

# Official Report (Hansard)

Monday 17 November 2014  
Volume 99, No 5

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# Northern Ireland Assembly

Monday 17 November 2014

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

*Members observed two minutes' silence.*

## Assembly Business

**Mr Nesbitt:** On a point of order, Mr Deputy Speaker. I was out of the country last Monday during Question Time, but I note from the Hansard report that junior Minister McCann accused me of some form of dereliction of duty during my time as Victims' Commissioner with regard to Máiría Cahill, specifically accusing me of not informing police when Máiría Cahill told me about the abuse that she was subjected to.

I am happy to make the House aware that, when I first met Máiría Cahill, she had already informed the police of the abuse and that, therefore, there was no action for me to take. I welcome the opportunity to provide that clarification.

**Mr Deputy Speaker (Mr Dallat):** The Member has put that on the record.

Order. Before we proceed to today's business, I want to return to the matter raised by Mr Swann last week about whether it is in order for a Member to remain in the Chamber for Question Time when a question listed in their name has been withdrawn.

There are a number of reasons why a Member's question may be withdrawn, and it is perfectly in order for that Member to attend the Chamber for that Question Time. That being said, as outlined in the Speaker's ruling on 29 November 2012, such occurrences are expected to be exceptional.

**Lord Morrow:** On a point of order, Mr Deputy Speaker. Further to your ruling on that matter, is there any obligation on the Member who remains in the House to give an explanation as to why he has withdrawn his question?

**Mr Deputy Speaker (Mr Dallat):** There is a very simple answer: no.

## Committee Business

### Committee Membership

**Mr Deputy Speaker (Mr Dallat):** As with similar motions, this will be treated as a business motion, and there will be no debate.

*Resolved:*

*That Mr Colum Eastwood replace Mr Seán Rogers as a member of the Committee for Education. — [Mr Ramsey.]*

**Mr Deputy Speaker (Mr Dallat):** The next item on the Order Paper is the second motion regarding Committee membership. As with similar motions, it will be treated as a business motion, and there will be no debate.

*Resolved:*

*That Mr Maurice Devenney replace Mr Sammy Douglas as a member of the Committee for Social Development. — [Mr Weir.]*

## Ministerial Statement

### British-Irish Council: Environment

**Mr Deputy Speaker (Mr Dallat):** The Minister of the Environment wishes to make a statement.

**Mr Durkan (The Minister of the Environment):** In compliance with the requirements of the Northern Ireland Act 1998, I wish to make the following report on the twelfth British-Irish Council (BIC) meeting held in environment sectoral format in the Sefton Hotel, Douglas on Wednesday 15 October 2014. The Northern Ireland Executive were represented by Jonathan Bell MLA, junior Minister to the Office of the First Minister and deputy First Minister, and me. This report has been endorsed by junior Minister Bell, and he has agreed that I

should make the statement on behalf of both of us. The meeting was part of an ongoing series of meetings of the British-Irish Council since the first summit of 17 December 1999, which identified the environment as one of the issues for discussion.

The Isle of Man Government were represented by Richard Ronan MHK, Minister of Environment, Food and Agriculture, who hosted the meeting. The UK Government were represented by Dan Rogerson MP, Parliamentary Under-Secretary of State for water, forestry, rural affairs and resource management, who chaired the meeting.

The Irish Government were represented by David Walsh, assistant secretary in the environment division. The Welsh Government were represented by Dr Andrew Rees, head of waste strategy branch. The Government of Jersey were represented by William Peggie, director and deputy chief officer in the Department of the Environment. The Government of Guernsey were represented by Yvonne Burford, Minister for the States of Guernsey Environment Department. The Scottish Government were represented by Callum Blackburn, policy manager on the circular economy in the Environment and Rural Affairs Department.

The meeting focused on sustainable consumption and production, in particular the development of the circular economy and tackling barriers to green consumption. Ministers discussed the development of the circular economy that is taking place in each BIC jurisdiction and the European Union. Jamie Butterworth from the Ellen MacArthur Foundation provided a presentation to Ministers summarising the foundation's research, which indicates that transitioning to a more circular economic model could bring significant economic benefits, help to buffer future materials price increases and volatility, reduce material costs and restore natural capital. Such an approach could also make economies less dependent on raw materials and thus less dependent on price volatility and supply-chain risks.

Ministers agreed to work together to explore the potential of extending coverage of voluntary agreements across different industries and different BIC jurisdictions. They agreed that it would be useful for member Administrations to continue sharing best practice and to work together on the potential to develop tools and data sets to measure progress in moving towards a circular economy. They shared best practice in and the challenges that are faced to

promoting green consumption in their jurisdiction. We also considered international evidence such as the Rio Earth Summit +20 conference that was held in June 2012, when heads of state and Governments adopted a 10-year framework of programmes on sustainable consumption and production patterns, and work by the European Union to improve the availability of reliable and comparable information on the environmental performance of products.

We acknowledged the challenges faced by consumers over the quality of information given, availability of green products and "greenwashing" claims, and we noted behavioural barriers to increasing uptake of green products, as well as information failures. We considered the need for better information for consumers as well as encouraging business to recognise the opportunities from reducing the lifestyle impacts of their products and assisting consumer choice. Ministers appreciated that retailers were in a powerful position to influence more sustainable consumption through their operations and supply chains and noted the work done to date by retailers and other stakeholders. Ministers agreed to further share information and data on consumer behaviour and to explore the possibility of adopting green guidance schemes already in place in some BIC jurisdictions.

Following on from the twelfth BIC environment ministerial meeting held in Scotland in 2012, Ministers reaffirmed the threats posed to BIC jurisdiction ecosystems from invasive non-native species. We noted that new EU regulations on alien and invasive non-native species were due to come into force on 1 January 2015 and agreed to continue collaboration and cooperation between all BIC member Administrations, including holding a second workshop in early 2015.

Ministers noted that Sellafield had been raised at every ministerial meeting since the establishment of the work sector in 2000 and further noted the paper produced jointly by Ireland and the Isle of Man on their concerns about the site. That brings that long-standing action point to a conclusion. Ministers welcomed the improvement in British-Irish relationships over the years, which had led to greater information sharing on Sellafield between the Governments of the UK, Ireland and the Isle of Man. As a result of those ongoing productive working relationships, which have also been facilitated by the British-Irish Council, Ministers agreed that further information sharing on Sellafield could be left to

the three relevant member Administrations to pursue at a trilateral level outside of BIC.

Ministers agreed that the fourteenth ministerial meeting will be hosted by the Government of Guernsey and that the theme will focus on waste and include an update on biosecurity.

**Ms Lo (The Chairperson of the Committee for the Environment):** I thank the Minister for his statement. He is probably aware that the Committee for the Environment, together with Belfast City Council councillors, went to VITO and Metabolon in Germany and Brussels to look at waste sites. It is very much about the circular economy. I am very surprised that the participating Ministers at the summit did not include much on the economic development aspect of waste. All of it, from our experience of visiting the two sites, is very much about seeing waste as a resource and tying it in with research and economic development. What steps will the Minister take here in Northern Ireland to improve the partnership between his Department, perhaps Invest NI, DETI, our universities and the private sector in promoting the circular economy? Sorry for the long question.

**Mr Durkan:** I thank Ms Lo for her long question. I am well aware of the good work done by the Committee in collaboration with others, including Belfast City Council. It is right that the Committee and I, as Environment Minister, look at and learn from best practice, not just in the other BIC Administrations but further afield, as she has done, in Europe.

She is also quite right about the economic opportunities afforded by the creation of a more circular economy. I concur entirely with her that there should be more joined-up working between my Department and possibly DETI in assisting the private sector, councils and NGOs here to exploit the economic opportunities that clearly exist. For too long, there has been a mindset not just here in the North but across other jurisdictions that what is good for the environment is not good for the economy, and vice versa. I am very much of the view that the environment and the economy should not be at loggerheads. Environmental regulation has often been seen as a threat to economic development, but we should identify the opportunities and enable people, us included, to exploit them.

**12.15 pm**

**Mr Deputy Speaker (Mr Dallat):** In case there is some confusion, we give a little latitude to

Chairpersons of Committees in asking questions, but we do not encourage long questions from Members who come after Chairpersons.

**Mr Weir:** I do not know whether that is directed at me or more generally. I thank the Minister for his statement. He made specific reference to the key importance of retailers in their influence on sustainable consumption. Has he planned meetings with the major retailers? How else does he intend to have that conversation to see what influence can be had on retailers about sustainable consumption?

**Mr Durkan:** Retailers have an integral role. Obviously, they are at the coalface when it comes to influencing consumer behaviour. They can do that in many ways, not least by setting the prices of products. It is imperative that there is partnership working between my Department and retailers, but it should not be limited to that. I want a much more collaborative approach from and with other Departments and sectors, not solely retail. There is a lot more that we can do on educating people. However, as Mr Weir rightly points out, it is generally retailers that call the tune when it comes to dictating consumer behaviour. It is vital that we do all that we can to ensure that they do so responsibly. That will bring benefits to our economy, as I outlined in a previous answer, but also, importantly, to our environment.

**Mr McElduff:** Go raibh maith agat, a LeasCheann Comhairle. My question relates to the third-last paragraph of the Minister's statement. Will the Minister detail the key concerns identified by the Irish Government and the Isle of Man authorities regarding Sellafield? Further to that, did the Department make any input to this document?

**Mr Durkan:** I thank Mr McElduff for that question. The concerns expressed about Sellafield by people in different jurisdictions have been well documented publicly over the years. Indeed, concerns have been raised in the Chamber on occasion by colleagues of Mr McElduff on any potential or perceived impact of Sellafield on Northern Ireland and the population of the North. My Department continues to monitor the impact not just from Sellafield but from any nuclear power station in Britain. I have been convinced that the impact on the people of the North is negligible, but that is no reason for complacency. We will continue to monitor to ensure that nothing that could harm the people here is being permitted.

**Mr Eastwood:** I thank the Minister for his statement. Following on from Mr McElduff's question, the Minister talked about the impact on people here, but was there any discussion on the impact or potential impact on marine life from Sellafield discharges?

**Mr Durkan:** I thank Mr Eastwood for that question. I reiterate my assurance that, in conjunction with colleagues from the NIEA, the Scottish Environment Protection Agency and the Radiological Protection Institute of Ireland, discharges into the Irish Sea and their impact on the coastline and marine life of Northern Ireland will continue to be comprehensively monitored. Officials from my Department play a part in ensuring that the UK's obligations under the 1992 Oslo and Paris Convention for the Protection of the Marine Environment of the North-East Atlantic are monitored. This includes ensuring that effective evaluation takes place of actual discharges into the marine environment and that national plans are in place for the monitoring and control of future discharges. The monitoring programme includes checks on radiation levels on the coastline at approximately 50 locations around Northern Ireland, as well as routine checks on the levels of radioactivity in seaweed, shellfish and fish. The adequacy of that monitoring programme is reviewed annually and, when appropriate, will take into account any changes in the discharges of radioactivity from Sellafield.

**Mrs Overend:** I thank the Minister for his statement. Will he expand on the notion of the green guidance schemes that he referred to in his statement? Will he ensure that any such schemes can be carried out within current budgetary restraints and current staffing levels?

**Mr Durkan:** I thank Mrs Overend for that question. It is vital that we have accurate green guidance systems that people will believe. I referred in my statement to alleged "greenwashing" practices, and there are concerns that, on occasion, manufacturers and retailers make claims about the greenness of their products that do not add up. That is something that we have to take account of.

It is also important that the standards and measures used to assess the greenness of products is uniform across all jurisdictions. My role in influencing that is limited. However, by working with Ministers in the other jurisdictions, I think it is something that we can see progressed. As I said in answer to Peter Weir, it goes much wider than that: we need buy-in from retailers and partnership with manufacturers.

**Mrs Cameron:** I thank the Minister for his statement. Continuing the theme of waste and waste reduction; given the success of the carrier bag levy and the support that the public have given that environmentally friendly scheme, how much work is being done with retailers and other stakeholders, whom I assume include manufacturers, to encourage a major cut in the production of waste before the retailer stage?

**Mr Durkan:** I thank Mrs Cameron for her question. She quite rightly heralds the success of the carrier bag levy, a success that has been contributed to on a major basis by our working relationship with retailers. The levy moves into phase two in the new year. That is something that we have been liaising closing with major retailers on, as, without their buy-in, it will not succeed and we will not continue to see the environmental benefits that we are seeing. We can and will see more benefits as we drive down consumption and the number of carrier bags being produced and used. Partnership has been key to the success of this initiative and will be key to its further success and improvement.

**Lord Morrow:** I, too, thank the Minister for his statement. In his statement, the Minister told us that Sellafield has been raised at every meeting since 2000: I do not know whether that is 14, six or 26 meetings. Is he telling us that Sellafield is more secure or less secure as a result of the report that he referred to in his statement?

**Mr Durkan:** I thank Lord Morrow for that question. This has been a standing agenda item at BIC meetings on the environment sector since 2000. I do not think that this has gone away as an issue, but it has been decided by the British-Irish Council that it is an issue best dealt with on a tripartite basis between the Governments most directly involved. Obviously, that includes the Government of Ireland, the Government of the UK and the Isle of Man Government. We are not going to stop our monitoring of any potential impacts from Sellafield. However, as outlined already in answer to earlier questions, the impact has been shown to be negligible.

**Mr Byrne:** Will the Minister state whether the Arc21 project is viable, given that there is a general move towards a zero-waste objective?

**Mr Durkan:** I thank the Member for that question. We might be moving to a circular economy in the long term so that, one day, this becomes a region in which recycling is the

norm and in which we produce minimal waste and make minimal use of natural resources. In the meantime, though, increased prosperity means that Europe as a whole is actually generating more, not less, waste, in particular via a huge volume of single-use items and constantly updated technology devices that most of us in here use. The truth is that we will not have a true circular economy in Northern Ireland until the globally effective economic drivers needed to make it happen are put in place. We are nowhere near seeing true prices being charged for raw materials that reflect their full environmental cost. As it is, Europe's approach to a circular economy already encompasses energy from waste as a viable and, indeed, environmentally preferable alternative to landfill, in accordance with the waste hierarchy.

Supporting the concepts of a circular economy and zero waste does not mean that we can avoid confronting uncomfortable realities about waste in Northern Ireland, including the need for facilities that will drive down the scope for illegal activity and provide a viable alternative means of disposal of waste that cannot be landfilled. Also, it would probably make sense for Northern Ireland to recover energy from waste locally rather than export that waste to generate energy elsewhere while having to import energy at a potentially inflated price.

Does the Arc21 proposal offer a solution? An article 31 planning application is under consideration, and permitting applications are being processed, but I am sure that Members are aware that there are local concerns about those proposals, which have manifested themselves in a huge volume of objections.

**Mr Deputy Speaker (Mr Dallat):** That concludes questions on the statement.

## Executive Committee Business

### **Pensions (2012 Act) (Consequential and Supplementary Provisions) Regulations (Northern Ireland) 2014**

**Mr Storey (The Minister for Social Development):** I beg to move

*That the Pensions (2012 Act) (Consequential and Supplementary Provisions) Regulations (Northern Ireland) 2014 be approved.*

My predecessor, Mr Nelson McCausland, pointed out on a number of occasions that, when dealing with pensions, it is easy to get lost in the maze of technical provisions and pensions jargon. I echo those sentiments and agree with him entirely. The rule we are considering is somewhat technical. Whilst I will try to keep my comments at a fairly high level, some jargon is unfortunately inevitable, but I will do my best to keep it to a minimum.

I will start by providing a brief background to the regulations. In 2011, the Supreme Court considered the meaning of "money purchase benefits" in pensions law, in the case of *Bridge Trustees v Houldsworth* and another. Whilst the court accepted that pensions law had developed on the basis that a money purchase benefit could not develop funding deficits or surpluses, the court decided that certain benefits that could develop surpluses or deficits could still fall within the definition of a money purchase benefit. The judgment potentially could have placed some benefits outside the scope of a wide range of protections, such as scheme funding requirements, the pension protection fund and the financial assistance scheme.

The Assembly sought to regularise the issue by enacting section 27 of the Pensions Act (Northern Ireland) 2012 to, in effect, restore the policy intention by limiting the definition of money purchase benefits to those benefits where there is no risk of a funding deficit. Section 27 has retrospective effect to ensure that, where appropriate, schemes can have their past actions validated. It is anticipated that only a very small number of schemes will be affected, the majority of which will be those offering a mixture of money purchase and non-money purchase benefits. The regulations make consequential and supplementary amendments to primary legislation in light of the commencement of section 27.

A further set of regulations, the Pensions (2012 Act) (Transitional, Consequential and Supplementary Provisions) Regulations 2014, make amendments to subordinate legislation, including transitional arrangements.

In particular, the regulations provide an alternative method for trustees or managers to revalue certain types of benefits, known as cash-balance benefits. A cash-balance benefit is where a pot of money, which may be a notional pot, is built up through contributions but there is some form of promise about the amount accumulated. No promise is made about the level of pension to be provided. The cash-balance method allows the sum available for a cash-balance benefit for a deferred member to be revalued by any method that is applied to the benefits of active members, where the trustees think it appropriate to do so. The regulations also add decisions made by the board of the Pension Protection Fund that relate to benefits affected by the clarified definition to the list of matters that are subject to review under schedule 8 to the Pensions (Northern Ireland) Order 2005. Under that provision, an interested person can ask the board to review the decision, and the board must refer the matter to a reconsideration committee.

In summary, the regulations, together with the transitional regulations, ensure that there will be consistency so that members, employers and trustees understand which benefits fall within the definition of money purchase benefits and have clarity about how their schemes should operate. That will ensure that the protections designed for benefits that could be affected by funding deficits can operate as intended.

**12.30 pm**

**Mr Maskey (The Chairperson of the Committee for Social Development):** Go raibh maith agat, a LeasCheann Comhairle. The Committee for Social Development considered the Department's proposal to make the Pensions (2012 Act) (Consequential and Supplementary Provisions) Regulations at its meeting on 19 June 2014 and considered the statutory rule at its meeting on 4 September. It was supportive of the regulations, as the Minister has already pointed out quite comprehensively. The Committee noted that the rule will make consequential and supplementary provision in the light of the commencement of section 27 of the Pensions Act 2012. Section 27 obviously clarifies the definition of money purchase benefits in existing law.

The Committee acknowledges the positive impact of the regulations, which came into operation on 27 July and are broadly technical in nature. It is assured from the Department's regulatory impact assessment that the impact of the regulations on business, charities or voluntary bodies is beneficial. They ensure that pension schemes that have treated benefits as money purchase can continue revaluing benefits in accordance with the rules of the scheme, rather than having to comply with existing legislative requirements for benefits that are not money purchase. They also ensure that decisions on affected benefits made by the board of the Pension Protection Fund are subject to review. In conclusion, the Committee for Social Development recommends that the statutory rule be confirmed by the Assembly.

**Mr Storey:** At the outset, I am pleased by the consensus across the Assembly and the comments that the Chair of the Committee for Social Development has made. I thank Mr Maskey and the Committee for the positive way in which they have dealt with them. It is important that trustees, employers and scheme members are clear about which benefits fall within the term "money purchase benefits" and that members' benefits continue to be protected as intended. I commend the motion to the House.

*Question put and agreed to.*

*Resolved:*

*That the Pensions (2012 Act) (Consequential and Supplementary Provisions) Regulations (Northern Ireland) 2014 be approved.*

## **Education Bill: Final Stage**

**Mr O'Dowd (The Minister of Education):** Go raibh maith agat a LeasCheann Comhairle uasail. Ba mhaith liom Bille an Oideachais a mholadh. I beg to move

*That the Education Bill [NIA Bill 38/11-16] do now pass.*

First, I pay tribute to the staff and boards of the education and library boards (ELBs), the Council for Catholic Maintained Schools (CCMS) and the Youth Council, who have continued to deliver services during the long period of uncertainty. Thanks to their efforts, schools and the educational experience of children have been largely protected from the effects of that uncertainty, and we owe them a great deal of gratitude. The Bill that is before us

will end uncertainty and provide much-needed clarity for all those involved in education administration and will provide modern, fit-for-purpose arrangements for education administration.

I remain convinced that the Education and Skills Authority (ESA) is the optimal solution and that the Bill provides a platform from which we may return to ESA at some point in the future. In the longer term, the way forward is for a future Education Minister and Executive to return to an ESA Bill. We have all made compromises to agree the Bill before us and avert an unwanted mismatch between our education and local government arrangements. If we can make similar compromises in the years to come, we will be able to eventually deliver an ESA. However, returning to the present, it is clear that time has run out.

In the absence of agreement on ESA, I have brought forward the Bill to ensure that our education administration will be compatible with the new district council structures that will be effective from 1 April 2015. It is a short Bill with two purposes. It is intended, first, to provide for the establishment of the Education Authority. Primary legislation to establish a single body represents the most practical, efficient and achievable way of restructuring education administration to be compatible with the reformed local government system. It transcends contentious boundary issues whilst offering savings in the cost of education administration through the rationalisation and regionalisation of services. The Education Authority will replace the five education and library boards and their Staff Commission. It will have the responsibilities of an ELB, as set out in the education Orders, including ELB employer responsibilities. Otherwise, employer responsibilities in the education system will be unchanged. The Youth Council, the Council for Catholic Maintained Schools and the Council for the Curriculum, Examinations and Assessment (CCEA) will be unaffected.

The Assembly has also decided that the Bill should place a duty on the authority to encourage, facilitate and promote shared education and the community use of school premises and establish standing committees for those purposes. The provisions on shared education will not be commenced until after my proposed stand-alone Bill on shared education has provided a legal definition of the term.

The second purpose of the Bill is to support my commitment to fund the establishment and operation of a new body that will provide representation and advocacy for schools in the

controlled sector. The establishment of that body will address a long-standing deficit in representation for controlled school interests in our education system. The Bill is, therefore, minimal in the interests of securing consensus and is largely focused on securing the structural and technical change necessary for compliance with local government reform.

Most of the debate during the passage of the Bill centred on the membership of the authority. That is an area in which the simple continuation of the arrangements for ELBs under the 1986 Order was practically not an option. I had proposed a membership based closely on the provisions previously agreed for ESA, an agreed and fit-for-purpose model for the governance of regional level education administration, which was a chair appointed by the Department and 19 members comprising a balance of political members, community members and members drawn from the transferors and trustees. It is a matter of regret to me that the Assembly has decided not to have community representation on the authority, and the board will be diminished by the fact that it will have no community representatives. However, that may well be a matter that the Assembly will wish to return to in the future.

Let me acknowledge the contribution of Members from all parties in reaching consensus on the Bill, but, let us be quite clear: this is only the beginning. Of course, in preparation for ESA, significant progress has been made in planning the delivery of services on a consistent regional basis. However, there are significant challenges ahead. It is not a straightforward task to harmonise the services that have been provided by five discrete organisations over the last 40 years, and the deadline imposed by local government reform means that we must move quickly to have the administrative essentials in place by 1 April. It will be a large-scale change management programme that will continue to be embedded over a number of years beyond 2015. We must develop common procedures and policies for finance, ICT and HR, estate management, health and safety, transport and catering. We must have staff transfer schemes in place, and we must complete the work we have begun to implement regional programmes for governance support and professional development. The change programme will be supported by a communications strategy to ensure that schools and other key stakeholders are fully informed throughout. It is my intention that the programme should be managed in a way that does not impact on the day-to-day delivery of services to our schools.

A LeasCheann Comhairle uasail, is orainn atá an fhreagracht talamh slán a dhéanamh dár riarachán oideachais ón 1 Aibreán 2015 agus an Bille Oideachais tríd a chéad chéim. It is our responsibility to secure the future of our education administration system from 1 April 2015. Passing the Education Bill represents the first step. Molaim an Bille don Tionól. I commend the Bill to the Assembly.

**Miss M McIlveen (The Chairperson of the Committee for Education):** Thank you, Mr Deputy Speaker. I welcome the Final Stage of the Education Bill. The reform of the administration of education has been many years in the coming. This is the third time since 2007 that a Bill has come before the Assembly for consideration, and whether it is third time lucky remains to be seen. However, we have seen significant strides forward for the controlled sector. At long last, the largest education sector will have a representative body that will place it on a more equal footing with the maintained, integrated and Irish-medium sectors. That is something that my party has fought long and hard for throughout the Education Bill's various incarnations, and we are delighted that this is coming to fruition.

We are also seeing the merger of the five education and library boards instead of an ESA. Again, that is something that my party advocated as far back as 2002. As it was a merger of the five boards, it was important for us that we kept to the spirit of the 1986 Order. Despite some criticism, we as a party have done that.

I am delighted that the principle of shared education underpins the working of the legislation, and I am happy to have supported Mr McCallister's amendment on that in the knowledge that legislation on the matter is in the pipeline. My party strongly advocates that principle as part of my party leader's vision for the future of education in Northern Ireland. It is important that the Minister moves swiftly to legislate on shared education in order that the new Education Authority can commence its work on it. I look forward to that coming before the Education Committee, which is working on an inquiry into shared and integrated education.

It is also extremely pleasing to see the cross-party support that was achieved to permit voices from other sectors on to the board. For shared education to truly come into being through the new authority, those voices need to be part of the conversation. That is also the case in making wider community use of our school estate. Those voices would not have been adequately represented by any other

grouping on the authority. When considering the arguments on whether such representatives should be on the authority, it needs to be borne in mind that grammar schools educate one third of our post-primary children, the transferors do not represent the controlled grammars and the smaller sectors of integrated and Irish-medium education educate another 8% of our children.

The recruitment of a chief executive was a key concern. It was important that the Bill reflected the need for that recruitment to be fair and open and not a coronation. It was also necessary to ensure that the authority's role in that recruitment was protected. The legislation recognises that an interim chief executive needs to be appointed to allow for the initial establishment of the authority, but it ensures that the authority will appoint the first and subsequent permanent chief executives. That is important for the integrity of the authority in the eyes of the public. It is satisfying to note that, despite attempts to the contrary, no sector is being given priority over any other in the workings of the authority. It is hoped that allowing a more level playing field will create an environment in which we will deliver the best for our children.

As I read over the Hansard reports of the debates on the legislation, it was interesting to note those who delivered, those who were recognised for delivering and those who merely claimed that they had delivered. I am pleased that the record shows the work that my party has put into the legislation. I thank those from across the Chamber whose hard work and advocacy have helped to mould the legislation into something that I sincerely hope will benefit all our children. I look forward to seeing the detail of many of the programmes for change and to working through that in Committee.

As I said in an earlier debate, we are committed to working for a single education system that celebrates diversity and promotes cohesion. The authority created by this legislation is a significant and important step towards that goal.

#### 12.45 pm

**Mr Hazzard:** Go raibh maith agat a LeasCheann Comhairle. Like other Members, I start by paying tribute to all those who, day and daily, devote their life to the education of our young people. All of us who work in the education portfolio know only too well the work and devotion that those in the education and library boards, as they currently sit, have contributed over the years, so it is only right that we pay tribute to those people.

We must bear it in mind, when discussing this, that our children and young people in education must be at the forefront of what we do in the administration of an education system. That is something that we often forget, and, sometimes, it was missing from the debate. They, too, deserve a world-class administrative body, so I hope that the new authority can set the direction of travel for the next number of years. As the wants and needs of our young people continue to shift and evolve in tandem with global developments, our education system must be flexible and visionary. I hope that the new authority can help to set all our children on a path to fulfilling their abilities and talent. All too often, in the past, our system suffered real variations across the board in efficiency and access to vital educational services such as special educational needs services. The authority must set itself the task of ensuring that a pupil in Downpatrick can access the same support services and potential that is available to any pupil in Belfast and in the same time frame, which is also very important.

The new authority must set as an important, urgent issue the support and development of our teachers and school principals. We need to ensure that our teaching staff are valued and feel supported in their career development at all stages.

To summarise, I welcome the fact that the Irish-medium and integrated sectors now have a place granted by right on the board of the new authority. They are growing, developing sectors with very specific needs that must be encouraged and facilitated by the authority, so it is a good thing that they are there. It is disappointing and, indeed, a mistake that the Assembly has decided to remove the places for community, as the community needs to play a bigger role in our education system and in driving forward with education change. That is a disappointing turn. The board needs to be characterised in the years ahead as strategic and visionary, not bound by sectoral and dogmatic thoughts, and the community might have helped to drive that forward. I welcome the fact that we are now passing the Bill on through. It is welcome change, and, since we have all given a little, our system is the big winner.

**Mr Eastwood:** I do not intend to speak for too long; we covered most of the points last week. We are glad that we are at this point. It is unfortunate that it took seven wasted years and wasted about £17 million, but we are at this position now, and that is a good thing. It is the result of some cross-party work. We passed

amendments last week that, in our view, were imperfect but provided a balance across the sectors and across the ability ranges. We would have liked an amendment at an earlier stage and would like to have seen more community representation, whether it is for early years or for kids who are not in education, employment or training or any of the other community sectors that we would like to have seen represented. We do not have that, but we have a Bill, and we were nearly in danger of not having that. I am glad that we can now finally move forward and that we remember at all times that this is about the children who go through our education system. We hope that we can ensure that they will have the best education system that we can get.

I am glad to see the integrated sector and the Irish-medium sector being represented on the board. That is a very good thing. I implore the Minister at this point, given that the decentralisation agenda has largely gone off the boil in many Departments, to use this opportunity to make a commitment to the constituencies that are really struggling with unemployment. My constituency has the highest unemployment across Britain or Ireland. This would be a tremendous opportunity for him to make a commitment to that constituency by putting the headquarters of the new Education Authority in Derry. I will leave that with him and hope that we will have a positive response.

**Mr Kinahan:** I welcome the Bill, particularly having got it to this stage, and I congratulate everybody. Like others, I really look forward to seeing the new board supporting all the schools and all the principals, supporting their training and ensuring that there are enough resources. Again, I ask the Minister to concentrate on making sure that resources get to the five library boards in the meantime so that they can carry on with their job as well as they can.

As many of you know, we wanted ESA, but we wanted it in a simpler form. We were disappointed with the first ESA and, again, with the second ESA. Most importantly, something that has to be raised today is the lack of consultation. We opposed the acceleration of this, and the Assembly needs to find some way that allows for the fast movement of a Bill but, at the same time, allows for some form of consultation. It is wrong that we all ended up getting there and rushing and not always having the chance to talk to some of the key people outside.

There were 10 petitions of concern at Second Stage, and it is excellent to see that no petitions of concern have happened since. A petition of

concern is really just a sign of failure — a failure of the Assembly — when we should be sitting down and working together and finding consensus. Like the Chair of the Committee and others, I congratulate everyone for having got us to where we are.

We need a long-term vision for education, and I hope that the Bill is, just as we have been told, only a beginning. It is an interim measure. I am keen that we get the interim chief executive appointed and in place and then move to what we, as a party, put in the Bill, which was that the new chair would be selected on the basis of merit through a fair and open public competition. We also look forward to seeing that everyone who goes on the board is chosen so that they really represent the area that they are meant to represent.

We need to find a way forward. When this started, I was concerned that we were looking at a board that still left CCMS with a sectoral body and no one else. I am pleased that we know that the controlled sector will get a sectoral body, although we wait to see exactly what type it will be. We have a choice: either you have no sectoral bodies or everyone should have them. If we are going to have sectoral bodies, it should not just be controlled; it should be the voluntary and all sectors — the integrated, the Irish. Everyone should be on the board on an even keel. I, too, am sad that there are no community places, and I think that was wrong. Therefore, the onus now falls on the board and all those working there to ensure that they consult continually and talk to the community and all the different groups all the way through.

When we were at the previous stage, I was shocked to be rung up and told that there was no one on the board to represent the secondary sector. I thought that that was completely wrong and that they were there through the trustees or through the transferors. However, the mere fact that that criticism was made means that the onus really is on the transferors, the trustees and all the others on the board to ensure that all sectors, particularly the secondary, are there and are represented. We need to move on to a point where the sectors are not just looking after their own; they also need to look for a long-term vision and plan.

I look forward to hearing more about the Minister's plans on shared education. As you know, we in the Ulster Unionist Party see a single shared education system as the way forward, encouraging everybody to share not just through the sectarian divide but through the academic divide and to find a way for all of us

to work together so that we get the integration of education all the way through the system. We need to find that way forward, because it is not just the children who are at school now; it is the next generation and the next generation. As they all move towards that shared system, it has to be better for Northern Ireland.

I pay tribute to the staff, senior officers and members of all the education and library boards and say a huge "Thank you" to everyone in the system who works so incredibly hard to make sure that our children have a good education. They give long, long hours. We all need to give them a very big "Thank you". I look forward to seeing everything fall into place as the Bill moves forward, but I want to re-emphasise that it is an interim Bill. We need to find a way forward, and this is a good start. As Mr Hazzard said, everyone gave a little. I support the Bill.

**Mr Lunn:** Like everybody else, I welcome the passage of the Bill. For those of us who have been with this since 2007, including the Minister, the current Chair and, indeed, the previous Chair, who has just left the Chamber, this is quite a good day. It is the first time that we have been able to discuss the final passage of significant education legislation in seven and a half years. As the Chair said, it is third time lucky, even if it is a bit light compared with what some of us would have preferred. It will bring some sort of order to the administration of the education system and is long overdue. The five boards have struggled manfully in the last few years with diminished resources, staff acting up and all the rest of it. Like everybody else, I pay tribute to them and to the staff of the Department, who have soldiered on trying to fill the vacuum, frankly, of our failure to do something like what we are doing today. It is fair to say that none of us got all of what we wanted — in fact, some of us got hardly anything that we wanted — in the Bill, but, for all that, it is a good day. At least we will have a single authority and proper representation on that authority. It is good that people have decided to accept that the smaller sectors need a voice just as much as the bigger sectors. We now have integrated, Irish-medium and the controlled sector body, which is an equally good thing, and representation for the voluntary grammars and the controlled grammars, which was in one of our original amendments that people did not accept. That is the way legislation goes. I accept what just about everybody, except the DUP, has said: it is a pity that there was no room for community representatives on the board. As the Minister said, we will perhaps have to revisit that at some stage. It is something desirable that we

had to leave out because of the need to obtain a compromise, but, hopefully, we can come back to it.

Speaking as an advocate for the integrated sector, I think it a pity that, under the Bill, the shared education movement now has slightly preferential status over the integrated movement. Perhaps that, too, is for another day. Integrated still has its protection under the 1989 Order. We have also at least been able to clarify some attitudes around the Chamber, particularly to integrated education. If I may so, the Ulster Unionists have espoused it time and time again but do not seem able to vote for it. The DUP does not espouse it quite so much, but its attitude seems to be at odds with that of its leader. The Minister's party managed to vote in favour of an Alliance amendment at Consideration Stage and against it at Further Consideration Stage, even though it was exactly the same wording. I pay tribute to the SDLP, which has finally come out clearly in favour of integrated education. I particularly welcome Mr Eastwood's comments at Consideration Stage and Mrs Kelly's reported comments at the weekend, which give us a wee bit of hope that we need only change the hearts and minds of three other parties and we will be there.

This is a good day for education. Even if the Bill is imperfect, it is better than what we had yesterday, so I happily support its passage.

**Mr Agnew:** Education and health are usually the two big-ticket items in government policy, and, if we are to describe today as a good day for education, we have to accept that we have a Bill that is reflective of the level of ambition that we have come to expect from our Executive. It is fair to say that, after seven years of trying to produce an Education Bill, two attempts at ESA and now the single Education Authority, something is better than nothing.

I do not imagine, however, that too many parties will go into the next election cycle with that as their headline message: "We will deliver something that is better than nothing".

**1.00 pm**

We obviously know about the disagreement on academic selection, but if this was a paper submitted to a transfer test, I am not sure that the Executive would quite make the grade to get into a grammar school.

It was mentioned that the Bill has come through accelerated passage. Again, that is a symptom

of the breakdown at Executive level and the inability to get agreement, particularly on this issue. Rather than characterising the Bill as having been agreed to, it would be better to say that there was little or no dissent and it was deemed best to get the Bill through as quickly as possible before somebody found a problem with it.

The Bill perhaps takes us a small step in the right direction, but it is little more than that. I am pleased that the integrated sector in particular will have a seat at the table on an authority that has been described by the Minister as a strategic body; other Members mentioned that. It is important that the integrated sector has a say and gets its voice heard when strategic decisions are made. Unfortunately, we still have a power structure within which the largest sectors will have the largest say and will, therefore, continue to be the largest sectors, maintaining our segregated system for at least another generation.

I listened to the debates about the need for a controlled sectoral body. Whilst I have not objected to that, I have to question the argument that the integrated and Irish-medium sectors have an advantage because of their legal position, given that the integrated sector has 62 schools out of 1,200, and the Irish-medium sector has even fewer schools. It is hard to argue that those are the big beasts punching above their weight in the education system. Positive action is still needed to promote and grow those sectors. That should not only be what is required by law but be the policy of the Executive. Unfortunately, the Programme for Government has shown, through its support and the continuing Executive drive for a shared education system, that true and genuine integration is still not at the heart of government policy. That is regrettable. I will continue to highlight and to press on that issue.

As I said, we have a Bill that is better than nothing. As Mr Lunn put it, it leaves us in a better place than we were in yesterday. It is, however, an indictment of the system and the structures that we have here and, indeed, of the parties on the Executive, if this is the best that we can deliver for children in Northern Ireland.

**Mr McCallister:** I hosted an event here last week, and a school principal asked me whether Members truly appreciate what goes on in our schools. My answer was that I believe that there is genuine support among Members for the good work that goes on in our education system. It may not always feel or look like that, given that we have laboured so long over this

stage of reform. I congratulate the Minister for getting a Bill that looks as if it might, barring a disaster, be passed in a short time. I will let the Minister decide, to borrow Churchill's words, whether this is the beginning of the end or the end of the beginning.

I want to make some observations on the Bill. It was no surprise that I was very critical of accelerated passage. I respectfully suggest to my Alliance colleagues that, even though they felt that they did not get much, they should never have accepted accelerated passage. They have, hopefully, learned a valuable lesson from that. They should have wanted the legislation to be scrutinised by the Committee.

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

**Mr McCallister:** Certainly, Mr Lunn.

**Mr Lunn:** Mr McCallister is at his normal game of blaming the Alliance Party for everything. The Committee decided that it would accept accelerated passage. In fairness, the only voice against it came from the Ulster Unionists. I think that if we had talked from now until next Christmas, we would not have got anything further in the Bill than what we got.

**Mr McCallister:** That sort of makes the point. Maybe the next time you are asked to agree accelerated passage, you will join Mr Kinahan in his very wise view.

**Miss M McIlveen:** Will the Member give way?

**Mr McCallister:** Yes, Miss McIlveen.

**Miss M McIlveen:** Just to clarify, the Committee did not give permission for accelerated passage. The House gave permission for accelerated passage.

**Mr McCallister:** Thanks to the Committee Chair for that clarity. I remind everyone that I voted against it at that point, as did Mr Kinahan and Mrs Overend.

**Mr Agnew:** And me.

**Mr McCallister:** And Mr Agnew; I hear him shouting to one side of me.

I am grateful to Miss McIlveen for referring to the amendments that I pushed for around shared education and the community use of schools. I am grateful not only to Miss McIlveen but to other parties and colleagues for supporting the amendments. With the

emphasis on shared education, I think that there is a real opportunity for the Minister to act quickly and bring forward his proposed legislation on it and define it so that it can be a game changer for how the Assembly and Executive view shared education.

Having listened to some of the debate on integrated education versus shared education, I think that it almost misses the point of what sharing is about. We want parental choice in our education system. We want a faith ethos in parts of our education system. We want to give people choice and experience. Most of all, we want good schools. It always has to be about the education outcomes for our children and what is going to deliver those outcomes. That is where we want to get to.

Sharing our education system is about extending choice and widening the curriculum offered to pupils. That is what I want to see. I want the focus to be on education outcomes. If we get good societal benefits from sharing, so much the better. However, the primary focus has to be on education outcomes. That is where we have to go with this.

I hope that the Minister moves as quickly as possible in getting a Bill to define shared education. The very fact that the House supported the amendments means that there is willingness and eagerness to move in that direction. Of course I expect robust debate and the Bill to be thoroughly scrutinised in Committee. However, that will all be to the good in making those changes. All of that very much depends on accepting that, in sharing, you will have different models in our education sectors and different sectors to share with. That is why I am a little at odds with Mr Kinahan's point about there somehow being a single shared education system. I am not entirely sure what is meant by that. We must share across the sectors, which is something to be encouraged and worked at through the amendments that I secured to the Bill. I want to keep that going.

Community representatives have been mentioned. It would have been desirable to have kept that in, but there was a recognition that there had to be important negotiations and compromise by every party in the House on that, and I commend all the parties involved in that, particularly the Committee Chairperson for the work and leadership that she gave, even when it was not always a particularly easy sell to some of her party colleagues. I also commend the work of Mr Kinahan and Mr Lunn. Just so that Mr Lunn gets that in Hansard and

he does not feel that it is all bad news: I was paying tribute to the Alliance Party there.

One of my biggest criticisms, just to share some of the blame, is that I have always taken issue with the number of petitions of concern. It may interest Members to know that, in purely unionist-signed petitions of concern, we upped the numbers by about 20% in one day during one stage of the Bill. We went from 40 petitions of concern since 1998 to over 50 in one afternoon at Consideration Stage. I think that that is an extraordinary abuse of the system, which is why I am not a supporter of petitions of concern. To have 22 amendments and 10 petitions of concern is wrong.

That said, it took a great deal of hard work and effort in a short space of time to get the Education Bill to where it is today. I congratulate the Minister on eventually guiding it through the House. I also congratulate the Committee Chairperson and other relevant parties for bringing forward and ensuring a worthwhile debate, which gave the Bill as much scrutiny as the Assembly could afford.

**Mr O'Dowd:** Go raibh maith agat a Leas-Cheann Comhairle. Fáiltím roimh an tsuim a chuir comhaltaí sa díospóireacht seo agus gabhaim buíochas leo as cur le céimeanna an Bhille seo. I welcome the interest that has been shown on all sides of the House, and I thank those Members who have contributed during the various stages of the Bill.

Many specific points were raised, and I will address as many of them as possible. The Chairperson of the Education Committee, Miss McIlveen, set out the work of the Committee and the role that her party played in bringing the Bill forward. As I said in my initial remarks, I welcome the fact that the vast majority of the political parties have played a positive role in the passage of the Bill. I ended my contribution to Further Consideration Stage by saying:

*"success has many fathers; failure is an orphan." — [Official Report, Vol 99, No 4, p63, col 2].*

I suspect that many Members' contributions come from that point of view. As I said at the time, we are about to — I hope — pass a Bill, which I, as Education Minister, can support. It is not the Bill that I would bring forward if I were the Education Minister in a majority Government. I suspect that it is not the Bill that other parties in the Chamber would bring forward. It is a compromise Bill that is effective. It will bring, despite the negativity of Mr Agnew, the most radical change to the structure of

education for 40 years. It represents a radical departure for education and will allow us to move forward in line with the review of public administration. We are in an Assembly that requires compromise and that requires parties to shift their positions and work with each other to deliver more effective and efficient public services.

During his deliberations, Mr Hazzard said that, throughout this, we need to keep central focus on children and young people because they are what the service is about. He is absolutely correct. Mr Eastwood mentioned that he welcomed the eventual arrival of the Bill after seven years of deliberation. Yes, there have been lengthy deliberations around the Bill, and perhaps those deliberations cover Mr Kinahan's point about his disappointment that there was no Committee Stage or consultation for the Bill. However, we have debated education structures intensively for the last seven years. The public and the educators were seeking delivery, and I think that we are about to deliver.

#### 1.15 pm

I believe that Mr Eastwood is joining the Education Committee: I welcome him and wish Mr Rogers, who was a member of the Education Committee, well for the future. Mr Eastwood asked about the location of the Education Authority's HQ. That will be a matter for the authority, and I suspect that that will not be its first act of deliberation. There is a lot of work to be done by the authority on putting structures in place and moving forward through its change programme. However, education already has a very devolved body of management. Our current education and library boards are out there among communities and have headquarters in various locations. The Department of Education already has a significant staff complement in Derry, in Waterside House, but I have no doubt that, once the Education Authority moves to its location strategy, Members will quite rightly lobby for their own constituency. The point was well made that we should look to locate quarters, buildings, staff and jobs in areas of high social deprivation. That is a fair enough point.

I have already covered Mr Kinahan's contribution on consultation issues, but I am glad that he welcomes the progress on the Bill. We have moved forward. He also referred to the fact that, at Consideration Stage, we had 10 petitions of concern, while at Further Consideration Stage, there was none. That was a result of parties working together behind the scenes. That work often goes on away

from the media glare, and it can and does deliver results.

I spent a lot of time at Further Consideration Stage challenging Mr Agnew. I am tempted to do the same at this stage, but I will resist. His negativity is misplaced. I note that he gave an interview to one of morning papers, in which he refers to his and Mr Allister's "naughty corner". I think that Mr Allister's negativity may be in danger of rubbing off on him. He should take a brisk walk around the Building each morning to take the fresh air into his lungs and come at it again.

John McCallister again referred to accelerated passage. He was almost tempted to open up that debate again. It was with great reluctance that I made the proposal for accelerated passage. I did not want to circumvent the authority of the House in any way, but the timescales were against us at that stage, and the issue had been well debated at that time. Despite that, Mr McCallister was able to help shape the Bill, by bringing forward his amendments on shared education and the community use of schools. It shows what even an independent Member can do when a Bill comes to the Chamber. It also shows that, although the Executive have responsibilities to bring Bills to the Chamber, once that happens, the sponsoring Minister in many ways loses control of it. It is then up to Members to convince other Members of the merits of their amendments. Mr McCallister showed that quite effectively with this Bill.

As to the shared education legislation, I assure you that I am working my way through the best way to bring that into the public domain, and I certainly will not circumvent the role of the Assembly. I want it to go through the full legislative debate. However, the weekend's events will also inform the House that shared education will be a hot topic. There are different views on what shared education means and what its role is in comparison with the integrated sector. I suspect that there will be a healthy and lively debate around that legislation, and I look forward to that.

It is time for the Assembly to act. The Bill will secure a new future for education administration. It will provide stability in our education system and ensure consistency in services. A single education authority will overarch the issue of compatibility with local councils. It will have much of the strength of the business case made for ESA, which promised significant savings, many of which have already been realised. By contrast, a future that does not involve the complete

amalgamation of the five education and library boards will require increased investment, given the current depleted and unsustainable nature of the existing boards.

I recognise that education stirs passion like no other public service, perhaps excepting Minister Wells's health service. It is right that Members make their views known and advocate on behalf of particular interests or principles. However, steps have been taken by all sides of the House to accommodate differences. I believe that this demonstrates Members' recognition of the importance and urgency of the legislation. We cannot continue with our current structure of education administration. There is no do-nothing option. The present Bill is the only option to ensure that our education administration does not fall foul of local government reform.

Molaim don Tionól é. I commend the Bill to the Assembly.

*Question put and agreed to.*

*Resolved:*

*That the Education Bill [NIA Bill 38/11-16] do now pass.*

## Private Members' Business

### Health Budget

**Mr Deputy Speaker (Mr Dallat):** Order. The Business Committee has agreed to allow up to one hour and 30 minutes for this debate. The proposer of the motion will have 10 minutes to propose and 10 minutes to make a winding-up speech. One amendment has been selected and is published on the Marshalled List. The proposer of the amendment will have 10 minutes to propose the amendment and five minutes to make a winding-up speech. All other Members who are called to speak will have five minutes.

**Ms Maeve McLaughlin:** I beg to move

*That this Assembly rejects the maladministration of the preceding Minister of Health, Social Services and Public Safety with regard to his departmental budget, which has led to recent announcements from health and social care trusts regarding reductions in front-line services; and calls on the Minister of Health, Social Services and Public Safety to ensure adequate equality impact assessments*

*are established as a matter of priority before any final decisions are made.*

Go raibh maith agat, a LeasCheann Comhairle. I welcome the opportunity to bring this important debate to the Floor of the House today. I want to start my comments by acknowledging the current pressures in the health service, pressures that, I expect, will continue. They are pressures from a growing and ageing population; increasing pressures on front-line services; increasing demands on emergency departments; a 7% increase in GP activity; a 21% decrease in district nurses; and pressures from a policy of shifting left from acute services to community and primary care with a transitional budget that is not in place and without an agreed strategic framework that will target health inequalities, which will actually increase.

Whilst these and other pressures are acknowledged quite publicly, it needs to be referenced that our current health budget is £4.6 billion. It has been protected through budgetary processes. Health was allocated £80 million in the October monitoring round and an additional £200 million in the draft Budget, which I welcome. We would all like to see more. However, here is the hard question: does our current health budget provide value for money? Is the money going in the right direction? How much waste is in the system? Does our current spend target health inequalities, which, I reiterate for the record, exist most starkly in west Belfast, north Belfast and Foyle?

On 31 July 2014, in a written statement, the Minister of Finance and Personnel stated:

*"DHSSPS exceeded its Control Total by £13.1 million. This was, in my view, due to poor budget management within the department. The DHSSPS had more than three years since the Budget for 2014-15 was set to ensure it could live within its budget and in that context it was hugely disappointing that it then registered such a significant overspend."*

It is also worth noting that the Health Department reported an underspend of £10.2 million in capital terms. DFP's 2014-15 in-year monitoring guidelines explicitly establish that Departments must work on the basis of agreed budgets only. In other words, they must plan on the assumption that bids will not be met through the in-year monitoring process. Although an overspend of £13.1 million represents less than 0.3% of the Department's resource budget, the overspend should be an

indication of the difficulties that the Department had in controlling its expenditure in the financial year.

When considering the maladministration of the budget, the Department's reliance on bids in monitoring rounds is worth noting. It is also worth noting that the Department bid for £67 million in January, which jumped to £160 million in June. That is sizeable shift in bid. What was really going on? In a Committee evidence session with the former Health Minister, the Chief Medical Officer stated:

*"I became aware of the budgetary pressures when they emerged, at the same time as the Minister has indicated, in the summer of 2013."*

If those pressures were identified in August 2013, why did the meeting with OFMDFM not take place until 6 April 2014? Why was the doomsday scenario paper not brought forward until the summer of 2014? At the same evidence session, the former Health Minister acknowledged that there was, indeed, waste in the system but could not tell us how much waste there was or what percentage of the overall budget was waste. It was also acknowledged that the transitional fund in which all of us had placed our hope for the implementation of Transforming Your Care (TYC), which was costed at £70 million, had actually spent £42 million and was now not even a priority bid.

Dealing with the need for proper scrutiny and oversight, the former Health Minister was very dismissive and refused to support the call at that time. I am glad that the new Health Minister has accepted the need for additional scrutiny and proper oversight mechanisms. Maybe someone had a word with the current Minister.

In the draft Budget announced last month, Health, as I stated, received an additional £200 million. The Minister has told us that the monitoring rounds will be about protecting front-line services. However, that is in stark contrast to the policy direction that the trusts have taken, which simply reads as an attack on front-line services. So-called contingency plans include axing 100 hospital beds and the temporary closure of minor injury units. Many in the House and beyond will question the term "temporary". The Northern Trust proposal to temporarily close 27 intermediate rehabilitation beds, including seven beds in the Mid Ulster Hospital and 20 in Dalriada Hospital, has, quite rightly, received much media comment and public outrage. It should be reversed immediately. The Western Trust proposal to

temporarily merge palliative care and the rehab wards of Tyrone hospital has been put on hold. How can we be advancing a policy of Transforming Your Care, which is a shift left of £83 million from acute care towards community and primary care, when we are slashing the very services that are required for delivery?

Whilst I agree that trusts have a degree of autonomy, the Minister is ultimately responsible for policy direction and for ensuring that it is delivered across the entire health service. It is time, therefore, to put up or shut up. If TYC is the policy framework, the Minister must prioritise and implement it in full. If it is TYC, he must ensure that any potential cuts — I use the word "cuts" — across the service are subject to full equality impact assessments to mitigate negative impacts on section 75 groups and to protect front-line services. Let me be very clear about this: screening in and screening out policies are not full equality impact assessment processes.

It beggars belief that, when we are faced with extreme cuts, we hear of £34 million paid to senior consultants in bonuses over the last five years. We hear of a 20% increase in administration at the health board, which has 550 staff and a £25 million spend on annual salaries. We hear of £55 million to £65 million paid annually to the independent sector for elective care. We hear of the cost of external consultants and the cost of 191,000 cancelled appointments last year alone. That is a stark reminder of maladministration in the budget and the need to do as the policy says and protect our front-line services in order to deliver better health outcomes for all our communities. I support the motion and oppose the amendment.

**1.30 pm**

**Mr McKinney:** I beg to move the following amendment:

*Insert after "front-line services;":*

*"believes that a contributory factor has been the failure of the Northern Ireland Executive to properly fund and implement the strategic plan Transforming Your Care and that the trusts' announcements are inconsistent with that plan;"*

The SDLP tabled an amendment to the motion to express our deep concern at the Northern Ireland Executive's failure to protect our health service. With the exception of Minister Mark H Durkan, Executive Ministers either endorsed or

failed to oppose the draft Budget, and our front-line services will see the impact of that. The original motion is, let us be very clear, an attempt to distract from Sinn Féin and the DUP's joint responsibility for this draft Budget. I hope that those who are joining the protest around Dalriada recognise that, in doing so, those parties are now, in fact, reneging on their backing of the Budget.

I take the opportunity to commend the staff who work tirelessly on the front line of the health service day in and day out. They are hard pressed as it is, and these cuts will put further pressure on them and their ability to deliver high-quality care. It is important that we acknowledge the excellent work done by these front-line staff. Remember that we are on their side when we criticise the intolerable pressures, such as lengthy GP queues, accident and emergency pressures, waiting times for elective care and flimsy domiciliary care packages. However, we are not on the side of a system that imposes such intolerable pressures on those valuable workers and on our patients.

In fairness to those in charge, while we saw a privatisation agenda at the heart of it, some of the aims and objectives in TYC are admirable, shifting funding and care into the community to ease the strain on the hospital side. However, the plan was never in the Budget; it was to be funded out of monitoring rounds. It consistently failed to achieve that sufficiently. Meanwhile, hospital budgets were cut, and the community side was not funded, leading to significant pressures on both. The plan was not so much flawed as strangled. We have spent the year quizzing the previous Minister, this Minister, the Department and the board. Eventually, at breaking point, we called in the Audit Office, as it is its job to evaluate value for money. It has agreed to do that, and I look forward to seeing the results of its endeavours in due course.

Meanwhile, it is clear — the previous Minister acknowledged it publicly — that there is significant waste in the health service. Last year, £50 million was spent on bank and agency staff; remember that 30% of that goes to private administrators. Also last year, £50 million was spent on sickness, and 360,000 appointments were cancelled in the system by patients and by hospitals. There is a huge increase in private sector operations to cover the waiting lists that come about as a result of that, so we pay twice. Of course, today, we heard news about £40 million of fraud in the system.

What is the answer? What have we got from the health service? Faced with financial

pressures, the trusts have been asked to draw up plans for cuts, and that is what they are doing. They are slicing all round them. We know the detail of cuts in areas like Ballycastle. We had hoped, in fact, that protesters would be here today, but, with the debate starting earlier, I assume that they have not yet arrived. I welcome those who will travel later to listen to the debate. There will be cuts in Armagh, Omagh and Downpatrick and in minor injuries units, such as the one in Whiteabbey.

The trusts — this is a very important issue — are making their own independent decisions with no demonstrable focus — I cannot see one — on a strategic plan for the future of our health service or even their own future. The Health Minister, I regret to say, is hiding behind the trusts. The plans are ill thought-out. Indeed, the Minister is on record in the Chamber as saying he has concerns over Dalriada, and we have all heard the comments from his parliamentary assistant, who has major concerns about the cutbacks to the minor injuries unit and hospital services in Bangor. If they are concerned, what should we be?

Let us get back to what the plan was supposed to be about: putting health care into the community, where it will be cheaper and closer to the need. Look at how the cuts that have been proposed — they are called contingencies, but they have all the potential to be long-term — are cutting in the community. We all know that there are health service pressures — we have to be mature about that — both financially and in terms of provision. We would be really foolish to ignore them, but we will continue to ask, "Where is the strategic direction?".

**Mr Wells (The Minister of Health, Social Services and Public Safety):** Will the Member give way?

**Mr McKinney:** I will, Minister.

**Mr Wells:** It is important that I intervene at this stage. I accept that some of the decisions that have been forced on the trusts are counter-strategic and are not where we want to be. However, we have to find £70 million, and we have to do so in four and a half months. It would be useful if other Members would indicate their alternatives if they feel that the trusts' decisions are so radically wrong.

**Mr McKinney:** I thank the Minister for his intervention and his admission. This comes back to my central point: the Budget was flawed. If you are willing to go back,

renegotiate on that and encourage colleagues to do something differently, including the colleagues to my right, I will accept the logic of that.

I want other questions answered. How long has the plan been in the making? Has it been constructed in line with Transforming Your Care? It is clear that you are saying that it has not. Are the trusts just operating to the bottom line? It seems clear that that is what you are saying. How do we know that the trust cuts will not just impose greater pressures on other trusts? If Whiteabbey is going to shut, that will have an impact on the Belfast Trust and the A&E centres there. It is bound to have that effect. Who ordered the plan? The board or the Department? It could not have been you, Minister, because you are only in the job, and you have made that very clear. You are worried about Dalriada, and your parliamentary assistant is worried about Bangor, and the public are really angry over the other decisions. We also know that there is not a plan and that this is just another cut. Minister, given what you have just said in your contribution, I call on you to fundamentally take charge and stop these cuts now while we have a proper strategic review. Then, you can prove that, if you are going to cut anything, it will be consistent with a long-term plan to improve our health service and return proper services to the community.

The cuts are affecting areas like Derry and Strabane and west and north Belfast. It is an indictment that, 16 years after the Good Friday Agreement and seven years since devolution was re-established, those areas still top the UK league table of deprivation. The reduction in front-line services will unquestionably have a detrimental impact on the health service and will put patient care at risk. If we are to secure the best quality care possible for patients, we need the best quality doctors and health-care professionals, and the instability around the cuts will put all of that at risk.

I urge you to forensically examine the budget to expel waste. As I have already outlined — I thank you for your contribution — we had a quick scan over the headline figures, which amount to many, many tens of millions of pounds.

Minister, I urge you to underscore a strategic plan. You have admitted in the House that these cuts run contrary to that. My worry is that the cuts will impose greater costs on the overall budget and on other trusts, and we have need to pause the system now to ensure that that does not happen. I have already said that we

need to be mature about the pressures but clever with the cuts.

**Mrs Cameron:** As a member of the Committee for Health, Social Services and Public Safety, I refute the allegations and insinuations made in the motion. I am not in the habit of pointing fingers or apportioning blame, and I feel that the motion is simply an attempt to distract from the real successes and the reasons for the pressures in the health service.

Since 2011, the Department of Health, Social Services and Public Safety has delivered £490 million of budgetary savings, with a further £170 million planned for 2014-15. That has been delivered despite the increased costs in relation to the allocated funding and the rising demand for services. It is abundantly clear that the previous Minister was dedicated to making savings where possible and delivered substantial reductions in spending.

I am aware that the Members opposite are not keen to focus on the good news stories in the health service, but I am happy to point out the previous Health Minister's successes in, for example, the context of Transforming Your Care. Since former Minister Poots took over the health portfolio in 2011, there has been an enormous 22.8% reduction in the number of people waiting for 13 weeks or more for inpatient appointments.

**Mr Wilson:** I thank the Member for giving way. Does she accept that not only are those who criticise the budget not prepared to accept the good news stories, of which there are many, but, when they say that there are ways to save tens of millions of pounds without hurting front-line services, they do not mention even one pound's worth?

**Mr Deputy Speaker (Mr Dallat):** The Member has an additional minute.

**Mrs Cameron:** Thank you, Mr Deputy Speaker, and I thank the Member for his intervention. I am sure that we will hear more about those savings plans as the debate continues.

The number of people waiting longer than 12 hours in accident and emergency units has fallen by 50%, and the number of qualified nurses and midwives has increased by 800.

The health budget is often described as a bottomless pit, with no amount ever being enough to address all the issues in the service. At the end of the financial year 2013-14, rather than returning a collective underspend of £43

million to the Department of Finance for reallocation, other Departments chose to report an underspend in order to protect their future budgets. I appreciate that an overspend of £13.1 million was identified in 2013-14, but, had other Departments taken collective responsibility for the health of the population of Northern Ireland, that extra funding would have gone a long way to alleviate the deficit, leaving the Department on a much stronger footing.

On equality impact assessments, each trust employs an equality officer to provide guidance on statutory equality obligations and implement the advice of the Equality Commission. The trusts produce an annual equality report, outlining the progress made in executing section 75. It is the role of each trust, not the Department, to ensure that those statutory obligations are met. The trusts are fully aware of their obligations and requirements, and the Department will seek assurances from them that their equality responsibilities have been met.

I move on to Transforming Your Care. From its inception, the former Minister was clear that the process would take up to five years to complete. It was always anticipated that the change of pace would be directly influenced by the availability of resources and that the focus would be on getting it right the first time rather than having to revisit mistakes at a later date. Despite the current financial difficulties, there have been significant advances in carrying forward the TYC process, and I fully expect that this will continue in order that it is seen through to full implementation.

It is clear that there has been a radical change in the demands on our health service that was first identified in the autumn of 2013. In looking at the difficulties that we currently face, we must not underestimate the demand that an ageing population and the number of people presenting for treatment are placing on the service. By way of an example, the Department faced an increase of 7% in demand for domiciliary care in 2013-14. That is a huge increase, and its impact is felt across the health service. Demand can be expected only to increase in the coming years as our population continues to live longer.

Whilst £80 million was made available through the June and October monitoring rounds, a further sum in the region of £160 million would be required to maintain the current level of service.

No one wants to see the closure of minor injuries units, wards or reductions in outpatient

clinics, but a good safe service must be maintained, particularly in unscheduled and urgent care.

**1.45 pm**

In bringing my remarks to a close, I point out that it is somewhat rich of the parties that choose not to make tough decisions on welfare reform, on revenue matters such as the HGV transport levy or on measures to deal with massive fraud to the taxpayer that could be tackled by the National Crime Agency to question others on Budget matters in an opportunist and self-serving fashion. Those who have to suffer from cuts being imposed as a result of the failure of parties to accept the need for change might do well to ask those parties why they were prepared to sit back and let this happen and what millions have been lost to the health service as a result of their actions. I oppose the motion and the amendment.

**Mrs Dobson:** I welcome the opportunity to speak on the motion. The Minister and his party may refute the allegations of maladministration of the budget, and, to be fair, I do not think that the management of it was entirely to blame, and it is, rather, a combination of factors. Maladministration played its part, as did the hopeless allocations made in the first place. In 2011, we warned that the budget did not add up and that this year — the fourth year — would be very difficult for health. We are now seeing the end product: operations postponed, temporary closures and lives and livelihoods disrupted.

**Mr Wilson:** I thank the Member for giving way. Obviously, as the person who was responsible for the Budget at that time, I can remember being in discussions with the Minister from her party. Will she accept that the only Department that got a real-terms increase in the Budget in 2011 was the Department of Health and that every year in monitoring rounds, it got at least an additional £60 million — *[Interruption.]* — that enabled the services to be continued and that neither she nor her party suggested that one penny be deducted from any Department to add to the Health Department's budget?

**Mr Deputy Speaker (Mr Dallat):** The Member has an additional minute. I ask Members to make your interventions short, please.

**Mrs Dobson:** Thank you, Mr Deputy Speaker. I thank the ex-Minister for that lengthy speech, for the phone going off and for reminding us about that issue. If he waits his time, I will come to it in due course.

As I said, the fourth year — this year — would be difficult for health, and we are seeing the end product: operations postponed, temporary closures and lives and livelihoods disrupted. We warned that, by allocating £4.659 billion, the budget would compromise public safety. Even though we were supported by senior officials, including the Chief Medical Officer, we were accused of scaremongering and exaggerating, but not now. We said that the budget for this year could have just about worked on £4.8 billion, yet we were told that there was no money left and that the cupboard was bare, even though OFMDFM had found enough money for pet projects such as the social investment fund, and we all know how that worked out.

The then Finance Minister, Mr Wilson, went to great lengths to assure us that health had got a good deal. He told the previous Assembly that it had got a settlement worth being "proud of". In fact, his leader even went on to bemoan those who were not cheering about the settlement and labelled them "obscene".

Members, we all remember the words of the Minister's predecessor only weeks before he was sacked. Flanked by senior officials, he said that the budget for this year did not add up. He spoke of a £140 million deficit and went on to say, as it got to the last £40 million, £60 million and £80 million, that the impacts would be felt very harshly. These were comments that were made despite additional finance from monitoring rounds; that were made from a better financial position than set out in the original Budget, and that would no doubt be branded as obscene by the First Minister if they had been made by any other political party. Nevertheless, as noble as the previous Minister's Damascus road conversion was, the simple reality was that he left it too late. He took up office in March 2011, but it took him three years before speaking out. Are we to believe that he did not look at his budget more than a month in advance? Of course not. He knew what was coming, yet he chose to do nothing about it.

As I said earlier, the public are now suffering the human cost of when budgets fail. The Minister's predecessor will have known that, even in ordinary circumstances, asking for a one-off £160 million bailout would have been undeliverable. It may have been a slightly different story if the Executive had at least known that it was coming. He may not be entirely responsible for the current crisis, but he certainly did not do anything to prevent it. In fact, he precipitated it.

Of course, the previous Minister and his colleagues go to great lengths to stress the savings that have been achieved before this year. Indeed, it may surprise them that I congratulate them for that, but let us not assume that these were the first cuts that were ever implemented by the Department. If you remember, Michael McGimpsey had to deal with a £700 million reduction in his spending during the 2008-2011 comprehensive spending review period. Nevertheless, despite what the DUP may have thought when drafting the Budget, they could not cut their way out of the problem with the 2011-15 Budget. As a result, we are where we are today, which is a reluctant realisation that poor decisions were made.

Trusts are now left panicking to make cuts —

**Mr Deputy Speaker (Mr Dallat):** Will the Member bring her remarks to a close?

**Mrs Dobson:** — not based on which services can be reduced but on those which will save the most money.

**Mr McCarthy:** The Alliance Party believes that there has been poor management of the health budget over recent years and, indeed, maybe mismanagement as the Finance Minister indicated. There also appears to be a counterproductive undermining or retreat from the implementation of Transforming Your Care.

It must also be said that the two parties behind the motion and the amendment are failing to take any realistic position on how the Executive can balance their Budget next year and over the remainder of this decade. Nor are they offering any compelling alternative to ensure that the funding of the health and social services sector can be placed on a sustainable footing and address the health requirements of our population.

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

**Mr McCarthy:** If I have time at the end, Mr Wilson.

Alliance recognises that the status quo in our health and social services sector is not sustainable. We have to welcome the development that people are living longer and we need to invest in new technologies, treatments, drugs and diagnostics. Our ultimate anchor point throughout those changes should be the maintenance of a quality public National Health Service that treats all citizens

fairly and that is based on need, when they need it, and not at the end of a long waiting list.

Alliance continues to support the broad thrust of Transforming Your Care. It offers the potential for a much more strategic and integrated approach to the changing health needs of our population. However, we have increased concerns about its delivery or, perhaps, its non-delivery. We do not dispute that increased pressures are being placed on the health budget by changing demographics and other factors in our society. That is why we need to be prepared to do things differently in some respects — in fact, in many respects. However, major questions have to be asked about how we have stumbled into a major financial crisis this year, with considerable resources having to be diverted from other Departments to bail out the health service, with a similar situation proposed in the Executive's draft Budget 2015-16.

We are told that even those major Budget reallocations will be insufficient to meet rising demands, and we continue to see the effects of the cuts to health provision. Clearly, this situation has not emerged in just one financial year but has been building up over many years. It is obvious that there has been a state of denial over this looming crisis, with the notion that gaps could be plugged through allocations from the various monitoring rounds. That approach was blown out of the water with the crisis of how to address welfare reform in Northern Ireland and the financial penalties. To be clear: the problems with our resourcing of the health system predate welfare reform, but the failure of the Executive and Assembly to agree the way forward on welfare reform seriously complicates any solution.

Alliance is open to considering additional resources for health, as it is provided for in the draft Budget, but that has to come in the context of a proper strategic review of expenditure across the board.

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

**Mr McCarthy:** Hold on, Sammy, until I see how I get on. *[Laughter.]* We have a concern that Transforming Your Care, which was supposed to provide a better service for patients as well as make the system more efficient, is, due to its financial pressures, being slowed down rather than accelerated. Surely, that is a false economy.

That is borne out in the seemingly bizarre decision to suspend the minor injuries units in Bangor and other places. Such a suspension

will only shift greater burdens on to already overstretched A&E services. The same can be said about Dalriada, Lagan Valley and Downe and in the reduction in domiciliary care. All of those measures will put pressure on our A&E units.

Alliance would encourage a greater focus on better public health, the reduction of smoking and alcohol consumption, and awareness of obesity issues and illegal drugs etc. We would also encourage a greater focus on early intervention and prevention and support for mental health issues. Cutting in those areas would be counterproductive. Surely, the Department must see that.

Some tough decisions over the facilities in the health estate across Northern Ireland will have to be taken. We are top-heavy in that regard. We will need to concentrate acute services and, at the same time, better resource community services and GPs. We would even consider whether there is surplus land within the health system that could form part of an asset-sale strategy for the Executive to allow that money to be reinvested in health provisions.

Alliance is also open to tough decisions around the reintroduction of prescription charges —

**Mr Deputy Speaker (Mr Dallat):** The Member's time is up.

**Mr McCarthy:** — in limited circumstances. The Assembly has to step up to the mark.

**Mr Deputy Speaker (Mr Dallat):** The Member's time is up.

**Mr Wilson:** You would have had an extra minute if you had given way to me.

**Mr McCarthy:** I am sorry that I cannot afford Sammy a few minutes. *[Laughter.]*

**Mr Deputy Speaker (Mr Dallat):** Order, please.

**Mr McCarthy:** I cannot even get finished.

**Mr Wilson:** You are not very good at budgeting your time. *[Laughter.]*

**Mr Deputy Speaker (Mr Dallat):** I suggest that the Member who has just spoken is not very good at making his remarks through the Chair.

As Question Time begins at 2:00 pm, I suggest the House takes its ease until then. This debate will continue after Question Time, when

the next Member to speak will be Ms Paula Bradley.

*The debate stood suspended.*

**2.00 pm**

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

## Oral Answers to Questions

### Health, Social Services and Public Safety

#### Domiciliary Care

1. **Mr A Maginness** asked the Minister of Health, Social Services and Public Safety how changes in domiciliary care packages, as part of Transforming Your Care, are impacting on service users and domiciliary care staff. (AQO 7028/11-15)

**Mr Wells (The Minister of Health, Social Services and Public Safety):** Transforming Your Care recommended that homes should be the hub for care for older people. That is in keeping with my Department's policy direction to help people live independently, with the support of flexible, responsive and person-centred social care in their own home and community for as long as it is safe to do so.

As part of that, allocation of resources, including staff time, is based on a comprehensive assessment of individual need by the relevant health and social care trust. The actual length of time allocated for any one domiciliary care visit is the result of that individualised and professional assessment of need. Trusts have an underpinning responsibility to use their resources fairly and wisely and are responsible for assessing and prioritising needs within the resources available to them.

**Mr A Maginness:** I take the opportunity to congratulate the Minister on his appointment. I do not think that I have had an opportunity to do that. Or perhaps I should offer commiserations on his appointment.

We have heard quite a lot about Transforming Your Care, but, in situations in which front-line staff are affected, and there may well be redeployment as a result, can the Minister reassure staff that, in the event of that happening, redundancy packages will be made

available to those staff who are being redeployed?

**Mr Wells:** I assure the honourable Member for North Belfast that the contingency plans, which were the subject of the previous debate, have made it very clear that there will be no compulsory redundancies. Staff will be moved to adjacent facilities. For some of those individuals, that may not be possible. We will look at the potential for standard redundancies.

It is also worth saying that, at the moment, we provide 249,000 hours of domiciliary care in Northern Ireland to 25,330 people. That is a 5% increase on the same period in 2012. That gives an indication of my Department's commitment to that essential type of care. Certain areas of the media would have you believe that a cut has been made. We are actually increasing resources to that very important front-line care and hope to continue to do so. That has been emphasised by the fact that, in the October monitoring round, we bid for and, fortunately, received an extra £8 million, which has been allocated to the Transforming Your Care implementation for 2014-15. That will support a wide range of measures, including how we enhance provision for the elderly closer to home.

**Ms P Bradley:** I think that everyone in the Chamber will agree with the principles of Transforming Your Care and with the fact that people are better served in their own home than in an acute setting. Can the Minister detail the domiciliary care provision across all of Northern Ireland?

**Mr Wells:** In the Belfast Trust, we provide 47,000 hours; in the Northern Trust, we provide 48,000 hours; in the South Eastern Trust, we provide 58,000 hours; in the Southern Trust, we provide 53,000 hours; and, in the Western Trust, we provide 42,000 hours. That is a total of 249,000 hours of care. As the Member for North Belfast will see, provision is spread relatively evenly across the entire Province, and it is based entirely on the clinical assessment made by each individual trust. As I said, a total of 25,330 people benefit from that care. I know from the feedback that I receive in the Department that, in the vast majority of cases, the individual recipients are extremely happy with the dedication of the staff concerned and really appreciate the service, which enables them to stay in their own home in their community.

**Ms McCorley:** Go raibh maith agat, a LeasCheann Comhairle. Gabhaim buíochas

leis an Aire as a fhreagraí go dtí seo. How are domiciliary care workers protected and supported in circumstances in which they sometimes find themselves vulnerable and, as has happened, accused of theft without there being any real bad intention? Sometimes, it is when they are dealing with clients with dementia or older people. How are staff supported in those circumstances?

**Mr Wells:** First, the vast majority of the staff in that field are dedicated, honest and professional, and they make an excellent contribution to provision in Northern Ireland. Unfortunately and very occasionally — we have all seen examples reported in the media — one or two individuals breach the fundamental trust that they should hold within the community. When that happens, they have to be brought to book in the normal legal way, and there have been prosecutions. They also have strong representation from the unions, which give those who are accused wrongly the protection and support that they deserve. However, I do not want those one or two incidents to overshadow the tremendous work that they do in the statutory sector and the large number who are employed by private contractors, which is a growing trend. In some trusts, it is a 2:1 ratio between private and public. Therefore, the normal rigour of the law has to apply, but with strong safeguards through the unions to ensure that those who are wrongly accused are given the full benefit of a strong defence.

**Mrs Dobson:** Will the Minister accept that decisions coming out of the trusts to significantly scale back domiciliary care packages, including reducing the number of visits, fly in the face of a supposed policy of giving older people more choice and more control over their care, as well as enabling as many as possible to remain in their homes? Does he accept that the current proposals —

**Mr Deputy Speaker (Mr Beggs):** Question, please.

**Mrs Dobson:** — will simply see more people seek residential care?

**Mr Wells:** I hope that I showed the Member for Upper Bann earlier that, in fact, the trusts have a very strong commitment to increase the number of hours, that there has been a 5% increase since 2012 and that we have secured additional resources in the monitoring round. A review of domiciliary care costs in Northern Ireland has been initiated by the Health and Social Care Board as part of TYC. The aim of that review is to obtain a better understanding

of how domiciliary care is operating and to identify best practice within the various models of delivery in order to shape the future direction and operation of domiciliary care services.

With regard to her earlier point, I have to emphasise that the decision on the number of hours allocated to each client is based on the clinical assessment of the needs of that person by the trust. If it assesses that the need is 15 minutes a day, it is 15 minutes; if it is half an hour or multiple visits, that will happen. That is entirely the decision of the relevant staff in each trust. It is not based on budgets or bookkeeping; it is based on need. The stats show, and the overall quantum indicates, that there is a very strong commitment to that by all the trusts in Northern Ireland.

## Multiple Sclerosis Respite Services

2. **Mr Swann** asked the Minister of Health, Social Services and Public Safety whether he will intervene to reverse the decision to remove multiple sclerosis respite services provided at Dalriada Hospital. (AQO 7029/11-15)

**Mr Wells:** In my statement of 30 October 2014, I said that my priorities were to ensure that services provided by the health and social care sector were safe and effective and to ensure that my Department achieved financial balance, as is required of all Ministers. To achieve those aims, health and social care trusts have produced a range of contingency proposals. Indeed, we debated those earlier. Each trust has provided me with an assurance that its services will remain safe and effective.

As part of its contingency plans, the Northern Trust has proposed the temporary closure of respite beds in the Dalriada Hospital for sufferers of multiple sclerosis. I regret that the trust has had to take that action as a consequence of the budget pressures. However, it will simply not be possible to maintain the current levels of service provision in the absence of the entire funding required of an extra £130 million. The Northern Trust has affirmed that it will endeavour to minimise the impact on front-line patient care. Respite services to MS patients will still be provided and everybody who requires respite will receive it. The trust will be working with everyone involved to ensure that service users' needs are central to the process moving forward.

Furthermore, the trust has also provided an assurance that anyone who has been booked in to respite care in November will have no change to that booking. My Department will

monitor the situation closely over the coming months to ensure that the service provided to MS sufferers in the Northern Trust continues to meet the local population's needs.

**Mr Swann:** I acknowledge the Minister's answer. It is unfortunate that he did not actually answer the question that was originally put to him, and in the supplementary I will ask whether he will intervene to reverse the decision to remove the multiple sclerosis respite services that are provided at Dalriada Hospital. That was the question. It was not about trusts or the provision elsewhere. The Minister should do us the decency of answering that section of the question.

**Mr Wells:** I thank the honourable Member for his supplementary. When I was a Back-Bencher, I found it very annoying when the Minister did not answer the question. So, if I am guilty of that, you are absolutely right to point it out. I think that as a Member for North Antrim who has been lobbying on this issue, he has to face up to some very difficult statistics. In 2013-14, the total number of bed days available at the Dalriada was 4,380. Of those, only 1,402 were used. That equates to a bed occupancy of 32% or an average of four beds occupied at a given time. That is a very stark statistic that shows that we are funding a lot of empty capacity there.

Secondly, there are 4,000 MS sufferers in Northern Ireland. I am acutely aware of the difficulty of that long-term condition. However, only 57 from the Northern Trust, two from the Belfast Trust and 10 from the Western Trust used the Dalriada respite care. That is 69 sufferers out of 4,000. Therefore, the trend of users was, unfortunately, quite negative. Many of those 69 have contacted me to tell me about the excellent care they have received in Ballycastle. I accept that, but, given the large number of potential users of that excellent facility, I am surprised that so few have availed themselves of it so far.

**Mr Frew:** I take the opportunity to thank the Minister for agreeing to meet some of the protesters from the Dalriada Hospital today at my request.

**Mr Deputy Speaker (Mr Beggs):** This is Question Time.

**Mr Frew:** When the Minister states that 1,402 beds were used, does he note that the trust seems to care more about the empty beds than the patients in the beds? What engagement has the trust had with the service users and

their families? How can he ensure that the trust will keep that engagement up throughout the next days, weeks and months?

**Mr Wells:** I assure the honourable Member for North Antrim that a large amount of my time in the last few weeks has been spent on this issue. I met a deputation led by the MP for the area, I have discussed it regularly with Mr Frew and I met a deputation led by Mr McKay on the issue. I am also receiving a petition today from those in Ballycastle who are very exercised about it, and I have received literally thousands of emails, text messages, Twitter messages, correspondence and phone calls about it. I am also pledging myself to meet the district council chair and a delegation from Moyle District Council. So, there will be a considerable amount of consultation on the issue, and I will want to hear from all those concerned. Of course, I also met Patricia Gordon and Brenda Maguire, who are officials from the MS Society Northern Ireland. Therefore, I am not taking this decision lightly. I want to hear from service users. I know personally three of the patients in that hospital, and they have all been on to me to indicate their perception of the care that they are receiving. Therefore, I am not going into this decision at all blind. I am taking it very seriously, and I have also met the trust to discuss it.

**Mr Deputy Speaker (Mr Beggs):** Before I call the next Member, I encourage Members and the Minister to ensure that they speak into the microphone in order that what they are saying is picked up.

**Mr McKay:** Go raibh maith agat, a LeasCheann Comhairle. Minister, it is quite clear that, over the past couple of weeks, the steps taken by the Northern Trust to run down the hospital have accelerated quite significantly. My concern is that you have not made a decision yet and that we do not know when you will. Rather than allow the trust to continue to do that for another two weeks, can you let the House know when you will make a decision on Dalriada?

**2.15 pm**

**Mr Wells:** As I said to the Member from North Antrim, I have yet to meet the district council on that; I think that it has a very important democratic input. I also intend to visit the service at some stage to see for myself. I know Ballycastle extremely well, for reasons that I will not speak about today, but I am in Ballycastle many times in any given year. Equally, there are still some issues on the finances of it

because the total from the temporary closure is £0.6 million, so it is a significant amount of money that we saved.

What I would be interested in hearing, from all the Members from that constituency — and also, to some extent, from East Antrim, because I also met Mr Oliver McMullan to discuss the issue — is whether they can come up with an alternative to the decision that would be more acceptable to their community. In all the debate that has been held before and all the questions about it, everybody decries the fact that the Northern Trust has come up with its decision, but nobody has suggested an alternative to it. At the end of the day, I have to ensure that the trust balances its books by 31 March. I have no option whatsoever to take a debt forward into 2015-16, so I have to ensure that I land this large spaceship called public health spending on a postage stamp called balanced budget. Now, is anybody going to give me any help on that? I suspect not.

**Mr Allister:** Is it the case that, in this very year, correspondence was issued assuring the future of Dalriada? If that is correct, did that not create a legitimate expectation that the Minister should feel honour-bound to live up to? Will he —

**Mr Deputy Speaker (Mr Beggs):** I think that the Member has asked his question.

**Mr Allister:** — live up to that commitment and postpone and abandon the closure of Dalriada?

**Mr Wells:** The letter that the Member refers to was not signed by me but by my predecessor. I am looking carefully at its contents because I think that it is relevant. However, my understanding of the wording is that it said that there were no plans to curtail future services provided at Dalriada. However, I expect that the Member has a learned counsel on those issues and he may believe that there was a future expectation. The advice that I am getting is that there was not but I accept that it is germane to the argument about the future of Dalriada.

## Accident and Emergency Cutbacks

3. **Dr McDonnell** asked the Minister of Health, Social Services and Public Safety what assessment has been made of the impact of recent Health and Social Care Board cutbacks on services such as accident and emergency, particularly in light of winter weather pressures. (AQO 7030/11-15)

**Mr Wells:** My priorities are to ensure that the services provided by Health and Social Care are safe and effective and that my Department achieves financial balance, as required of all Ministers. I have allocated £5 million additional funding to address winter pressures in delivering unscheduled care. That money will be used to improve patient flow from emergency departments and expand capacity, as required, over the winter period.

Significant progress has been made in tackling lengthy waiting lists in emergency departments, and the first six months of 2014-15 have seen the lowest number of 12-hour waits in five years. I am looking to the Health and Social Care Board and trusts to improve on that in the coming winter.

**Dr McDonnell:** I thank the Minister. Minister, I refer you to the previous question, the discussion around Dalriada and the concerns there. In that context, there is a deep concern that decisions taken by one trust will have a knock-on effect on the trust next door. While, on the surface and on paper, it might appear that money could be saved, in fact the cost will just be pushed sideways. Can you give us some assurance and evidence that that will not happen?

**Mr Wells:** I hope that the extra £5 million that has been allocated will assure the Member that that will not happen. That is additional, new, fresh resources to that particular field. I listened with interest to Mr McKinney's radio interview this morning on that very subject. It somewhat spoiled my breakfast, but it was interesting to hear what he said about it. I think that the number of instances where that could happen are quite rare. For instance, in the Western Trust, it is very hard to see how services could spill over into the Northern Trust, given the distances involved. It may be a Belfast issue that will arise.

Each health and social care trust has provided assurances that their services will remain safe and effective and has taken steps to support and protect front-line services. For instance, where minor injury units are temporarily closed — again, Mr McKinney raised this — provisions are to be put in place in the large emergency departments and discussions held with GPs and GP out-of-hours services to maintain effective flows for minor injuries. Appropriate alternative arrangements must be made in the case of ward or bed closures. Any restrictions in domiciliary care must be supported by an

individual needs assessment and risk assessment.

**Mrs Cameron:** I am sure that nobody in the Chamber underestimates the difficulties that the Minister is under at this time. Will he provide a breakdown of the extra £5 million that is being directed to unscheduled care?

**Mr Wells:** To date, £2.3 million of that has been allocated to the trusts, including the Northern Ireland Ambulance Service. The funding is to provide additional consultants and pharmacy staff, as well as hospital ambulance liaison officers in the Royal, Ulster, Antrim and Craigavon hospitals. It is also being used to introduce new models of working and to fund external support specialists to improve health-care systems and hospital performance. The remaining £2.7 million will be allocated to the trusts to fund measures to improve patient flow and expand capacity over the winter. The board has asked trusts to submit proposals. It is expected that £600,000 will be used to enhance out-of-hours capacity in primary and community care; £400,000 for each of the five trusts; and £100,000 to the Northern Ireland Ambulance Service. A further £750,000 will be provided from board baseline funds.

**Mr McCarthy:** Does the Minister concur with the commitment given by his Assembly Private Secretary (APS), Mr Easton, that the money will be found to keep the minor injuries unit open in Bangor? How exactly will that be done?

**Mr Wells:** The message that I outlined to my very valuable APS and others is that, if alternatives can be found, the South Eastern Trust —

**Mr McCarthy:** He gave a commitment.

**Mr Deputy Speaker (Mr Beggs):** Order.

**Mr Wells:** The South Eastern Trust gave a commitment that it will look seriously at those alternatives. Here we are, well into Question Time, and not a single MLA of any description has suggested to me other ways that they believe would be more efficient —

**Mr McCarthy:** Ask him next door.

**Mr Deputy Speaker (Mr Beggs):** Order.

**Mr Wells:** — to deliver a balanced budget and cause less pain to their community. It is one thing to totally denounce all the proposals to make the books balance, but another not to make one suggestion for anything that could be

done to balance the books by 31 March 2015.

*[Interruption.]*

**Mr McCarthy:** Will the money be found for Bangor?

**Mr Deputy Speaker (Mr Beggs):** Order, Members.

**Mr Wells:** If Mr Easton or anybody else comes up with alternative proposals, I would be delighted to see them and would look very sympathetically upon them.

**Mr Deputy Speaker (Mr Beggs):** Questions 4 and 11 have been withdrawn.

## Health: Cutbacks

5. **Mr Dallat** asked the Minister of Health, Social Services and Public Safety what prior discussions he, and his officials, had with the Health and Social Care Board and the health and social care trusts on the decision to cut back on services. (AQO 7032/11-15)

**Mr Wells:** Over the past months, my officials have been liaising with the Health and Social Care Board, the Public Health Agency and the five trusts to help identify all available savings opportunities that could be used to deliver a balanced budget in the last four and a half months of the financial year, ensuring that patient safety would not be compromised by any such proposals. I very much regret — I mean that — that such measures are necessary, but the challenges facing my Department are significant, and the £80 million of additional funding provided by the Executive in the June and October monitoring rounds did not address all the identified pressures. That means that the trusts have been required to develop and implement a range of contingency plans to ensure that we break even financially, an obligation that is required of all Ministers.

**Mr Dallat:** The Minister will know that my constituency straddles two health trust areas. He will also know that, last week, the health trust and the Western Board had the courage to say that they got it wrong in Omagh. Will the Minister now ensure that the Northern Trust has the decency to say that it got it wrong in Ballycastle? Will the Minister live up to the words of his colleague David McIlveen, who addressed a meeting in Cushendall last week, and do the honourable thing? Will he tell them to say sorry and change their mind?

**Mr Wells:** The Member for East Londonderry knows that there will be a major Assembly

debate on this issue. I think that it is scheduled for 27 November. I will listen with great interest to the considered views of all the MLAs affected by the Dalriada decision. I hope that, by then, they will have come to me with alternative suggestions that mean that all of us can avoid this very difficult decision. That is where this issue is best considered after I have consulted widely with so many of the groups involved. My door is and has been open to people who want to speak to me about it.

I accept what the Member said about the Western Trust's decision. The chief executive announced last week that the trust was to suspend its decision on the palliative care beds in Omagh, but — there is a very significant but — she realises, as does her board, that it will have to come back with an alternative suggestion to make exactly the same saving. It is not a question of the trust's saying that this is unpalatable and, therefore, it will not come up with the money. It will have to make its books balance in the same way as the Northern, South Eastern, Belfast Trusts etc will have to make their books balance. They are all finding this extremely painful.

**Ms Maeve McLaughlin:** Does the Minister accept that the scandalous amount paid to senior consultants in bonuses would go a long way towards saving Dalriada and many other front-line services? Go raibh maith agat.

**Mr Wells:** I have an awful lot of sympathy for what the Member for Londonderry says. In these very difficult financial times, I find it almost impossible to justify consultants' bonuses, enhanced payments, or whatever they are. There is a difficulty in that they may be part of a contractual obligation that we could have huge problems getting out of. I would like to say that they would far rather have a shield from the Minister than a mere £20,000 or £30,000 bonus — chance would be a fine thing. It is an important point. So many people are getting them and they cost us a lot of money. I think that they are an anachronism. They were a child of their time: we had to pay bonuses to retain and attract front-line consultants when many were moving down to the Irish Republic etc where big payments were made. We are looking at that.

I also remind the Member that we, as a Department, spend £1.5 million a year funding full-time union officials. The vast majority of union officials employed in the health trusts are paid directly and entirely by the Department. If we are to look at consultants' bonuses, we will have to look at that as well because £1.5 million

would mean that we did not have to take any decision on Ballycastle or on Bangor.

**Mr McGimpsey:** I understand exactly where the Minister stands. What efforts did the trusts make to make you, as Minister, aware that they were coming forward with the proposals at Bangor, Dalriada, Craigavon and so on? Has he asked them for their alternatives? As they are the ones delivering the services, they will have a range of alternatives — or did they simply plump for the ones that are now in the public domain?

**Mr Wells:** I thank the Member personally for the responsible stance that he has taken as an MLA on the Committee to the problems that the health service faces. There was a golden opportunity for him to wreak revenge on me, and I thank him for the fact that, in the interim few months, he has been —

**Mr Wilson:** He has time yet.

**Mr Wells:** There may be time yet, but he has been very responsible, and this is a very responsible question.

Yes indeed, there are other options, but I guarantee that, should I decide to implement some that I am aware of, there would be delegations from another part of the trust area, often led by the same MLAs who came to me to protest about the first set of decisions. We would simply be moving the problem down the road, because none of these changes in actual, physical services are popular. I would like to work with individual MLAs because they all tell me how bright and able they are. They all tell me how much they know about the health service that I do not, so, if they have their ear to the ground and know better, they should come and speak to me. Nobody would be happier than me if they could come up with a solution to the budget problem that keeps everybody happy and means that we end the year without going into deficit.

**Mr Deputy Speaker (Mr Beggs):** That ends the period for listed questions. We now move on to 15 minutes of topical questions.

**2.30 pm**

## **Health and Social Care Board: Conferences and Training**

T1. **Mr F McCann** asked the Minister of Health, Social Services and Public Safety to provide an explanation for information published following

a recent freedom of information request about conferences and training in the Health and Social Care Board. (AQT 1741/11-15)

**Mr Wells:** I have read the recent press reports on the issue, and we have asked about it. The trusts and the board are implementing restrictions on conferences and travel. Indeed, at conferences that I attend as Minister, I notice that there are far fewer officials from the trusts and the board. We have also asked for a 2.5% reduction in administration costs to be taken out of the trusts and the board, which is an indication that we want the issue to be looked at.

The public find it difficult to understand the matter. Equally, we need to be careful, because we have some top-performing staff in the health service, and it is important that they travel to hear about best practice and learn about new techniques and new types of service. We have to learn from the rest of the world, because we do not have all the answers in Northern Ireland.

In the very difficult incoming financial conditions — Members, if you think that this year is bad, wait until 2015-16 when we will have to take even tougher decisions. One decision might be that we will have to restrict greatly travel, conferences and expenses of all those involved throughout the health and social care system to balance the books.

**Mr F McCann:** I thank the Minister for his answer. I appreciate and understand that there are occasions when conferences may be essential and may prove worthwhile. Will he give us a figure for the total cost of conferences to date?

**Mr Wells:** The cost is certainly an awful lot less than the penalty that my Department is taking because of the failure to agree on welfare reform. Whilst these issues may be high in the public interest, particularly in the 'The Irish News', it is also important to realise that, even if we solve them overnight, it is a mere drop in the ocean compared with the £87 million hit that we are taking as a community because of the failure of Members opposite to agree to welfare reform. My Department's cut of that would normally be £32 million. If I had that £32 million, the last two hours would have much more pleasant for Members and me.

I have made the political point, but I still accept that it is absolutely vital that we look at this issue and make certain that we are getting good value for money —

**Mr F McCann:** You must have the figures in front of you.

**Mr Deputy Speaker (Mr Beggs):** Order.

**Mr Wells:** I will ask departmental officials for the information and write to the Member with as much detail as I can.

### **Tyrone and Fermanagh Hospital: Ash Villa**

T2. **Ms Boyle** asked the Minister of Health, Social Services and Public Safety, given that managers in the Western Trust arrived at work last Thursday to an announcement that Ash Villa in the Tyrone and Fermanagh Hospital in Omagh, which caters for people with dementia and challenging behaviours, is to be closed at the end of the month, whether he was made aware of this or is the trust acting alone. (AQT 1742/11-15)

**Mr Wells:** I have to tell the honourable lady that I was not aware of it. I will be absolutely truthful with her, and I am waiting for a briefing. I do not believe that it is part of the contingency plans that were outlined to me by the five trusts. Perhaps it is a knock-on from the Omagh situation, but I am unaware of that. I will investigate this immediately and come back to her. Equally, if she has concerns, I am more than happy to meet her and service users to see what the significance of this decision is. I try to keep my eye on everything that is happening in Northern Ireland as regards potential closures and changes of service, but I have to say that this one passed me by.

**Ms Boyle:** I thank the Minister for his honesty. Will the Department now work with the trust, as he outlined, to ensure that staff who could be affected at the Tyrone and Fermanagh Hospital will be retained? As the Minister outlined, this is a major concern that arose just last Thursday. Go raibh maith agat.

**Mr Wells:** In all these decisions, all staff who wish to remain in the Western Trust will do so. When Mr Poots took over as Health Minister, it was predicted that there would be 4,000 compulsory redundancies in the health service. That simply has not happened. No one who wishes to stay has been sacked or moved on in any shape or form, and I know that the Western Trust will make a similar commitment to Ash Villa. Those staff clearly can be used elsewhere. They are experienced, and there are plenty of opportunities in other parts of the Western Trust, within reason, of course, given

travel-to-work times and distances. I will investigate that, and I will ask why the first I heard of it was when the Member raised it a few minutes ago. I would have been keen to have been notified of that decision.

### **Whiteabbey Minor Injuries Unit**

T3. **Mr A Maginness** asked the Minister of Health, Social Services and Public Safety what effect there will be and what provision has been made by the Northern Trust for the pressures that will inevitably adversely impact on the A&E at the Mater given the proposal by the trust to suspend operations at Whiteabbey minor injuries unit, which takes in part of greater north Belfast. (AQT 1743/11-15)

**Mr Wells:** That applies to not only Whiteabbey but to Armagh and Bangor. Three minor injuries units are going to be closed temporarily until the end of the financial year. I will be absolutely honest and straight with Members today: some of those proposals may eventually become the subject of consultation for permanent closure. I am not going to try to say here this afternoon that all of what is being proposed is a temporary arrangement.

We have discovered from previous changes to minor injuries provision that you do not get a commensurate rise in demand in adjacent units. Some people decide to wait and go to their GP, some decide to go to their GP out-of-hours, and some simply do not go anywhere. I am confident that the Mater or, of course, the Royal could take any of the additional stress covered by the decision. Of course, the staff still remain in position. It may be that we are able to transfer staff from some of those minor injuries units to an adjacent hospital so that extra trained individuals are available to treat whatever extra number of people come through the door.

I remind the Member that we have added the £5 million extra, which will be invested in emergency departments (EDs) throughout Northern Ireland. We will be watching that situation very clearly. I have had representations from MLAs about the Whiteabbey decision. Whiteabbey enjoys the benefit of being relatively close to the Belfast provision, unlike some of the rural situations, where it can be 20 or 30 miles to the nearest minor injuries unit.

**Mr A Maginness:** I thank the Minister for his candour in relation to the issue I raised with him. Part of the problem is the failure to have a strategic approach to dealing with all the units

and accident and emergency units. I ask the Minister to reassure the House that he will look at a more strategic approach and not allow this sort of piecemeal process to take place.

**Mr Wells:** As I said to the Chair of the Committee, some of what we are doing is counter-strategic. I accept that. However, the Member needs to understand the situation we are in: 63% of my entire budget is used to pay staff wages, salaries, national insurance and pensions. There is no way in which I can touch that and make any savings. It is three years before any redundancy saves a single penny. Another 12% of the budget is tied up in contracts. We cannot simply say to the contractors at, say, the new Omagh hospital, "Sorry, folks, we've run out of money. You're gonna have to stop work." That cannot be done. Legally, we have to sustain that contract and all others.

The actual proportion of my budget that I can touch is roughly 25%. Therefore, I am inflicting an awful lot of pain on a very small part of the budget, but it is the part of the budget that can be touched legally. If I were starting with a white sheet of paper with two years' notice and you asked whether I would make the decisions I am making at the moment, the answer, in many cases, is no. However, we simply have no option but to balance the books at the end of March 2015. There is no provision to carry over a debt; it simply will not be allowed. That is where the trusts are. They are trying to find, not sometimes the most logical decisions but the most deliverable decisions. Therefore, that affects the Member's constituents. Do I wish that I were not in this position? I would certainly have had a lot fewer sleepless nights over the last 54 days if I did not have to make those decisions, in conjunction with the trusts.

## Domiciliary Care

T4. **Mr McGimpsey** asked the Minister of Health, Social Services and Public Safety, given that we are aware that reducing cash outlays is extremely constrained and requires a reduction in services purchased, not least domiciliary care packages, whether we can be assured that domiciliary care packages will be maintained, particularly new admissions to independent sector residential and nursing homes. (AQT 1744/11-15)

**Mr Wells:** Some of the trusts, as part of their contingency savings, have outlined that, in the last few months, they are going to have to slow down the increase in packages given to the needy. Those who are in urgent need will still

get a domiciliary package. For others, there will be a slight slowing down. Remember that that is in the face of an increase in the resources given to that particular sector, a 5% real increase over the last year and a commitment to provide extra money under TYC for this.

I have absolutely no doubt that individual MLAs will write to me to complain that things are not moving as fast as they would wish over the next four months. However, again, what I am saying is that these are needs-must decisions to balance the books. We all heard the Committee Chair's view on last year, when the Department overspent by 0.3%, £13 million of a £5 billion budget. That is the pain that we will suffer if we go slightly over budget. I cannot possibly consider a £70 million overspend. The criticism would be legion from Members. Therefore, we have to live within budget. Unfortunately, a lot of the next four months will be firefighting to try to do that rather than concentrating on what I would like to do, which is the long-term strategic planning of what is best for health care in Northern Ireland. I wish that I had time to do that, but I am really in a needs-must situation.

**Mr McGimpsey:** I thank the Minister for that answer. He will be aware that the concern is that the elderly and vulnerable will not receive the services that they require, therefore putting them at unmanageable and unacceptable risk. Can he assure us that that will not happen?

**Mr Wells:** The trust chief executives have given me a commitment that the decisions that they are taking, whilst painful, will not endanger long-term, sustainable, high quality care. The difficulty that I have with this is that these are some of the finest managers anywhere in the United Kingdom, some of whom have excellent records, even in a UK context. We appoint them. We trust them with the task of coming up with the least worst options. It is, therefore, very difficult for me, having been in position for 54 days — though I can tell you that it feels like 54 years — to look over their shoulder and say that I know better or that I know better because some MLA has told me that he or she knows better. We have to trust them to make clinical judgements on what is best for their area.

When the Member was Minister, he, too, was often in the situation of having to trust his officials. I trust my officials. I think that they are doing an excellent job in terribly difficult circumstances. Over the last five years, I have had lunch, dinner and various meetings on numerous occasions with the chief executives and finance officers of every trust in Northern Ireland. For the first three years, they told me

that, whilst the budget was stretching, it was deliverable and that they were going to do it with relative ease. Now, they are telling me that it is almost impossible. Exactly the same people serving the same communities are now telling me that we are in a very different situation due to demand. Do I believe them? Yes, I do.

## Health: All-island Cooperation

T5. **Mr Eastwood** asked the Minister of Health, Social Services and Public Safety, with two health services on this very small island, to tell the House what efficiencies he is trying to find by encouraging far greater cooperation on an all-island basis, given that we all understand that we are in straitened economic and budgetary times, with decisions that have to be made. (AQT 1745/11-15)

**Mr Wells:** I met my counterpart from the Republic of Ireland in Armagh last Wednesday. We had a very good discussion on the very issue that the Member raises. One of the issues involved the cath labs up in Londonderry in his constituency. There is a proposal that those who have major cardiac events in Donegal can use the spare capacity in Altnagelvin. Twenty-seven per cent of the renal unit patients in Daisy Hill Hospital are from Louth and north Monaghan. We have also had the decision on paediatric congenital heart disease and interventions being moved down to Our Lady's in Crumlin. I believe that there are areas where we can cooperate. However, unfortunately, if anyone thinks that any of this is going to lead to alleviating the fundamental structural problem that we have with the health service budget in Northern Ireland, I am afraid that they are totally wrong. Basically, we carry £160 million-worth of unmet need into next year, and none of those proposals is going to come anywhere near to closing that funding gap.

2.45 pm

**Mr Eastwood:** Has much work been done on telemedicine to try to improve efficiencies and cooperation across the island?

**Mr Wells:** Indeed. Three years ago, the Southern Trust won the award for the best telemedicine service in the United Kingdom. The then Minister, Mr Poots, and I held a function here in Stormont to congratulate it, and there was not the slightest interest about that good news among the media. In Northern Ireland, we are already leaders in the field in the British Isles, and there is a huge degree of

potential in using telemedicine to make our services more efficient and more responsive to the needs of patients. Again, that is a long-term process. My difficulty is that none of that will help me balance the books by 31 March 2015, but there may be Members here who know better than me and will help me do that.

## Justice

### Policing Oversight Bodies: Cuts

1. **Mr Maskey** asked the Minister of Justice to outline his proposed cuts to policing oversight bodies, including the Policing Board, the Police Ombudsman and Criminal Justice Inspection. (AQO 7042/11-15)

**Mr Ford (The Minister of Justice):** Policing oversight bodies play an important role in maintaining public confidence in policing and in challenging and supporting the PSNI to improve the quality of policing. However, they are not immune from the current financial position, which necessitates all areas of the justice system making cuts. All arm's-length bodies have been asked to assess the impact of cuts of 10% and 15% against opening 2014-15 baselines. I will continue to protect the front line as far as possible. I have provided additional in-year funding to the Policing Board and the Office of the Police Ombudsman through the October monitoring round to address pressures in those bodies.

**Mr Maskey:** Go raibh maith agat, a LeasCheann Comhairle. I thank the Minister for that response. Does he not accept the fact that the regrettable withdrawal of funding from those bodies will harm their ability to investigate historical incidents in particular, thereby continuing to deny access to justice and truth to the many families who seek it?

**Mr Ford:** I accept the point that Mr Maskey makes, although I remind him that the Office of the Police Ombudsman was the only spending area in the Department of Justice that received an increase in its funding in cash terms in the past four years and that it is subject to the lowest cut this year, of only 4.4%. We are doing all that we can to protect that.

If he wishes to make a wider point about dealing with the past, I entirely concur with him. We desperately need different ways of dealing with the problems of the past, and that hopefully will emerge from the inter-party talks. It is absolutely clear that, funded for the present, the justice system cannot meet the needs of the

past when it comes to the concerns that we have for victims to ensure that, where possible, they get justice, and if they do not get that, they get the truth.

**Mr Givan:** Will the Minister explain why he has decided to give only a third of the £29 million of additional funding that he received to the PSNI front line, while continuing to protect the Office of the Police Ombudsman? As he stated, he has given the ombudsman's office more money and limited the impact on its budget by making a cut to it of only 4%, yet he deprives the PSNI of the money that it needs to protect people today.

**Mr Ford:** The outgoing Chair of the Justice Committee certainly makes a good rant of it, but the reality is that we are not depriving the police or protecting other people at their expense. The largest area of expenditure in the Justice budget is policing. Therefore, it is inevitable that there will be an impact on the policing budget, given the scale of the cuts that were imposed on me by an arrangement that changed details in-year and was the will of the majority of Executive members. Effectively, the DUP and Sinn Féin members of the Executive imposed an in-year cut without any consultation and changed the rules for this year entirely. In the face of that —

**Mr Givan:** Are you going to resign over it?

**Mr Deputy Speaker (Mr Beggs):** Order.

**Mr Ford:** In the face of that, it was impossible to do anything other than accept an inevitable cut in the funding for policing. I have been doing what I can to protect the front line and will continue to do so, but it is not possible to protect it fully on the basis of the cuts that were imposed.

**Mrs D Kelly:** The importance of dealing with the past is to stop it from poisoning our today, and it is part of the ongoing talks. Does the Minister share my concern about the increasing number of people with mental ill health? The increased inequalities in our society are weighing heavily on your Department's budget. Had there been better and more sensible dialogue looking at how we deal with mental ill health and inequality across the Executive, your budget might not be in the situation that it is in.

**Mr Ford:** I appreciate Mrs Kelly's point. I am not sure that I can claim a unique distinction in terms of mental health, but there is no doubt, as we look at the issues that come from the legacy of the past, that there are individuals who have

suffered and who may well have their mental health concerns exacerbated by the failure to fund adequately investigations into the past. There is no doubt that that will continue to create problems. It is a further reason why we so desperately need to do something about the past and address it in a comprehensive and joined-up way that meets the needs of victims.

**Mr Deputy Speaker (Mr Beggs):** Question 8 has been withdrawn.

## Legal Aid: Costs

2. **Mr McCausland** asked the Minister of Justice for his assessment of the current annual cost of legal aid. (AQO 7043/11-15)

15. **Mr Easton** asked the Minister of Justice what his Department is doing to reduce legal aid costs. (AQO 7056/11-15)

**Mr Ford:** With your permission, Deputy Speaker, I will take questions 2 and 15 together.

The annual cost of legal aid continues to exceed the budget that was allocated on devolution. The budget for the current financial year is £75 million, with expenditure on legal aid estimated at £109 million. That has created a significant pressure on the budget of my Department, and I have had to make cuts in other areas to meet that demand. I have introduced a number of reforms to reduce the level of fees, without which the cost would have been higher. I will shortly implement further reform to Crown Court fees, and my officials are engaging with the legal profession on reform of fees for civil legal aid. I plan to introduce new civil fees from 1 April next year.

As I previously told the House, legal aid is demand-led. In 2010-11, for example, there were 1,742 cases disposed of in the Crown Court. That rose year by year until it reached in excess of 2,600 cases in 2013-14. While that increase in disposals has had a positive impact in reducing the backlog in the Crown Court, it inevitably increased the cost to the legal aid fund.

It will not be possible to bring the cost of legal aid within budget solely by cutting fees, and it has been necessary to start to identify further options for reform. I have put forward proposals for reform of financial eligibility tests for civil legal aid, and I am consulting on a range of measures that would reduce the current scope of legal aid. I intend to ensure that the provision is sufficient to meet human

rights obligations and to protect the most vulnerable in society.

The current level of spend cannot be maintained, and fundamental change will be required. That is why I commissioned the access to justice review part 2 to inform future developments. I expect the review to report by the end of the financial year.

**Mr McCausland:** In his budget, the Minister received an additional £29 million on the back of the pressures on the policing budget. Why, then, was only £13 million of that £29 million delivered to policing? How much of the remaining £16 million was devoted to legal aid? I welcome the fact that he has launched a further consultation on legal aid but would he agree that his actions so far have been far too little too late and that it is unacceptable that such a large amount of the additional funding is going to legal aid? He says that it is an issue that dates back to devolution —

**Mr Deputy Speaker (Mr Beggs):** The Member has asked a number of questions.

**Mr Ford:** I think the Member has repeated the same point a number of times, Mr Deputy Speaker.

The reality is that the allocation that was given in the October monitoring round was to cover the pressing needs across the Department, and it made reference to policing costs and legal aid costs. As the House will be well aware, legal aid is a matter that involves a contractual obligation to pay, at this stage, and I had no option but to take a significant section of the £29 million to pay that. Had it been the case that the Justice Committee had moved more speedily on some of the reforms that I sought to introduce, we would be in a slightly less difficult position.

**Mr Elliott:** Those were interesting answers from the Minister. I totally accept the need for review and reform of the legal aid system and the reduction in the finances that go with it. However, does the Minister accept that there are other pressures within the Department of Justice, like avoidable delays, and will he tell us where he is going with those issues to reduce the justice spend in those aspects?

**Mr Ford:** Mr Elliott raises an interesting point about avoidable delay. I made the point earlier that, by speeding up cases through the Crown Court, we had actually reduced the problem of delay. However, avoidable delay is a problem that is not directly related to the issue of costs.

**Mr A Maginness:** I think that there is a political consensus that there needs to be a reduction in legal aid costs. However, will the Minister outline the specific savings that arise out of the change in the legal aid rules of 2011? What assistance has that been in reducing the pressures?

**Mr Ford:** In answer to Mr Maginness's point, I can say that the 2011 change to the Crown Court rules, to which I think he is referring, resulted in a reduction of approximately £20 million of legal aid expenditure. As I highlighted, because of the increase in the number of cases, that has to some extent been lost because of further cases going through, but, in an average year, that is what the benefit would be. It is, of course, only a small part of the reductions that need to be made, which is why at this point we are concentrating on civil legal aid costs.

### **Desertcreat: DOJ Delivery**

3. **Ms McGahan** asked the Minister of Justice for his assessment of his Department's delivery of the police, prison and fire training college at Desertcreat. (AQO 7044/11-15)

**Mr Ford:** I am satisfied that the appropriate and robust governance structures were and continue to be in place for the Community Safety College project. It is a complex and important project that we have to get right, hence the importance of the current review. My Department, DHSSPS and the three services are together responsible for delivering an integrated facility that meets the three services' training requirements at an affordable cost and with sustainable running costs. The college programme team reports to the programme board, which, in turn, reports to the steering group. That group includes the departmental accounting officers of Justice and Health; the accounting officers of the three services; members of the Policing Board; and the chief executive of the Strategic Investment Board. The steering group then reports through the two Ministers to the Executive.

**Ms McGahan:** Go raibh maith agat. I thank the Minister for his response. Is the Minister committed to the development of the Community Safety College on the Desertcreat site?

**Mr Ford:** As I made clear, I am committed to the Programme for Government commitment, which is to the building of an integrated college to provide facilities for the three services working together. In current circumstances, it is

not possible to say that that is a commitment to the Desertcreat site, although, clearly, the amount of preparatory work that has been done for Desertcreat means that it is still the only site in consideration. The review that is being conducted may — I stress the word "may" — lead to that having to be examined.

**Mrs Overend:** If we are to believe the Sunday papers, it seems that those behind the scenes have already written off the college at Desertcreat. If the Department's failure to deliver the full package becomes more likely, will he agree to immediate consultations with other Departments to ensure that alternative suitable uses are considered for the Desertcreat site, that the money invested so far is not wasted and that the expectations for economic opportunity for the Cookstown area are not lost?

**Mr Ford:** I am not sure whether it is appropriate to say "some journalists", but I can say to the Member that, when I read things in the 'Sunday World' saying, "Sources close to the Minister", I tend to assume that they have made them up. That is certainly my position in this case. There has been no source close to the Minister of Justice nor, as far as I am aware, any source close to the Minister of Health, Social Services and Public Safety who has said that another site is now the favoured one.

In the review that is under way, we need to look at the options to see what needs to be done to scope out the potential training needs for the three services in the future, given that we are expected to see reduced numbers. As the Member will know, that is a matter that I promised the local MLAs will be carried out as expeditiously as possible in order that we can re-examine the position. However, we have to ensure value for money and a worthwhile project going forward. There are difficulties in bringing other Departments and other services into a training facility that has to operate on a secure basis because of elements that are there, but it is certainly an issue that can and will be considered if it is possible to expand the use.

**Mr I McCrea:** The Minister will be aware of my comments to him about how the difficulties with the way that this was announced have carried forward. I think that that has been less than appropriate, given the difficulties that it has caused, certainly locally in the constituency. Can the Minister assure the House that, going forward after the announcement of this review, whether it is a review of a review, or whatever the process is, due diligence will be adhered to

in how this is handled and in who the people who are responsible give that information to in the first place so that it is not leaked incorrectly to the press, causing the difficulties that it has?

**Mr Ford:** I entirely agree with the point that Mr McCrea makes. Unfortunately, I am not sure that I am in a position to ensure that leaks do not happen. We know only too well across a range of public services in this place and elsewhere how frequently leaks happen. I will do my best to ensure that the facts are put on the table, as I did to him and other MLAs in meetings last week and to the Justice Committee last week and as I will do with representatives of the councils this week. It is important that those who hear the facts also help to ensure that it is the facts — not speculation — that are reported.

**3.00 pm**

**Mr D Bradley:** Go raibh maith agat, a LeasCheann Comhairle. Gabhaim buíochas leis an Aire as a fhreagraí. An aontaíonn an tAire liomsa go bhfuil gá le mion-fhiosrúchán a dhéanamh ar an tionscnamh seo, toisc nár láimhseáladh go maith é? Would the Minister agree with me that there is a need for a proper investigation of how the project was handled? There is consensus that it was handled very badly.

**Mr Ford:** I need to be careful, given that there is the potential for legal action, but I think that most Members will be aware that concerns have been raised about how certain aspects of the work were carried out in relation to contracts with some of the external advisers and consultants. I have been assured that those matters are being followed up, but we need to ensure that that is done in a way that maximises value for the taxpayer.

## **DOJ: Budget Cuts**

4. **Mr Dickson** asked the Minister of Justice how he has sought to protect front-line public services against the cuts to his departmental budget since devolution of justice in 2010. (AQO 7045/11-15)

## **Criminal Justice: Budget Cuts**

6. **Dr McDonnell** asked the Minister of Justice what impact budget cuts will have on the delivery of front-line services in the criminal justice sector. (AQO 7047/11-15)

**Mr Ford:** With your permission, Mr Deputy Speaker I will take questions 4 and 6 together.

Throughout the Budget 2011-15 period, I have sought to protect front-line public services as far as possible against cuts to my Department's budget. In allocating budgets at the beginning of the four-year period, I ensured that front-line areas received the lowest percentage budget cuts, with areas of the core Department making significantly higher percentage savings. In relation to additional budget cuts this year, I have again ensured that front-line services have received the lowest percentage cuts. My core Department has experienced cuts of between 10% and 16% this year to allow funding to be reallocated to the front line. For example, the budget cut for the Northern Ireland Prison Service has been limited to 3.5%, and funding has been provided to complete the Prison Service staff exit scheme.

I outlined the impact of the in-year cuts to the Justice Committee on 1 October this year. Whilst those impacts have since been offset to a limited degree by the allocation of an additional £29 million to the DOJ, significant front-line impacts remain, including, for example, a severely detrimental impact on police resilience and capacity; an immediate impact on the operational prison regime; a significant impact on the courts system, including the closure of courthouses and a further reduction to essential front-line staff; and cuts to front-line probation services, including the number of probation officers and the ability to monitor offenders when caseload is increasing. In the absence of an agreed position on the past, the pressures facing the justice system in relation to legacy issues will continue to increase. Cuts will also impact significantly on the work and speed of legacy investigations in the police and the Police Ombudsman's office. It is too early to provide specific details about the impact of budget cuts in 2015-16, but the issues that I have set out will continue.

**Mr Dickson:** Minister, thank you for your answer and your commitment to ensuring the protection of front-line services. Will you confirm to the House that, despite the ring-fencing of certain DOJ budgets, the reality of the effect of those budgets up to now is that your Department has suffered the highest cuts of any Department?

**Mr Ford:** That is exactly the case. Ring-fencing for the 2011-15 period did not mean protection for the Department of Justice; it actually meant a 7.2% cash baseline reduction across the budget, while the block as a whole, as I

understand it, had a marginal increase in cash terms, although, of course, both also had a rather larger decrease in real terms. Then, in the June monitoring round, that ring-fencing arrangement was torn up, so that the DOJ took the largest cut of any Department, given the protection of Health and Education. Those are the circumstances that we have to live with, and that is why protecting the front line has become extremely difficult, despite having managed that fairly well for the first three and a half years.

**Dr McDonnell:** I thank the Minister for his answers so far. My concern is the 3% cut to the Prison Service — I think that that is the figure that he mentioned. What impact will that have on prison reform? We all know that prison reform is urgently needed, and my concern is that that cut will further delay, block or slow down — however you want to describe it — the reform of our prisons.

**Mr Ford:** I am grateful to Dr McDonnell for his support for the work being done by the Prison Service. The reality is that those cuts are still at a relatively low level compared with other areas of the Department, although it is not yet clear what cuts will have to be imposed next year. Given the amount that has already been done in the prison reform programme, such as the significant reduction in staffing costs, we have managed to make progress. There has been an improvement in the reform work that is being done for prisoners at the same time as costs have been taken out, so far, but there is a limit to how far and how fast that process can continue. There will be costs to the Prison Service if those cuts continue to be taken out faster than the reforms can be made.

**Mr Humphrey:** I begin, Mr Deputy Speaker, by condemning those who attacked police officers last night in north Belfast. They have no place in society, and I hope that anyone with information will pass it on and have those people removed from society.

The Minister talks about front-line services. Given the budgetary pressures and the pressures on the police, does the Minister agree that the full implementation of the National Crime Agency in Northern Ireland is essential? What progress has the Minister made in his negotiations and conversations with the SDLP and Sinn Féin to ensure that that happens?

**Mr Ford:** I, of course, endorse Mr Humphrey's remarks of condemnation of those who attacked the police last night. They put at risk the lives of police officers and, indeed, civilians

in the area, including those from Brompton Park in the Ardoyne area, whom they would purport to represent. Such attacks must be condemned. I certainly join him in urging anyone who has any information whatsoever that might help deal with the perpetrators to come forward and give it.

I move now to his substantive question. Yes, it is absolutely clear that, had we the National Crime Agency in operation, it would bring some benefits — not huge benefits but some benefits. If it were able to operate in Northern Ireland, we could see some reduction in the current pressures on the PSNI. As far as the negotiations go, I have had further meetings with the two nationalist parties. We have yet to reach agreement on what I regard as the essential way of ensuring that we fight issues like human trafficking, child exploitation, fuel fraud and tobacco smuggling by using the resources that are freely available from the NCA.

**Ms Boyle:** Go raibh maith agat, a LeasCheann Comhairle. Does the Minister agree that the decision to move away from the commitments made by the PSNI in relation to the Bloody Sunday murders serves only to undermine confidence in the justice system?

**Mr Ford:** It would be easy for each and every one of us to identify cuts being made that, we believe, reduce confidence in the justice system. If the justice system is to have its budget trimmed in the way that has been carried out in-year by the majority on the Executive and as we face next year, there will continue to be cuts. That is an unfortunate inevitability. Whatever I do to protect the front line and the services that provide confidence, I cannot keep up the level of services. The budget is not available, and the cuts being imposed on me have to be passed on to the agencies of the justice system. That is simple fact. Unless Members are willing to accept that we need to do something about fundraising, they will need to acknowledge that cuts will be made.

## Convictions

5. **Mr Brady** asked the Minister of Justice whether he plans to introduce similar provisions relating to reductions in the length of time that convictions take to become spent, as have previously been introduced in England by the Legal Aid, Sentencing and Punishment of Offenders Act 2012. (AQO 7046/11-15)

**Mr Ford:** In maintaining a regime in which convictions can become spent, a three-way balance must be struck between allowing a person to put their past behind them, recognising the needs of employers and those who work voluntarily with vulnerable people and ensuring public protection and safety. We must always be particularly alert to the need to ensure that those who work with children and vulnerable adults are fully assessed.

I recently introduced legislation to make it possible for some old or minor convictions to be filtered out from an individual's criminal record. Beyond that, however, any proposal to adjust the period within which a sentence can become spent, similar to the changes made recently in England and Wales, would be a major change. Such changes for Northern Ireland would engage a wide body of interests across the Executive, the public and the Assembly as a whole. Given the scale of the changes involved, the breadth of interests and the issues involved, at this stage of the Assembly mandate, I have no immediate plans to introduce similar provisions. I will however keep a watching brief on the operation of the new regime in England and Wales.

**Mr Brady:** I thank the Minister for his answer. Does he agree that the provisions will extend an important opportunity to re-access the labour market to individuals trying to move on from a conviction? Go raibh maith agat.

**Mr Ford:** I agree with Mr Brady that that will be one effect, but I pointed out in my principal answer that there is a three-way balance, and it is not simply the ability of individuals to move on in the labour market that we have to take account of.

**Mr Poots:** Does the Minister agree that it would not be unreasonable to introduce minimum sentencing for those who abuse, rob and hurt our elderly population, many of whom live in fear?

**Mr Ford:** Minimum sentencing is not a normal part of UK practice. On a previous occasion in the House, Mr Allister reminded us of the danger of having minimum sentences for those who assault pensioners, when he referred to the case of a paedophile pensioner who was assaulted by the father of his victim. We need to be very careful of the implications of such matters.

## Prisoners: Hospital Transport

7. **Mr Eastwood** asked the Minister of Justice whether his Department intends to review arrangements for transporting prisoners to and from hospital appointments. (AQO 7048/11-15)

**Mr Ford:** I have no immediate plans to carry out a review of the procedures for completing scheduled hospital appointments. The Northern Ireland Prison Service takes appropriate and robust actions to ensure that prisoners who must attend outside scheduled appointments for medical treatment are brought there safely and returned to prison as quickly as possible.

The Prison Service keeps its security procedures under review, including those for escorting prisoners outside the closed prison environment. The arrangements are also subject to inspection by CJINI, if required. The most recent inspection was very positive.

**Mr Eastwood:** I thank the Minister for his answer. Does the Minister agree that it is particularly degrading for prisoners returning from hospital to be subjected to a full body search, especially when there is no intelligence whatsoever to suggest that they require one?

**Mr Ford:** Mr Eastwood raises two particular points. Body searches are, to an extent, as degrading for those who carry them out as for those who are subject to them. That is why the Prison Service is moving in areas like that towards an intelligence-led approach. There is also a significant need to ensure the safety and security of prisons, prisoners and prison staff. We have not yet found an alternative to full body searches that ensures proper searching.

**Mr McCartney:** Go raibh maith agat, a LeasCheann Comhairle. Gabhaim buíochas leis an Aire as an fhreagra sin. In relation to the point made by Mr Eastwood, given that, in August 2010, an arrangement to bring in new technology was supported by the Anne Owers report and, indeed, only last week, the independent assessors came to the same conclusion —

**Mr Deputy Speaker (Mr Beggs):** Can the Member come to a question?

**Mr McCartney:** — is it not unreasonable that, four years into the process, there is failure to get a technological replacement for a full body search?

**Mr Ford:** Mr McCartney is aware of the efforts made around millimetre-wave scanners, which simply proved to be not effective in the way required for prisons. At this stage, we await

responses from others as we look at transmission X-rays. I am keen that we get that decision as fast as possible. We are currently in the hands of the UK authorities.

**Mr Campbell:** Can the Minister confirm that the administrative arrangements with each of the health trusts, under which hospitals that occasionally receive prisoners operate, are identical in every respect?

**Mr Ford:** No, I cannot confirm the arrangements for hospital appointments that may be made between the South Eastern Trust, which has responsibility for care in prisons, and the external trusts. If there are specific issues that you wish to write to me about, I will happily respond to you.

## Prisoners: Careers Guidance

9. **Mr Hilditch** asked the Minister of Justice what careers and life guidance is given to prisoners who are about to be released. (AQO 7050/11-15)

**Mr Ford:** The Prison Service is committed to developing and embedding opportunities for prisoners through career advice and life guidance. That has been recognised as a key contributing factor to effective resettlement and rehabilitation. NIPS, working in partnership with a range of service providers and key partners, has introduced a personal development model and provides a range of advice for prisoners on lifestyle topics such as healthy living, managing money and working towards goals, as well as more career-orientated advice on skills for employment and making informed career and progression choices. Through NIACRO's Jobtrack, NIPS offers an employment-focused programme, providing individual needs-based advice and support regarding training and skills development to increase employment opportunities.

## 3.15 pm

**Mr Hilditch:** I thank the Minister for that response. What help or guidance is available to the victim of a prisoner who is about to be released?

**Mr Ford:** The responsibility for providing advice and assistance to victims does not lie with the Department of Justice, although Members will be aware of the work that has been done under the victim and witness charter arrangements to ensure that we provide support through the criminal justice process to such victims.

**Mr Deputy Speaker (Mr Beggs):** That is the end of listed questions. We now move on to topical questions. Nelson McCausland is not in his place.

### **Addiction Service: Railway Street, Ballymena**

T2. **Mr McKay** asked the Minister of Justice whether he sees that the proposed cut to the addiction service at Railway Street in Ballymena, which has saved the Department of Justice millions of pounds over the past 14 years, prevented drug-related crime and reduced prison admissions, will lead only to the revisiting of the devastating effects of drugs on the community in north Antrim and on the Northern Trust area in general. (AQT 1752/11-15)

**Mr Ford:** This is another of the difficult decisions that have had to be taken, given the scale of the cuts that are being imposed on the Department of Justice. It is fine to say that particular projects save money, but the simple reality is that the Department does not have the money to continue doing the sort of work that it has been doing in conjunction with community partners on projects like this. It is not the case, however, that all such work is being reduced. As I understand it, the Northern Trust continues to be funded by the Department of Health, Social Services and Public Safety on issues like drug addiction, and that funding will continue. In the current circumstances, however, it is simply not possible for the DOJ to continue to make its contribution towards that project.

**Mr McKay:** The project not only saves money but saves lives. The Department of Justice is putting a 100% cut on the project — not 14%, 10% or whatever. The Minister needs to rethink the amount of money that he is giving —

**Mr Deputy Speaker (Mr Beggs):** Will the Member come to his question?

**Mr McKay:** — to this project. Will he at least have the courtesy to meet me, the families affected by drugs and the staff in the centre to discuss how we can resolve the issue?

**Mr Ford:** If Sinn Féin Members are prepared to rethink their refusal to take money from those who have assets in this country and fund the kind of services that are needed by the people who benefit from the Railway Street referral project, I am happy to reconsider how funds are allocated. However, unless Members of the Assembly recognise that we cannot cut a reducing cake to produce bigger slices all the

time, it will simply not be possible to continue with the work that we seek to do.

### **Prisons: Staffing Levels**

T3. **Mr Kinahan** asked the Minister of Justice whether he is satisfied that staffing levels in our prisons are sufficient to ensure the safety of our officers. (AQT 1753/11-15)

**Mr Ford:** Staffing levels are reviewed regularly in prisons and in different areas of the prisons. Risk assessments are carried out of what is appropriate and necessary, and it is certainly the case that that is ongoing work. I have no reason to believe, at this stage, that we do not have adequate staffing levels in every part of our prison system.

**Mr Kinahan:** Given the seriousness of recent attacks on prison officers and the fact that such attacks have doubled in the last three years, is it not the case that we need to do something now to change the situation so that officers are more secure and the Minister lives up to his duty of care to them?

**Mr Ford:** Although Mr Kinahan raises what appears to be a logical point, the reality is that there have been more attacks on prison officers during periods of the day when more officers are on duty than when fewer staff are on duty on landings, which would suggest that the reverse is the case. There is no suggestion, therefore, that it is the number of officers on duty on any particular landing at a particular time that has reduced the number of assaults.

### **Dissident Republicans: Security Status**

T4. **Mr A Maginness** asked the Minister of Justice for his assessment of the security situation with dissident republicans, given this morning's potentially deadly attack on police officers in the Ardoyne/Twaddell Avenue area of north Belfast in which three officers could have been killed. (AQT 1754/11-15)

**Mr Ford:** Again, I repeat the point I made to Mr Humphrey earlier that it was clearly an attack that attempted to kill police officers but might also have killed civilians, including civilians on the Ardoyne side of the Crumlin Road whom those who presumably carried out the attack would purport to represent. Therefore, it must be condemned by all of us, and we must all appeal for information to be given, where it can, to assist to put the perpetrators behind bars.

As for my assessment of the situation; I, clearly, do not personally make assessments, but what is reported to me is that the situation remains with a severe threat directed against police officers in Northern Ireland. It is clear that some difficulties in Northern Ireland are exacerbated in some geographical areas more than others, and, frankly, Ardoyne/Twaddell is one of those that has most problems. There is no doubt that the continuing presence of protestors in Twaddell Avenue is leading to police officers having to sit on the Crumlin Road and is therefore putting them at risk of attack, not just from the sort of stone-throwing exercise that has happened at times from the unionist side but now in a very deadly way from the nationalist side of the line.

It is important that we all use all influences that we can to deal with that and encourage people to report crimes to the police, to cooperate with the police and to ensure that the good work being done by the PSNI is backed by local representatives and local people in that part of north Belfast in particular.

**Mr A Maginness:** I thank the Minister for his very comprehensive reply in relation to the attack this morning. I share his condemnation of it and appeal to people to give information to the PSNI in relation to the attack, if they have it. I also share his view in relation to the Twaddell camp. Will he join with me in saying that the people who are protesting there have made their point and that it is now time for them to end that permanent demonstration and enter into dialogue with the local community?

**Mr Humphrey:** *[Interruption.]*

**Mr Deputy Speaker (Mr Beggs):** Order.

**Mr Ford:** Although I might agree with Mr Maginness that it is certainly time that those who sit in the camp at the top of Twaddell accept that they have made their point and that nothing further can be achieved, I am not sure that they are likely to listen to either Mr Maginness or me in that view being put forward.

I hope that Members, particularly those who represent North Belfast and who have links to those in the camp, will use their influence so that we stop wasting a significant sum of money every night of the year and stop putting police officers' lives at risk because they are forced to be on static guard in such a difficult area. People should encourage anyone over whom they have influence to reduce tension, withdraw from the current protest activities and ensure that matters can be dealt with in a more constructive way than the way that currently

costs £1 million a month and could have cost three lives last night.

### **State Killings: Downing Street Discussions**

T5. **Mr Sheehan** asked the Minister of Justice, in light of the recent assessment by the Council of Europe Commissioner that failure to properly investigate state killings could leave the British Government in breach of the European Convention on Human Rights, what discussions he has had with Downing Street to seek a commitment to properly investigate those killings. (AQT 1755/11-15)

**Mr Ford:** I can inform Mr Sheehan that, although I spoke to the commissioner during his visit, I have not spoken to the Prime Minister recently on such matters. On every occasion recently that I have met the Secretary of State, I have made it clear to her that I do not believe that the budget for the justice system today is capable of dealing with all those issues from the past, and I have made it absolutely clear that I believe, and as the commissioner said, that the British Government have a significant responsibility for funding whatever new institutions we might establish for dealing with the past as, indeed, I have made clear that I believe that the Irish Government also have a responsibility, though probably somewhat less quantitatively. So far, that has not achieved any result, but I hope that the inter-party talks will lead to something that will see new institutions being established, agreements being reached in a way that meet the needs of victims of the past and deal with all those outstanding legacy issues and is properly funded by the Government that were responsible at the time those issues happened.

**Mr Sheehan:** Go raibh maith agat. Gabhaim buíochas leis an Aire as an fhreagra sin. I thank the Minister for his answer. Does he agree with me that he has a duty to the people here in the North not to allow the British Government to simply wash their hands of the issue but to put a proper financial package in place to investigate those killings?

**Mr Ford:** I am not sure that I can ensure that the British Government do anything. I will certainly use my influence to ensure that the British Government play their part in funding some proper institutions to look at the whole remit of all of those issues from the legacy of the past, which need to be dealt with to meet the needs of victims in every section of this society. However, I fear that Mr Sheehan gives me somewhat more ability to take decisions on behalf of the UK Cabinet than I currently have.

## Legal Highs

T6. **Mr Byrne** asked the Minister of Justice what proposals he or his Department have to deal effectively with the widespread use of legal highs, which are still causing a lot of trouble in our communities. (AQT 1756/11-15)

**Mr Ford:** Mr Byrne correctly highlights the concerns that have been raised about legal highs. I know that significant action has happened recently on that front. The very positive work that was done against legal highs by environmental health staff from Belfast City Council was a significant step forward in using the legislative issues that arise around the matter of consumer product safety legislation. I believe that similar suggestions have been shared with others, possibly including Omagh District Council.

The key issue now will be to look at the report that has come from the Home Office, which, of course, has responsibility for what is a non-devolved issue, and see what lessons can be learned. I noticed that there were some specific references to the approach that is being taken by the Irish authorities, which may well be the best way forward for the UK to follow. The DOJ will be working with the Home Office as it looks at its responsibilities. Then, if work needs to be done in conjunction with other Departments in Northern Ireland, I will certainly give an assurance that my Department will be part of that.

**Mr Byrne:** I thank the Minister for his answer. Does he accept that urgency is now needed to address it in a comprehensive way and that legislation needs to be initiated? Can he advise us if he has had any formal discussions with his counterpart in the Republic in relation to the matter?

**Mr Ford:** I certainly agree with Mr Byrne about the need for urgency. The problem is that urgency that requires Westminster legislation, whether it is an amendment to the Misuse of Drugs Act 1971, may not be as urgent as he would wish in the context of a pending Westminster general election. I certainly think that we have highlighted the benefits of the law as it already exists. We need to ensure that people, such as environmental health officers in the various local councils, are made aware of that and use it where possible.

As for discussions with my counterpart in the Republic, the report was only out at the very end of October, but I will shortly meet Frances

Fitzgerald, the Minister for Justice and Equality, and I will certainly take the opportunity of that meeting to discuss that and a range of other issues with cross-border concerns.

## PSNI: Spending Reductions

T7. **Ms Fearon** asked the Minister of Justice for his view on the understanding of the recent statement from the Chief Constable, George Hamilton, who said that spending reductions would fundamentally change how and where policing was delivered. (AQT 1757/11-15)

**Mr Ford:** Ms Fearon would perhaps be best advised to ask the Chief Constable what he meant by his statement if she does not understand it. It seems to me that, faced with the budget cuts that are being imposed on the justice system, there will be very significant changes to every aspect of justice. Given that the Police Service is the largest spending area of the justice system, it will inevitably bear its share of cuts as well. Exactly how the operational issues will carry through is an issue for the Chief Constable, not for me. He will have to make the decisions as to how to deploy the reduced resources he is likely to see this year and next year.

**Ms Fearon:** Just to make clear, I actually do understand. I was asking for your Department's understanding. Are you and the Chief Constable saying that it is not a question of whether the police will arrive on time or too late to a crime scene but whether they will arrive at all?

**3.30 pm**

**Mr Ford:** People need to recognise the reality of what cuts will possibly mean. Some cases that would have merited police attention in the past will not now necessarily merit a response in the immediate circumstances, although perhaps a follow-up will come from neighbourhood officers rather than response teams, depending on the precise circumstances of the case. If we look at what is happening in other jurisdictions on these islands, we will see that there is still probably a significantly higher rate of response and a speedier response from the PSNI than is the case elsewhere. We need to face the reality of that as we look at budget costs and the competing pressures that apply across the Department.

**Mr McCausland:** Mr Deputy Speaker, I apologise for not being in my place for the first topical question.

**Mr Deputy Speaker (Mr Beggs):** The Member has placed his apology on the record.

## Executive Committee Business

### Health Budget

*Debate resumed on amendment to motion:*

*That this Assembly rejects the maladministration of the preceding Minister of Health, Social Services and Public Safety with regard to his departmental budget, which has led to recent announcements from health and social care trusts regarding reductions in front-line services; and calls on the Minister of Health, Social Services and Public Safety to ensure adequate equality impact assessments are established as a matter of priority before any final decisions are made. — [Ms Maeve McLaughlin.]*

*Which amendment was:*

*Insert after "front-line services;":*

*"believes that a contributory factor has been the failure of the Northern Ireland Executive to properly fund and implement the strategic plan Transforming Your Care and that the trusts' announcements are inconsistent with that plan;". — [Mr McKinney.]*

**Ms P Bradley:** As a member of the Health Committee, I am against the motion and the amendment. I believe that, for some, the debate is somewhat timely, to deflect from failings in their own institutions.

Talk to anyone in our society and you will find that we are all impacted on when health cuts have to occur, that we all want waiting times reduced and that we all want the very best health outcomes. To achieve those desires and needs requires hard financial decisions to be taken, especially in periods of financial hardship, such as that which we have experienced over the past number of years. The financial difficulties faced by the Health Department and its arm's-length bodies in the past years are well documented. However, I cannot agree that those difficulties are as a result of any mismanagement by the previous Health Minister, who was not sacked, as Mrs Dobson suggested in a poor attempt earlier at headline-grabbing. Why let the truth get in the way of a good headline?

I, however, much prefer to look at the facts. We can note that the Health Department and its arm's-length bodies delivered significant

savings from 2011-12 to 2013-14, amounting to £490 million. The Minister has confirmed that, in 2014-15, there will be additional savings of £170 million across every aspect of its activity. While those savings are there to see, the previous Minister was correct in continuing to spend on vital areas such as elective care to provide timely treatment for those living daily in immense pain. Therefore, I am sad to note that, throughout the debate, the previous Health Minister has been lambasted for his use of private-care providers, as opposed to the situation now faced by many who will endure lengthy waits to alleviate their pain and suffering.

It should be noted that, although some Departments reported underspend in their budgets, that money was not available to other Departments that had overspend. No Department in our Executive can work in isolation. Any underspend in a Department in any financial year should be returned to DFP to be reallocated to other Departments that have more pressures on their budget.

I want to address what was said earlier about the Health Department handing back money. As we know, the money handed back was for capital spend. As all of us in the Assembly are aware, it is the Westminster Government, not this Government, that legislate for what we can spend that money on, and it cannot be brought back for resource spending. I find it remarkable that, while the Department of Health, which is so vital to our society, is struggling to achieve everything that it needs to deliver, other Departments are content to sit with spare money and refuse to release it.

We have those who come to the Assembly lambasting the Minister when trusts have to make cuts to front-line services. Members of this party are absolutely right: the proposed cuts to Dalriada, Bangor and in my area of Whiteabbey are hard to stomach. I worked in Whiteabbey Hospital during the previous mandate and remember very well the closure of two general medical wards and the coronary care unit, the downgrading of the surgical ward and, of course, the closure of our emergency department in favour of a minor injuries unit. It is right that we as local representatives make representations to the Minister of Health on behalf of our constituents to find a more palatable solution.

Transforming Your Care will, I believe, continue to follow what was a five-year plan, albeit at a bit of a slower pace due to the financial pressures being felt by the Health Department. In my role on the Health Committee, I will

continue to advocate that this important work continues in order that we can deliver the right care at the right time in the right place for every service user.

**Mr A Maginness:** I thank the Member for giving way. Will she explain to me why, for example, cuts in services at Whiteabbey are taking place? Is that as a result of incompetence, mismanagement or budgetary pressures? That budget was one that she, as an individual member of the DUP, supported.

**Mr Deputy Speaker (Mr Beggs):** The Member has an extra minute.

**Ms P Bradley:** Thank you, Mr Deputy Speaker, and I thank the Member for his intervention, and I do believe that trusts have made mistakes in their budgeting. That is absolutely true, and we have found ourselves in a position in which we have to face some very tough decisions. They are not palatable decisions, but for those in Whiteabbey, it may be slightly easier because the Mater, the Royal and Antrim Area hospitals are on the doorstep. However, that does not help those 40 people who go in and out of Whiteabbey minor injuries unit every day.

We have, as a party, gone to the Minister and asked whether that can be looked at again. That has happened, and I see nothing wrong with it. We have been lambasted for it, including on the radio this morning, when we were asked why we are even bothering to go to see our Minister, but we have every right to do so. All parties in this Assembly can go to any Minister and put their point across. We have every right to do that.

The health service should not be used for political point-scoring, as it is at this time. As I said earlier, that may be for various reasons, one of them being to deflect from failings of other parties. Rather, we, as an Assembly, should be putting our country's health and well-being at the top of our list of priorities and taking the decisions that will enable us to maximise our Budget and not hand money back to the Treasury because we are unable to make tough decisions on welfare reform. I look forward to hearing other parties' solutions for dealing with these hard financial times.

**Mr McKay:** Go raibh maith agat, a LeasCheann Comhairle. I support the motion and will dedicate most of my speech to Dalriada Hospital in Ballycastle in my constituency of North Antrim.

A lot of the decisions that have been made, particularly in the Northern Trust area, have been based on false economy. I want to go over some statistics that have been uncovered in the past couple of weeks. There are 20 intermediate beds in Ballycastle, each of which costs £850 a week. In comparison, an acute bed, according to Northern Trust's figures, costs between £2,100 and £2,800 a week, which is about 3.3 times the cost of an intermediate bed. Between December and August 2014, the average occupancy for those beds in Dalriada was 92%, which is extremely high. It would have been higher if it was not for the loss of days due to transport delays in the Northern Trust. That would add another 6% to that figure, which means that we are talking about a real figure of 98%. As many in the health profession will tell you, anything over 90% represents a hospital that is effectively full in terms of intermediate care.

The question that I and people in Ballycastle and elsewhere have is this: if you were to remove those 20 intermediate care beds, where would the patients go?

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

**Mr McKay:** Let me answer the question first.

We already know where they will go. They are sitting at the moment in acute beds in the Causeway Hospital, because Dalriada admissions have been postponed. We know, through local knowledge, that those who would have been in those intermediate care beds in Dalriada that cost £850 a week are sitting in Causeway Hospital in acute beds that cost over £2,000 a week. That is the false economy being adopted by the Northern Trust.

**Mr McKinney:** I thank the Member for giving way. Can he explain to the House how he can reconcile standing with the protesters outside Stormont today while backing the Budget that has led to the cuts?

**Mr Deputy Speaker (Mr Beggs):** The Member has an extra minute.

**Mr McKay:** I thank the Member for his intervention, and I wish that he would follow the example of his party colleague Donal Cunningham in Moyle District Council and all the other party representatives in that area who are standing united with one voice and do not want to see any division about Ballycastle introduced to this debate.

This is an attack on the rural community. The decision has been made without any equality proofing, and it is effectively economic lunacy.

Another thing is that Rathlin Island is in our constituency of North Antrim. It is at a huge disadvantage already. We talk about rural proofing and the fact that the decision has not been rural proofed. It has not been Rathlin proofed. The islanders have to travel by boat to get to Ballycastle and Dalriada in the first instance, and this decision would make things considerably worse for them. I think that we should learn from this that any decisions on health in the Ballycastle and Moyle area need to take into account that we have the only island in the Six Counties and that those islanders' needs should also be considered.

The trust has insinuated that MS provision in Dalriada Hospital is not ideal, that it is not a good service and that it needs to be modernised. What the trust has not done is listen to the patients. We have listened to Philomena McKay on television screens over the past number of weeks. She has outlined the point quite acutely that this is their lifeline. The trust is proposing that that lifeline be taken away. I have heard all the figures that say that there are no referrals and that nobody wants to go there, but nobody knows about the facility in Dalriada because the Northern Trust and others have decided to run it down. I know of a number of cases where patients wanted to go to Dalriada but have been blocked from doing so. The Northern Trust is bandying false figures about, and the Minister needs to get wise to that.

I am sure that party colleagues and other Members are wise to the Northern Trust's tactics. Recently, it started to confiscate petitions on this issue in the Causeway Hospital. It has separated staff to try to pressurise them. It is determined to close Dalriada, regardless of what the Health Minister says. Other people and me want to make sure today that —

**Mr Wells (The Minister of Health, Social Services and Public Safety):** I thank the Member for giving way. He raised a valid point. Those petitions opposing the closure of Dalriada were removed in error and forwarded to the trade union office in the Causeway Hospital. I can tell him that the trust has now provided an area inside the main hospital entrance where people can sign the petitions if they wish. We have no intention of gagging people on this issue. If they want to sign them, they are free to do so from now on.

**Mr McKay:** I thank the Minister for his intervention. The fact is that the trust is running down the Dal. The Minister must not be complicit in that. He referred to the fact that he has not met the council yet and that that is why he has not come to a final decision. I have spoken to representatives from the council, and they are still waiting on word back from his Department. I do not want to see the Minister sitting on the fence any longer because, for the past two weeks, whilst he has not made a decision, the Northern Trust has been in the background getting everybody shipped out. The Minister needs to give a commitment today that he will make a decision on the future of Dalriada in the next number of days.

**Mr Deputy Speaker (Mr Beggs):** Will the Member draw his remarks to a close?

**Mr McKay:** He must make sure that the future of Dalriada is that of a hospital that remains open.

**Mr Poots:** I welcome the opportunity to participate in this debate and a very important debate it is. Mr McKay is just after talking about a false economy. That would be rich if he had any credibility in this issue. I believe that around £600,000 is needed to ensure that Dalriada Hospital can remain open through to March next year, yet, as a result of the intransigence of Sinn Féin and the SDLP, we are giving back to the Westminster coffers £87 million of our money that could be spent on health, education, policing and justice and regional development. Let us be very clear that Sinn Féin is saying, "Welfare first. Everything else can go to the dogs for all we care. We are not concerned about the health of the people of Northern Ireland or about education or justice because welfare has to come first every time." Its members should hang their heads in shame about that.

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

**Mr Poots:** I will give way in one moment.

Last year, the health budget was over budget by the same amount that we handed back to Westminster. I trust that Sinn Féin is proud that that money, which would have been available to health, ended up in London.

**3.45 pm**

**Mr McKinney:** I thank the Member for giving way. Does he care to reflect on the extent to which money is being spent on policing as a

result of Twaddell? Will he take the same approach to that?

**Mr Deputy Speaker (Mr Beggs):** The Member has an extra minute.

**Mr Poots:** I am not getting engaged in "whataboutery". I could find 101 examples of where money is being squandered. We have not introduced the National Crime Agency, for example, as a result of Sinn Féin and the SDLP. Money that could be taken from criminals and invested in services in Northern Ireland is being lost to Northern Ireland. The Member does not have a very good record on that issue.

I approached the First Minister and the deputy First Minister last March with John Compton, who had just retired and who came back from a trip to Cork, and the Chief Medical Officer to identify the issues and pressures that existed in health — pressures amounting to £160 million. We had a June monitoring round, which Sinn Féin held back until the end of July and then gave us a paltry £20 million. The current Minister is in a difficult position because trusts and everybody else were held to ransom by Sinn Féin on that occasion. It offered a paltry £20 million, even though Martin McGuinness had set out to him in the clearest possible terms by the most senior officials in the Health Department the crying need to deal with the issue. He ignored the views of the Chief Medical Officer because welfare is more important to Sinn Féin than health. Let us not beat about the bush: that is the truth of the situation. The consequences were explained fully. In truth, when Sinn Féin stands with the people in Dalriada, it is not really standing with them; it is not standing with the people in Northern Ireland who will face further cuts. Let us be clear about it: there will be further cuts as a result of the actions not of Jim Wells but of Sinn Féin and, to a lesser extent because we could go without them, of the SDLP. As a result of their actions, the cuts will impact on the Department.

When I had the opportunity of being in health, 131,000 people were on the outpatient waiting list in 2011. We managed to reduce that to fewer than 100,000; we took over 30,000 people off the waiting list by using the private sector, which many people will condemn. However, it provided a lower-cost option. We treated people who needed ophthalmic surgery, hip replacements, knee replacements and lots of those everyday things; it was not life-saving care, but it was care that was badly needed for people to have a quality of life. Many people, as a consequence of the decision that we had

to take to stop using the private sector and to cut elective surgery, will now have to wait an inordinate time. When people come to the offices of Sinn Féin, I hope that Sinn Féin will say, "You know what? We actually thought it was worthwhile that you had to wait for 26 weeks or 52 weeks or whatever period of time it was because, actually, we don't like the private sector doing anything, and, in any event, we consider welfare to be more important than health. We're very sorry about that, but that's the situation here." That is the reality.

There were many opportunities to reduce waiting times for drugs, reduce waiting lists in our hospitals and reduce waiting times in our emergency departments across the board. There were opportunities to make health better, and it happened. As a result of the retraction in funding that Mr Wells faces, those opportunities —

**Mr Deputy Speaker (Mr Beggs):** Will the Member draw his remarks to a close?

**Mr Poots:** — will be reversed. That is to the detriment of the people of Northern Ireland, but it is not the fault of Jim Wells or the DUP; it is the fault of those who are starving our Executive of the money that they need to provide healthcare.

**Dr McDonnell:** I was going to say that it was an honour to follow Mr Poots, but, after that outburst, I hesitate in case I am perceived as endorsing him.

The SDLP is attempting to amend this motion to highlight our grave concerns about the impact that the draft Budget will have on front-line health services. We have been very clear that the draft Budget is flawed. The SDLP has in the past, and indeed in the past few minutes, been unfairly accused of being uncooperative in relation to the Budget process. In reality, we have cooperated in every discussion and at every opportunity that we were allowed to. Cooperation, though, does not equate to subservience. I, therefore, make no apology for our stance in opposition to the Budget so far and our intention to scrutinise this Budget and other Budgets going forward. We do so because we believe that a Budget must serve the public's interest, particularly in relation to the health service.

Much as I would like to, I will not go into the Dalriada situation. I feel very strongly about that. I feel, as others have said, that it provides very good value for money in step-down beds, MS care and all the rest. The point has been

made. If any of us were in any doubt, it was well made by the protestors outside today, some of whom are in the Gallery with us now. That is not to say that there are not opportunities to make savings in the health service. We published a paper, 'Partnership and Economic Recovery', some time prior to the last Budget. We proposed options for savings that included three main areas.

There are significant benefits to be gained from an all-island approach to health. I will compliment the previous Minister — oh God, he has disappeared; oh no, he is down on the front Bench now — on his efforts around paediatric congenital cardiac surgery, but that is only one example of space. There are many other opportunities for cooperation and cost savings, particularly in Altnagelvin and the north-west around Derry and Donegal. There are major opportunities in health on a North/South basis that could provide substantial savings, including procurement, health promotion, acute care and general service provision in the border areas. As I have said, we welcome the move on congenital cardiac care. Mr Poots's efforts there were followed through by Minister Wells, and I hope that we can continue to pursue that agenda.

The second point that I want to acknowledge is that the cost of health-care provision has risen so that the cost of associated management and administration —

**Mr McGimpsey:** I thank Dr McDonnell for giving way. Would Alasdair McDonnell agree with me that, whilst we can get into the specifics of Dalriada and so on — very important as they are, and we will have a debate on that next week — the crux of this is the fact that the health service was not properly funded through the 2011 Budget; that that Budget was supported by the DUP, Sinn Féin and the Alliance Party; that his party and my party voted against it; and that we are now seeing the chickens coming home to roost as a result of a health service running out of money at the end of four years?

**Mr Deputy Speaker (Mr Beggs):** The Member has an extra minute.

**Dr McDonnell:** Yes, I would broadly agree. We had serious concerns, which I referred to earlier, about that Budget at that time. The difficulty is that, if you have a badly constructed Budget and you add bits to it or subtract bits from it, you still have a badly constructed Budget. There was tremendous opportunity in the health service when, some time ago, there

were new GP contracts and a lot of changes around primary care. This was just before Transforming Your Care came in. Suddenly, the plug was pulled on all the innovation and transformation that was happening at primary care level, and it was all scrapped. One of the best opportunities is to shift health care back to primary care. As was indicated earlier, it is cheaper to go into Dalriada Hospital than it is to go into the Causeway Hospital. Equally, it is cheaper if people's problems and difficulties can be dealt with at community level or primary care level.

I want to go on with the points that I was making earlier. There is an increased cost in administration, and there needs to be a greater focus on bringing the resources to bear on the clinical need at the front end.

There has to be a better performance in dealing with the administrative burden, because the administration has to help and support the clinical end to deliver. There may be room for efficiency savings among the senior management, but it is essential that front-line services are not affected by efficiency savings. There are areas of non-front-line service delivery where administrative savings could be found.

**Mr Deputy Speaker (Mr Beggs):** Will the Member draw his remarks to a close?

**Dr McDonnell:** One is the health quangos, and, whilst I acknowledge that those organisations play a valuable role, it is imperative that they are required to keep administrative and management costs to a minimum.

**Mr Wells:** I have listened carefully to the contributions of Members throughout the debate. I do not accept that there was maladministration by the previous Minister. If Members are waiting to hear me in any way criticise the performance of the previous Minister of Health, Social Services and Public Safety, they will have a very, very long wait. I watched the Minister for three years and four months. I was Deputy Chair of the Committee, attended many events with him and had many briefings from him. Would I have done anything differently had I been Minister of Health? Absolutely not. Mrs Dobson suggested that the previous Minister was asked to move. That is interesting because, as you know, my party leader made a commitment to share the ministership equally in this dispensation: half for Edwin and half for me. Such was the confidence that the First Minister rightly had in Mr Poots that he extended his career as

Minister substantially so that the split became two thirds to one third. One could hardly call that a demotion or a sacking.

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

**Dr McDonnell:** Does that imply that he does not have as much confidence in the current Minister?

**Mr Wells:** It is entirely for the First Minister to make that assessment. There was no question of anybody being removed or sacked. It was simply the fact that he was going extremely well and had many important issues to deliver on, so, quite rightly, the decision was taken to allow him to continue.

**Mr McCarthy:** I am grateful to the Minister for giving way. I could not resist the temptation. The former Minister told the Assembly and the country at large that he would not implement the cuts that were coming down the line if he was not given the £180 million during the monitoring round. The Minister did not get that funding, and, as a result, he did what he said he would do: step back. You, unfortunately, have become the hatchet man who will implement these drastic cuts, which will affect everyone in Northern Ireland.

**Mr Wells:** The Member over-eggs and exaggerates things somewhat. The cuts do not affect front-line A&E services, they do not affect GPs and they do not affect clinics and other areas. They do not affect everyone, but I accept that, for the communities concerned, it is a very painful experience. Also, throughout his period —

**Mr Swann:** Will the Minister give way?

**Mr Wells:** You are the last one.

**Mr Swann:** I thank the Minister for giving way. He said that they will affect people. Will he reiterate some of what he said outside about keeping Dalriada open to those who came the whole way from Ballycastle? Will he also reflect on the answer that he gave me at Question Time, when he said that, of 4,000 MS sufferers, only 69 used the Dalriada and those are the statistics that are making him and the trust look at closing it?

**Mr Wells:** I have to be honest, as I was honest with the MS Society: if there are 4,000 MS sufferers — I do not underestimate how difficult a condition that is — I would expect more than 69

individuals to be using the service and the bed occupancy rate to be higher than 32%. Those facts have to be taken into account. Equally, I have been lobbied intensely by many of those 69 on the impact that closing Dalriada would have on their life. I am looking at both sides of the argument.

My Department has a strong track record, under the control of Mr Poots, of managing budgets within exceptionally small tolerances, all against a backdrop of rising service pressures and demand. As Ms Bradley said, never let the facts get in the way of a good story: it was not mentioned that underspends in the first three years were between 0.1% and 0.3%, from 2011 to 2012-13. We carefully landed that large spaceship called Health and Social Care on the postage stamp of an economic balance, but did anybody get any support for that? Not a bit of it. In 2013-14, we were overspent by £13.7 million, which is 0.3% of the budget and is a tiny amount, given the £5 billion allocation.

#### 4.00 pm

It is important to note that, in 2014, the pressures facing health and social care were significant and unprecedented. They included a wide range of service areas: domiciliary care, acute services, safety and quality, ED, unscheduled care and children's services. In addition, the Department has had to manage substantial pressure in relation to clinical negligence settlements, which, again, few people have taken into consideration. Those cases were before the courts, and there was a backlog of complex cases. Many of them were settled in that year, and they led to large-scale payouts that could not have been predicted and put a significant burden on the health service budget.

Let me make it clear that the Department did not sit on its hands and do nothing in 2013-14. The extent of the pressures became known from the summer of 2013, and the Chair of the Committee admitted that to be true. Since that date, the Department has explored and implemented all available opportunities to curtail and control expenditure, in line with my predecessor's priorities. That has included extensive engagement with all the key stakeholders, including the trusts, the board, the PHA, DFP, the Health Committee and policy leads in the Department. Substantial bids were submitted in the 2013-14 monitoring rounds as the Department sought to address those pressures. No stone was left unturned.

There is one fact that no one in the Assembly can contradict: all the stats show that demand for health service provision is rising at about 6% per annum and that the resources allocated by the Assembly for health care and social services is 2%, so there is a shortfall of four percentage points. We should not be surprised, therefore, that the stress began to show in year 3. In autumn 2013, all the trusts told me that things were getting really tough indeed. We all came to the same conclusion, and we all know the stats. It is hardly surprising that the pressure began to show, but it is also important to highlight that the Department has reported significant savings over the Budget period: £490 million from 2011-12 to 2013-14 and a further commitment of £170 million in the current year, which is a total of £660 million. That sum is bigger than the combined sum for four of our smallest Departments, which indicates the significance of the savings that we expect the trusts to achieve — more, for instance, than the entire budgets for DCAL, DOE, OFMDFM and Finance.

**Mr Agnew:** I thank the Minister for giving way. I know that he has given way a lot. Is he saying that, when the Finance Minister described the position as "poor budget management", the Finance Minister got it wrong?

**Mr Wells:** The Finance Minister was speaking as the Finance Minister. That is his role, and he has many difficult conversations with all the spending Departments. I understand his role, but I also think that anyone who can land a £5 billion budget within 0.3% must have been doing a lot of things right. The motivation for that slight overspend, of course, was to continue with the elective care of individuals who needed hips, knees and elbows treated as a matter of urgency.

In managing a particularly challenging financial position over this period, the House should be aware that the investments made by my predecessor played a crucial role in improving the health and well-being of patients and clients. Members opposite will not want to hear the statistics that I am about to cite because they do not want the facts to get in the way of a good story. There was, for instance, a 22.8% reduction in the number waiting over 13 weeks for inpatient appointments and a 65% reduction in the number of patients waiting for specialist drugs for conditions such as arthritis. The waiting times for anti-TNFs, for instance, were dramatically reduced. The number of patients waiting longer than 12 hours in A&E was more than halved. As was said, the number of clients receiving domiciliary care has increased by 5%, and the number of hours provided is now

250,000 hours per annum. Outcomes for patients and clients have improved, with life expectancy continuing to rise for males and females.

There is more bad news for the detractors opposite: despite the predictions of a reduction in staff by 4,000 from 2011 onwards, including compulsory redundancies, let us hear the facts. Between March 2011 and March 2014, the number of qualified nurses and midwives increased by 800. That is an increase of 5.7%. The number of medical and dental consultants increased by almost 200, which is 15%. The message is very clear: the previous Minister made a very stressed budget go an awful lot further than any previous Health Minister in Northern Ireland's history. What is he getting? He is getting condemned.

**Mr Allister:** Will the Minister give way?

**Mr Wells:** Yes.

**Mr Allister:** I suspect that my constituents would be more impressed to hear whether this Minister will honour the written assurance given by his predecessor about the future of Dalriada. You agreed at Question Time today that such an assurance was given this year. Will the Minister stand over the assurance to retain Dalriada? That would be far more impressive to my constituents than hearing a litany of things claimed to have been done well. Will you keep the pledge that was made? That is the question.

**Mr Wells:** The honourable Member for North Antrim will take it from me that that letter is a consideration in any decision. I accept that. I had not seen that letter until today, and I am certainly taking it into consideration as part of the overall decision-making process. The Member cannot deny the progress made under the ministership of Mr Poots, and no one in the Chamber has stood up to deny that any of the facts that I have stated this afternoon are indeed true.

I very much regret the measures that are necessary and facing my Department to obtain the £70 million that is required under the contingencies. I regret that, in the monitoring round, we did not get all of what we asked for. Again, it was interesting that, in the monitoring round discussions, no one suggested for one moment that we did not need £140 million; that was never the issue. The issue was this: did we have the cash to come up with enough money to make the trusts continue their good work to the end of the financial year? All the

trusts have been asked to develop and implement a range of contingency plans to secure break-even. It is a painful and difficult decision for all of them. Nobody, including me, wants to be in this position.

I faced the folk from Moyle earlier today on the steps of Stormont. It was, I must say, a very polite conversation, but it was also a difficult conversation. They have every right in a democracy to come up and make their views known. Hopefully, I have explained how I feel in the uncomfortable position of having to deliver these cutbacks, but I have no option about carrying a debt over into 2015-16. First, I cannot do it, and, secondly, it would be a cowardly way to deal with it because you are simply carrying that debt and storing up trouble for the next financial year.

**Mr McKay:** Will the Minister give way?

**Mr Wells:** This will be the final time.

**Mr McKay:** I thank the Minister for giving way. The Minister has said that he is considering what decision to make on Dalriada Hospital. The fact of the matter is that the Northern Trust today and for the past two weeks has been winding down that hospital. If he is serious about the option of keeping the Dalriada Hospital open, will he instruct the Northern Trust to stop all its actions until he makes a decision?

**Mr Wells:** I will certainly look at that situation on behalf of the MLAs in North Antrim. It is one that I was just made aware of today, and I think that it needs to be looked at. The Member knows that next week in the House there will be a major debate on the issue that he will take part in. That will give Members an opportunity to articulate the views of their community and enable me to report on the consultations that I will have between now and then. What he cannot say to me is that I have not been consulting every stakeholder in the community about the decision. It will be consulted on to the nth degree, I assure him.

TYC came up in the debate. My predecessor always made it clear that the speed of transformation would be dictated by the availability of transitional funding. The TYC report by John Compton estimated that £70 million was required for such transitional activities. When John Compton drew up his report, which I am still totally committed to, he could not have foreseen the financial difficulties that we, the Northern Ireland Executive, are in today. I have to say that we have not achieved

all of the finances that we required to implement TYC, but, between April 2012 and August 2014, despite the difficult financial circumstances in which we find ourselves, the Department has been able to invest close to £30 million in the delivery of TYC and make significant progress on a number of fronts. For instance, we have 17 new integrated care partnerships, which have been up and running since June 2013, and they are making good progress on developing their action plans. In 2012-13, £11.4 million was shifted from hospital-based services to community-based services. The figure for 2013-14 was £13.6 million. Nonetheless, it is clear that more has to be done, and we are doing everything we can to meet these very challenging targets. I assure the House that the transformation process will continue to be a priority for my Department over the coming years.

Equality screening did not get much of a mention in the debate, even though it is a significant part of the motion. It is a statutory responsibility of the trusts to undertake equality impact screening of all policy proposals and to undertake assessments when indicated. My Department has been in contact with each of the trusts to seek an assurance that they are meeting all their equality scheme responsibilities in their contingency plans. Trusts have a clear statutory obligation and have to provide assurances to my Department that they are meeting their obligations as part of the governance framework. Should any of the temporary measures outlined in the trust contingency plans be proposed to be made permanent —

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

**Mr Wells:** — I will have been explicit in telling them that a full consultation exercise must be carried out.

**Mr Principal Deputy Speaker:** Thank you, Minister. You were very generous with your time.

**Mr A Maginness:** This has been a very interesting debate, very interesting in the exposure of certain Members of the House, particularly those on the DUP and Sinn Féin Benches. There has been a lot of ducking and diving and a lot of avoidance and evasion. That is par for the course. Why? It is because they are scared of the impact of the decisions that they have made on budgeting. Not just the recent draft Budget but the 2011 Budget, which Mr McGimpsey referred to, and consequent

Budgets that have starved the health service of adequate funding to deal with the situation on the ground. You cannot have it both ways: either you support a Budget or you do not. We did not support the Budget, the Ulster Unionists did not support the Budget, and you have to face up to the consequences of supporting sequential Budgets and the current Budget. The reality —

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

**Mr A Maginness:** No, I will not. My time is very short, and you had plenty of opportunity to make comments throughout the debate.

Although, for example, Mr McKay and indeed Miss McLaughlin come to the House to criticise the previous Minister, they do not accept that they have made a contribution to the inadequacies of health delivery in Northern Ireland. It is a sort of hokey-cokey politics:

*"You put your left arm in,  
your left arm out,  
in, out, in, out,  
you shake it all about.  
You do the Hokey Cokey and you turn  
around,  
That's what it's all about".*

Of course, the reality in this situation is that both major parties are responsible for the mess that we are in. Unless you realise this, the situation will get worse. There will be more Dalriadas. There will be more Whiteabbeyes. There will be more cuts throughout the health service.

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

**Mr A Maginness:** Well, yes.

**Mr McCallister:** I will be brief, and I suspect that the Member knows what I am going to ask him: would the logical outworking of the Member's view not be that his party would leave the Executive?

**Mr A Maginness:** No —

**Mr Principal Deputy Speaker:** The Member has an extra minute.

**Mr A Maginness:** — and I will tell you why. Staying in the Executive puts at least some constraints on the two parties that are causing the problems in the first place. Incidentally, we are entitled to remain, and we are entitled to criticise decisions that have been bad for the

people of Northern Ireland. We will continue to do that, and I hope that the Ulster Unionists, along with the Alliance Party, will do the same thing. The people who suffer are the public, and we must defend the public interest. The DUP and Sinn Féin are incapable of defending the public interest and wish to pretend to the people outside that they have nothing to do with this mess, which is the fault of the trusts — trusts, Mr Principal Deputy Speaker. What are trusts? Are they some sort of magical bodies? They are not.

They are under the aegis of, and subject to the directions of, the Department of Health and the budgeting of the Department of Health and the Department of Finance and Personnel. Trusts are not some sort of magic body that conspires against the public. They are the responsibility of the DUP and Sinn Féin. Do not run away from the consequences of your political actions, which have led to this desperate situation and which will increase. This is the first in a series of Budgets that will lead to enormous cuts throughout the public service, not just in the health service but in the public service at large, and that will reduce services to the people of Northern Ireland. That will cause people outside to think again critically about how you are giving leadership.

#### 4.15 pm

You have an oligarchy. Two parties are running the system, and they exclude the Ulster Unionists, us and the Alliance Party from any meaningful input into the major policy decisions. You need to revise that particular political strategy. If you do not, the people will suffer further, and you will bear the consequences.

**Mr Hazzard:** Go raibh maith agat, a Phríomh-LeasCheann Comhairle. At the outset, I want to pay tribute to front-line staff and patients who have worked so hard to bring these issues to the fore. When parties decide to play party politics with issues, that can very often be lost.

I want to deal with a number of fallacies that the SDLP put out today. For such an important issue for the SDLP, not once did its Minister, Mark Durkan, talk about health budget cuts during the Executive meeting — not once. If it is so important to the SDLP, why did he not do that? The Budget, of course, gives an additional £200 million to the Department of Health and ring-fences services. I would advise the SDLP to stop playing party politics with those vital community health issues and get behind community —

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

**Mr Hazzard:** No, I will not. You were not too forthcoming about giving way before, so I will not give way now.

What we have heard is an impassioned plea from all sides of the House for the Minister to find a backbone, to protect the rights of ordinary people and to have the courage to stand up for rural communities and vulnerable groups in the face of the disastrous decisions that have been taken by health trust directors across the North. I was at a protest in Downpatrick on Saturday morning, at which an elderly lady asked what the point of local Ministers is if they are not on our side fighting our corner. That is true. At a time when the NHS and front-line health services face huge challenges on all fronts, we have had to endure successive DUP Health Ministers who have hidden behind layers of bureaucracy and shirked their duties.

Last year, Edwin Poots got on his soapbox and told us all in Down district that he was angry at the South Eastern Trust for cutting the A&E at Downe Hospital and that he would ensure that it developed a plan to restore services as soon as possible. Here we are, a year later, and there is no plan, and the A&E service is still cut. Temporary status is utilised simply to avoid legal obligations to consult with the public and to ensure that any changes are subject to the appropriate equality impact assessments.

In fact, the South Eastern Trust is beginning to celebrate the new status at Downe Hospital. Its 2014 annual report states:

*"The development of a new integrated model of care for community and hospital services reflects the recommendations within 'Transforming Your Care' ... The focus is on placing the individual at the centre of the model with services becoming increasingly accessible in the local community".*

Unless, of course, you live in Down district, where hospital services will be removed from your local community and relocated to Belfast. The individual is no longer at the centre of any health-care model in Downpatrick.

The report continues:

*"The co-location of the Emergency Department and GP Out of Hours service to form an urgent care model has been implemented by the Trust at the Downe Hospital, and this has been referenced to as*

*an exemplar within 'Transforming Your Care'.*

Therefore, the collocation of the emergency department and the GP out-of-hours service is now actively promoted as best practice and celebrated. It is just as well for the trust that the shortage of emergency doctors occurred when it did.

Let us not continue to lie that the closure of the Downe Hospital A&E is merely to do with the shortage of emergency doctors. It is more to do with the shortage of support for the Downe Hospital from the South Eastern Trust and the shortage of scrutiny and control by successive Ministers to limit the destruction of that hospital so that Belfast's Ulster Hospital can be enhanced yet further.

In fact, reading through the 2014 annual report, I see the level of additional services and enhanced facilities at the Ulster. It is quite staggering, and it shows absolutely no sign of slowing down in the face of such hard economic constraints. You would certainly have to question why difficult financial decisions always have to be made with reference to the Downe, yet investment continues to pour into Dundonald.

One project is the ongoing £7 million plans for an extension to the maternity service at the Ulster. Surely the Downe's excellent maternity facility could help meet some of that pressure. Another project is the phase B redevelopment of the Ulster, with its 290 new en-suite bedrooms at a cost of more than £230 million. I certainly do not begrudge any hospital fit-for-purpose accommodation for those in need of world-class health care, but surely that can be achieved without having to spend £1 million a bedroom. However, when we see how lavish the trust is with its remuneration and pension entitlements, we should not be too surprised that financial prudence appears to be in short supply.

In 2013-14, seven directors received substantial increases on their previous 2012-13 pay. Those increases total approximately £160,000. One director receives approximately £215,000; four directors receive between £130,000 and £160,000; and 10 trust employees receive more than the highest-paid director. That is 10 people receiving more than £215,000 a year. The ratio between median pay, which is £26,000, and the highest-paid director, is more than 6.8.

So, Minister, at a time of such economic constraint, how is it right that 80% of the

directors in the South Eastern Trust receive significant pay increases totalling more than £160,000? I have not seen the figures, but I presume that such increases were not afforded to our front-line health staff. Moreover, is it morally just that a trust director can earn more than £200,000? That is substantially more than the US president or the British prime minister. How is it right that a trust director and 10 consultants are paid seven times the median figure? It is fair to suggest that health chiefs simply do not get it. There are cuts for the Downe and Dalriada, but the trust directors and the golden hospitals keep filling their pockets.

Just last week, the new HSC Board boss, Valerie Watts, announced that she would like to have a TV channel, as she thinks the media and politicians continually attack front-line staff. That is complete and utter nonsense. It is the millionaire club at the top of the pile that the public and the media are attacking: the health chiefs who spend so much money on jet-setting around the world that they cannot actually remember where they have been.

Our front-line staff are heroes. They work, daily, in impossible conditions while doing a world-class job. The public have the utmost respect and admiration for our front-line staff. Health chiefs need to get real; they need to find a new-found respect for the public and treat them as interested and capable participants in a social contract about our health service. It is totally unacceptable that they continue to drip-feed information behind the backs of public and staff representatives. The days of briefing media outlets hours before elected representatives are briefed must end.

Minister, you must also look seriously at how we appoint and appraise non-executive directors on trusts. We need to see a serious increase in their ability to scrutinise and partake in constructive debate at board meetings. Too often, trust board meetings are reduced to little more than choreographed conversations: a mixture of non-executive nodding heads and bizarre drivel regarding patient-client care experience. It is all spin, with little substance.

There is no doubt that the current situation at the Downe, and elsewhere, and the proposed changes, have characteristics of permanent reductions — hugely damaging reductions, at that. We know that, on a Monday morning, the A&E at the Downe, for example, is very busy. That suggests that a large number of people are sitting at home over the weekend, enduring injury, before the doors open again on a Monday morning, rather than travelling to

Belfast. That is surely an abuse of human rights, if not a form of torture.

The head of the NHS in Britain, Simon Stevens, recently said that we need to see an enhancement of general local hospitals and less focus on centralising services to large specialist hospitals that are, all too often, led by specialist consultants. Rural areas, such as south Down, would be far better served by that type of vision for the future health care.

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

**Mr Hazzard:** Yes.

**Mr Wells:** He also said that, to balance the books, the health service in Great Britain requires £8 billion. The Barnett consequential of that for us would be £240 million. If I had an extra £240 million, we would not be having this debate today. That would be more than enough to cover the pressures on my budget. If England, Scotland and Wales are facing exactly the same pressures, why are you blaming it on the previous Minister?

**Mr Hazzard:** I thank the Minister for his intervention. I am also saying that there is money available in the system; it is the maladministration of that money. The health service just received an extra £200 million. It is the maladministration of that budget that is creating a lot of the pressures that are underneath.

The Minister should lead the way in rejecting the defunct idea of the golden hospital strategy. We need good local hospitals with generalist doctors who can serve the community. Instead, each winter, we have attack after attack on such hospitals as the Downe. When the trust has savings to make, it always seems to choose the peripheral and supposedly soft targets, such as the Downe. Those decisions are economically unjustified. We are told that the savings at the Downe Hospital are a minuscule £300,000, yet that represents a massive blow to our local community. The South Eastern Trust is a large organisation. Why target closures on the Downe? Why can we not look to make savings in the Ulster's service?

We should enhance the Downe to help to alleviate pressure on the Belfast hospitals. There is plenty of scope in urology to take the pressure off the Belfast hospitals. There is no reason why the MacDermott ward at the Ulster Hospital could not be relocated to the Downe and why CT scans, ultrasound and any

radiography-led services could not be provided at the Downe.

Why can the Downe not be the leading site for mental health care in the North? The Downshire site has a historic reputation that should be built on, not dismantled. Staff at the Downe now face three weeks' redeployment instead of the usual three months. The trust and the Department have not considered the impact on such staff. The communication was woeful once again. The chief executive was nowhere to be seen, and the director of nursing did not even bother to come to the Downe to talk to the staff. It is an absolute disgrace that staff in Lagan Valley knew about the situation in the Downe before staff there were alerted. Staff in Lagan Valley then told the Downe staff.

Yet again we are facing Christmas, and up to 50 staff are unsure about what lies ahead. We are in the disgraceful situation where staff have to reapply for redeployment —

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

**Mr Hazzard:** I just want to finish this. What flexibilities have been built in to the redeployment process to protect those in need? What protection is there for single mums, carers, those who do not drive and those with young families? Those are the sort of people who would be protected with the appropriate equality screening, but the trust and the Department always seem to dodge that responsibility.

*Question put, That the amendment be made.*

*The Assembly divided:*

*Ayes 29; Noes 57.*

## **AYES**

*Mr Agnew, Mr Allister, Mr Attwood, Mr D Bradley, Mr Byrne, Mr Cree, Mr Dickson, Mrs Dobson, Mr Durkan, Mr Eastwood, Mr Elliott, Mr Ford, Mr Gardiner, Mrs D Kelly, Mr Kennedy, Mr Kinahan, Mr Lunn, Mr Lyttle, Mr McCallister, Mr McCarthy, Dr McDonnell, Mr McGimpsey, Mrs McKeivitt, Mr McKinney, Mr A Maginness, Mr Nesbitt, Mrs Overend, Mr Ramsey, Mr Swann.*

*Tellers for the Ayes: Mr Byrne and Mr McKinney*

## **NOES**

*Mr Anderson, Mr Bell, Ms Boyle, Ms P Bradley, Mr Brady, Mrs Cameron, Mr Campbell, Mr Clarke, Mr Craig, Mr Maurice Devenney, Mr Dunne, Mr Easton, Ms Fearon, Mr Frew, Mr Girvan, Mr Givan, Mrs Hale, Mr Hamilton, Mr Hazzard, Mr Hilditch, Mr Humphrey, Mr Irwin, Mr G Kelly, Mr Lynch, Mr McAleer, Mr F McCann, Ms J McCann, Mr McCartney, Mr McCausland, Ms McCorley, Mr I McCrea, Mr McElduff, Ms McGahan, Mr M McGuinness, Miss M McIlveen, Mr McKay, Ms Maeve McLaughlin, Mr McMullan, Mr McQuillan, Mr Maskey, Mr Milne, Lord Morrow, Mr Moutray, Mr Newton, Mr Ó hOisín, Mr Ó Muilleoir, Mr O'Dowd, Mrs O'Neill, Mr Poots, Mr P Robinson, Mr Ross, Mr Sheehan, Mr Spratt, Mr Storey, Mr Weir, Mr Wells, Mr Wilson.*

*Tellers for the Noes: Mr Clarke and Mr McQuillan*

*Question accordingly negated.*

*Main Question put.*

**Mr Principal Deputy Speaker:** I have been advised by the party Whips that, in accordance with Standing Order 27(1A)(b), there is agreement that we can dispense with the three minutes and move straight to the Division.

*The Assembly divided:*

*Ayes 30; Noes 33.*

## **AYES**

*Mr Agnew, Ms Boyle, Mr Brady, Mr Dickson, Ms Fearon, Mr Ford, Mr Hazzard, Mr G Kelly, Mr Lunn, Mr Lynch, Mr Lyttle, Mr McAleer, Mr F McCann, Ms J McCann, Mr McCarthy, Mr McCartney, Ms McCorley, Mr McElduff, Ms McGahan, Mr M McGuinness, Mr McKay, Ms Maeve McLaughlin, Mr McMullan, Mr Maskey, Mr Milne, Mr Ó hOisín, Mr Ó Muilleoir, Mr O'Dowd, Mrs O'Neill, Mr Sheehan.*

*Tellers for the Ayes: Mr Hazzard and Mr McKay*

## **NOES**

*Mr Anderson, Mr Bell, Ms P Bradley, Mrs Cameron, Mr Campbell, Mr Clarke, Mr Craig, Mr Maurice Devenney, Mr Dunne, Mr Easton, Mr Frew, Mr Girvan, Mr Givan, Mrs Hale, Mr Hamilton, Mr Hilditch, Mr Humphrey, Mr Irwin, Mr McCausland, Mr I McCrea, Miss M McIlveen, Mr McQuillan, Lord Morrow, Mr Moutray, Mr Newton, Mr Poots, Mr P Robinson, Mr Ross, Mr Spratt, Mr Storey, Mr Weir, Mr Wells, Mr Wilson.*

*Tellers for the Noes: Mr Clarke and Mr McQuillan.*

*The following Members voted in both Lobbies and are therefore not counted in the result: Mr Allister, Mr Cree, Mrs Dobson, Mr Elliott, Mr Gardiner, Mr McCallister, Mr Nesbitt, Mrs Overend, Mr Swann.*

*Main Question accordingly negated.*

*Adjourned at 4.47 pm.*







Published by Authority of the Northern Ireland Assembly,  
Belfast: The Stationery Office

and available from:

Online  
[www.tsoshop.co.uk](http://www.tsoshop.co.uk)

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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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