We recognise that there are things that need to be considered. I am sure that the Minister will point to the number of people who would take advantage of free car parking but who are not visiting hospital. That has been an issue in the past, and could be a particular problem with hospitals situated in inner cities or towns, where car-parking spaces may be at a premium.

However, it should not be beyond the ingenuity of the Health Service to use modern technology to find simple processes that could provide a simple system of ticket validation. That could be something as simple as a machine at the entrance to the ward, or somewhere else in the hospital, and it would differentiate between genuine patients, visitors and staff and those who wish to park and do other business in the area, or who want to park all day and get public transport to the centre of town. A hefty parking charge could be imposed, which

would deter such misuse of the parking facilities. There are a number of measures that could be taken to address that concern.

One important limitation on the ability to offer universal free hospital car parking relates to hospitals or car parks that have been provided under a PFI contract. The Minister, in answer to a recent Assembly question, confirmed that the Royal Group of Hospitals is the only Health Service hospital where car parking is provided by an outside operator. It is operated under a PFI contract which runs until 2017. A similar issue has been encountered in Scotland in relation to the PFI-built Royal Infirmary of Edinburgh. Although a totally satisfactory solution has yet to be found there, it is interesting to note that, in 2006, an agreement was reached between the providers of the hospital and the health board to reduce the maximum daily ticket price.

In Wales, where external contracts with private companies are already in place, the Health Minister has asked NHS trusts to introduce schemes to reduce the cost for patients, staff and visitors until the contract expires. I urge the Minister to explore what action can be taken in relation to car-parking charges and the contract at the Royal Victoria Hospital site.

In a letter sent to the Committee in September, the Minister said that the construction of a new car-parking facility costs around £10,000 per parking space, and suggested that it was reasonable to ask car-park users to make a small contribution to those costs. The Committee does not subscribe to that view, and, although welcoming the steps already taken, calls on the Minister to abolish charges for patients, staff and visitors as soon as possible. I urge all Members of the House to support the motion. Go raibh maith agat.

**Mr Easton:** We are meeting at a time of deep financial uncertainty when we are witnessing job losses and, in many cases, a critical loss of financial confidence.

To put it bluntly, money is tight for many hard-working families across my constituency. Equally, we all acknowledge that it is imperative that money that is invested in our Health Service be spent wisely and efficiently. Every penny that is spent on the Health Service is an investment in our people. With developments in medical science and other areas, there is no doubt that there is huge pressure on what is, ultimately, a finite budget. Furthermore, due to diligent stewardship of financial circumstances and an effective Programme for Government, I very much welcome the budget of some £4 billion from which the Health Service is benefiting — the highest that it has ever had.

However, let us get to the kernel of the issue. Visits to hospital are matters of necessity that are based on health need and required services. Those who work in hospitals provide an essential service; those who attend

hospitals on a voluntary basis to give blood contribute to the health and well-being of others; and those who visit friends or relatives provide the comfort that a patient requires.

Is it right to charge people to park their vehicles at hospital sites, given that they do so for vital and justifiable reasons? For the reasons that I will outline, I think not. The arguments that tend to be advanced for charging are in respect of congestion prevention and environmental sustainability. Doctors, nurses and other professionals who are allied to medicine are some of the most responsible, environmentally friendly people whom one could meet. By all means, staff should be encouraged to consider car sharing or using public transport, but it must be remembered that many of our staff work long and extra hours that are often unsocial. They should not, and must not, be penalised for using their vehicles to go to work.

The abuse of hospital car parking must be addressed. There are several means of addressing that issue, including the development of new technologies that will allow people who properly use hospital car parks to have their parking tickets validated without being charged. Coupled with effective advertising, that will address any abuse that occurs. However, we must give credit where it is due. We rightly welcome the removal of charges from those who are living with cancer and in other situations that were outlined by the Minister, but that should have been done some years ago.

I value the National Health Service. At its heart is the central tenet of free health service at the point of delivery. We toy with that fundamental principle at our peril. It could rightly be perceived that charging for car parking is an unwarranted interference with that principle. Charging should, therefore, be rejected.

**Mr Kennedy:** On 21 May this year, my party colleague Michael McGimpsey, the Health Minister, introduced free car parking across Northern Ireland hospitals for very ill patients and their families. The Minister made the announcement at Craigavon Hospital, and he also announced that an additional 160 free car-parking spaces would be made available at that site, representing an investment of some £450,000. On completion of that project, the total number of car-parking spaces at Craigavon will be brought up to 1,310. At that time, the Minister said:

“While I have specified which patients and visitors should not be charged, there are other situations in which people may have to attend hospitals frequently or for lengthy periods and run up significant charges. I would expect trusts to consider these situations carefully and exempt people from charges where appropriate.”

That move was rightly welcomed across the community and by all political parties. It represented a major move to improve the lot of patients and their families — who are the people whom the Health Service is there to serve. The Health Service is not

there to provide free park-and-ride facilities for people who indulge in shopping expeditions in towns or other places.

**Mr McClarty:** Hospital car parks are not being used only by those who wish to shop. I recently heard of an incident at Antrim Area Hospital in which a member of the public parked his car and called back for it 10 days later after he returned from a holiday. It was cheaper for him to park his car in the hospital car park, get a taxi to the airport and call back for his car 10 days later than it was for him to park at the airport.

**Mr Speaker:** Mr Kennedy may have an extra minute for taking an intervention.

**Mr Kennedy:** I am grateful to the Member for providing that information, which highlights one of the significant difficulties to which free car parking could lead.

*12.00 noon*

**Ms S Ramsey:** I am glad that the Member gave way — he will get another minute. First, I apologise to the Minister; I will not be here this afternoon, because I will be meeting another of his party colleagues.

I understand the Member’s point, which was discussed in the Health Committee. The Committee welcomes these discussions about the Minister’s decision to make parking at hospitals free for patients suffering from, for example, cancer. Will the Member not agree that people who abuse the system should not be allowed to cause the people who need the system to be punished?

**Mr Kennedy:** Although a careful balance must be achieved, we must also be realistic about the matter. Charging for car parking can discourage inappropriate parking by non-hospital users and, therefore, protect spaces for those who actually need them. In addition, the income that is generated can be used to maintain car parks and, consequently, save the Health Service money. When possible, money should be used for front-line services, which must always be the Health Minister’s main priority.

Large sums of money are involved. Between 2005 and 2007, Belfast City Hospital raised £1.35 million from car-parking charges. During the same period, the Ulster Hospital in Dundonald raised £1.05 million, and the Mater Hospital raised £225,000.

Moreover, many of the current financial arrangements and the establishment of hospital pay car parks occurred under the direct rule Administration, and those contracts could not be easily, quickly or cheaply brought back into public ownership.

**Mr Easton:** Will the Member give way?

**Mr Kennedy:** No, I have given way twice.

A proper balance must be struck between imposing charges that merely cover costs and providing a penalty that combats fly parking. The crux of the matter is to provide car parking for staff, outpatients and visitors, while penalising people who use hospital car parks for their own convenience.

Providing car-parking spaces costs money, and I am interested to hear how the proposer and the sponsors of the motion would pay to implement the proposals and, at the same time, guarantee adequate parking for staff, patients and relatives. Some Members need to grow up and wise up, and cease indulging themselves and their parties by producing unattainable, Santa-type wish lists, especially given the fact that those parties are at the head of this Administration.

**Mr Gallagher:** I support the motion. I welcome the debate about this important matter, and I thank the Deputy Chairperson of the Health Committee for proposing the motion.

Charging for car parking does not sit well with the NHS principle of care for all, free at the point of delivery. Nevertheless, I acknowledge the steps taken by the Minister to scrap car-parking charges for very ill patients — such as those receiving chemotherapy, radiotherapy or dialysis — for critical-care and high-dependency patients and for patients' families. That is a step in the right direction.

In 2008, the Department of Health, Social Services and Public Safety published a document about hospital car-parking provision and management, which includes an eligibility matrix for free car parking. Apparently, that information is communicated to patients through a website and again in their appointment letters. I am concerned about some inconsistencies and whether patients in different trust areas know exactly what they are entitled to; it appears that it is up to the trusts to make discretionary decisions.

I seek clarification of terms such as “exempt when appropriate”. Who makes that judgement call? Who is qualified to do so? Are all trusts making such judgement calls in the same way? As I said, I am concerned that they might not. It appears that the consistency that the Minister tried to achieve by introducing the policy is not being delivered.

The cost of abolishing all hospital car-parking charges was referred to earlier, and the Cabinet Secretary for Health and Wellbeing in Scotland, Nicola Sturgeon, recently abolished such charges. The Minister for Health, Social Services and Public Safety, who is present in the Chamber, has said that he will keep the matter under review, and I very much hope that he will.

In Wales, trusts that have private car-parking contracts will be ordered to begin reducing charges until parking becomes free at the end of the contract

period. Parking will become free for patients, visitors and staff at all NHS trusts that do not have contracts with private contractors by 2011. I would like the Minister to comment on the cost of maintaining car parks under PFI arrangements, and how that compares with the Department's own arrangements.

**Mr Easton:** The Member mentioned figures for car parking. I found the figures that Mr Kennedy mentioned confusing, because they ran well into the millions. At the beginning of this year, I asked the Health Minister a question for written answer about the money that trusts receive from parking, and he said that the Belfast Trust received £843,000. There seems to be a discrepancy between the Ulster Unionist figures and the figures in the Minister's letter to me, which he signed, as Members can see. Does the Member agree that there seems to be much confusion about the actual cost?

**Mr Gallagher:** I thank the Member for his point. As I said, the matter requires clarification, and I have asked the Minister to comment on it.

There is a PPP arrangement in place for the car park at the Royal Group of Hospitals. PPP contracts will proliferate in future; will the Minister clarify whether there will be more PPP parking arrangements at hospitals? It is unfair to tax those who are vulnerable and sick for attending hospital for necessary treatment. It is also unfair to very worried families who are sometimes called to the hospital at short notice when a family member is rushed there. Sometimes, patients need to visit hospital several times a week, and it is impossible for them to know how long their appointments will last.

**Mr Speaker:** The Member must draw his remarks to a close.

**Mr Gallagher:** Some appointments can last for an hour, but others last for five or six hours.

**Mr McCarthy:** I support the motion. Charging for car parking at hospitals was never right. It was wrong from day one, and it has been a thorn in the flesh of many people. It is simply a tax on the sick, and it is wrong.

I am familiar with problems associated with parking at the Ulster Hospital. I was totally opposed to the introduction of charging at that hospital from day one. However, it was introduced and remains until the present day.

We should commend the Minister for having started along the road of free car parking and for the sensible manner in which he has done so. The objective of the Assembly should be to complete that journey in such a way as to ensure that hospital car parking is free and available to patients and their visitors.

Prior to the imposition of charges for car parking at the Ulster Hospital, many commuters used the car park as a park-and-go facility — much to the detriment of hospital patients. That was wrong; it was not



acceptable then, it is not acceptable now, and it will not be acceptable in the future.

I welcome the announcement by the Health Minister on 21 May 2008 in which he gave his commitment to exempt from car-parking charges, where appropriate, the people who visit hospital frequently or for lengthy periods. He said that those people run up significant charges and that he expects trusts to consider such situations carefully. The Minister also attempted to justify the charges for car parking at hospitals. He said that the charges were a method of discouraging inappropriate parking by non-hospital users and a means of protecting spaces for those who need them. I do not want people to park their cars in a hospital car park and leave them for 10 days while they go off on holiday, but charges prove expensive to patients who do not even want to be there.

The Alliance Party is committed to a Health Service that is free at the point of delivery — a concept that was mentioned by Tommy Gallagher. Those sentiments are echoed by Macmillan Cancer Support, which campaigned relentlessly for free car parking for its patients. I congratulate that group for achieving what it set out to do.

Our Health Service is not free at the point of delivery; patients and their visitors have to pay for car parking at hospitals; we have to pay for eye check-ups and dental check-ups; and the personal care of older people has to be paid for as well. The Alliance Party wants to see the implementation of a strategy that will reduce and, ideally, remove those charges. However, such a strategy must not involve the removal of front-line Health Service personnel or any reduction in standards in the system. Furthermore, it should not be focused, in the short term, on those who are not in greatest need.

The Alliance Party supports the motion on the basis that the removal of car-parking charges will form part of a strategy that is aimed at the ideal of a high-quality and well-staffed Health Service, which is free at the point of delivery. That is, and must be, the long-term project. As some Members said, Scotland and Wales are in the process of abolishing the charges — in fact, they may have done so already.

As we celebrate 60 years of the National Health Service, I remind the Health Minister that it was established with the intention of being free at the point of delivery. Let us do what it says on the tin: let us have a Health Service that is free at the point of delivery. I support the motion.

**Mr G Robinson:** This is a timely debate. Last week, the front page of one of Coleraine's local newspapers stated that the Northern Trust was considering the introduction of car-parking charges at various sites of the Causeway Hospital. I emphasise

that the newspaper stated that the trust was "considering" such a move. Such a charge would amount to nothing more than a tax on the sick and their families and friends.

The motion states that there is a welcome for the Minister's announcement that there will be free car parking for:

"very ill patients and their families".

I agree with those sentiments. However, I go further by saying that charging people to park in hospital car parks is a disgraceful situation.

I will be parochial and talk about the case at the Causeway Hospital. The newspaper article stated that patients, their families and staff might face the car-parking charges soon. Not only will patients and their families be subject to the Northern Trust tax, but the trust's staff will have to pay the charges as well. That threat comes at a time when many people are struggling to make ends meet, and it will further reduce the amount of money that they have at their disposal.

*12.15 pm*

A few weeks ago, the Minister made the welcome announcement that prescription charges would be phased out over the next two years. I warmly welcomed the announcement, and I congratulate the Minister for introducing that policy. However, the Northern Health and Social Care Trust seems to want to take away with one hand what the Minister is giving with the other.

I am concerned that the article mentions the clamping of vehicles by private companies. If family members suffer bereavement at a hospital, would any of us want to explain to them why they may find their cars clamped when they come out? I certainly would not. Will the trust guarantee that if of an outpatient who is late returning to the vehicle because of the usual delays in being seen by a consultant will not be clamped? I contend that all staff — nurses, cleaners, ward orderlies, etc. — should be exempt from car-parking charges.

Whatever way I look at hospital car-parking charges, I find them nothing more than a way for trusts to make money and avoid making the 3% value-for-money savings that are required of every Department and supported by the Executive.

In the case of the Causeway Hospital, the Northern Health and Social Care Trust has at least been honest and said that additional income from sources such as car-parking charges could certainly go some way towards helping the trust to break even. Are patients, families and staff seen by the trust as being nothing more than cash generators? That is the impression that the Northern Health and Social Care Trust is projecting, although it is not alone in its attempts to impoverish patients and staff by raising car-parking

charges. Nevertheless, it is an insight into how the trust sees the patient.

I oppose car-parking charges. I support the motion.

**Mrs McGill:** Go raibh maith agat, a Cheann Comhairle. As a member of the Health Committee, I support the motion and the views articulated earlier by the Deputy Chairperson, Michelle O’Neill.

Scotland and Wales have been mentioned. I understand what has been said about budgets. Yesterday, I listened to what the Minister said about it being easy to bring criticism to the House, but not easy to bring alternatives. Altnagelvin Hospital is the nearest acute hospital for the people whom I represent, and it has swaths of grass that must be maintained. My alternative to maintaining the grass would be to turn it into car parks, which would ease the situation. My comment is not a criticism; in my view, it is a constructive comment.

There is a morgue attached to Altnagelvin Hospital, and a family from my area was there for the removal of a person’s remains. They had to park their car in a car park and pay on their way out. The family came from a rural area and probably did not know that they had to park in the car park, because there were no other spaces available, and that they had to pay on the way out. Before the removal of the remains, the family had to footer about to get money. They had to go into the hospital to pay for the car park and come back out and join the cortège. I was there at the time and saw what happened.

On another occasion, also at the morgue at Altnagelvin Hospital, people in uniform — it may have been the police — actually booked people driving out of the car park with a person’s remains. There are issues relating to that situation and, in my view, there is plenty of ground around the hospital that could be used for car parking.

A review has been carried out — and I am moving away slightly from free car parking for everyone. When reading the review, I wondered how the situation could be managed, because there are so many opportunities for discretion and flexibility. The Minister has said that it is up to individual trusts to deal with the situation. There could be a situation where people who have given blood or who are volunteer drivers could avail themselves of the free car parking.

One comment in the review about management interested me. In the guidance document on hospital car parking, ‘HSC Hospital Car Parking Provision and Management’ paragraph 4.20, “Management of Application of the Eligibility Criteria”, states:

“HSC Trusts must ensure that there is consistent management of the application of the criteria. If this is left to the discretion of nursing staff, they must be provided with clear guidance on how to exercise that discretion.”

That is the key point. Will it mean more work for nursing staff? I would be seriously concerned if that were the case.

In September, Carmel Hanna asked the Minister about the cost of the abolition of car-parking charges. I wonder whether she received a response to that question, because it would be interesting to hear it or to hear a response from the Minister today. Go raibh maith agat.

**Mr Buchanan:** I commend the Minister on the steps already taken in May, following a review, to introduce free hospital car parking for seriously ill patients and their families.

As Members will note, this motion was tabled by the Committee for Health, Social Services and Public Safety. It is somewhat ironic that none of the Committee members from the Ulster Unionist Party are present for today’s debate. Mr Kennedy mentioned a Santa-type wish list, and yet those Committee members gave their full support to the motion. That fact that other Ulster Unionist Party members are present to speak during the debate, while those Committee members are not, sends out a negative message from that party.

I have no doubt that the work that the Minister has done to date will have come as good news to some families, especially those whose main breadwinner has had to give up his or her job, either as a result of an illness or to care for another family member who may be receiving regular hospital treatment.

However, although the Minister is taking some action on the matter, the argument is being made that he should go further and completely abolish all hospital car-parking charges. That issue has generated significant debate and controversy within each of the health systems across the United Kingdom and in the Republic of Ireland. The debate has been stimulated by complaints from patients, visitors and staff. Indeed, trade unions have been critical, saying that car-parking charges are but another tax on ill people who require hospital treatment.

There are two overarching issues in this debate, the first being the lack of consistency across the trusts and within the Department with regard to parking charges or the provision of free parking. There must be consistency between the trusts and the Department; either there are parking charges or there are not. The inconsistency whereby some hospitals charge for parking and others do not causes concern for patients who require treatment.

The other overarching issue is that of private contractors. Not only do such contractors set the parking rate, but the revenue that is generated through parking is not put back into hospital services. The Minister should be concerned about that matter and address it immediately.



Like Tommy Gallagher, I want the Minister to clarify whether there will be car-parking charges for all future PFI projects. As the House will be well aware, by 2013, there will be a new acute hospital in Enniskillen and a new, enhanced local hospital in Omagh — and I am sure that the Minister is glad that I mentioned that — both of which will be the subject of PFI funding. Can the Minister enlighten the House as to whether patients at those two new hospitals in the south-west will be charged for parking? The Minister could enlighten us on that matter, which has caused some concern.

There are no car-parking charges at the Erne Hospital or Tyrone County Hospital. When the new hospital, which is funded by a PFI project, is opened, will there be charges to use its car park? If so, who will receive the revenue? I appreciate that the Minister has further work to do on the matter, and I have no doubt that the Committee will offer him any assistance that he requires when he reviews car-parking charges at hospitals.

**Mr Shannon:** The issue of car-parking charges at hospitals came to my attention when the first parking tickets were issued to people who were visiting loved ones at the Ulster Hospital. The Ulster Hospital scheme is funded through a PFI contract, so I am not sure if the proposals in the motion would affect the car-parking charges there. It would be difficult to withdraw from such a scheme, but it is worthy of comment. Nonetheless, I support the motion.

When the issue first came to my attention, I was contacted by a large number of my constituents who were visiting very ill relatives in hospital. It is an understatement to say that those people were outraged and angry at having to pay to park at a hospital. That feeling has been replaced by resignation towards the charges — people have to pay them if they want to visit their relatives.

George Robinson mentioned clamping, and the anger of the constituents who contacted me was compounded by several Big Brother-type incidents, in which their vehicles were clamped while they were visiting their relatives in hospital. In one case, someone could not find a car-parking space, and, because he or she had a seriously ill relative in the hospital and was desperate, parked at the front door. That person realised that parking there was wrong and contravened the rules, but it was in an act of desperation — an hour before, that person had been called and asked to visit a relative at the Ulster Hospital whose life was ebbing away. Such clamping has happened on many other occasions at the Ulster Hospital. In association with the firm that ran the car park, I was able to alleviate some of the charges incurred and ensure that such incidents were not repeated.

I always try to give credit where it is due, and the Minister deserves credit for introducing free car

parking at hospitals for cancer patients and their relatives in May 2008. There are many other people who would benefit from similar help.

To make matters worse, large amounts of money are made from hospital car parks by private companies. My colleague Alex Easton, and also Danny Kennedy, quoted different figures, but one thing is for sure — those firms are making profits. We all ask why those profits are not put back into the health system. In his response, the Minister will say that his responsibility is to look after the medical care of patients. I appreciate that, but there must be a system in the Health Service that ensures that money made from car-parking charges does not go into the pockets of a firm that has its headquarters outside Northern Ireland. We could use that system to benefit others.

The profits that private firms make from hospital car parks niggles people. For example, I know people who have relatives who are patients in the Royal Victoria Hospital, because of the medical care that that hospital offers. The cost for those people is £2 to £3 every night, and they visit every night of the week. Although the relatives of those people do not suffer from cancer, they require extensive medical care.

The purpose of the motion is to request a review of car-parking charges, which I urge the Minister to do. It is a case that must be answered. People have told me that the problem is not just about car-parking charges; it is about the hassle that they go through and the long queues that they have to join. That is more than many people should have to go through.

12.30 pm

I know that the Minister will consider car-parking charges honestly, truthfully and sympathetically. Do not damn or condemn free car parking. I urge the Minister to give careful consideration to what we have said today.

**The Minister of Health, Social Services and Public Safety (Mr McGimpsey):** Hospital car parking is a difficult issue to address. It is a complex matter that was raised in the Assembly in June 2007, and I have also received a good deal of correspondence on the matter. That is why I carried out a regional review of car-parking provision and management. That led to my announcement in May that seriously ill patients, such as those who are being treated for cancer, will no longer have to pay for car parking.

I listened to Michelle O'Neill's points about considering extending the range of exemptions. I am happy to consider that matter, and I will come back to her on it.

Kieran McCarthy put it well — and he was right — when he said that this is the start of a process. However, it is not simply a matter of my waving a

magic wand. I am where I am, I start where I start, and I have to manage the situation as it is. However, Kieran's point was well made when he said that exemptions are the start of a process — we will see how far we can get along that road.

As far as the other issues are concerned, each hospital faces a different situation. For example, the car park at the Ulster Hospital was used routinely for commuter car parking. It got to the point where the car park was so congested that people could neither get in nor out, and, at times, the accident-and-emergency traffic was obstructed. However, that situation has been resolved by the construction of a multi-storey car park. Contrary to Jim Shannon's information, that is not a PFI project; rather, it has been funded directly at a cost of £11 million. Frankly, the Health Service does not have that sort of money to spend on car parking.

My principal objective is to provide free-for-all, cradle-to-the-grave healthcare. We can aspire to the provision of cradle-to-the-grave car parking to go with such healthcare, but we cannot simply create it overnight.

The Ulster Hospital car park was one of the most glaring examples of congestion, and that is being solved now largely through the construction of a new multi-storey car park.

With regard to Belfast City Hospital, the figures that Alex Easton quoted relate to income for the Belfast Trust. I do not have the information on the income for the car park at the Royal Hospitals, because that was a PFI project that was built prior to my time as Minister. It is a private contract with a private provider, and there will be charging there for as long as the contract runs. However, I could step in and buy out the contract, but that would require large sums of money that we do not have within the budgetary constraints of the Health Service.

Altnagelvin Hospital has two small car parks that are close to the door, and small amounts of money are charged for parking there. By giving patients the choice of where to park, large numbers opt to pay for car parking near the door. There is free car parking on site, but the parking near the door reduces the walk to the hospital.

As far as Daisy Hill Hospital is concerned, people routinely park in Daisy Hill car park and walk to the station to catch the train. The Southern Trust is also dealing with that issue. Craigavon Area Hospital also has low car-parking provision, and large sums of money were spent on solving the problems there.

In the past few years, investment totalling almost £22 million has been spent on car-parking facilities. That £22 million has to be found for the Health Service. Let me put that into context: for that £22 million, I could build health and care centres in Newtownards

and Craigavon and still have money left over, and I could do that right away. That is the sort of money about which we are talking. Therefore, we need to look for an income.

The car-parking charges are nowhere near commensurate with the investment. People think nothing of spending £10 or £12 to park in Castle Court for four hours while they go shopping, or feeding a parking meter for four hours at the back of the City Hall. At the Royal Victoria Hospital, it costs £1 to park for up to four hours. I know that that is a charge, and that people feel that it breaks a principle, as Jim Shannon said, and they get angry and upset. However, £1 is a very small token, and is by no means commensurate with the investment made.

At the Ulster Hospital, it costs £1.80 to park for up to three to four hours. Furthermore, there are exemptions for frequent visitors, long-stay patients and for those with conditions such as cancer and renal dialysis. I have no desire whatsoever to create hardship, but it costs only £1 to park for up to four hours at the Royal Victoria Hospital and the Mater Hospital, and £2.50 at Belfast City Hospital.

Belfast City Hospital solved its problems. When the new cancer centre opened, visitors could not get in or out of the car park. The solution, after negotiations with the planners, was to build a multi-storey car park. However, the planners insisted, as a planning condition, that there had to be charging otherwise the car park would fill up with commuter car-parking.

As a Member for that area, I know about the difficulties with commuter car-parking in inner south Belfast. We are still trying to resolve that issue through residents' car-parking, which Roads Service finds very challenging. Therefore, Belfast City Hospital must charge £1 for the first hour, £1.50 for up to two hours, and £2.50 for up to three or four hours. Those are small charges compared with the sort of investment that the hospital made in parking.

The hospital spent £10 million on that multi-storey car park, an amount that would pay for the health and care centre planned for the new enhanced local hospital and mental health hospital in Omagh. I notice that Tom Buchanan has left the Chamber. At present, I am considering correspondence that I received from Omagh District Council on that issue, and I will be able to speak more about that matter in due course.

One Member raised the issue of free car-parking at hospitals in Scotland. Scotland does a lot better out of the block grant and the Barnett formula than Northern Ireland. The Scottish Government also devote much more of their budget to health; that is the reality. In addition, Scotland, which has been in devolution mode for about 11 years, immediately examined the ways in which to go forward, and it was about pressing down

on demand on the Health Service and making it more efficient by producing a public-health agenda. As Members will be aware, yesterday I went forward —

**Mr Easton:** Will the Member give way?

**The Minister of Health, Social Services and Public Safety:** I will give way to Mr Easton, although I am well aware that he and his colleague said yesterday that they do not give way to members of the Ulster Unionist Party. However, I am happy to give way to him.

**Mr Easton:** The Minister stands corrected on that. I never said that at all; it was my colleague. He needs to get his facts right about that.

One issue that the Minister has not raised is that of hospital staff having to pay for car-parking. Certainly, in the South Eastern Health and Social Care Trust, staff at the Ulster Hospital have to pay for car-parking. I fundamentally disagree that staff should have to pay to go to work. However, staff at Bangor Community Hospital and Ards Community Hospital, which are also in the South Eastern Health and Social Care Trust area, do not pay for car-parking. Therefore, there is an inconsistency in the way in which car-parking charges are applied to staff. Will the Minister examine that issue as part of any review or long-term strategy?

**The Minister of Health, Social Services and Public Safety:** I stand corrected; as Mr Easton rightly pointed out it was his colleague Thomas Buchanan who said that he does not give way to Ulster Unionists. I am grateful to Mr Easton for marking him down.

The Scottish Executive have adopted a public-health agenda to make their Health Service more efficient. I have done that and have gone one step further. Yesterday, we spent a long time debating the new public health agency, which everyone supported except the DUP. The arguments of Mr Easton and Mr Buchanan in yesterday's debate attempted to negate my attempts to make the Health Service more efficient. Their arguments are contrary to those of the DUP leader; Mr Easton batted against his party leader rather than for him.

The consistency in the charges that staff must pay was raised. Trusts make the decisions, and the conditions vary from site to site. The conditions that staff face in Ards Hospital, which is on an 11-acre site, are much different from those faced by staff in Bangor Hospital, the Ulster Hospital or elsewhere. However, where staff are charged, they pay a subsidised, low rate. I do not have all the figures available, but I have provided figures for the general public, and staff pay less than that. We are trying to be as accommodating and helpful as possible while considering the issue of how to generate funds for capital costs.

Claire O'Neill talked about removing acres of grass —

**Mr McClarty:** That was Claire McGill.

**The Minister of Health, Social Services and Public Safety:** I beg your pardon. Claire McGill talked about a solution for Altnagelvin Hospital. That hospital's system of having two small pay car parks close to the door appears to be working well. I do not know how the environmental lobby in Sinn Féin would feel about bulldozers being brought in to lift the grass and take away the trees in order to tarmac the grounds. That is an Ulsterbus solution. It would have a strong capital cost; in addition to taking away the grass and tarmacking the ground, the overburden would have to be excavated and backfilled with hard core and, because of the problems that hard surfaces create, proper drainage would have to be provided. Therefore, that proposal would have an ongoing cost.

The cost of building a multi-storey car park is £10,000 for each space. That is much more expensive than building on the site of flat land, but flat land also has a cost. The cost is associated with acquiring land in and around hospitals, which are generally located in commercial zones. The cost of such land is perhaps between £1 million and £1.5 million an acre. Large costs are involved with building car parks.

As I said earlier, the Scottish Executive do much better from the grant that they receive, and they are treated more generously than we are; the Health Minister in Scotland is treated more generously than I am in the finances that she receives. We know who is in charge of our finances, so perhaps Mr Easton has questions to ask of his party leader, with whom he publicly disagrees. There are problems with commuter car parking in Newry. We know which Minister is in charge of the railway system, so perhaps Michelle O'Neill has questions to ask of her colleague. Perhaps she could ask that Minister what he will do about commuter car parking in the east of Belfast, because a resolution of that issue would greatly help the Ulster Hospital.

My colleague David McClarty gave the example of someone using Antrim Area Hospital to park their car and taking a taxi to the airport. That practice is now common and is another reason that car-parking charges are being considered at Antrim Area Hospital. One reason that people do that is the huge cost that private car parks and airports charge for car parking. People also do that when travelling to Belfast City Airport, and the high cost of car parking means that it is not unusual for people to park in Health Service buildings and Government buildings generally. That complex issue is one for the Minister for Regional Development.

I agree with Kieran McCarthy that progress is being made on a process. I also agree with Michelle O'Neill that the list of people who are exempt from paying for car parking at hospitals should be reconsidered. I am happy to do that; I do not wish to charge people to go hospitals to visit patients or to receive treatment.



12.45 pm

I am where I am. I have said repeatedly that I do not have enough money to run the Health Service, but I have what I have, and I must prioritise the resources that I have. Peter Robinson spoke of efficiencies in his Budget. I have made efficiencies, but there are even tougher decisions to make than those that I have just illustrated. That is something that we must all face up to if we are serious about maintaining a cradle-to-grave Health Service that provides free care for all our people.

**Mrs O'Neill:** Go raibh maith agat, a Cheann Comhairle. I commend my colleagues on the Health Committee for introducing the motion and I thank everyone who contributed to the debate, particularly the members of the Committee. I also thank the Minister for attending and responding.

Free hospital car parking has been the subject of considerable debate throughout these islands over the past few years, and we have heard many arguments in favour of the abolition of hospital car-parking charges. A minority was against it.

The arguments that attempt to justify car-parking charges stress the need to prevent those who have no legitimate business at a hospital — such as shoppers and commuters — from taking advantage of free car parking. Danny Kennedy referred to an exceptional situation, which amounted to abuse of parking at a hospital.

However, my colleague Sue Ramsey was right: we cannot penalise those who need hospital car parking because there are those who abuse the system. Surely, there is sufficient intelligence in the Health Service to devise a system — a ticket-validation scheme, perhaps — that would stop such abuses.

It has been argued that charges contribute to the cost of providing parking spaces and are needed to cover the cost of security. It is also argued that free car parking can be provided only at the expense of other patient services. It has even been argued — elsewhere — that charges for hospital car parking encourage greater use of public transport and contribute to a wider environmental policy, but that pushes the argument too far.

Members of the Committee and others have put the opposite point of view: that car-parking charges are, in effect, a tax on ill health; and that it is unfair to expect payment from patients and visitors who are attending hospital and who may be extremely worried or stressed about their own health or that of a relative or who may have just lost a close relative. As has been said, the last thing that people in such situations need is the worry about car-parking charges.

Many Members acknowledged the positive, welcome steps taken by the Minister earlier this year. These are significant concessions for people who are suffering

from cancer or who undergo regular renal dialysis. However, that still leaves many who suffer from other severe chronic conditions and who have regularly to attend hospital or clinics facing considerable charges.

In his response, the Minister spoke of charges as small and token. However, that “token” charge is a considerable burden for people on low incomes who find it difficult to pay.

**Mr Easton:** Does the Member agree that it is bizarre that since the Minister has come into office he has announced more than £600 million of new investment for capital projects and free prescriptions? He seems to have money to burn, but he has a problem with providing a small amount of money for free car parking at hospitals across Northern Ireland. He has not denied the accuracy of the figures that I presented, which show that it would cost £1.2 million to provide free car parking. Given the scale of his expenditure, should not the Minister be able to find scope for free hospital car parking for the people of Northern Ireland?

**The Minister of Health, Social Services and Public Safety:** It is important for Members to understand that I deal with two budgets: one for capital projects; the other for resources. Members must observe the distinction. The income from car-parking charges is a resource item and is included in the £4 billion that pays the salaries of doctors and nurses.

I also have a capital budget, which is less than half of what I need, but which nevertheless contains substantial funds. I have announced capital projects, and I would like to announce many more. A children's and women's hospital is a prime example of something that I cannot afford with that budget. After 18 months of devolution, it is important that Members understand how the health budget works and that there is both a capital budget and a recurrent resource budget.

There is a difference, and the capital budget and recurrent resource budget cannot be mixed. The Department is not allowed to mix the two, and the first person who could tell Mr Easton that is his party leader, who was Finance Minister and who understands that situation very well. Perhaps Mr Robinson needs to have a chat with Mr Easton about that.

**Mrs O'Neill:** I thank Members for their interventions. The motion is not before the House because it is something that the Health Committee thought up on its own — it is a response to demands from the public.

I have mentioned car parking at the RVH in Belfast, which is provided under a PFI agreement and is subject to a contract that still has nine years to run. I accept that it may be too expensive to buy out that contract, as the Minister has stated, but a way must be found to at least reduce the charges that are faced by patients, visitors and staff.

Other Members have referred to problems faced by people arriving at accident and emergency departments who are not able to find a space in which to park in a hurry. Such people could be arriving with a very ill relative — a mother with a sick child, for example — and their first priority, quite naturally, is to get the patient into the casualty department for treatment. They might have to literally abandon their car because there is nowhere convenient for them to park, or there is not another passenger in the car who may be able to park it for them. I agree that trusts need to consider that issue. Such circumstances may not occur very often, but when they do, they add pressure to an already very stressful situation.

One of the three common themes of the debate has been consistency. The reason that the motion is before the House in the first place is because we want to see consistency across the board. The review into car-parking charges stated clearly that consistency was necessary.

Funding was also discussed, as well as concerns about where any money that is collected from car-parking tariffs should go. Should that money be reinvested in front-line services, does it go into car-park maintenance, or is it paid to private companies? We need answers to those questions. Another issue that was raised concerned the NHS being free at the point of delivery — either it is or it is not. That is the black and white of the situation.

The Committee welcomes the steps that were taken by the Minister earlier in the year, but believes that those steps did not go far enough — that is why we are debating the motion. Hospital car-parking charges are being abolished in Scotland and Wales. We can learn from their experience, and I urge the Minister to take the necessary steps to introduce free car parking at hospitals as soon as possible.

I note the Minister's commitment to review the situation in respect of exemptions, and I welcome that — it was a very positive response to the debate. I also note the Minister's statement that he has no desire to create hardship. No Member wants to create hardship, but if we are to tackle the burden that has been placed on people, and provide a Health Service that is free at the point of delivery, we have to address those issues. I ask Members to support the motion.

*Question put and agreed to.*

*Resolved:*

That this Assembly notes the announcement by the Minister of Health, Social Services and Public Safety in May 2008 on the introduction of free hospital car parking for very ill patients and their families; and, while welcoming this announcement, further calls on the Minister to abolish all hospital car-parking charges.

**Mr Speaker:** The Business Committee has agreed to meet at lunchtime today. I propose, therefore, by leave of the Assembly, to suspend the sitting until 2.00 pm.

*The sitting was suspended at 12.54 pm.*



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

2.00 pm

## PRIVATE MEMBERS' BUSINESS

### Occupational Therapy Services

**Mr Deputy Speaker:** In accordance with the Business Committee's agreement to allocate additional time when two or more amendments have been selected, up to one hour and 45 minutes will be allowed for the debate. The proposer of the motion will have 10 minutes to propose and 10 minutes to make a winding-up speech. Two amendments have been selected and published on the Marshalled List, and the proposer of each amendment will have 10 minutes to propose and five minutes to make a winding-up speech. All other Members who wish to speak will have five minutes.

**Mr P Maskey:** I beg to move

That this Assembly calls on the Minister of Health, Social Services and Public Safety to recognise that there is a lack of occupational therapy services which is adding to the waiting times for assessment and completion of urgent works within patient homes; and further calls on the Minister, in conjunction with the Minister for Social Development, to look at ways in which the Housing Executive can carry out minor works, including ramps, handrails, outside lighting and showers, without an occupational therapy assessment.

Go raibh maith agat. I thank the Business Committee for supporting the motion. Members from all constituencies will have had experience in dealing with the concerns expressed in the motion. Over the years, all our offices have been contacted by families with loved ones who are ill, some with minor illnesses and others with more serious illnesses.

When an individual becomes ill, it is a very stressful time for the family and, indeed, the patient. Family members want the best for their loved ones and want to make their lives more comfortable.

When families contact our offices, we advise them to get an occupational therapist to assess their needs and benefits and to provide a report. When an illness is less serious, we advise the family to contact the Housing Executive, which can carry out minor repairs. However, in many cases, the shortage of occupational therapists increases the period before which a patient is seen. That has happened in many cases in my constituency. I commend occupational therapists for their hard work, under pressure, and for the services that they have provided over the years while under-resourced. Credit must be given to them.

Through the motion, we are seeking measures that will alleviate the pressures on individual staff members.

The motion calls on the Minister of Health, Social Services and Public Safety to recognise that there is a shortage of occupational therapy services. The amendment tabled by Pat Ramsey, Carmel Hanna and Dolores Kelly adds to the motion, and, therefore, we will be supporting it. There is a clear need for more occupational therapists and resources to solve the problem.

The motion also calls on the Minister of Health, Social Services and Public Safety to work closely with the Minister for Social Development to allow the Housing Executive to carry out more minor works without an occupational therapy assessment. Many cases are specialised and clearly need assessed by an occupational therapist — that is why only occupational therapists can advise the relevant authorities about what measures are necessary and on what works can be carried out to suit the needs of the patient.

Major adaptations, such as bathroom or bedroom extensions or major internal and external rearrangements, must be approved by an occupational therapist. However, the process can be, and should be, speeded up. Planning Service staff could approve applications as soon as possible to alleviate pressures on individuals and their families. When the Planning Service receives a doctor's note or an assessment from an occupational therapist with an application, it should process that application as quickly as possible so that the necessary works can be carried out for the benefit of all involved.

The issue is about easing the problems people face when they become ill or are getting on in years; it is about taking the pressure off them and their families. It is about getting much-needed work done in a fast and effective manner.

However, there is an abundance of cases in which services can be dealt with by another body, such as the Housing Executive. The Housing Executive can deal with minor adaptations, such as handrails at the front and back of homes, stair rails, additional lighting, accessible window openings, clothes lines and other aids.

The Housing Executive must be given more responsibility to carry out minor adaptations for people with disabilities. The widening of doors for wheelchair access in family homes is crucial and must not be delayed for bureaucratic reasons. The provision of ramps for wheelchair-bound people to get in and out of their homes is also essential. Showers must be fitted for people who find it difficult or impossible to have a bath. The waiting list has recently come down, but there must be more co-ordination between Departments to reduce it even further.

The excellent research pack produced by the Assembly's Research and Library Services contains a lot of good information, facts and figures that highlight the number of cases that the Department deals with

annually. That information includes the cost of failing to carry out home adaptations in a speedy manner, which can lead to people being admitted to residential care. Those figures are startling; an average adaptation costs £6,000 in a one-off payment. However, if there is a delay in the assessment process, taking a seriously disabled wheelchair-user into residential care costs £700 to £800 every week — more than £40,000 a year. If the average adaptation is £6,000, and the cost of delaying that work runs to £40,000 per year, allowing other agencies to carry out work and recruiting more occupational therapists becomes much more cost-effective.

However, the research pack does not touch on the personal stories that, I am sure, all Members have had to deal with over the years. I was approached by a constituent whose mother had been diagnosed with a serious illness. The family wanted to make her home as comfortable as possible. They had contacted the occupational therapist, but, at that stage, no date was given for a house visit to assess the patient's needs. Weeks passed without any such visit. The family asked me to help to get their mother's home assessed in order that work could be done to make her life more comfortable.

I contacted the occupational therapist and was told that no date for an assessment visit could be given. I asked whether it might be a week, a month, six months or a year. The answer was that it would be sooner than a year, but not even a rough date could be given.

A lot of the work in that case was minor and could easily have been carried out by the Housing Executive without an assessment. However, other work that was required had to be assessed by an occupational therapist and as it was all within one house, all the work had to be assessed. The moral of the story was that as the occupational therapist was told, unless the work was carried out speedily, pressure would be piled on the family and on the patient. The reality is that the patient died before any work was carried out on her property.

I urge Members to support the motion and amendment No 1 so that, through our constituency offices, we can be more proactive and can ensure that relevant authorities and bodies carry out work more speedily. That will ease the pressure on families and the burden on the ill and it will enable them to live their lives much more comfortably. Go raibh maith agat.

**Mr P Ramsey:** I beg to move amendment No 1: Leave out all after 'homes' and insert

“; urges the allocation of increased resources to employ adequate numbers of occupational therapists and support their important work to meet the needs of people with disabilities living in the community; and further calls on the Minister, in conjunction with the Minister for Social Development and the Minister of the Environment, to co-ordinate their Department's responsibilities to streamline and fast track applications in respect of disabled persons' facilities and minor works.”

I thank Mr Paul Maskey and the other sponsors for bringing the motion to the House. All Members have had to make representations for people who require occupational therapy assessments or who have been waiting for work to be carried out to their homes by housing providers or health and social care trusts. The subject deserves attention on the Floor of the House. As Mr Maskey said, it is important that the Assembly debates, highlights and advocates on the issue.

The SDLP believes that the motion is inaccurate, out of date in places, and not always in the best public interest, which is why we tabled our amendment. We welcome Mr Maskey's statement that Sinn Féin will accept our amendment.

I want to discuss the specific parts of the motion about which my party is concerned. The motion fails in several areas: it does not acknowledge, or recognise, the importance of occupational therapists' contribution to housing and community-care provision, although Mr Maskey did so when he moved it. The profession has an ongoing statutory responsibility to assess and identify needs, including housing needs, of disabled people under section 1 of the Chronically Sick and Disabled Persons (Northern Ireland) Act 1978 on behalf of health and social care trusts and to make arrangements for the provision of necessary and appropriate adaptations and equipment under section 2 of the Act.

The Assembly should acknowledge the work of the Department of Health to improve waiting times for occupational therapy services. I welcome the Minister to the debate. Later, he will inform us of more important areas of development. I understand that the target to April 2008 — 26 weeks — was met and that the Department is well on its way to meet next year's target of 13 weeks. Perhaps the Minister will advise us on the current situation of the waiting list and whether he envisages further reductions.

The motion implies that consideration has not been given to whether minor works could be carried out without occupational therapists' involvement. In fact, a list of minor works has already been agreed between the Department of Health, Social Services and Public Safety and the Northern Ireland Housing Executive, which can be undertaken by the executive — as landlord — for tenants on request and without requiring an assessment by the health and social care trusts. I understand that the list is quite extensive and is reviewed regularly. It includes many more works than those proposed in the Sinn Féin motion.

However, the list does not include the installation of ramps and showers, with good reason. The motion includes the installation of ramps on its list of improvements that would not require occupational therapy involvement. That is dangerous, and it is certainly not in the best interests of wheelchair users.

People who need a ramp installed in their home need a full occupational therapy assessment. They will almost certainly have had an initial occupational therapy assessment in order to get a wheelchair, and they are likely to need a range of housing adaptations, equipment and community-care provision, including possible re-housing.

The installation of showers is also a complex matter. If the Housing Executive was to have additional schemes for bath replacement on demand and without occupational therapy involvement, work may be specified incorrectly and may not meet the needs of individual users. In some cases, that would result in insufficient space to allow the use of shower and mobility equipment. There are also cost implications — for example, a shower being provided costing £3,000 when a health and social care trust bath-lift costing £400 would adequately resolve someone's bathing difficulties. Awareness must also be given to the needs of other family members, particularly children, for whom a bath may need to be retained in the home.

My final point is about the prioritisation of resources. If there are two disconnected processes, who decides which clients are most in need of home adaptations?

2.15 pm

The motion misses the point that the main bottleneck — in the provision of facilities for disabled people — occurs at the approval stage in the Housing Executive and the health trusts. For example, an increasing number of Housing Executive tenants still do not have a shower installed 10 months after the occupational therapist had made that formal recommendation. I ask the appropriate Minister to come back to the Assembly with figures for the amount of people who are on the waiting list for the provision of showers, and for the amount of showers that are installed within 10 months of the recommendation being made.

Occupational therapists have been getting through their assessments quicker, which has had an impact on the budgets for adaptations and installations, especially at a time of general budget constraints. The SDLP warned of the Budget's inadequate allocations for health and housing, which is why we voted against the Budget. There is a postcode lottery in that waiting times for adaptations vary widely between health trusts. Indeed, that matter has been the subject of previous questions in the Assembly. Will the Minister assure us that there are equitable and adequate resources to deal with occupational therapy services across Northern Ireland?

As a result of the delays, many people require prolonged carer assistance with bathing, getting up and down stairs, and so on. Paul Maskey eloquently outlined some particular cases. Delays in the installation of adaptations result in additional social-care costs for

health and social care trusts. People are at risk of accidents in the home without those adaptations, which also increases health-care costs that should be avoidable.

Housing, health and social care are interdependent, and we need joined-up Government and well co-ordinated public services. Interdepartmental and interagency arrangements must be strengthened to ensure that there is an efficient and well co-ordinated process. The two Departments must be given an adequate Exchequer allocation to ensure that, in future Budgets, the Housing Executive and health and social care trusts are allocated the additional funding that they require to carry out work quicker. It is welcome that the Executive are meeting again so that such cross-departmental issues can be sorted out in the interest of older people and those with disabilities.

I ask the Minister to further consider strengthening the arrangements for interdepartmental and interagency work — between the Department of Health, the Department for Social Development, the Northern Ireland Housing Executive and the health and social care trusts — to build on the good work that has already been done. The SDLP also requests a formal interdepartmental review of how the review of public administration affects housing, health and social-care structures, and how it impacts on the delivery of housing and community-care services for older or disabled people. I ask the Minister to advise the Assembly on that matter when he and the Minister for Social Development have had time to consider it.

As Paul Maskey outlined, the provision of occupational therapy services is important for so many people. Unfortunately, we have all probably championed the cause of a disabled person who has then died before the recommended adaptations have been carried out. That happens too often, and it is due to the Departments' lack of a focused approach. Hopefully, the motion — which was tabled by Paul Maskey and his colleagues — will lead to a greater dedication from the Departments to give peace of mind to disabled people and their carers who have to undertake a lot of physical work to continue to keep that person at home.

**Mr McCarthy:** I beg to move amendment No 2: Leave out all after "Executive" and insert

"can accelerate the assessment process by improving co-ordination with those who provide occupational therapy services while carrying out minor works, including ramps, handrails, outside lighting and showers."

This is a United Community group amendment that is designed to ensure that the professionalism of occupational therapists remains a part of the process of delivering appropriate works to properties. It also seeks to solve the problem that was rightly raised by those who tabled the motion. We call on the Executive to report to the Assembly on how they will accelerate the assessment process for minor works while leaving



the procedure for major works as it is. We are happy to support the SDLP amendment as an attempt to give extra detail to the motion.

The work of occupational therapists is vital and must be used to assess the needs of disabled people. The motion cites “minor works” that could be carried out without the say-so of an experienced occupational therapist. That may be a simplistic way to speed up the process, but such works must be carried out with the help and knowledge of an experienced occupational therapist.

Occupational therapists are qualified people who are employed by the health and social care trusts, which have a statutory duty to assess people’s needs, including housing. An occupational therapist is qualified to assess the problems encountered by disabled people and to recommend the best possible remedy. That qualification simply cannot be ignored.

I put on record my party’s thanks to, and appreciation of, all the occupational therapists throughout Northern Ireland and the Housing Executive for the work that they have done and continue to do. All Members have been frustrated by the long waiting lists and the delays — for whatever reason — in having adaptations or aids, and so forth, installed in the homes of disabled people. We all know about the volume of paperwork, such as estimates, that is involved before any work can begin. Perhaps if a method existed to speed up some of the processes, that would go some way to relieving the frustration of the recipients of those adaptations.

It is worth nothing that some minor adaptations to help disabled people do not require the services of an occupational therapist, such as handrails, outdoor lighting, paths and smaller work around the house.

The work of occupational therapists is important, and the services of additional professionals across Northern Ireland would be of undoubted benefit. I refer Members to the information packs that include a report commissioned by the Office for Disability Issues. In ‘Better Outcomes, Lower Costs’, the Audit Commission asserts:

“increased investment in housing adaptations and equipment would bring significant savings to the National Health Service and to social services budgets”.

I am sure that the Minister will listen to that assertion. The commission continues:

“but funding and structures, compounded by the lack of clear evidence, have created barriers to such investment.”

The report clearly states that adaptations produce a better quality of life for “90% of recipients” and also improve the quality of life for carers and other family members. Substantial evidence exists that in the case of an average older applicant, an adaptation package will pay for itself within the life expectancy of that

individual. Indeed, it will produce better value for money through the improved outcomes for the applicant.

The report states that the sooner a disabled person is supplied with the necessary assistance, the better the quality of life he or she will enjoy. More importantly, early assistance reduces the risk of a disabled person acquiring further disabilities, perhaps from a fall, that may require hospital attention. That would place an additional burden on the hospital and an added financial strain on already stretched budgets.

The message is to get help to people who need it as early as possible. Members should ensure that all occupational therapy services are fully equipped to deal with requests for assistance as quickly as possible.

**Mr Buchanan:** I support the motion, and, as Members know, the recognition of a problem is the first step towards redressing it. Would anyone challenge the motion’s assertion that there is a lack of occupational therapy services and that, as a consequence, people face delays in assessment and thereafter a delay in the completion of identified urgent work in their homes?

Where possible, when bringing problems to a Minister’s attention, one should seek also to identify solutions. Accordingly, it is impossible to underestimate the need for the Minister for Social Development to introduce methods to enable minor work in Housing Executive property to occur without an occupational therapy assessment.

It would be remiss of me not to acknowledge the dedicated professional work of our occupational therapists in my own constituency of West Tyrone and across Northern Ireland. I pay tribute to their expertise, their understanding of disabling conditions, their knowledge of the impact of disability on the quality of life and their track record of removing environmental barriers that prevent the effective enjoyment of everyday life. Many of my constituents pay ready testimony to the positive impact that occupational therapy services have had in enabling them to live more easily with disabling conditions. I join them in thanking the men and women of our occupational therapy services, without whose expertise we could not manage.

Many people face the challenge of living with disabling conditions, and essential items such as a ramp, a handrail, outside lighting and a shower are critical to their full enjoyment of day-to-day life. Those items are not optional extras — they are requirements. As of June 2007, 6,309 people in Northern Ireland were awaiting an occupational therapy assessment, of which 1,232 had been waiting for more than six months. That is a staggering waiting list. That backlog must be urgently addressed and the Assembly must take the matter seriously and ensure that people are properly assessed and the required adaptations provided. Those statistics demonstrate that



the Minister of Health, Social Services and Public Safety and the Minister for Social Development must give the motion due consideration.

Everyone understands the maxim "prevention is better than cure". Non-provision of adaptations is not an option. My office in Omagh has dealt with several cases where constituents have waited lengthy periods for simple adaptations that could have been installed in weeks, rather than taking months — and, sometimes, years — by which time some applicants had already died.

Given that health trusts in Northern Ireland have proposed to close residential homes and to keep people in their own homes for longer, it is essential that assessments and adaptations are conducted more quickly and efficiently. I echo Mr McCarthy's comments: disabled people's lives will be much better the sooner they receive necessary adaptations. However, the continuing undue delay frustrates workers who want to fast-track the job, the applicants themselves and their families. I support the motion.

**Mr B McCrea:** It is always a pleasure to follow Mr Buchanan; he provides opportunity for further discussion and gives food for thought. He challenged Members to question whether there is a lack of occupational therapists; I will provide information that might arouse some thought.

The Ulster Unionist Party thanks Sinn Féin for proposing the motion. We understand — as all Members will, no doubt, agree — that there is a need to provide a built environment that assists people who have trouble getting around the house because of disability or restricted capabilities.

However, on closer examination, Sinn Féin's motion has perhaps been overtaken by the success of the Minister of Health, for, under his stewardship, waiting times and lists for assessments by occupational therapists have reduced sharply. Occupational therapists are an important part of the story, but they are the front half, if you like. Just as important is implementation, which is largely carried out by the Housing Executive; it delivers improvements by commissioning the work for the public-housing sector or through grant aid in the private-rented or owner-occupied sector.

2.30 pm

Complete service and delivery require joined-up government and joint action by the health trusts and the Housing Executive. As Mr Pat Ramsey pointed out, the Housing Executive is already empowered to carry out minor works, although not the installation of ramps or showers, without a prior assessment.

Let us look in detail at how waiting lists and times for home visits have improved since Mr McGimpsey took office. At the end of December 2006, the waiting list for home visits stood at a significant 7,847; by September 2007, it had fallen to 6,215; and by the end

of December 2007, it had fallen by a further 1,500 to 4,718. Consolidated waiting time statistics are not collated centrally; however, in answer to a question by Mr O'Dowd it was reported that in Craigavon and Banbridge the longest waiting times for home assessments in December 2005 had been 15 months, with 695 people on the list; by December 2006 that had reduced to 12 months, with only 590 people on the list; and by December 2007 it had reduced to six months, with 330 people on the list. On 28 January, those statistics had further reduced to 225 on the list, with a maximum waiting time of 21 weeks. I think that we can all agree that that is a significant improvement.

We would all like to see shorter waiting lists — 21 weeks is still too long — but a wait of 15 months, which was the legacy of the direct rule Administration, was unacceptable. The improvements in waiting lists and times since the Executive was formed have been extremely encouraging and provide a clear example of how successfully the devolved Administration can work for the benefit of the people of Northern Ireland. That has been achieved against a background of requirements having risen by 8% since 1998. It appears that even when a Minister delivers improvements, some people refuse to be constructive or acknowledge those improvements.

Sinn Féin's motion, which Mr Buchanan supported, implies that there are too few occupational therapists and that a substantial increase in the number is required to deal with a growing backlog. However, all the evidence points the other way — to a rapid improvement, in fact. Furthermore, given the time taken to train and develop occupational therapists, waiting lists and times are likely to have reached an acceptable level before any effective increase in capacity could be brought about.

Of course we should all try to do better. The job is not complete until further actions have been undertaken. An assessment is the first part; the other, equally necessary, part of the job is implementing the recommendations. The Housing Executive is responsible for the work in the home. Of course we would like the Minister and his colleagues to work together on more improvements; therefore I am pleased that we are having this discussion. The Minister of Health is delivering, and I have no doubt that he intends to deliver more.

**Mr Bresland:** I support the motion. The present set up, in which every little detail must be brought before an occupational therapist and the lack of occupational therapists available to conduct those assessments, has led to unacceptable waiting lists.

As it is, all proposed work — even something as minor as installing outside lights or handrails — must be assessed by an occupational therapist, which results in unnecessary and unjustifiable delays in carrying out that work. In April of this year, a constituent of mine

was released from hospital in a wheelchair and was told that she would have a ramp from which she could access her property within a matter of weeks. However, that lady is still waiting for that assessment to be carried out. As Members will appreciate, entering a property that does not have a ramp is a rather difficult and time-consuming task for someone in a wheelchair.

By allowing minor work to be carried out without the need to have an assessment by an occupational therapist, the lives of the people involved could be significantly improved as they would not have to go through the intermediate period of suffering and distress. That is something that they could all do without. In addition, if that work could be carried out more quickly, it would mean that people could return to their homes sooner after a disabling incident.

As well as saving the Health Service thousands of pounds that could be redistributed, it would mean that those who have been through a life-changing event could adjust to the situation in a comfortable and familiar setting surrounded by their family, rather than in an unfamiliar building surrounded by strangers.

I therefore support this motion and call on the Minister to investigate all possible ways by which minor work could be carried out without the need for an assessment from an occupational therapist.

**Ms Anderson:** Go raibh maith agat. I greatly welcome the opportunity to support the Sinn Féin motion with the first amendment as it is an issue about which I feel very strongly. I know that many others in this Chamber do so as well. It is an issue that should unite all Members, because it affects every constituency and every creed. We all have a responsibility to make a real and positive difference to the lives of those who need our assistance the most.

According to the Health Department's own statistics, despite improvements in waiting times over recent years, 4,718 people were waiting for assessment by community occupational therapists at the end of last year — 1,346 of those were priority cases. Last year, 28% of people waited between three and six months for assessment, and 11% waited for more than six months. That is simply not good enough, and I think that everyone here will agree. Many of those cases involve people who are critically or terminally ill. It is simply intolerable for people in those circumstances to be waiting for over six months for the vital assistance that they need.

Along with my sisters and brothers, I care for my mother who suffers from Alzheimer's disease. I know only too well about the difficulties that we encountered while we waited for the alterations that needed to be carried out on our home. Thankfully, the adaptation was eventually completed, but the process took years to complete.

Unfortunately, that experience is not unique. This issue is being raised time and again on doorsteps. I am sure that many other Members hear the same message from their constituents. Therefore, I hope that all parties will support the motion as amended, which recognises the reality of the failures in the system.

As a first step, the bureaucratic barriers that we and many others are experiencing must be removed. Those are delaying and preventing assessments from taking place. That includes the very obvious need to employ more occupational therapists, but also to consider broadening — where possible — the number of adaptations that can take place.

As the motion recognises, there are no services to ensure that urgent work is completed without delay. We must go even further. I have spoken to several building contractors who told me about their intense frustration because of the delays that they face, even after assessments have taken place. In particular, there seems to be a major issue concerning private householders. Many people believe that there is an even greater resistance in the system to provide the adequate resources to ensure that work can be done.

I have been told about the wall of bureaucracy that contractors routinely encounter in carrying out work that occupational therapists have deemed necessary. It is hard to escape the conclusion that that is all part of a policy to frustrate and delay works simply to save a few pounds, and that has tragic consequences for some of the most vulnerable people in society. I know of many cases in my home city of Derry in which builders arrived to carry out work after many months of delay, only to find that the patient had died.

Clearly, the solution is not to be found in just speeding up assessments. Reducing the assessment waiting time to a single day would not, in itself, remove the problems in the system, and that is reflected in a statement by the College of Occupational Therapists:

“waiting lists are developing at other points within the system of delivery and delays are occurring post-occupational therapy assessment and involvement”.

As amendment No 1 states, the Minister of Health, Social Services and Public Safety, the Minister for Social Development and the Minister of the Environment must work together to remove all the blockages, delays and unnecessary bureaucracy at all levels of the process. In addition, they must develop new and innovative measures — as they are committed to do by the Programme for Government — to ensure that the work that is necessary to make vital improvements to the lives of vulnerable people is carried out without the scandalous delays that occurred in the past.

I support the Sinn Féin motion and amendment No 1. Go raibh míle maith agat.

**Mr Kennedy:** I am grateful to have the opportunity to contribute to the debate. All Members are probably on the same side with regard to this matter — everyone wants to see more people involved in a more efficient and effective service that produces the desired results for our constituents in need.

The best way to describe the Health Department's approach to occupational therapy services is a work in progress, and progress, like all other health issues, is constrained by budgets and by competing priorities. Nevertheless, there has been significant progress, although Members are, like everyone else — and like the Minister himself, I am sure — keen to see more. My colleague Mr Basil McCrea outlined statistics that demonstrate the real and significant improvements that Michael McGimpsey — the Ulster Unionist Party's Health Minister — has brought to this important aspect of healthcare.

Occupational therapists play an important role in helping the Northern Ireland Housing Executive to carry out improvements to its properties that reflect its tenants' health requirements. Those improvements include bathroom extensions, ground-floor showers and toilets, bedroom extensions and major internal rearrangements, the redesign or reorganisation of kitchens, and installing stairlifts or other types of lifts.

At present, referral depends on clear priorities, such as people who are coming out of hospital; those who are, perhaps, at risk; those who live alone or who live with a carer who is elderly, disabled or who has limited life expectancy. Given that public money is being spent, it is right and proper that clear procedures are set out for spending that money, including the initial evaluation; the agreement of plans; obtaining statutory approvals; the appointment of contractors; and checks on the progress of work. Regulations specify that work should be carried out within a reasonable time span and they identify schedules under which normal adaptations must be made, and that helps to speed up the whole process.

2.45 pm

At the end of last year, the Minister told the Assembly that an audit of the occupational therapy service was already under way and that it would look at ways to improve the speed of response and performance. Therefore, given that the service's efficiency has been improving — as statistics prove — and that public money is being spent, which requires a proper audit process, and given that an audit to sharpen the delivery of the service is already well under way, I suggest that we wait for that audit to make hard recommendations before we embark on a course of action that would permit bodies such as the Northern Ireland Housing Executive to undertake building work without sanction. That is risky and might set a dangerous precedent.

There is broad support for the spirit of the motion, and I have no doubt that, in his response, the Minister will give the House proper assurance.

**Mr Shannon:** I support the motion and amendment No 1, which solidifies what we are trying to achieve. Over time, elected representatives deal with, literally, hundreds of occupational therapy referrals, and I too have been involved in the process, from filling in forms to chasing referrals from the occupational therapist, to the Fold Housing Association — which is normally the way it goes in my part of the country — to the architect, to the Housing Executive and, ultimately, to the grants office.

I suggest to the Minister that the proposal being made today is to see how we can make the system more accountable, more applicable and more urgently responsive to the needs of the people. That is the angle that I am taking.

For the record, I wish to express my thanks to occupational therapy staff for what they do for people, based on my experience. In particular, I wish to mention Anne Stewart, the manageress of the office in Bangor that looks after north Down and Ards. Her staff have been most responsible, very receptive and very professional.

Hooiniver A 'hm consained about hoo lang hit taks tae get the OT referral maide. A when o' yeirs sine hit wusnae raire tae hae tae wait fer atween 18 monthts an twa yeirs an' in a when o' caases A hae tuk' a han' in quhar the visit hes tuk nae mair nor 3 ir 4 weeks.

However, I am concerned about the time that it takes for an occupational therapy referral to be made. I can only speak from my experience, but a few years ago, it was not unusual to have to wait for 18 to 24 months for a visit. That has now been reduced, in many cases, to two or three months. In some cases in which I have been personally involved, it has taken three to four weeks for a visit to take place. That is my personal opinion; I must reflect the cases that have come to my office.

Receiving a visit is only the start of the process; then the nitty-gritty of it all begins. The Housing Executive must examine the plans, and one must have a home visit and a full assessment of one's circumstances. The plans are sent to an architect, and quotes must be obtained from at least three builders, depending on what the project is. A means test is carried out, and that takes ages.

In the middle of that paperwork nightmare — I have removed from my speech the term "guess what", because the whole speech could have been entitled "guess what" — one of the boxes might not have been ticked. Some of the necessary information might not have been filled in and the whole application is put on hold. Forms go back to the applicant to fill in all the



bits and bobs, and they must then be returned. The application can go to and fro for some time — weeks or even months.

In the middle of the process is the applicant, who needs his or her occupational therapy, aids and recommendations immediately, not when the paperwork is processed. A person who is in agony and suffering from restricted mobility might be living downstairs in a two-storey house and using a commode, or even living in his or her kitchen. I am concerned, because such people have no privacy and their quality of life is reduced.

Handrails and banisters should be put up immediately, but it takes months. Members may know what a nightmare it is to install a ramp at the front or back of a house. Even getting the angle correct, whether it is at 45 degrees or whether it is split-level, is difficult. The whole thing is difficult to understand.

While discussions are being held and decisions are being made, the poor applicant — who is in agonising pain and looking for help — is caught in the middle, and the process lingers on.

The installation of outside lighting should be a simple process. However, officials ask whether it should be put at the back door or at the side of the house, or whether two lights should be installed. I wish that they would get the job done and stop messing about, because the applicants want the job done today, not tomorrow. I get frustrated with the system. In the middle of the process, the poor applicant finds himself or herself in bother.

I could talk about the issue for 10 minutes, but I will not have the opportunity. If someone interrupted me, I would be granted another minute.

It takes even longer for decisions to be made on shower adaptations than it does for outside lighting. Applicants who cannot get into or out of the bath without help approach the Housing Executive. It is possible to get a seat for the bath.

Mr Buchanan, interrupt me, please. I will give way to my colleague if he wishes to make an intervention. Go ahead, and I will get another minute.

**Mr Buchanan:** The Member will agree that the authorisation to adapt a bath to a shower can take some time. Furthermore, he will agree that the Housing Executive, as well as the Minister of Health, Social Services and Public Safety, must examine ways to speed up the process.

**Mr Shannon:** I thank the Member for his intervention and for his help. The applicant may not be able to get out of the bath; in fact, dare I say it, he or she may not be able to get their leg over the side of the bath without assistance. Many of the applicants require a seat in the bath. They fill in the appropriate forms, but — believe it or not — it takes ages to get through the red tape.

They are required to get three estimates, and they are subjected to a means test. During that time — which can amount to four or five months — the applicant will not have had a bath or a shower. He or she will have been washed by a son or daughter, but that is not good for the dignity of the individual. It bugs me that the processes take so long to complete.

I have been involved in people's applications for a shower, and there is an unbelievable amount of trouble involved. For instance, applicants are told that it is not permissible to build an extension on the back or on the side of their house, because it might affect their neighbours. The whole process drags on.

We require a system that will expedite urgent works and take the hassle out of the process relating to such minor works as the building of ramps and the installation of handrails, outside lighting and showers. Urgent solutions to the prolonged process must be found, and it is imperative that the system provides help to the applicants and clears the red-tape nightmare that we face daily. I support the motion.

**Mr Deputy Speaker:** Mr Shannon, your time is definitely up.

**Mrs McGill:** Go raibh maith agat, a LeasCheann Comhairle. I support the motion and the SDLP amendment; we are singing from the same hymn sheet. However, I want to pick up on what Mr Kennedy and Basil McCrea said about improvements in the Health Service. There have been reductions in waiting lists, for instance, since Minister McGimpsey came into office, but yesterday's debate on Health Service vacancies provided other statistics. On 31 March 2008, there were 48 occupational therapist vacancies. Those figures comprise current and temporary vacancies, and I think that there are 38 current vacancies and 10 temporary vacancies. It is imperative that those occupational therapist vacancies are filled.

Mr Bresland, who comes from my constituency of West Tyrone, spoke about a situation of which he had experience. We have particular situations in which constituents, or their families, come to our offices, and each case is difficult. It is good that we are all thinking along the same lines.

Mr Shannon said that he could talk about the issue for a long time, and he said that he wanted to tell the authorities to get the job done.

There are some anomalies in relation to occupational therapy services. For instance: a referral is not required for the widening of a path, but one is required for the widening of a door to allow for wheelchair access; a referral is not required for additional storage space in a kitchen, but one is required for the provision of storage space for a wheelchair; and a referral is not required for an outdoor paved area for a wheelchair, but one is required for the provision of non-slip surface inside the house.



Although Mr Kennedy said that we must wait and ensure that all elements are in place before work begins, I am of the view that several bits and pieces of work could be carried out without referral.

As regards the time frame, Mr Shannon said that if a box on the form is not ticked, the form is sent back in order for that box to be ticked. That process can take days or weeks. As I understand it, at least six months are allowed before the matter goes back out to the consultee. That covers three months at the start of the process, and a six-month period is allowed until the assessment begins. Believe it or not, the assessment does not kick in until the person has his or her first visit from an occupational therapist. Some things could be improved in the short term — not just in the long term, as other Members suggested.

A Member said earlier that improvements have been made. Of course that is the case. However, at 31 December 2007, the Western Health and Social Care Trust had the highest proportion of priority cases waiting six months or longer for assessment — and “or longer” are the key words — while no priority cases waited six months or longer in the Belfast Health and Social Care Trust. That is good for the Belfast Health and Social Care Trust, but it is not good for the Western Health and Social Care Trust, which covers my area. There is room for improvement there. Go raibh maith agat, a LeasCheann Comhairle.

**The Minister of Health, Social Services and Public Safety (Mr McGimpsey):** Our Health Service exists only because of the commitment and skills of staff across all areas, including clinical, managerial and support staff. Occupational therapists play a key role in providing essential services, particularly to those with a disability. They work to assist people to live independent lives by modifying their environment in a way that enables patients to carry out daily activities, and they work in a wide variety of settings and with an extensive range of people. People with physical and sensory disability and older people are significant users of occupational therapy services.

Across Northern Ireland, we have around 840 occupational therapists, and of those, around 160 work on assessing housing adaptations. A point was made about yesterday's debate on Health Service vacancies. That debate demonstrated that the Department and the Health Service handle their vacancy levels extremely well — it is at 2·4% — which is one of the best performances anywhere. If my memory serves me right, occupational therapy vacancies are less, at around 2·1%. In fact, that reflects that workforce planning is working; indeed, human resources departments in the Health Service should be congratulated for that.

Domiciliary community occupational therapy services receive around 50,000 referrals for adults each

year. Although some assessments will be relatively simple, around one in three is complex and may require up to 30 hours input from an occupational therapist. For example, someone who has suffered severe disability as the result of a stroke may require a great deal of support, including adaptations to a bathroom and the installation of a ramp and a lift.

Following referral and assessment, over 21,000 recommendations were made for home adaptations in one year. Almost 15,000 assessments were classified as minor — for example, the addition of stair and grab rails — and of those, over 10,000 were provided directly by the Health Service trusts.

My Department has brought about very significant reductions in waiting times. Since April 2008, no one is waiting longer than 26 weeks for assessment, and from April 2009, no one will wait longer than 13 weeks. In October 2007, over 4,000 people were waiting longer than 13 weeks. In November 2008, that number had decreased to 56, which is a vast improvement on the position of one year ago. Older people with continuing care needs are assessed within eight weeks, and the main component of their care is provided within 12 weeks.

However, I am not complacent about the improvements that have been made in waiting times for assessment — far from it. I am well aware that following a stroke or a fractured hip, waiting three months before one's home can be assessed would be much too long for some people. But, for many people whose cases are deemed a priority, assessments can take place within days or weeks.

3.00 pm

A key issue in considering occupational therapy assessments is ensuring that staffing levels are adequate to meet our needs. I must stress that the numbers of occupational therapists in Northern Ireland compare favourably to the numbers in other parts of the UK. We have been able to deliver significant improvements. Workforce planning for allied health professionals, including occupational therapists, is an area of work that is to be developed over the next 12 months.

Assessment of workforce needs will, of course, need to take into account our changing population. More people are living into old age, and some of them will experience some disability. We can expect that many more people will need their homes adapted to provide a safe environment that facilitates independent living, which is a key priority. I can assure Members that I will take the necessary steps to ensure that the provision of occupational therapy services meets our future demands. Clearly, it is not simply a health matter.

I want to refer to some points that Members made. Martina Anderson talked about the extensive waiting list for services. That list has been reduced to 54, and I plan to reduce it further. I will make announcements

on that matter in due course. Jim Shannon complained about the bureaucratic problems that arise when people try to extend their houses. That is a planning issue for the Minister of the Environment — guess who that is.

Kieran McCarthy mentioned the document 'Better outcomes, lower costs', which came from the Office for Disability Issues. I am happy to consider that, the approaches that it recommends and the lessons that can be learned from it. Pat Ramsey asked me whether resources were available. As the Member is aware, we do not have adequate resources to do all that we need to do in the Health Service. We must prioritise, and that is where the tough decisions come in. However, I consider occupational therapy a priority area.

As for interdepartmental working, there is a Joint Housing Adaptations Steering Group, which involves the Department of Health, Social Services and Public Safety; the trusts; the Housing Executive; DSD; and others. I am happy to review that with Margaret Ritchie to ensure that we are hitting the standards that everyone expects. I am happy to give the Member that assurance.

However, assessment is only one element of the matter. Following assessment, people quite rightly want their adaptations to be completed as quickly as possible. The current position is that trusts can normally progress such works within weeks, if the required adaptations are minor. However, major adaptations take longer, and priority is afforded on the basis of defined need, particularly if adaptations are needed to help with access to toilets. I will consider that issue in the coming months to identify ways to improve the speed at which adaptations can be provided. In particular, I want to develop a target that sets a maximum waiting time for the provision of housing adaptations by trusts.

The provision of major adaptations is predominately the responsibility of the Northern Ireland Housing Executive, either in its capacity as a landlord or through the provision of grant-aided work in privately owned homes. I must emphasise that the assessment and provision of housing adaptations is only one aspect of services for people with disability; there are many other services. Disabilities can arise at any stage in life, and it therefore follows that housing adaptation, in whatever form, must respond to the person's underlying conditions and circumstances.

In addition to providing essential housing adaptations, my Department is making progress on a wide range of other developments to improve services for those with a physical or sensory disability. My Department is currently developing a physical and sensory disability strategy. I secured £10 million in the comprehensive spending review for the physical and sensory disability programme of care. The regional review of wheelchairs has been completed. Service improvements arising from the review that have been piloted in the Southern Health

and Social Care Trusts have already led to dramatic reductions in waiting times for basic wheelchairs.

I have also secured £1.6 million in the comprehensive spending review for wheelchair services, which will provide additional wheelchairs and reduce waiting times to 13 weeks.

In 2006, £4 million of recurrent funding was provided to trusts through the children and young people funding package to establish teams, which include speech and language therapists, occupational therapists, nurses, psychologists and social workers. I have also secured £14 million over the next three years, and £9 million recurrently from year four, to enhance services for those who have suffered a stroke, which is a major cause of disability. Therefore, we are taking several steps to address the issue. The children and young people's funding package causes me concern — I will say no more than that, but we are taking an essential step with that.

The wide and varied range of service developments demonstrates my commitment to improving services for people with disabilities. Members have asked that, in conjunction with my ministerial colleague Margaret Ritchie, I consider how minor works can be done without an occupational therapy assessment. I emphasise that several minor works can be — and are — done without an occupational therapy assessment, including the installation of stair rails, outside lighting and other items that have the potential to improve independence.

In determining the progress that can be made without an occupational therapy assessment, several factors must be considered. My Department and the trusts have a legal duty of care to people who are assessed as disabled. We also have an obligation to ensure that the health and safety of older and disabled people are assured in our arrangements with other agencies. My Department continues to work closely with DSD and the Housing Executive on that matter through the joint steering group on housing adaptation, which considers minor adaptations that can be provided safely without the need for assessment. Where appropriate, the joint steering group will recommend extensions to the list of minor works.

As a landlord, the Housing Executive has a duty to make appropriate provision for its tenants, and it can exercise such duty without recourse to the Department of Health, Social Services and Public Safety. For example, stair rails and external lighting can be installed by the Housing Executive in its role as a landlord. However, we must also be aware that one size does not fit all. The unique requirements of disabled individuals and their carers must be considered, and such assessments may require the expertise and experience of an occupational therapist.

I remain committed to improving access to housing adaptations. In the health and social care sector, I will ensure timely access to assessments and timely adaptation work where it is considered necessary. I also remain committed to ongoing inter-agency work. Where it is appropriate for minor works to be done without an occupational therapy assessment, I want them to be progressed by the joint steering group.

I am committed fully to providing people with support and help in their homes, including physical adaptations, to allow them to live independent and fulfilling lives. We not only want to add years to life, we want to add life to years.

**Ms Lo:** Mr Paul Maskey, Mr Pat Ramsey and Mr Buchanan expressed fears about delays, which sometimes mean that a disabled person passes on before they receive the benefit of any adaptation.

Mr Basil McCrea said that the waiting list has been reduced sharply. I welcome that improvement, but I still regard the 21-week waiting time as too long. Mr McCrea also said that he would like to see an improvement in the way that the Housing Executive carries out adaptations.

Mr Bresland said that he wants to see a faster response in the implementation of decisions.

Martina Anderson talked about the long waiting time being unacceptable and about the need to remove bureaucratic processes. More occupational therapists are needed; however, the Minister mentioned resourcing of posts, and 700 nurses are to be axed. Again, priority is a major issue.

**The Minister of Health, Social Services and Public Safety:** On a point of information, Mr Deputy Speaker. It is worth repeating the point that I am not axing 700 nurses, but there are proposals in the trust to reduce nursing posts by 700. There is a difference. The proposals are at consultation stage, and I have given an undertaking that if they proceed, I will strive to ensure that there will be no compulsory redundancies. It is partially about service improvement, but it is also about resources, which Mr Ramsey mentioned.

If Members do not want those steps to be taken, they will have to tell me how I can fund the Health Service. If they have better ideas about how such efficiencies can be found, I am very keen to hear from them.

**Ms Lo:** I thank the Minister for his intervention.

Danny Kennedy suggested that we should wait for the outcome of the current audit of occupational therapy services, but he mentioned that there is broad support for the motion.

Jim Shannon expressed frustration and called for the system to be made more accountable and more accessible to users. The paperwork has clogged up the process, as boxes have had to be ticked, which has delayed

adaptations being made to homes. In fact, some people have to live downstairs and use commodes. They are waiting for an unacceptable length of time before they are assessed and the work can be carried out to their homes.

Claire McGill said that we are all singing from the same hymn sheet, and she highlighted the differences between criteria for referrals. In some cases, a referral will require certain criteria to be met, but in other cases, it will not. She mentioned that there may be room for improvement in the Western Trust. I refer also to yesterday's debate on Health Service vacancies.

The Minister mentioned many issues. The main point that I want to reiterate is his willingness to work with the Department for Social Development and the Minister for Social Development through the joint steering group to find ways of improving the system and to see how the Housing Executive can carry out minor work without referral to occupational therapy services. However, I caution that there is a need for the expertise of those who provide occupational therapy services. They should be consulted on the issue.

**Mrs D Kelly:** I will begin by declaring an interest as a qualified occupational therapist.

I welcome the Minister's presence. It is refreshing that some Ministers give the Assembly the authority and the respect that it deserves, so I want to thank the Health Minister.

3.15 pm

I also welcome Sinn Féin's acceptance of the SDLP amendment, which sets out to widen the debate by recognising the fact that the motion should be addressed not only to the Minister of Health, but to the Minister for Social Development and to the Minister of the Environment, who has responsibility for planning. Those three Ministers and their Departments must work together to ensure that there is much quicker decision-making on the provision of aids and adaptations. In that regard, Ms Anderson was quite right to point out that bureaucracy is a substantial barrier to timely interventions.

Several Members set out in detail their families' and constituents' personal stories about the impact that occupational-health services have on patients and, indeed, their carers. It goes without saying that there is also a substantial financial burden on health and social care providers if aids and adaptations are not put in place. The audit report included in the research pack that was provided to Members shows that monies can be saved in the longer term by the provision of adaptations to the home.

This Friday is carers' rights day, and I am sure that that is a day on which we will all want to recognise the contribution that carers make to society in looking after those who are suffering as a result of disabling conditions.



I must commend the Minister's party colleagues for their robust defence of his improvements to occupational therapy waiting times. The Minister spoke about the number of occupational therapists currently in post. Occupational therapy is still primarily a profession in which many women work. From speaking to my occupational therapy colleagues, I know that although posts are filled, quite often women go out on maternity leave and there is not enough flexibility, at times, in the different trusts to cover those absences. Perhaps the Minister might look at ways to resolve that matter.

Other Members made reference to the housing adaptation liaison manager, who has a responsibility for drawing together Housing Executive officials and occupational therapists to look at where minor repairs can be resolved without needing an occupation therapy referral. Some Members provided other examples of how that can be improved. It is right and proper that both Ministers should ask the housing adaptation liaison manager to extend the list of repairs that do not require occupational therapy interventions. Other Members also made that point.

The motion talks about the installation of showers. However, that is possible only if the physical infrastructure is there. Building works require the permission of building control, which falls into the ambit of local authorities or, indeed, the Planning Service. Therefore, there is a real need to get all the agencies round the table.

Is the Minister in a position, at this stage, to confirm that there are 48 vacancies in the occupational health services, to which Mrs McGill referred? If possible, it would be interesting to see a regional breakdown of where those vacancies exist. If posts have been vacant for some time, will the Minister give some consideration to the Flying Start initiative that is used in Scotland to address shortages in some professions in the Health Service?

Under that initiative, radiographers in Edinburgh receive an incentive of £1,500 to remain working in the trust area or local authority area where they were trained. That is something that the Minister should consider, because occupational therapy students, unlike nursing students, exist on student loans and student grants. Furthermore, they are not paid for their services, and many work throughout the summer months. As with other professions allied to medicine, trainee occupational therapists do not receive any form of grant or payment, and often their courses entail 35 hours a week of class and study time. I ask him to take that on board.

I am happy that Sinn Féin has accepted the SDLP amendment. Inter-agency and interdepartmental work is necessary.

**Mr O'Dowd:** Go raibh maith agat, a LeasCheann Comhairle. I apologise for the fact that I had to leave

the Chamber temporarily and missed the Minister's contribution. However, I did listen to it.

I welcome the fact that all Members who have spoken during the debate have, to various degrees, supported the motion and the amendment. All elected representatives have experience of dealing with occupational therapists, the Housing Executive and the Planning Service to try to improve the lot of elderly people and some of the most vulnerable people in society. That is not to question the commitment of any of the staff, including occupational therapists, who work in any of those departments. They do an excellent job, but they are largely under resourced.

I acknowledge that the situation has improved for occupational therapists and that the timescales in which assessments are carried out have improved. However, an assessment is only the start of the story. Once an assessment is carried out, the client is met with a quagmire of bureaucracy when trying to get the simplest adaptations made to their home to improve their life.

The motion is not concerned with setting traps or criticising a Minister from a different party because it is convenient to do so. It seeks to highlight and debate the issue in order to introduce proposals that will assist with improving services on the ground and with co-ordinating Departments and Government agencies. Although the amendment is not substantive, it is welcome. One of the reasons why Sinn Féin will accept the amendment is because we do not want to split hairs and divide the House on the issue. The Chamber has a united voice, and it would be more useful for the motion to go through unopposed than it would be to have a vote for a vote's sake.

During the debate, the Alliance Party said that it wished to ensure that occupational therapists are involved in all levels of assessment. Although I understand those comments, that would not be the best use of occupational therapists. An enhanced role could be provided for Housing Executive staff and other staff in order to ensure that minor improvements to people's homes can go ahead. That would allow occupational therapists to look after more substantive adaptations and ensure that those are more speedily assessed through the process. I have nothing against the Alliance Party amendment, but, as I said, I will support the SDLP amendment.

Jim Shannon and his DUP colleagues outlined the personal experience of elected representatives in trying to ensure that improvements can be made to people's homes and, therefore, improve people's daily lives and help with the difficulties that they face.

Basil McCrea outlined details of the fall in numbers on the waiting list, and he was quite correct to do so. He highlighted a question that I asked the Minister earlier this year on waiting lists in my constituency of Upper Bann. The figures clearly show a noticeable fall



in numbers on the waiting list, and the service has improved in Upper Bann. I welcome that, but the service can get better. I welcome the fact that the Minister said that he wishes waiting times to fall again across the North to ensure that improvements are made.

**Mrs D Kelly:** I omitted to mention the proposed closure of residential homes in the Upper Bann constituency. Does the Member share my concern that such closures can only put an increased burden on community services and, therefore, on occupational therapy waiting lists?

**Mr O'Dowd:** I agree. Mr Buchanan said that the closure of nursing homes across the North puts pressure on occupational therapy waiting lists. Quite correctly, the Health Service is trying to encourage as many people as possible to stay at home for as long as possible. However, that will put pressure on occupational therapy waiting lists, and it is timely that the motion and the amendments call for extra resources for occupational therapists. People will stay at home for longer, and they will require adaptations, and the cost of all of that adds up.

I return to Mr Basil McCrea's comment about waiting lists, and I welcome the fact that waiting lists have reduced. Assessment is the first step in the process. Martina Anderson outlined her personal experience: once the assessment has been completed, planning begins; the Housing Executive and the Department for Social Development may also be involved. Far too often, by the time planning permission and a grant have been approved, the person who required the alteration has died. I have had personal experience of that: I have witnessed workmen arriving up to build an extension to a house while the wake was in progress.

It is not possible to avoid every unfortunate circumstance, but we have to ensure that, where necessary, resources are put in place; the review to which the Minister referred in a written response to Mr McKay is brought forward; and that co-ordination between the Department for Social Development, the Department of Health, Social Services and Public Safety and the Department of the Environment is enhanced so that we can ensure that services are delivered as swiftly as possible.

I heard the Minister say that in some emergency cases assessment can be made in one day. I have no experience of that, and I am sure that it is the exception. However, it is a target to which all elected representatives want the system to aspire — impossible though that may be. However, the wait for assessment should take weeks rather than months, and no one should have to wait for years for assessment by an occupational therapist.

I welcome the fact that the motion and amendment will garner cross-party support. I emphasise that the debate is not about pointing the finger at any Department;

rather, it is about the Assembly, as a body, offering suggestions and solutions to a serious problem. I welcome the fact that the Minister has reduced waiting times and lists; I hope they continue to improve. The Minister said that there is a 2·1% vacancy rate among occupational therapists; the number is about 48. To call for further occupational therapists is to start from a position of disadvantage, because we have fewer therapists than we need to begin with. We need to recruit occupational therapists. I perfectly understand that the Minister thinks: this morning he asked me for free car-parking, and yesterday he asked me for a range of services — where will I get the money? It will take a co-ordinated response from the Executive to ease many of the problems that have been highlighted today.

I welcome the debate and thank all the Members for their contributions. I welcome the fact that the motion and the amendment are unopposed. Go raibh maith agat.

**Mr Deputy Speaker:** Before I put the question on amendment No 1, I advise Members that if this amendment is made, amendment No 2 will fall, and I will proceed to put the Question on the motion as amended.

*Question, That amendment No 1 be made, put and agreed.*

*Main Question, as amended, put and agreed to.*

*Resolved:*

That this Assembly calls on the Minister of Health, Social Services and Public Safety to recognise that there is a lack of occupational therapy services which is adding to the waiting times for assessment and completion of urgent works within patient homes; urges the allocation of increased resources to employ adequate numbers of occupational therapists and support their important work to meet the needs of people with disabilities living in the community; and further calls on the Minister, in conjunction with the Minister for Social Development and the Minister of the Environment, to co-ordinate their Department's responsibilities to streamline and fast track applications in respect of disabled persons' facilities and minor works.

*Adjourned at 3.28 pm.*





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ISSN 1463-7162

**Daily Editions:** Single copies £5, Annual subscriptions £325

**Bound Volumes of Debates** are issued periodically during the session: Single copies: £90

Printed in Northern Ireland by The Stationery Office Limited

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ISBN 978-0-339-50301-4



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