
NORTHERN IRELAND ASSEMBLY

MINISTERIAL STATEMENT

North/South Ministerial Council Education Sectoral Format

Monday 8 June 2009

The Assembly met at 12.00 noon (Mr Speaker in the Chair).

Members observed two minutes' silence.

ASSEMBLY BUSINESS

Mr Speaker: I call Mr Alex Maskey.

Mr A Maskey: Go raibh maith agat, a Cheann Comhairle. Although the item is not on the agenda, it would be remiss of Members if we were not to record our absolute rejection of and disgust at the attack on the home of our ministerial colleague Conor Murphy in the early hours of Thursday 4 June 2009. It is not necessary that other parties make further interventions, because I expect and appreciate that they will want to record their rejection of that disgraceful incident, during which Conor Murphy's home and the home of his retired, elderly in-laws were attacked.

Although it is self-evident, I want to make it clear that none of the people who were involved in the attack, during which slogans were painted on the property and two cars set on fire, has, at any time, approached Conor Murphy directly, face to face, like a man, to tell him his thoughts. Instead, those people chose to emerge in the dead of night.

As I say, I accept that all Members will want to record the Assembly's disgust at that attack so that its message — that Members are determined to go resolutely about their business — will be consistent, as it has been in response to other recent attacks. With your indulgence, Mr Speaker, I add that the best message that can be sent to those who crept up to Conor Murphy's house in the dead of night comes from his young son, who, despite the trauma of the attack, in which a car was burned directly outside his bedroom window, considered himself fit and deemed it appropriate to get up that morning and spend the entire day at school. That demonstrates that that child is much more of a man than any of those who crept up, in the dead of night, to attack his family home.

Mr Speaker: I am sure that I speak for the entire House — all parties, from all sides — when I say that it condemns, totally and absolutely, attacks of that nature, which are wrong.

Mr Speaker: I have received notice from the Minister of Education that she wishes to make a statement on the North/South Ministerial Council meeting in education sectoral format.

Mr Storey: On a point of order, Mr Speaker. Whose responsibility is it to publish a statement on a Minister's behalf? Today's statement seems to be entirely in Irish and entirely in English. That is a departure from House protocol, and you, as Speaker, should inform the House of the exact protocol for delivering statements. The way in which the Minister has presented the statement is yet another disgraceful attempt on her part to rub the nose of the unionist community.

Mr Speaker: The procedure is clear. It is up to individual Ministers to decide how to produce and present statements to the House; it is nothing to do with the Speaker.

The Minister of Education (Ms Ruane): Go raibh maith agat, a Cheann Comhairle. The statement is in English and Irish, because Irish is the native language of Ireland and English is also spoken on this island. Given our statutory duties on the Irish medium and given that I have talked to Pobal, which is an umbrella organisation, I will make the statement in the same way that Welsh or Scottish or other languages are used in other parts of Ireland and in England, Scotland and Wales.

Rinne mise ionadaíocht don Choiste Feidhmiúcháin mar Aire Oideachais, i dteannta an Aire Fostaíochta agus Foghlama, Reg Empey MLA; rinne Batt O'Keeffe TD, Aire Oideachais agus Eolaíochta, ionadaíocht do Rialtas an Deiscirt.

With your permission, Mr Speaker, I wish to make a statement on the meeting of the North/South Ministerial Council in education sectoral format, which was held in the Middletown Centre for Autism on 20 May 2009. The Executive were represented by me, as Minister of Education, and the Minister for Employment and Learning, Reg Empey MLA. The Irish Government were represented by Batt O'Keeffe TD, Minister for Education and Science. The statement has been agreed with Sir Reg Empey, and I make it on behalf of us both.

Tabharfaidh mé achoimre ar na príomhphointí a ndearnadh plé orthu ag an chruinniú, pointí a chlúdaigh na réimsí comhaontaithe ar fad maidir le comhoibriú san earnáil oideachais.

I will summarise the main points from the meeting on all the agreed areas of educational co-operation. Where educational underachievement is concerned, the North/South Ministerial Council welcomed a

presentation from education practitioners on approaches to the integration of newcomer children in schools and the challenges that they face. Ray Gilbert, head of the education and library boards' inclusion and diversity service, chaired the presentation, and also involved were Josephine McMahon from St Joseph's Convent Primary School in Newry; Geraldine McClory from St Mary's High School in Newry; Eileen Donnelly from Drumglass High School, Dungannon; Pat Halpin from Balbriggan Community College, Dublin; and Breda Naughton from the Department of Education and Science. We noted and welcomed the continued co-operation on dealing with educational underachievement across the island.

Bhreachnagh an Chomhairle an dul chun cinn atá déanta ar réimse ceisteanna a bhaineann le tearcghnóthachtaí oideachasúil agus le hoideachas don Lucht Siúil, agus thug muid dár n-aire go dtionólfar comhdháil chomhpháirteach eile san fhómhar ar uimhearthacht a dhíreoidh ar mhúineadh agus ar fhoghlaim na matamaitice in iarbhunscoileanna. D'aithin muid go gcuirfeadh an chomhdháil sin le cur chun cinn na n-ábhar STEM: eolaíocht, teicneolaíocht, innealtóireacht agus matamaitic.

The council reviewed progress on a range of issues to do with educational underachievement and Traveller education, and it noted that a second joint conference on numeracy, which will focus on the teaching and learning of mathematics in the post-primary setting, will be held in autumn 2009. We recognise that the conference will contribute to the promotion of the science, technology, engineering and maths (STEM) agenda. Furthermore, we noted that a peer-learning exercise in school attendance is scheduled to take place in the north-west in September 2009. The event will bring together a range of academics, professionals and policymakers to consider existing services, share their experiences of ongoing initiatives and examine best practice so that school attendance issues can be addressed.

Beidh seachtain leabhar do pháistí ann le linn 2010 a dhíreoidh ar ghníomhaíochtaí a ceapadh le léitheoireacht a chur chun cinn mar rud dearfach. D'aithin muid go mbeadh ról tábhachtach ag na seirbhísí leabharlainne poiblí.

A children's book week will be held during 2010 to focus on activities that are designed to promote reading as a positive experience. We recognise that the public libraries services will have an important role to play. The Council also noted that following the successful joint Traveller education conference in Newry on 11 March 2009 it is proposed to create a forum for practitioners and policymakers to highlight and share best practice.

I will move to teachers' qualifications and superannuation. The Council welcomed closer liaison

between the Department of Education and the Department of Education and Science aimed at facilitating access to preparatory courses for the Irish-language qualification requirements for teaching in schools in the South. We also noted the continuing co-operation between the respective departmental inspectorates aimed at supporting the continued development of inspection practice across the island.

Thug muid dár n-aire go bhfuiltear ag súil leis go mbeidh fáil ar an chomh-thionscadal taighde maidir leis an bhealach is fearr le ceannairí nua scoile a mhealladh agus a fhorbairt faoi dheireadh mhí Meithimh 2009. Thug muid dár n-aire fosta an obair leanúnach faoin chlár malartuithe mac léinn agus múinteoirí Thuaidh/Theas agus an ghníomhaireacht leanúnach taighde agus comhdhála ar oideachas múinteoirí faoin Bhuanchoiste ar Oideachas Múinteoirí Thuaidh/Theas.

The Council noted that the joint research project on how best to attract and develop new school leaders is expected to be available by the end of June 2009 and noted the ongoing work under the North/South student-teacher exchange programme and the teacher-education research and conference activity under the aegis of the Standing Conference on Teacher Education North and South (SCoTENS).

As regards teachers' superannuation, the Council noted that measures are being planned to provide additional information on pension issues to teachers and others in the public sector who wish to transfer to work in the other jurisdiction, including information on recent changes in pension arrangements and qualifying recognised overseas pension schemes.

On the subject of special educational needs, the Council noted that there had been an exchange of correspondence between Ministers about Middletown and that the situation will be kept under active review by both Departments.

Chuir muid fáilte roimh na pleananna atá ag an Roinn Oideachais agus ag an Roinn Oideachais agus Eolaíochta comhdháil ar neamhord i réimse an uathachais a reachtáil i gcomhpháirt lena chéile i mí na Samhna 2009.

We welcomed the plans for the Department of Education and the Department of Education and Science to jointly run a conference on autistic spectrum disorder in November 2009.

The Council discussed school, youth and teacher exchanges.

Chuir an Chomhairle fáilte roimh an dul chun cinn atá déanta go dtí seo maidir le creatlach a fhorbairt i gcomhair comhchláir do bhainistiú agus chistiú malairtí oideachais san am atá le teacht. Thug muid dár n-aire go gcuirfidh an dá Roinn tús le hobair le

comhbheartas a fhorbairt a bheidh mar bhonn agus thaca ag an chlár nua agus go gcuirfear tuarascáil ar dhul chun cinn i láthair ag cruinniú de chuid na Comhairle sa toadhcháil.

The Council welcomed the progress that has been made in developing a framework for a joint programme for the future management and funding of educational exchanges. We noted that both Departments will be working to develop a joint policy to underpin the new programme and that a progress report will be submitted to a future North/South Ministerial Council meeting. In light of the ongoing work programme, it is the intention of both Ministers that the North/South exchange consortium will continue for a year, pending review by the two Departments.

Mar fhocal scoir, shocraigh muid gur chóir an chéad chruinniú eile den Chomhairle Aireachta Thuaidh/Theas i bhformáid na hearnála oideachais a thionól i mí na Samhna 2009.

In closing, we agreed that the next meeting of the North/South Ministerial Council in education sectoral format should take place in November 2009. Go raibh maith agat, a Cheann Comhairle.

The Chairperson of the Committee for Education (Mr Storey): I want to place on record our disappointment that, given the meeting's location and the context in which it took place, which was the Irish Government's announcement that they were withdrawing funding for the Middletown centre, only three lines of the Minister's statement are given over to that fact.

The Minister said:

"the Council noted that there had been an exchange of correspondence between Ministers about Middletown, and that the situation will be kept under active review".

Will the Minister tell the House what exchange of correspondence she has had with the Minister of Education and Science in the Irish Republic about Middletown? What, precisely, is the situation on the commencement of the key assessment services scheduled to start at Middletown next year, bearing in mind that the estimated annual running costs of the Middletown centre are £3.5 million in 2010-11 and that several million pounds have already been spent on it to date? Unfortunately, we have seen little progress on that issue.

12.15 pm

Secondly, I note the Minister's reference to literacy and numeracy; science, technology, engineering and mathematics (STEM); and the research project to develop new school leaders. When will the Committee for Education and, indeed, the House see the Northern Ireland literacy and numeracy strategy report, the STEM review report, and the review of teacher

education report, which, as seems to be the case nowadays, are long, long overdue?

Mr Speaker: I ask all Members to ensure that their mobile phones are switched to silent or, if possible, switched off altogether please.

The Minister of Education: Go raibh maith agat. I wish to record my appreciation of the wonderful work that the Middletown Centre for Autism does and will do in future. It is a very important centre doing world-class work.

The centre already provides two services: a training and advisory service for parents, teachers and other professionals, and a research and information service. The plan is that the Middletown centre will provide two further services: a two- to three-day multidisciplinary education assessment service, and a five-week residential, multidisciplinary education and learning support service. The centre will be multidisciplinary and will work in collaboration with local services. It will not replace the development of local provision; rather it will seek to enhance or support existing services. I look forward to having the support of all parties for the wonderful work that the centre does.

With regard to the Chairperson's question, I wrote to Batt O'Keeffe on 12 May to express my disappointment at the pause in the funding for the Middletown centre from the Southern Government. I told him very clearly that I could not accept any cuts in funding for this important project. That position is shared by many organisations throughout Ireland — north, south, east and west. Concern has also been expressed in Leinster House. The Minister for Education and Science has assured me that the centre will continue to be enabled to provide services and to develop additional services and that he remains committed to the centre. I welcome that. I reminded him of the origins of the project, when both Governments recognised the need for this approach to tackling the barriers faced by children with autism.

The Department of Education remains absolutely committed to the centre. We will continue to commit to the provision of funding on an equal basis with the Department of Education and Science (DES). I have instructed Department of Education officials to meet Department of Education and Science officials to explore options. Until discussions have taken place about the totality of the funding from the Department of Education and Science, the centre will continue to provide the training and advisory service and the research and information service.

The detail of the DES position on the capital programme funding is being discussed. The way forward is being considered as a matter of urgency. The chairperson of the Middletown Centre for Autism, Laurence Crowley, met Batt O'Keeffe and me, and he raised his concerns about the Southern Government's

decision on funding for that centre. A key feature of the centre is that specialist education and health professionals will work together to the benefit of children with autism throughout the island of Ireland.

Mr O'Dowd: Thank you, a Cheann Comhairle. I am not sure whether, during the lengthy list that the Chairperson of the Education Committee read out, the special educational needs (SEN) review was mentioned. What is the current status of the SEN review? Whether special educational needs are provided for at the Middletown centre, as discussed at the NSMC meeting, or locally, it is important that we have a world-class system in place.

The Minister of Education: The Member's question is timely. It is very important that everyone in the House understands the importance of the special educational needs and inclusion review.

The Department commenced the review of special educational needs and inclusion in April 2006 to address issues that are associated with the current SEN framework. Those issues included inconsistencies and delays in identification, assessment and provision; the year-on-year increase in the number of children with statements of special educational needs; and the bureaucracy that is attached to the current arrangements. Although children with special educational needs are the key focus of the review within the context of inclusion and the reality of diversity in our schools, after we listened to professionals in the field, recognition was also given to the increasing diversity of need in our schools and to the challenges that many of our teachers deal with in providing appropriate support for children and young people who face a range of barriers to learning.

Throughout the policy development phase, the review team engaged with a wide range of stakeholders, including representatives from the statutory and voluntary sectors, parents, children and young people. The review aims to ensure that every child and young person who faces a barrier to learning is given a fair and equal chance and is provided with the necessary support as early as possible so that they can be helped to achieve their full potential.

The key proposals that arise from the review will seek to provide consistency of provision across the five education and library boards as we move into ESA; early identification of barriers to learning; early and appropriate intervention; capacity building and upskilling of teachers and the wider school workforce; and collaborative working between education and health professionals.

The policy proposals were agreed in February 2008, and they received a positive hearing from the Committee for Education in May 2008. Indeed, all parties were represented at that Committee meeting. Owing to their cross-cutting nature, the policy proposals were issued

to Executive colleagues in July 2008 for agreement on their issue for public consultation, and a further memo was sent to the Executive in November 2008. I also sent an equality impact assessment (EQIA) on the proposals to the Executive to help inform their understanding.

In May 2009, another memo was sent to Executive colleagues, and that contained minor amendments to the foreword and preface to the document on the policy proposals to aid clarification for the reader. That memo also sought agreement to proceed to public consultation. On 19 May 2009, the Assembly debated a private Member's motion and an amendment to that motion on publishing the policy proposals. The amendment fell, and the motion was carried. Given that, I hope that all parties in the House heed the will of the Assembly; it is terrible that some parties are delaying the implementation of such important proposals.

It was very disappointing, despite it being 11 months since the original referral, and despite the Assembly debating and supporting a motion on 19 May that called on the Executive to agree to issue the policy proposals for public consultation, that the consultation document was not included on the agenda for the Executive meeting on 21 May. The next Executive meeting is scheduled for 11 June, and I hope sincerely that all parties see sense on the issue. In an earlier contribution, we heard concern for our children who are on the autistic spectrum; let us see action instead of crocodile tears.

Mr B McCrea: I struggle to find anything of any substance in the Minister's statement. There was a bit of a ramble about the Middletown Centre for Autism, but we know that it does not have enough money. I suppose that we have a purpose for it now; at least it is good for meetings. I see nothing in the statement about an approach to STEM subjects and getting people to study single sciences; I see only a missed opportunity.

I do not know whether I can raise the issue that I want to, because the Minister seems to be making more statements in her answers than she did in her original statement. As far as I can see — perhaps the Minister will clarify this point — there was no discussion about fee-paying schools in the South, the fact that the best exam results in the South come from those schools, and what lessons the South has learned from the abolition of selection. Discussion on those issues would be interesting.

The only substance that I could hear in the Minister's statement was when she said:

“In closing, we agreed the next meeting of the North/South Ministerial Council in education sectoral format should take place in November 2009.”

Why is that the only substantial point that I heard?

The Minister of Education: The Member's opposition to anything North/South is becoming more

obvious by the day. As I said, the Middletown Centre for Autism is a first-class centre of excellence that is doing tremendous work, and it is shameful that people are trying to play politics with it.

Science, technology, engineering and maths were on the agenda. I hope that the Member is not saying that that is not an important area for discussion. The Member claims to care about children who are underachieving. That subject is a major part of our discussions, and some of the best work, North/South, that we are doing is for underachieving and newcomer children across the island. The Council received a very good presentation on newcomer children and on strategies and learning about that issue on an all-island basis.

The Member will need to put his question about fee-paying schools to the Minister in the South of Ireland.

Mr D Bradley: Go raibh míle maith agat, a Cheann Comhairle. Fáiltim roimh ráiteas an Aire agus gabhaim buíochas léi as é a chur faoi bhráid an Tionóil. Caithfidh mé a rá gur maith liom an leagan amach atá ar an ráiteas, leis an dá theanga ar aon leathanach amháin. B'fhéarr liom féin, áfach, go mbeadh an Ghaeilge ar thaobh na láimhe clé den leathanach; b'fhéidir go smaointeoidh an tAire ar an mholadh sin dá céad ráiteas eile.

I welcome the Minister's statement and thank her for it. Unlike Mr Storey, I am quite pleased with the way in which the statement is presented bilingually, although I prefer to see the Irish on the left-hand side of the page. Perhaps the Minister will take that proposal on board for the next statement.

The Minister said:

"the Council noted that there had been an exchange of correspondence between Ministers about Middletown".

Does she agree that her approach to the Middletown funding issue — the megaphone diplomacy in which she engaged — was not helpful and that the funding issue could, perhaps, have been resolved had she approached the problem with a little more tact?

Mr Speaker: Will the Member please come to his question?

Mr D Bradley: I have already asked it.

The Minister of Education: Ar dtús —

Mr Storey: On a point of order, Mr Speaker.

Mr Speaker: There are no points of order during statements.

The Minister of Education: Go raibh míle maith agat as an chéad pháirt den cheist sin. I will look at the Member's proposal about having Irish on the left-hand side of the page. Indeed, I look forward to all Ministers, including the Minister from Mr Bradley's party, bringing forward statements in Irish and English. However, I have no objections to having the Irish on

the left-hand side of the page. That would be a very positive move.

With regard to Middletown, I hope that the Member is not suggesting that — *[Interruption.]*

Mr Speaker: Order.

The Minister of Education: I hope that the Member is not suggesting that, if a Government in the South of Ireland withdraw funding, we should not stand up vigorously for the Middletown Centre for Autism in private and in public. I make no apology for doing so in private and in public. I wrote to Minister O'Keeffe long before we made any public statements on the matter. I am not afraid to stand up and be counted when people are withdrawing funding or claim that they will withdraw funding for special needs children.

Mrs Long: The Minister mentioned children's book week. Children who are blind or visually impaired not only cannot access literature for leisure purposes but still struggle to get books and texts in the right formats for learning. One suggestion was to create central repositories for those resources. Has the Minister had discussions in the North/South sectoral format about having those resources made available to children across the island? If not, does she intend to do so?

The Minister of Education: We have not had discussions at the North/South Ministerial Council about that issue, and I will bring the matter to our officials.

Mrs M Bradley: How many more reviews will there be of North/South educational exchanges before a proper mechanism is put in place? Will the Minister assure the House that the North/South Exchange Consortium will have a central role in the implementation of the new framework?

12.30 pm

The Minister of Education: The North/South Exchange Consortium has played an important role, and it is pleased that we continue to provide funding. The consortium continues to do important work in the run-up to the move to ESA. I will keep the Member updated on any discussions that take place as we decide how to move forward.

Mr McKay: I thank the Minister for her statement and welcome the North/South Ministerial Council's ongoing work. What cross-cutting action is the Department of Education taking to tackle educational underachievement?

The Minister of Education: Just bear with me for one moment — *[Interruption.]*

Mr Speaker: Order.

The Minister of Education: Go raibh míle maith agat as an cheist sin. My Department is taking forward a radical programme of cross-cutting measures to tackle educational underachievement among working-class

and newcomer children. We have brought forward a range of policies that aim to tackle disadvantage and inequality, and to enable every young person to fulfil her or his potential.

The policies include transfer 2010; ‘Every School a Good School’; the revised literacy and numeracy strategy; the review of special educational needs and inclusion; the policy for newcomer children; the early-years strategy; the extended schools programme; and the review of Irish-medium education.

The Programme for Government and the associated public service agreement (PSA) targets set out the cross-cutting actions to tackle underachievement. My Department leads on PSA 10 and PSA 19, which are focused on raising standards and tackling underachievement. We also work with other Departments on the delivery of key programmes. For example, we work with the Department for Social Development in the delivery of the neighbourhood renewal targets that are set out in PSA 10, and we work with the Department of Health, Social Services and Public Safety to promote the health and well-being of young people.

Tackling underachievement, and dealing with the 12,000 young people whom our system fails every year, is top of my agenda. We cannot continue with a system that fails so many boys and girls from the Protestant and Catholic working-class communities and so many newcomer children who face disadvantage in our schools because they arrive here with a second language.

Ms S Ramsey: Go raibh maith agat, a Cheann Comhairle. I thank the Minister for her statement. The regular updates on North/South Ministerial Council meetings are useful. I note that Reg Empey attended the meeting and, indeed, cleared the Minister’s statement: that should answer Basil McCrea’s points.

Will the Minister allay recent concerns by giving an assurance that students from the North will not be disadvantaged in applying for university places in the Twenty-six Counties because of the timing of A-level results?

The Minister of Education: I place the utmost importance on equality of opportunity for all our young people. I want to ensure that young people can apply for courses, and transfer from post-primary to higher and further education, based on merit rather than on where they live.

I raised the matter with Batt O’Keeffe, in writing and verbally. He has given me assurances that institutions in the South will hold back a sufficient number of places to allow offers to be made to A-level applicants. I welcome his assurances that he fully appreciates that equality and the North/South dimension are paramount in the provision of higher education. I will inform every post-primary school principal of Mr O’Keeffe’s assurances in writing so

that no students are anxious about gaining university places on any part of this island.

Mr Storey: On a point of order, Mr Speaker. Mr Bradley began his contribution by speaking Irish, and he finished it in English. How do we know that what he said in Irish was exactly the same as what he said in English? There is an issue as to whether we are being transparent and whether the Irish language is being misused in the House. We are not happy, because it seems that the system is being abused.

Mr Speaker: Under Standing Order 78, Members may speak in the language of their choice — *[Interruption.]*

Order. Let me finish. I get an absolutely clear translation of Members’ words, no matter which language they prefer to speak. That is all that I wish to say on that issue.

Mr Storey: Further to that point of order, having a clear translation is different from the words being said exactly as they were originally said in the first language. That is my understanding of the Standing Order, which is one of the rules that governs the House.

Mr Speaker: Standing Orders are very clear. If a Member wishes to speak in a certain language, he or she must also translate it into English. That is absolutely clear, and that is what Dominic Bradley did.

Mr B McCrea: On a point of order, Mr Speaker. We have had some attempts in the House to try to keep supplementary questions free flowing, and a direction was given that Members should not read from prepared scripts during Question Time, but that did not seem to be the case on this occasion. I realise that Standing Orders may not cover that eventuality, but will you undertake to raise the issue with the appropriate authorities, because it takes some time to listen to pre-prepared answers?

Mr Speaker: I wish to clarify that questions to Ministers’ statements are not supplementary questions; they are questions to statements. I have often said that ministerial statements should be an opportunity for Back-Benchers to hold Ministers and the Executive to account. However, I have some sympathy with what the Member is saying. There are occasions when Ministers feel that they have to read out three- or four-page responses when they are replying to supplementary questions or questions on statements. However, I assure Members that, as Speaker, I am looking at that issue, because I do not think that it is necessary, especially when it comes to supplementary questions and ministerial statements. I am dealing with the issue through the Executive, and I assure Members that I have some sympathy with them on the issue.

EXECUTIVE COMMITTEE BUSINESS

Social Security Benefits Up-rating Order (Northern Ireland) 2009

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

That the Social Security Benefits Up-rating Order (Northern Ireland) 2009 be approved.

The Up-rating Order is an annual Order, which sets out the rates of contributory and non-contributory benefits, together with the various premiums that form part of income-related benefits. In general, the amounts are based on changes to the relevant price indicators over the 12 months ending in September. Most social security benefits are increased in the usual way in line with the increase in the retail price index in September, which was 5%. Income-related benefits, that is, income support, housing benefit and income-based jobseeker's allowance are increased by the Rossi index, which is 6.3% this year.

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

The basic state pension is, and will remain, the foundation of pensioners' incomes, and this year it rises by £4.55 a week to £95.25 for single pensioners and by £7.25 a week to £152.30 for couples. Members will recall that I increased the annual Christmas bonus from £10 to £70, which was equivalent to bringing forward the increase in state pension from April to January. Those increases are against a backdrop of falling inflation in line with the highest increase in inflation last year.

Increases in pension credit mean that no single pensioner will need to live on less than £130 a week, and couples will see an increase of £9.10 to £198.45 a week.

Those are the highest increases since pension credit was introduced in 2003. The Order will provide extra money for disabled people, carers and those of working age. It increases child-related allowances that are paid as part of income-related benefits in parallel with child tax credits. From April 2009, the allowance paid for a child who is dependent on income-related benefits is increased by almost 7%, from £52.59 to £56.11 a week.

From April 2009, incapacity benefit is increased using the same measure, which is the Rossi index, as the employment and support allowance so that, over time, all claimants in similar circumstances will receive the same level of support. The benefit rates for incapacity-benefit claimants with an age addition will not, as was suggested last summer, be frozen. Instead, their overall benefit will increase by at least half the level of the Rossi index, which equates to 3.15%, meaning that they will receive no less than £95.15 a week. That is the same amount of benefit as someone

in the support group who receives contributory employment and support allowance.

My Department has no power to set different benefit rates for Northern Ireland; it is empowered only to set the same rates as apply in Britain. The total cost of the new benefit rates for this year is approximately £155 million. All Members will wish to ensure that people in Northern Ireland, including some of the most vulnerable in society, continue to receive the new rates.

The Chairperson of the Committee for Social Development (Mr Simpson): The Committee for Social Development considered the Social Security Benefits Up-rating Order (Northern Ireland) 2009 at its meetings of 26 February and 19 March 2009. It is understood that the Order will increase a range of social security benefits by various rates. As the Minister outlined in her statement, the increase ranges from 5% for non-income-related benefits to 6.3%, in line with the Rossi index, for income-related benefits. The Committee welcomes the increase in benefits for some of the people in society who are most in need, and it, therefore, recommends that the Assembly affirms the Social Security Benefits Up-rating Order (Northern Ireland) 2009.

Mr Brady: Go raibh maith agat, a LeasCheann Comhairle. Although I welcome any increase for people on benefits, it would be remiss of me not to mention that most of the benefits, such as income support, pension credit, and so forth, are, by the Government's admission, at a subsistence level. I accept that the Order is parity legislation, but we must constantly be aware of, and address, the fact that the level of retirement pension here and in Britain is the meanest in the developed world.

Although people on benefits are receiving an increase, it is largely lost because they pay more for food and fuel, such as electricity and gas, and so forth, than claimants who live in Britain. Although the Order is parity legislation, it does not compare like with like. The Assembly should examine and address that situation urgently. Go raibh maith agat.

Mr McCarthy: Go raibh maith agat, a LeasCheann Comhairle. I also welcome the Minister's statement. She mentioned falling inflation, but prices are still increasing in Northern Ireland, and as a Member said earlier, the costs must be met somehow. Nevertheless, I welcome the increase in benefits.

As all Members know, an enormous amount of paperwork is involved in making a claim. Will the Minister and her Department continue to work to make the process easier for all claimants?

12.45 pm

The Minister for Social Development: I am pleased with the consensus of support across the

Assembly for the Social Security Benefits Up-Rating Order (Northern Ireland) 2009. I thank Mr Simpson and the Social Development Committee for dealing with the Order positively on 26 February and 19 March, and for the manner in which he has dealt with it in the House today. I agree with Mr Simpson that the Order's purpose is to uprate income and financial assistance.

I note Mr Brady's comments on the rates of benefit. I am glad that he recognises that the Department for Social Development does not have the power to set different rates of benefit for Northern Ireland. He knows that they are set in Westminster and that people who are elected should take their seats in the House of Commons in order to deal with benefit rates and to take part in the Committee Stages of various Bills connected to welfare reform. There is a message in that for his party.

Kieran McCarthy supported the Order, but raised the issue of the simplification of benefits, which is something of which I remain mindful. I am very conscious that constituents face a daunting task in completing complicated forms. My Department and I will be happy to look at that. I was hoping to meet the former junior Minister in the Department of Work and Pensions, Tony McNulty, but because he resigned on Friday, a meeting that had been planned for next week will not take place. I hope to meet his replacement fairly shortly and I will raise that issue, as I did with Mr McNulty's predecessor, who has also now gone, James Purnell, because I believe that all claimants' access to the benefits system must be made as easy as possible.

I invite Mr McCarthy or any Member to bring me potential solutions. I will be happy to discuss them with the appropriate Ministers in Britain. We all want to ensure that the value of benefits is not eroded by inflation. Notwithstanding the economic downturn, the credit crunch and the cost of living in Northern Ireland, the up-rating Order will make sure that that does not happen.

Question put and agreed to.

Resolved:

That the Social Security Benefits Up-rating Order (Northern Ireland) 2009 be approved.

PRIVATE MEMBERS' BUSINESS

Diabetes Service Framework

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

Mr Shannon: I beg to move

That this Assembly expresses its concern at the threat posed by the ever increasing rates of diabetes; notes that Northern Ireland has the highest prevalence of the disease in the UK (5.4%) and remains the only area not to have a dedicated regional strategy to address the issue; and calls on the Minister of Health, Social Services and Public Safety to introduce a stand-alone diabetes service framework.

This is an important issue. Diabetes is the unknown disease and, as such, it is important that the motion is discussed in the Chamber today.

We are used to hearing statistics, but they serve to underline the importance of today's debate. Currently, 61,000 adults and 1,000 children are living with diabetes. An estimated 12,500 people have the condition but are unaware of it. Diabetes is the leading cause of blindness among people of working age, the leading cause of renal failure and the leading cause of non-trauma-related amputations.

People with diabetes are five times more likely to suffer from heart disease, three times more likely to suffer a stroke and 30% more likely to experience depression or anxiety. Premature death is a real possibility. Two out of three people who die as a result of diabetes are killed by complications that could have been avoided had they known of their condition.

The International Diabetes Federation believes that people with type 2 diabetes die five to 10 years earlier than people without diabetes. From 2005 to 2008, there was an 18% increase in the adult incidence of diabetes, and those figures are only for people who were diagnosed. Therefore, a great many more people with the condition are out there. Approximately 115 children a year are told that they have diabetes, and approximately 22% of Northern Ireland primary-school children are classed as overweight or obese. In Northern Ireland, 60% of adults have a weight problem, and as many as one in five is obese. The International Diabetes Federation believes that up to 90% of type 2 diabetes cases are attributable to weight gain. As a type 2 diabetic, I must declare an interest.

Aa' wusnae sae lang ago telt bi' mae doakter that Aa' haud twau soarts o' diabetes. It wus a shoack tae tha systim an yit Aa' hae bin abel tae git maesel intae a paetern an hae velyed tha help geen tae me bi' tha

NHS staff. Hooiiver, it is unnerstaunabel that these staff er unner a awfu lok o' pressur. In May 2007, tha DHSSPS sterted aff oan tha furst stage o' bringin about a servis o' framewoarks in Norlin Airlan.

In 2008, tha DHSSPS telt Diabetes UK Norlin Airlan that tha Mannyistar fer DHSSPS, Michael McGimpsey, haud maed a decision oan tha servis framewoark fer 2008 en oanwards. Aa' shoart list o' six main areas, takkin in diabetes wus pit fort tae tha DHSSPS, followed bi' an eveluatshin bi' tha departmental subgroup. Tha Mannyistar anoonced that woak shud begin oan tha develomunt o' a servis framewoak fer childers health an weel-bein, an a servis framewoak fer tha ouler fowks health an weel-bein in 2008.

I was recently diagnosed with type 2 diabetes. Although it was a shock to the system, I have managed to get myself into a routine, and I have valued the support and assistance of NHS staff. However, that staff is under immense pressure. In May 2007, the Department of Health, Social Services and Public Safety (DHSSPS) embarked on the first phase of developing service frameworks in Northern Ireland. In May 2008, the Department informed Diabetes UK that Minister Michael McGimpsey had made a decision on the service framework programme for 2008-09 and onwards. A shortlist of six priority areas, including diabetes, was submitted to the Department, and, following evaluation by the departmental subgroup, the Minister announced that work should commence in 2008 on developing a service framework for children's health and well-being and on one for older people's health and well-being. The Department also announced that it anticipates that additional areas for service framework development will be taken forward from 2009-2010. Those areas will be drawn from the remaining priorities, including diabetes, that have been identified and evaluated by the Department.

It has been suggested that diabetes may only be included within a cardiovascular service framework. The cardiovascular service framework addresses three specific areas relating to diabetes: everyone with diabetes should have the condition diagnosed; all patients with diabetes should have access to education about their condition, as well as, I believe, emotional and psychological support; and all patients with diabetes should be offered a review of their condition at least once a year by a suitably qualified treatment team.

It was at that stage that I was contacted by Diabetes UK, which has stated that the current level of care is simply not enough. I can see why, and I hope that the Assembly will agree with me.

The treatment of diabetes consumes £1 in every £7 spent on healthcare in Northern Ireland; in 2005-06, £43.7 million was spent on diabetes. However, that

figure excludes the cost of treatment for diabetes in primary, community, personal social services or outpatient settings. It is estimated that 10% of the NHS's annual budget — approximately £350 million — goes on treating diabetes. In 2006-07, 634 people were admitted to accident and emergency departments suffering from diabetic ketoacidosis — that is a big word. Clearly, Northern Ireland needs a stand-alone diabetes service framework similar to the one that is in place throughout the UK. Therefore, our goal should be to have something similar to what is available in the UK mainland.

In 2006, the United Nations called for Governments to create national diabetes programmes to tackle the epidemic. Northern Ireland is one of the few areas in the world that is yet to implement such a strategy.

Wide inequalities exist in care for people with diabetes across Northern Ireland depending on where a person lives. That must be addressed. The evidence is conclusive: early intervention —

The Minister of Health, Social Services and Public Safety (Mr McGimpsey): Is the Member aware that we have operated a diabetes strategy in Northern Ireland since 2003? Diabetes UK played an important part in advising the Department when that strategy was put in place, and I have invested large amounts of resources in it.

Mr Shannon: I thank the Minister for his intervention. Nobody denies that Diabetes UK was involved, but we are looking for a process that is similar to that of the UK mainland, where a framework addresses the issue. Unfortunately, we do not have a similar framework in Northern Ireland, and that is the reason for today's motion.

As I said, wide inequalities exist in care for people with diabetes across Northern Ireland depending on where a person lives. There is concern that the inclusion of diabetes in the new cardiovascular service framework (CVSF) could replace the recommendations outlined in the joint CREST/Diabetes UK report of 2003, to which the Minister referred. The CVSF does not cover those standards adequately. Furthermore, it does not address issues relating to the prevention, diagnosis and treatment of diabetes; that is very worrying. That is what we are trying to address in today's motion.

Diabetes UK Northern Ireland believes that a stand-alone framework would include the three standards mentioned in the CVSF, with additional commitments and targets: everyone with diabetes should be diagnosed within a year of having the condition, with targets established for the number of cases diagnosed without complications. Currently, 50% of those diagnosed already have complications due to late diagnosis, which means that irreparable

damage has been done and that it is too late to prevent long-term cost to the individual. Moreover, diabetic complications increase NHS costs for a patient by more than five-fold.

All patients with diabetes should have access to education about their condition, as well as emotional and psychological support; access should be regular and equitable, with targets to ensure that it is received. Additionally, it should fulfil the five criteria, with tailored programmes for vulnerable groups and minimum standards on what should be covered, including podiatry. At present, a postcode lottery of care exists in relation to structured patient education; a service that is vital, as 95% of care in diabetes is self-management. There should be a commitment to tailored programmes for children, elderly people, vulnerable adults and those with gestational diabetes. A commitment to structured education is very welcome and will help to reduce complications and mortality, but we need a more stringent commitment. We seek that through the motion.

All patients with diabetes should be offered a review of their condition at least once a year by a suitably qualified treatment team, whether through a GP or a diabetic class that most surgeries and health clinics have. With the ever-increasing rates of obesity and its strong link to type 2 diabetes, an extra commitment is needed on intervention and lifestyle modification. Every one of us must look at our lifestyle and consider whether, conscious of sugar and fat intake, we replace the chocolate, biscuits and lemonade with apples. It is also important that patients receive feedback to aid self-management. The Institute of Public Health in Ireland estimated in 2007 that if obesity levels continue to rise in a linear fashion, incidence levels in Northern Ireland will increase to almost 85,000 adults with diabetes in 2015.

It could not be clearer that the escalating problem needs to have real and undivided attention and its own framework, and that is why, as a diabetic and a representative of the people of my constituency, where I am aware of the number of people who are being diagnosed as diabetic, especially those children and adults —

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

Mr Shannon: I propose the motion.

The Deputy Chairperson of the Committee for Health, Social Services and Public Safety (Mrs O'Neill): Go raibh maith agat, a LeasCheann Comhairle. I support the motion.

The proposer of the motion talked about the link between obesity and type 2 diabetes. The Committee for Health, Social Services and Public Safety is undertaking a major inquiry into obesity, which is fast becoming

the number one health problem facing society. The inquiry is looking at what is being done to prevent obesity and what weight management or other services are in place to treat those with obesity-related illnesses.

As I said, there is a clear link between obesity and type 2 diabetes, although obesity is not the sole cause of the disease.

1.00 pm

As Members know, there are two types of diabetes. Type 1 is genetic, tends to develop in younger people and has no link to weight issues. However, Dr Michael Ryan, a consultant who deals at the front line with the consequences of diabetes, told the Health Committee that type 2 diabetes is an inevitable consequence of weight gain. He said that 90% of the patients whom he sees at his diabetes clinics have significant health problems that are related to their weight or to obesity. He also informed the Committee that, in the past, type 2 diabetes was called “maturity-onset diabetes” and that it was considered to be a condition that developed in older people. He said:

“Nowadays, I see 18 and 19-year-old people with that condition, and paediatricians are seeing it in the under 16s. That was unheard of.”

He also said that the lifespan of a person who is diagnosed with diabetes is reduced by approximately 10 to 15 years. That makes startling reading.

Obesity and its impact on the health of the population have been described to the Committee as an epidemic that is facing society. Up to 60% of all adults here are overweight or obese, and one paediatrician told the Committee that 100,000 of the 400,000 children across the North are overweight or obese and that some 60% to 70% of them will be obese as adults. Those are shocking statistics.

The scale of the problem is alarming, but it is more alarming that the doctors who work on the front line are telling us that the situation is reaching crisis point. They state that there are no services for the patients concerned, and they have argued strongly that the patients' fundamental problem will not go away until the obesity issue has been addressed.

The Committee's inquiry into obesity has been ongoing for some time and is nearing completion. As yet, however, we have not reached any conclusions or made our recommendations, so I cannot say whether the Committee will be calling for a diabetes service framework. However, today's debate will inform us about that, and I expect that the problems with the lack of services for treating those with obesity-related illnesses, particularly type 2 diabetes, will feature highly in the Committee's report.

I will make some comments in my capacity as Sinn Féin's health spokesperson. It is clear that inequalities exist in care for people with diabetes across the North,

and one problem appears to be that access to services is dependent on where one lives. It is imperative that we promote an equal right to healthcare, and we need to ensure that inequalities in our healthcare system are eradicated and that we have a society in which everyone, based on need, has equal access to the highest-quality healthcare. Furthermore, there needs to be a clear focus on public health, and we need to tackle the socio-economic and cultural determinants of ill health. The new Public Health Agency provides an excellent opportunity to do that. Its duty is to focus on public health awareness and on education so that general awareness of the importance of a healthy lifestyle and its effects on one's long-term health is raised.

As Jim Shannon said when moving the motion, there is a high prevalence of diabetes here that needs to be tackled now. As he also said, we are aware that there is a possibility that three core standards will be proposed under the cardiovascular service framework. However, the groups on the ground feel that that is not sufficient and that more improvements are required. I welcome any improvements that have been made, and I welcome the three standards that have been set, but it is clear that more needs to be done. I support the motion.

Mr McCallister: I thank and congratulate Members for securing the debate today. It is an important issue, and it is imperative that we debate it at this time.

Several key areas are pertinent to the motion. It is good that the Minister is in the Chamber and that the Department of Health, Social Services and Public Safety has made a longstanding commitment to work on this area. The Deputy Chairperson of the Health Committee talked about the Committee's important work on the inquiry into obesity.

The evidence that the Committee is receiving highlights dramatically that we will be sitting on a time bomb if we do not address and get to grips with the problem of obesity and all the elements of it that relate to health. We will be debating one of the key aspects of that this afternoon. When that report is finished, it will be a useful reference point in developing policy to deal with diabetes.

The Public Health Agency has been one of the most forward-thinking policy developments that we have had from the Assembly and the Minister. It enables us to put the spotlight on the public health agenda to an extent that has not been done in any other part of the United Kingdom or, indeed, in very few parts of Europe. The agency is such an important aspect. As the debate develops, Members will talk about how important it is to get diabetes on to the public health agenda.

All the evidence that the Committee has been considering indicates that we have to engage the public in looking at lifestyle choices and at issues such as

diet. We must address the health inequalities that exist, such as the differences in life expectancy that occur due to the areas in which people are born. The public health agenda and the work of the Public Health Agency will be key in addressing the huge rise in the incidence of diabetes. In his opening remarks, Mr Shannon talked about the prevalence, and rise in the incidence of, diabetes. For the Public Health Agency, prevention and looking at issues such as lifestyle and diet are the only ways in which that rise will be tackled.

I was pleased to hear the Minister, in his intervention during Mr Shannon's speech, talking about the work of the Department of Health, Social Services and Public Safety on the issue. It will be interesting to hear more about the Department's response; how it is working with some of the national service frameworks; and how that work is continuing to evolve to meet the needs of people with diabetes across Northern Ireland.

Mr P Ramsey: Like other Members, I am delighted to participate in the debate. Like Jim Shannon, I declare a personal interest in the subject, as someone who has type 2 diabetes. It was diagnosed around March last year and I am now insulin-dependent. When people are told that they have diabetes, the news comes as a great shock to the system and it takes a long time to acclimatise the body to the changes needed. Diabetics need to make important lifestyle changes, particularly with regard to weight loss; something that we all endeavour to achieve.

Since being told that I have diabetes, I have developed a natural interest in the subject. I have become aware of service deficiencies and, naturally, I want everyone with diabetes to be able to receive the best quality of treatment available. I certainly got that standard at Altnagelvin Hospital, having spent two overnight visits there over a period of three weeks. As Jim Shannon said, people across Northern Ireland should receive the same standard of treatment and care regardless of their postcode. We all want Northern Ireland to be a centre of excellence.

I have written to the Minister in the past and I know how heavily the Department is involved in improving care. However, centres of excellence are needed across Northern Ireland to ensure that the incidence of diabetes is reduced and that we do not have a postcode lottery with respect to diabetes services.

We are all aware that Departments and trusts in England, Scotland and Wales have been working very hard to advance integrated diabetes strategies. There is a concern among advocates of that system that the Department here intends to address the diabetes problem through the vehicle of the service framework for cardiovascular health and well-being, as Jim Shannon mentioned earlier. Therefore, the motion has been tabled to encourage and promote approaches

through a different type of framework. Perhaps the Minister will shed some light on this later, when he responds to the debate.

We are all — not just individuals — grateful to Diabetes UK for the work that it carries out to deliver, promote and advocate across the sector, not only in Northern Ireland, but in Britain. I must say this to the Minister: Diabetes UK clearly makes the point that a cardiovascular service framework will address some, but not all, of the issues that need to be addressed to provide timely diagnosis, treatment and, most importantly, education about the condition. It points out that there should be a specific diabetes strategy that is delivered evenly across Northern Ireland, regardless of postcode.

Given the limited time available for the debate, I will not go into detail about the various elements that should be in the strategy and how those elements must be co-ordinated and managed. We are fortunate that work has already been carried out in other regions, and we should use that work as a model of best practice. However, I want to raise two issues of concern. The first is the increasing incidence of type 2 diabetes, which, as we all know from existing evidence, is about lifestyle. It is imperative that we change our attitudes and food habits and, most importantly, that we exercise. It may be appropriate for the Executive to examine the Scottish model of using some of the health budget for the provision and promotion of sport and exercise.

The second issue is that recent research that I have been made aware of forecasts that the incidence of diabetes in the under-fives is set to double by 2020. That is a huge concern, given that the cause of the increase is not yet known. When the cause is not known, prevention is not possible. I invite the Minister to say whether the Department expects such an increase in type 1 diabetes in the under-fives and to outline how the Department plans to treat the additional numbers of children who will require heavy-duty care under the National Health Service.

In conclusion, I hope that the Minister will be in a position to say that a service framework for diabetes is still on the Department's agenda and that it will be taken forward in the near future. That would be a hugely important step. I know that other Members have said that they support the motion but do not support the creation of a diabetes service framework. It is obvious to anyone involved with diabetes that we need a framework. We need greater capacity to deal with the condition, and the more we find out about the condition, the more we realise that such a framework is needed. That is why this all-party motion was tabled. I support the motion.

Mr Neeson: I welcome the debate and the formation of the all-party Assembly group on diabetes, of which I am very pleased to be a member. I declare an interest; about four years ago, I was diagnosed with type 2 diabetes. However, I have been able to keep it under control by taking tablets and through diet and exercise, although I must admit that I would like to be getting a lot more exercise than I am currently.

Members have mentioned that obesity is one of the main causes of the condition. I must question that; although I believe that obesity may be a cause, it is not always the case that it is. Diabetes can be a genetic condition. I discovered only a few months ago that my grandfather died of diabetes a number of years ago, so that issue must be taken into consideration.

There is no doubt that diabetes will be a major problem for the Health Service in the future. Detection at the earliest opportunity is vital. The GP that I attend is proactive in testing patients for diabetes, and I encourage all GPs throughout Northern Ireland to do likewise.

Diabetes is not a new issue for me. In the year that I was Mayor of Carrickfergus, a diabetes charity benefited from the mayor's breakfast.

1.15 pm

According to Diabetes UK, the evidence on early detection is conclusive. Early intervention and effective medical care and self-care will prevent or postpone diabetes complications for most people. There is a need to create a greater awareness of diabetes in Northern Ireland, which is why the motion calls for "a standalone Diabetes Service Framework". The European Centre for Connected Health deals with chronic chest disease, chronic heart disease and diabetes. Therefore, there is also a need for a stand-alone framework at international level.

The growing number of young people who are diagnosed with diabetes is worrying. There is a responsibility for educating not only parents, but children, in diet and exercise. That should form part of the school curriculum, which is why we need a dedicated regional strategy to address the issue. It might be worthwhile for the Minister of Education and the Minister of Health, Social Services and Public Safety to get together to see whether they can devise some form of education framework to advise young people about the need for exercise, as Mr Ramsey said.

I support the motion. It is in the interests of all Members to make people more aware of the outcomes and the dangers of diabetes and of how some people have suffered greatly as a result. Such an awareness, particularly in education, would be advantageous.

Mr Buchanan: I support the motion. Diabetes is known as the "silent killer", and it represents one of

the biggest challenges facing the health system in Northern Ireland. It is alarming that the cost of treating Northern Ireland's increased level of diabetes has risen to £1 million a day, and that underscores the immense pressure that the condition is placing on the health budget. More than 62,000 people suffer from diabetes here, and an estimated further 20,000 are unaware that they suffer from it. Those figures are set to soar to 100,000 by 2015, so urgent action must be taken to establish a strategy to deal effectively with the condition. It is unacceptable that type 2 diabetes can remain undetected for 10 years or more before it is diagnosed, which means that, for many people, serious implications have already begun to develop, causing ill health and reduced life expectancy.

It is a fact that diabetes is the fourth-largest cause of death worldwide, and it is the leading cause of blindness in Northern Ireland. It results in a fivefold increase in the risk of heart disease, a threefold increase in the risk of a stroke, and people with diabetes are 15 times more likely to undergo an amputation. It is one of the main causes of end-of-life renal failure; it causes depression in up to 30% of those who suffer from the condition; and it causes more deaths than breast cancer and prostate cancer combined. Therefore, the Minister of Health, Social Services and Public Safety must introduce urgently a stand-alone diabetes service framework for Northern Ireland, as has been introduced already in England, Scotland and Wales. The benefits of doing that are widely recognised.

In 2006, the United Nations called for Governments to create national diabetes programmes to tackle the epidemic. It is a sad reflection on the Health Service in Northern Ireland that ours is one of the few areas in the world that has not yet implemented such a strategy.

Concern is growing at the fact that diabetes may be included only in a cardiovascular service framework, rather than in a stand-alone framework. Although any past or present initiative that the Minister and his Department has introduced to tackle diabetes is welcome, it is simply not enough to include it in another framework. The cardiovascular service framework addresses only three areas that are specific to diabetes and fails to address diabetes prevention, diagnostics and treatment. It also fails to make commitments or set targets in order to tackle the disease.

For example, everyone with diabetes should have his or her condition diagnosed within 12 months of their developing the disease. All diabetic patients should have access to education about their condition, as well as receiving emotional and psychological support. All patients should be offered a review of their condition by a suitable, qualified treatment team at least once a year. Additional commitments, to name but a few, should be an end to the postcode lottery of

care; stringent targets to ensure real change; information technology systems to record prevalence of diabetes; specific strategies for children; and effective and regular training for healthcare professionals.

Only a stand-alone diabetes service framework will adequately and effectively address that serious matter. I therefore call on the Minister of Health, Social Services and Public Safety to step up to the mark and give a commitment to the House that he will establish a diabetes service framework in the next round of service framework announcements, which are due in the autumn. I have no doubt that the introduction of a stand-alone service framework for diabetes would help to reduce the huge financial cost that the treatment of diabetes places on the health budget. As the old proverb goes: prevention is better than cure. Therefore, let the Minister demonstrate to the House that he is committed to the delivery of equality in the Health Service for people across Northern Ireland. I support the motion.

Mrs McGill: Go raibh maith agat, a LeasCheann Comhairle. I thank the members of the all-party Assembly group on diabetes for tabling the motion, and I welcome the fact that the Minister is in the Chamber to listen to the debate.

The proposer of the motion spoke about statistics. Members sometimes list too many statistics, but, in this case, some of the statistics are so stark that it is obvious to those of us who may not be as familiar with the issue of diabetes just how much of a growing problem it is.

The Assembly's Research and Library Service provided a very helpful information pack for the debate, which included an article that appeared in the 'Belfast Telegraph' in January 2009. I was struck by a statistic reported in that article that 10 new cases of diabetes were diagnosed in Northern Ireland every day between February 2007 and February 2008. Ten cases a day seems to be a quite a large number. For the previous year, five cases were diagnosed every day.

It is clear that the House believes that a diabetes service framework should be put in place. As far back as 2007, my party colleagues Daithí McKay and Sue Ramsey had asked the Minister questions about the issue of diabetes and, more recently, about developing a service framework. Subsequently, many Members from other parties have done the same.

I agree with Members who said that the Department of Health, Social Services and Public Safety has clearly done work to address the issue. The creation of a diabetes service framework is the best way to deliver what is needed to tackle the problem.

Members mentioned what is happening in relation to diabetes in the other jurisdictions of these islands. Pat Ramsey spoke about what the Scottish Administration

are doing, and my party colleague Michelle O'Neill, the Deputy Chairperson of the Committee for Health, Social Services and Public Safety, referred to what that Administration are doing to combat inequalities in accessing diabetes services, which is a key area. If the House agrees that a diabetes service framework is required, and the Department can introduce it, location must form part of the framework. Statistics state that, if people live in a deprived or disadvantaged area, they are 2.5 times more likely to develop type 2 diabetes. That may be through no fault of their own, and they may not live near an acute hospital or have access to services or a specialist diabetes consultant. That adds to people's difficulties.

About 10 days ago, I was, by coincidence, speaking to a young teenager with diabetes who lives in my constituency. For the past two years, the young man has attended a one-week summer camp in the Mourne that is run by a diabetes charity. Attendance at the camp has benefited him because it has given him confidence as well as emotional and other forms of support. However, this year, he was not accepted because the number of young people who want to attend the camp far exceeds its capacity. His mother thought that it would be great if that one week could be extended to three weeks. I understand the young man's situation, and any new framework must deal with such issues.

Sean Neeson referred to education —

Mr Deputy Speaker: Will the Member please draw her remarks to a close?

Mrs McGill: Education is a difficult area. What happens when a young child with diabetes moves from preschool to primary school? What practicalities are involved? A diabetes service framework should address such issues. Go raibh míle maith agat, a LeasCheann Comhairle.

Mr G Robinson: I congratulate the Members who tabled the motion on such an important and practical health issue.

I like to think that I deal with the realities of life, and one reality is that Northern Ireland has the highest levels of diabetes in the UK. The only way to address that appalling statistic is to establish a framework that will effectively and proactively reduce those levels. Only through the introduction of a regional strategy can we tackle what is virtually a diabetes epidemic.

The motion mentions the threat posed by diabetes, which we should not underestimate. People could lose limbs and their eyesight, or they could encounter heart and severe renal problems. Their quality of life may be affected, and no one should find that acceptable. Those examples may be exceptional, but they demonstrate the need for a system that prevents such occurrences and that reduces the cost to the Department of Health,

Social Services and Public Safety in the medium to long term. The Minister must, as a matter of urgency, develop and introduce a regional strategy that effectively addresses the increase in the rate of diabetes in the community and that further prevents the awful consequences of poorly managed diabetes.

There is no question that, as with many other conditions, the correct, effective and early treatment of diabetes produces the best outcome, and the best life, for patients. That can be achieved through the use of specialist diabetes nurses who work locally and deal with people whom they get to know personally.

That helps the patient to build up trust and, therefore, a higher degree of compliance with any medication that they need to take. That is one way to address the issues in the debate. However, any increase in specialist nurses must be properly resourced to ensure maximum effectiveness through a multi-professional approach, including the use of dietitians and specialist doctors.

1.30 pm

Undoubtedly, an interdepartmental approach will have to be taken to maximise the effectiveness of the regional strategy. I am sure that the Minister will be mindful of that when considering what steps he will take. To ensure that a regional strategy becomes a reality for Northern Ireland, I urge all Members to support the motion. An effective regional strategy will increase effective and consistent treatment across the Province and, most importantly, reduce the impact on people who live daily with diabetes.

Mr K Robinson: As a member of the all-party group, I support the motion. I thank Diabetes UK Northern Ireland for the sterling work that it carries out on behalf of those who have been diagnosed with the condition. Those of us who visited a very wet Stormont on Saturday will know of some of the work that that organisation carries out in adverse conditions.

The organisation's activities have raised public awareness of diabetes and contributed to focused research on the incidence, impact and costs that are associated with what in many cases could be an avoidable situation. The growing rates of obesity in Northern Ireland are indicators of a predictable growth in the number of cases of type 2 diabetes that will impact on the lives of individuals, families and society.

It is reckoned that the cost associated with the treating of diabetes and its complications currently stands at about £1 million a day in Northern Ireland. That is a staggering £365 million per annum out of the health budget. What could the Minister of Health do if he had more freedom to move that sum of money around? Therefore, it is obvious that any further steps that can be taken to reduce the avoidable expenditure must be taken immediately, because the number of

undiagnosed cases of diabetes will add considerably to those costs.

It is now reckoned that 25% of men and 23% of women in Northern Ireland are obese. Obesity among school-age children is growing alarmingly. Lifestyle choices such as healthy eating and regular exercise will, if properly presented, help to reduce the overall numbers of future cases, but only if there is a cultural shift in public attitudes towards physical activity and the foods that are consumed. The battle to instil the dangers of drink-driving and, more latterly, of smoking into the public psyche shows that, with the commitment of government and the putting of the stark facts in front of the population, attitudes can be changed for the benefit not only of individuals but of the whole of society.

The struggle against diabetes must enter a similar phase. Although groups such as Diabetes UK can take the message out to the public, all agencies of government have a central role to play. The devolved Administration have an opportunity to catch up with our counterparts in the rest of the UK. In Northern Ireland, 65,000 people are diagnosed with diabetes, and an estimated 12,500 people have the condition but remain undiagnosed. Those people deserve help, advice, support and treatment on a par with their fellows across the water.

Recently, a member of my family was diagnosed with diabetes. It was quite a shock, not only to the individual but to the whole family. There had been no outward symptoms; the condition is often picked up, as Pat Ramsey said, in a random way. It is lying out there as a time bomb.

The Chamber will recognise that Minister Michael McGimpsey has been proactive in the pursuit of his brief, and a challenge remains on the current approach to diabetes here that he can and must address. His Department's draft service framework for cardiovascular health and well-being makes three specific references to diabetes and outlines the potential impact of diabetes on many aspects of life and how it can be treated. However, a more proactive approach must be taken, given that diabetes is a hidden killer.

That is in sharp contrast to what is happening in England. My colleague Pat Ramsey mentioned the process in Scotland, which seems to form a clear framework and brings the agencies together. A National Health Service framework for diabetes already exists in the three home countries.

Further reports by Clinical Resource Efficiency Support Team (CREST) in 2003, the Regional Multiprofessional Audit Group (RMAG) in 2008 and the Northern Ireland Audit Office all indicate what needs to be done but state that the full impact on reducing type 2 diabetes has yet to be realised. A submission by Diabetes UK notes that, although the

Health Service is effective at treating the complications of diabetes, it fails to prevent growth in the prevalence of the condition. It further suggests that specific actions, some of which have been mentioned already, are needed, such as the introduction to Northern Ireland of a diabetes service framework; targeted screening of the at-risk groups; targeted action to establish diabetes managed clinical networks in each trust area; and ensuring that everyone with diabetes is offered high-quality patient care.

We all realise that in the Health Service resources are stretched.

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

Mr K Robinson: If the epidemics of obesity and diabetes remain unchecked, even greater strains will emerge if they are to be treated and managed. However, we now have an opportunity to contain the situation and use our limited resources to prevent such a scenario or, at least, dramatically reduce its impact on our citizens, the Health Service and its finite budget.

Mr Molloy: A LeasCheann Comhairle, go raibh maith agat. I welcome the debate and thank Jim Shannon for tabling the motion, which I support. I must declare interests: I suffer from type 2 diabetes, and I am also a member of the all-party working group.

I probably had diabetes for some time before it was diagnosed. That is the problem. Unless a need or an issue brings it to attention, it is possible to live with diabetes for a long time before it is diagnosed. The consequences for the patient can then increase. A large number of people are walking about, not realising that they have diabetes. Early diagnosis and treatment are important; so, too, is a greater public awareness.

Look at the different diseases that are affecting people at present. There has been an increase in public awareness of some of the major illnesses, and we need to put diabetes on a par with those, otherwise we will become complacent.

In some areas, so many people suffer from diabetes that it has become almost normal. Therefore, it is not as big a shock to the system as it would have been some years back. We need to up the ante to ensure that people are fully aware of the consequences of diabetes.

The motion highlights the prevalence of diabetes in the North, and yet we have no idea why that is so. Is it the food, the diet, or the way we cook? Those are some of the issues. We are all very fond of an Ulster fry, and various different structures around it. However, there is no alternative. With diabetes, everything that seems to be nice is banned.

It is important that we look at the causes of diabetes, how it should be treated and how we can make people

more aware of it. We should also make families more aware of it. I find, going from one house to another, that I am offered cake and biscuits and nice things and I must refuse them. Sometimes, in order to be pleasant, I accept. Greater awareness is needed in the wider community; those who suffer are sometimes all too aware of it. That also applies to establishments.

Mr Shannon: The Member will agree that it is important to have willpower and not yield to temptation.

Mr Molloy: That affects so many different things. You can have only so much willpower.

The Assembly could give an example. All establishments that put on events and functions could cater better for those suffering from diabetes and make people more aware of the needs of diabetics and how they can be catered for. Tea, coffee and biscuits are provided in every Committee but not fresh fruit. Even the mints at the Speaker's Desk are a great temptation to Deputy Speakers. We may need a new diet structure in the Assembly. The salt content in the food served in the basement canteen and restaurants is all part of it. Therefore, we must raise awareness among those who host Assembly events so that they can try to cater for diabetic people's needs.

I welcome the setting up of the all-party group, the focus of which must be to identify and highlight the needs of diabetic people. A clear framework must be put in place to ensure that appropriate structures are created. The Welsh Assembly and the Scottish Parliament have taken that step and have established frameworks that will help to develop diabetes strategies.

Many local issues must be tackled. Greater awareness must be created across the board to ensure that diabetic people are treated properly and receive ongoing services. The Health Service provides good support, on which nurses and doctors must be congratulated. There is no room for complacency, however; that support must be increased. The general public must be made aware of and be able to identify at an early stage the symptoms of diabetes, so that early diagnosis can be ensured.

Mr Bresland: During the past few years, the rise in the number of patients who have been diagnosed with diabetes has been alarming. It is predicted that the number of diagnoses will continue to rise, resulting in more than 84,000 estimated cases of adult diabetes by 2015. Given the current high level of childhood obesity, that may well prove to be an underestimation.

Diabetes has been shown to be a major drain on health and productivity resources for the healthcare system. Bearing in mind the prediction of dramatic rises in the number of adults with diabetes, that drain will become worse and will direct resources away from other areas. To ensure that the healthcare system is

capable of dealing with that increase and to help to lower the number of new cases it is necessary that a dedicated diabetes framework be established. Northern Ireland is the only country in the UK and one of the few in the world that does not have a dedicated diabetes framework. Therefore, Northern Ireland is behind the curve. Unless there is change soon, we will suffer the full cost of that.

A dedicated diabetes framework must focus on three areas: education, early diagnosis, and yearly reviews. If the public were properly educated on how to prevent diabetes through measures such as breastfeeding, eating sufficient fibre and taking enough exercise, it might be possible to reduce the number of new cases against currently predicted levels. At present, it takes a number of years for diabetes to be diagnosed, by which stage many patients have developed additional complications that could have been prevented. For that reason, diabetic people deserve a service framework that focuses not only on diagnosis of diabetes but on early diagnosis.

The only way to reduce the number and severity of complications such as blindness, strokes, amputations and kidney failure is through early diagnosis. That has additional benefits for the Health Service; if there are fewer complications with diabetes cases, it need not spend as much money to treat them. That money could be directed towards research and education.

Diabetes is a lifelong condition. Even with early detection, it can lead to complications. People who have diabetes are more likely to suffer from depression, heart disease and strokes. The level of premature death among sufferers is also high. To reduce the risk of complications that occur later and to increase the life expectancy of people who suffer from diabetes, it is essential that sufferers have annual health checks through which it will be possible for doctors to detect the early signs of complications and to begin to treat them before more serious problems develop.

1.45 pm

It has been suggested that diabetes should be included in a cardiovascular framework that also focuses on the areas that I have outlined. However, although the standards included in the cardiovascular framework are a start, they do not do enough to deal sufficiently with the problems that will be caused in the coming years by the increase in cases of diabetes. Therefore, in order to follow the example set by the rest of the UK and most of the world, it is essential that Northern Ireland introduces a diabetes service framework, which will effectively protect people with diabetes from complications and reduce the number of new cases. I support the motion and call on the Minister of Health, Social Services and Public Safety to introduce such a framework as soon as possible.

Dr Deeny: I support the motion and welcome the Minister's presence during this important debate.

Patients with diabetes deserve not only the best medication and treatment but the best management of their condition. Many Members referred to the cardiovascular service framework, and some argued that it is sufficient to tackle diabetes. I contend that it is not. I will use three standards in the cardiovascular framework to explain how the document does not meet the needs of the management of diabetes in the modern day.

The cardiovascular service framework fails to address and will not provide a solution to many issues associated with diabetes. Overarching standard 12 says:

"All people with diabetes should have an accurate diagnosis made."

As Mr Molloy said, early diagnosis is paramount. Although I do not want to be too cynical, it is difficult to diagnose somebody who has a very high blood sugar level with anything other than diabetes. Therefore, accurate diagnosis is not the issue; it is the speed of diagnosis that is crucial.

Mr Bresland said failure to diagnose the condition early could lead to many other conditions that not only cause ill health in individuals but add to the cost of necessary health services. Early diagnosis of diabetes is a preventive measure, and, through early detection, we hope to reduce the number and severity of complications such as amputations, blindness, heart disease, kidney failure and stroke.

Overarching standard 12 discusses how new cases of diabetes are measured. It refers to measurement, in general practice, by the quality and outcomes framework (QOF). However, that is not the case: QOF cannot accurately record the number of people who are newly diagnosed with diabetes because it does not account for people who have passed away or moved house since the previous year's register. The standard should include provision to the effect that early diagnoses should be made and that sufficient systems should be established to monitor new cases, the delay in diagnosis and the presence of any complications.

I welcome the fact that overarching standard 13 in the cardiovascular service framework says:

"All patients with diabetes should have access to structured education programmes and emotional and psychological support."

That is good. Diabetic patients require education, and it is important to equip them with the necessary tools to manage their diabetes from day to day. Moreover, emotional and psychological support is important. The strong link between diabetes and mental health, which we see in general practice, is a largely unknown fact, and 40% of diabetics will experience a mental health condition, such as depression or anxiety, at some stage.

The standard has some problems. I have been told that the structured education programmes are provided in all areas in Northern Ireland except the Northern Health and Social Care Trust area. All providers of healthcare in Northern Ireland must prioritise diabetes and give it its proper place. That is not the case at the moment.

There is a lack of consistency. The postcode lottery of care has been mentioned, and specific programmes should be agreed to correct that lack of consistency so that care is available uniformly. Standard 13 of the service framework for cardiovascular health and well-being, which refers to structured education programmes and emotional and psychological support, would be improved greatly by the addition of a stipulated programme, preferably one that is recommended by the National Institute for Health and Clinical Excellence (NICE). Those include programmes such as diabetes education and self management for ongoing and newly diagnosed (DESMOND) or dose adjustment for normal living (DAFNE).

Overarching standard 14 of the service framework for cardiovascular health and well-being states:

"All patients with diabetes should have access to, at a minimum, an annual review to a defined standard by an appropriately trained multidisciplinary team."

That is too vague. For example, what is a "defined standard"?

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

Dr Deeny: If we had our own diabetes service framework, we could ensure that the full range of health checks could be provided and that all patients would receive the same level of care with annual checks on blood pressure, weight and diet, foot care, peripheral vascular disease, blood measurements and full eye examinations. I urge Members to support the motion.

The Minister of Health, Social Services and Public Safety: I welcome the opportunity to contribute to the debate and to bring the Assembly up to date on the Department's diabetes strategy, which was developed in 2003. I emphasise my commitment to helping diabetics, and I am doing all that I can to prevent diabetes.

It is not true to say that we do not have a diabetes strategy or framework. My Department has been developing its policies on that area for years. Indeed, one of the first messages that I got from the Department when I walked in two years ago was that, if we did not work on the preventative measures that we are taking and exploring now, diabetes would overwhelm the Health Service within 20 years. I have repeated that message time and again to the House and to the Committee for Health, Social Services and Public

Safety. Diabetes is a lifelong condition, and it is estimated that 60,000 people have it, which is about 3% of the population. If we do not stem the rise in obesity in less than a decade, the number of diabetics will increase by at least 15,000. That represents a major challenge for health and social care services and for public health.

The rise in the level of diabetes has a massive impact on individuals' health, and it presents a real challenge for our health services. If we do not make progress, the Health Service as we know it will be overwhelmed within 20 years. A person with diabetes is five times more likely to die of a heart attack and three times more likely to die from a stroke. Diabetes is the leading cause of kidney failure, accounting for more than one in six people who start dialysis treatment. That was one of the issues that I fought for during the Budget discussions, when I was told that dialysis and renal services were not regarded as inescapable pressures. I made the point to the then Minister of Finance and Personnel and his Department that, without those services, people in need of them would come to harm. I argued that point with the Department of Finance and Personnel's officials, who tried to tell me that those services were not regarded as inescapable pressures and that I had a choice as to whether I provided them.

Diabetes is the most common reason for limb amputation and is a leading cause of blindness among people of working age. Some risk factors, such as family history and increasing age, cannot be changed. However, other risk factors, such as obesity, lack of exercise and smoking, must be tackled if we are to prevent diabetes and its complications. The new Public Health Agency will have a significant part to play in that regard. One of the reasons that I argued for a public health agency was to address health inequalities, particularly in disadvantaged and deprived areas. I wanted to improve outcomes for people in those areas, particularly where their life expectancy and quality of life were concerned.

I was interested to hear Tom Buchanan say that, if we do these things, rising costs will be addressed. He said that the lack of a strategy was a sad reflection on us and that we should do more on prevention. In fact, we have a strategy already, and, after the matter was debated in the House and by the Committee for Health, Social Services and Public Safety, one of the key steps that my Department took was to establish the new Public Health Agency. Tom Buchanan and his colleagues voted against the establishment of the Public Health Agency. It shows a measure of hypocrisy that the party that voted against everyone else thinks that there need not be a Public Health Agency that has been designed specifically for this kind of work.

Through significant investment and a co-ordinated approach over several years, we have witnessed many changes for the better in the care and treatment of diabetes. The action needed to deal with the rise in diabetes requires a cross-departmental approach. I am disappointed that no one sought to mention the Fit Futures policy, which is another key strand in our programme against obesity. Fit Futures involves working with children of school age across departmental boundaries with the Department of Education and the Department of Culture, Arts and Leisure. It plays another key part in our strategy.

Since 2003, my Department has had a dedicated strategy for diabetes services. That is why I find today's motion somewhat baffling. The strategy that my Department published in 2003 was developed by the Clinical Resource Efficiency Support Team (CREST) and included Diabetes UK. CREST includes primary and secondary care workers, clinicians, trusts, boards, interested practitioners and Diabetes UK. The previous chief executive of Diabetes UK in Northern Ireland was a lady who played an important part in setting out the strategy, which includes standards for the prevention, early detection, ongoing care and treatment of diabetes.

Ken Robinson reflected on the Northern Ireland Audit Office. He neglected to say that in its 2009 report the Northern Ireland Audit Office acknowledged the Department's commitment and actions taken in respect of primary prevention, early detection and intervention to halt the rise in obesity and diabetes.

With the strategy in place, and significant investment to the tune of over £10 million recurrently since 2003, we have made a number of advances. Some Members have mentioned the new cardiovascular service framework that is about to be published. Diabetes was first in the queue to be dealt with by way of a service framework. The cardiovascular service framework will contain some issues that will also address diabetes.

I note with interest the points that Dr Kieran Deeny made. I presume that he has made those points throughout the consultation process; if not, I will ensure that we look at them before the publication of the service framework. He made points that, in my opinion, needed to be made.

Our strategy has various points. Investments have been made and extra staff have been recruited to provide services for people with diabetes, including specialist diabetic nurses, dieticians and podiatrists. Another key building block is the retinopathy service, the comprehensive eye-screening programme, that I launched around 18 months ago. The strategy means that everyone with diabetes over the age of 12 will be

screened annually, so that we can intervene much earlier to prevent unnecessary blindness.

We have also invested in GP practices to ensure the provision of good quality care for people with diabetes. We have made investment available to GP practices to monitor and follow up on patients who have a body mass index of over 30 and are at risk of developing diabetes or other chronic diseases. We have also invested in tackling obesity and lower levels of physical activity.

Diabetes represents a major risk factor for the onset of cardiovascular disease, stroke and renal disease. As part of the current budget, I have invested £12 million in cardiovascular services, £14 million in stroke services and £11 million to expand renal services. Members will recall that I had to fight to get that extra money, and I was grateful for the support that I got in the Chamber in that fight with the Department of Finance and Personnel and the then Finance Minister.

Thanks to that investment, patients can notice the difference and see that somebody really cares about their diabetic control as well as their blood pressure. There are greater numbers of diabetes specialist nurses not only to take care of the clinical needs of patients but to deal with any concerns that patients may have.

2.00 pm

As I said, there have been significant changes in the way that we move forward, not least because of the review of public administration and the establishment of the Public Health Agency. I referred to that agency, because its remit is to improve and protect the health and well-being of our population. The agency brings together a wide range of existing public-health functions to ensure better co-ordination of its remit for health improvement, health protection and service development. It will also work with partners, such as local government, to ensure that people take responsibility for their own health.

We have consulted a wide range of people during the development of our service frameworks and strategies. As I said, in addition to the steps in the new cardiovascular framework, we will constantly seek to reform and refine the existing strategy for diabetes that was developed by CREST and Diabetes UK. Other frameworks will be forthcoming.

Some Members are confused about the difference between a service framework and a regional strategy; they are two different things, and it is important to understand that. In addition to standards for diabetes, the new service framework includes standards for healthy eating, smoking cessation, obesity, physical activity, high blood pressure, high cholesterol, foot care, heart disease, strokes and renal disease, all of which are linked to diabetes. As I said, I accept the points that Dr Deeny made about the framework.

Who voted against a ban on the display of tobacco products at retail outlets, which was our latest step to try to prevent smoking? DUP Members, including Tom Buchanan, voted against it and against the establishment of the Public Health Agency. Where is my teenage-drinking action plan, which I sent to the Executive in March 2009? It is still sitting with the Executive despite having the agreement of all Ministers. It is still sitting with the Office of the First Minister and deputy First Minister. That does not show a commitment to the areas that we are discussing. Tom Buchanan spoke about measures that will help to reduce costs: we will help to reduce costs to the Health Service if we can deal with drinking, smoking, obesity, high blood pressure, lack of physical activity and all the issues that we say that we want to address.

On its website, Diabetes UK identifies five key actions that will help to address diabetes here. The first is the development of a comprehensive register of diabetics in Northern Ireland. That has already been established in GP practices through the quality and outcomes framework. The second is better co-ordination of services between primary and secondary care; the new Health and Social Care Board was established for that very purpose. The third is addressing the inadequacy of psychological support to which Dr Deeny referred; the new cardiovascular service framework is addressing that inadequacy. The fourth action is a comprehensive eye-screening programme; I have already invested in the retinopathy programme. The fifth is the provision of education and advisory support services; we have invested £3 million specifically for that purpose, and the new Public Health Agency will take the lead in helping people to avoid the onset of diabetes-related diseases.

There is much work to do. I welcome the interest of Members and the establishment of the all-party Assembly group on diabetes, which is all to the good. It is not what we call our strategy or framework that counts; it is what we are doing. I want to hear from Members and the all-party group about what else they want me to do.

People can stand up and say that they want more improvements or that not enough is being done. However, specifically, what is being asked for? That is the information that I am looking for. Are we omitting or missing something from the list of measures?

Dr Deeny pointed out some measures that he believes are missing from the cardiovascular service framework. That is constructive, and that is how I and the Department want to approach this matter. I told the House two years ago that the Health Service as we know it will be overwhelmed in 20 years' time if we do not tackle diabetes, obesity and lifestyle. Hospitals are filled with people who, had they made different lifestyle choices 20 or 30 years ago, would not be there. That applies to all of us in this generation.

Mr Deputy Speaker: I ask the Minister to draw his remarks to a close.

The Minister of Health, Social Services and Public Safety: We must provide the next generation with the means to ensure that they make correct lifestyle choices.

Mrs Hanna: I speak in my capacity as chairperson of the all-party Assembly group on diabetes. Members will be aware that the group was established to raise awareness and understanding of diabetes. There has been remarkable interest in this matter in the Chamber, and contributions have reflected the detailed knowledge of the condition that exists among Members.

I welcome the Minister's detailed update on the strategy, and I appreciate and acknowledge all the work that is being done on that matter. I also appreciate the association of diabetes with the role of the new Public Health Agency. I am aware of the need for cross-departmental working, especially involving the Department of Education and the Department of Culture, Arts and Leisure.

Although we appreciate all the work that is being done, and acknowledge its detail, it is obvious from what members of the all-party group have said that they, as I do, still feel strongly that there is a need for a specific, stand-alone diabetes service framework. That is where one will find the individual focus on diabetes. Jim Shannon, who proposed the motion and declared an interest as a diabetic, talked about prevention, type 2 diabetes and its association with premature death and obesity. He also mentioned the service framework programme and the issue of evaluation.

Michelle O'Neill spoke of the link between diabetes and obesity, and the Health Committee's inquiry into obesity. She also spoke about type 2 diabetes and mature-onset diabetes, and pointed out that more young people are presenting with type 2 diabetes. Michelle also mentioned healthcare inequalities, and the link between diabetes and general ill health.

John McCallister spoke about the work of the Health Committee, and the role that we expect and hope that the Public Health Agency will play in preventing diabetes and tackling lifestyle changes.

Pat Ramsey declared an interest as a diabetic. He spoke about the high-quality treatment that he has received at Altnagelvin Hospital, but wanted reassurance that such treatment is available throughout Northern Ireland. He mentioned centres of excellence, lifestyle, the importance of exercise and diet, and the emphasis in schools on exercise and sport — all matters whereby cross-departmental working is important. He talked about the Scottish model of promoting sport, and the expected rise in childhood diabetes, which is worrying.

Sean Neeson also declared an interest as a diabetic who is, thankfully, managing to keep it under control. He made the important point that diabetes is not always linked to obesity. It is important that although we must tackle obesity, we ensure that diabetes is not stigmatised because of its association with obesity.

Tom Buchanan talked about statistics, the cost of diabetes to the Health Service, and the urgent need for a framework for prevention, diagnostics, timescales for diagnosis and reviews, and the recording of information.

Claire McGill spoke about the huge and growing problem of a 100% increase in new cases of diabetes in the past year. A framework would present a better system and ensure that attention is focused on the huge health programme. She also mentioned the usefulness of summer camps.

George Robinson talked about Northern Ireland having the highest levels of diabetes in the UK, the threat to health that is caused by complications with diabetes and the preventative role that a framework would play. Ken Robinson talked about raising awareness, research and information, prevention, the connection with obesity, and the need for a change in lifestyles and attitudes. We all acknowledge that the Minister has been proactive, but the Government need to play a central role and do more to catch up.

Francie Molloy, who is a diabetic and a member of the all-party group on diabetes, mentioned the need for a framework. He also talked about upping our game to tackle diabetes, prevention, raising awareness and the need to change diets. His suggestion for fruit to be supplied at Committee meetings rather than biscuits is a good one. I am the first to put up my hand and admit that I sometimes give in to temptation. Although we all know what we should eat, we do not always eat the right things.

Allan Bresland gave some statistics and talked about the costs of obesity to the Health Service, its complications and the importance of prevention.

Kieran Deeny spoke about the better management of services. He said that diabetes does not fit into the cardiovascular framework and that it needs to be dealt with by a specific framework. Dr Deeny also talked about the importance of early diagnosis, the speed of diagnosis, how new cases are recorded and measured, the need for more education, the links with mental ill-health and the lack of consistency.

I appreciate that diabetes is a priority for the Department, but there must be a specific focus. More and more children are having type 2 diabetes diagnosed, which is very worrying given its associations with obesity. Prevention is vital, and the new Public Health Agency needs to take the lead role in that. There must be much better health promotion and an awareness of the complications that are associated with diabetes,

which include problems with the heart, kidneys, feet, limbs and eyes. There is a need for blood-sugar screening, especially among people in high-risk groups, to reduce the number of undiagnosed. That would be particularly helpful in respect of type 2 diabetes.

Children and young people need a lot of support in managing their diabetes. The summer camps that Claire McGill talked about are a good idea and could help in that regard. People with long-term conditions such as diabetes need help and care from a range of healthcare professionals. They need access to regular training and updating on diabetes, and people must work in partnership to deliver a joined-up service. Healthcare organisations need an opportunity to prioritise diabetes care.

Diabetes UK told us that diabetes costs £1 million a day in Northern Ireland, and the Health Service also bears the costs of the complications that are associated with obesity. I appreciate that a lot of work is being done, but a specific focus needs to be put on diabetes and its prevention. We need to introduce the framework to address the complexity of need. There must be equitable access to that framework to raise efficiency standards and to reduce the unacceptable variations between trusts across Northern Ireland.

Question put and agreed to.

Resolved:

That this Assembly expresses its concern at the threat posed by the ever increasing rates of diabetes; notes that Northern Ireland has the highest prevalence of the disease in the UK (5.4%) and remains the only area not to have a dedicated regional strategy to address the issue; and calls on the Minister of Health, Social Services and Public Safety to introduce a stand-alone diabetes service framework.

2.15 pm

PRIVATE MEMBERS' BUSINESS

Decline in Bee Population

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

Mr Cree: I beg to move

That this Assembly notes with concern the decline in the bee population in Northern Ireland and the potential impact this trend may have on agriculture, the environment, and the wider economy; further notes the Department for Environment, Food and Rural Affairs' investment in research into bee population decline in England and the publication of a bee health strategy for England; and calls on the Minister of Agriculture and Rural Development to invest in local research into bee health and to publish a bee health strategy.

The decline in the number of bees all over the world, but especially in Europe, poses a major threat not just to honey production but to the pollination of plants leading to food production. According to the Institute of Northern Ireland Beekeepers, about 50% of Northern Ireland's honeybees vanished in 2008. The reason for their decline was given as colony collapse disorder, which means that bees disappear from their hives without a trace. Sir Roland Jackson, who is the chief executive of the British Science Association, tells us that the UK bee population has undergone radical change over the past few years and that billions of bees are dying from unknown causes.

Europe has taken the matter seriously, and at the end of November 2008, the European Parliament adopted a motion for the resolution of problems in bee-keeping. The motion called on all 27 EU Governments and the European Commission, which administers Europe's common agricultural policy, to take urgent action. After a lengthy debate, Westminster supported the initiative and called for more urgent action to protect the bee population.

In the UK alone, bees contribute £165 million a year to the economy through pollination, and they play a crucial role in pollinating 90 commercial crops worldwide. It has been estimated that up to one third of bees in the UK have been destroyed by diseases, parasites and pesticides since last autumn. We need more research into those areas and a pooling of knowledge among member states. However, it all begins with a realisation that there is a problem. Nature's number one pollinating machine appears to be breaking down and no one knows for sure why. The Department for Environment, Food and Rural Affairs (DEFRA) made a start by making some £4.3 million available over the next five years to support the work of the national bee unit and bee health research. Some

of the UK's major research funders have joined together to launch an important new research programme. The purpose is to develop a better understanding of the complex relationships between the biological and environmental factors that affect the health and lifespan of pollinators.

The European Union is developing legislation that will include a clause on pesticides harmful to honeybee health. Some pesticides have been identified as harmful, and others are thought to build up in the pollen that bees take back to their hives and feed to their young.

Recent tests in Germany following large-scale bee die-offs showed that 29 out of 30 bees examined had a build-up of lethal chemicals in their bodies. Legislation is being developed and is not likely to be implemented in the UK until 2011, and the resultant phase-out of dangerous chemicals could take a further five years. We cannot wait that long before acting against killer chemicals; we need a complete ban on pesticide treatment while crops are in flower and a reduction in modified seed.

The British Beekeepers' Association has done excellent work in trying to ascertain what is happening to the bee population. Normal winter losses were between 5% and 10%, but, in 2006, bee-keepers had mysterious losses of between 10% and 15% over the winter. Large numbers of bees were dying, and although similarities existed to colony collapse disorder, there were differences.

The association conducted a study of 10% of its 11,500 members and found that the average loss of bees was 30%. That is three times higher than the expected level. It was, therefore, essential for the public and the Government to focus their attention on that serious situation.

In the House of Lords, replying to a question on the subject, Lord Rooker stated:

“There is no specific information on the impact that the large-scale loss of honey bees would have on the economy although it could be significant.”

We must consider not only the loss of honey production but the loss of the country's principal army of pollinators. Their loss could have a devastating effect on the pollination of crops not only in the UK but across the world. It would have an impact on the environment and wildlife that depend on bees to pollinate fruit, vegetables and seeds for their survival.

In Northern Ireland, for example, the cooking-apple industries in Armagh and east Tyrone are worth approximately £25 million and £50 million respectively to the economy. The industry relies entirely on that humble insect for pollination. The Prime Minister has drawn attention to the problem of global food shortages and high transport costs. Therefore, it makes sense for every country to maximise its potential to produce

home-grown food; I am sure that the Minister will agree with me on that point.

Over recent months, I have addressed a series of questions to the Minister and have received very short responses. No sense of urgency was displayed, and the Department appeared complacent — if not in denial — about the existence of a problem. In fact, different questions from various Members of the House produced the same stereotyped reply.

All other parts of the United Kingdom have identified a problem with the bee population. In 2008, Scotland produced a honeybee health strategy, and in March 2009, DEFRA published a strategy for England and Wales called 'Healthy Bees'. I am unaware of the Irish Republic's approach, but it should be developed in concert with that of Northern Ireland; as most Members will know, bees do not recognise the border.

Conversely, the island status of Ireland presents a unique opportunity to keep out pests and diseases. The Department of Agriculture's recently produced draft contingency plan for exotic pests and diseases is out for limited consultation, but it does not address the problem of the falling bee population in Northern Ireland. The plan does not indicate that any new research is anticipated, and it makes no reference to additional resources being made available.

We need a bee health strategy that involves all the stakeholders. It must embrace effective communications, surveillance and continuous monitoring. It has to be a short, readable document, dealing with the strategy rather than the details of implementation. The strategy must include training and high standards of husbandry. It must identify adequate funding for research and facilitate work in conjunction with other regions. The funding must be on a scale that matches the threat.

Imports must be regulated and effective measures must be put in place to prevent the introduction of further parasitical infestation, whether from the importation of queen bees or other bees. Serious consideration must be given to the use of pesticides on bees and whether they create pesticide-resistant mite populations or other parasites.

Many years ago, Einstein was clearly concerned about the humble bee:

“If the bee disappeared off the surface of the globe then man would have only four years of life left. No more bees, no more pollination, no more plants, no more animals, no more man.”

I am pleased to propose the motion to the House.

Mr Deputy Speaker: As Question Time commences at 2.30 pm, I suggest that the House takes its ease until that time. The debate will continue after Question Time, when the first Member to speak will be Mr Jim Shannon.

The debate stood suspended.

2.30 pm

(Mr Speaker in the Chair)

Oral Answers to Questions

Mr Speaker: I remind Members that we will be adopting the new format for Question Time, whereby in light of the change to Standing Orders, two Ministers will answer questions today and one will answer questions tomorrow. I also remind Members that if they wish to be called to ask a supplementary question, it is vital that they rise in their places. Some Members nod or, occasionally, wink, but that is not good enough; Members must clearly rise in their places in order to be called to ask a supplementary question. I hope that that is clear.

HEALTH, SOCIAL SERVICES AND PUBLIC SAFETY

Public-Sector Jobs

1. **Mr McElduff** asked the Minister of Health, Social Services and Public Safety to detail his Department's plans for the retention and creation of management and administrative posts west of the Bann.
(AQO 2891/09)

The Minister of Health, Social Services and Public Safety (Mr McGimpsey): Under the review of public administration, the structural changes in health and social care mean that there will be fewer jobs in management and administration in all the new organisations in the longer term. Under those arrangements, more than 80% of staff will remain in their present locations and more than one third of third-level posts will not be located in the headquarters of the relevant organisation. The efficiency savings from that reduction in bureaucracy will be redirected to front line services.

Mr McElduff: I thank the Minister for his answer. Does he envisage a situation in which some posts at senior, director and assistant director levels in health and social care may be located outside Belfast to west of the Bann? Will he assure Members that technology will be exploited imaginatively to ensure that everybody will not have to travel to Belfast to take up senior posts?

The Minister of Health, Social Services and Public Safety: That is the case, although I should add a caveat by saying that there will be a considerable reduction in the number of senior executive health-

management posts from 180 to 65. Members have heard me say on a number of occasions that we are cutting 1,700 administrative and management jobs, which will save us £53 million per annum. That money will be redirected into front line services and will form part of our efficiency savings.

That said, a substantial number of posts are spread throughout the region. For example, there are no plans to move management and administrative jobs from pensions branch in Londonderry. In addition, as the Member will be aware, we have set up local commissioning arrangements in the Western Health and Social Care Trust, and local commissioners will be located in the area, so there is quite a bit of coterminosity and co-working there. It is also true to say that that is the case with the Public Health Agency.

Mr Dallat: The Department of Health, Social Services and Public Safety is probably one of the better Departments at distributing jobs throughout the North. Following the publication of the Bain Report, what progress has been made with decentralisation, which is one tool that we desperately need to use to address the awful economic difficulties that we face?

The Minister of Health, Social Services and Public Safety: The Bain Report has not been adopted by the Executive, and until that is the case, it will not be Government policy. We have examined the proposals in the Bain Report, and I am broadly satisfied that there is equity of share within the health and social care sector. However, the Bain Report has yet to be adopted. Moreover, when Sir George Bain was drawing up his report, he never came to talk to me about the subject or to discuss the impact of his proposals on health and social care. Therefore, as far as I am concerned, that piece of work was done outside the Health Service.

Mr G Robinson: Will the Minister detail his plans for the retention and creation of front line nursing posts west of the Bann?

The Minister of Health, Social Services and Public Safety: Nursing posts play a key part in the delivery of services, and I have said that there will be no reduction in front line nursing posts. As I have said on a number of occasions, and am happy to repeat, I will not compromise on patient safety or quality of service. I will ensure that the right numbers of nurses are in the right place at the right time at all times.

Foster Parents

2. **Mr Neeson** asked the Minister of Health, Social Services and Public Safety what action his Department is taking to make it easier for parents to foster.
(AQO 2892/09)

The Minister of Health, Social Services and Public Safety: A wide range of support is in place to help foster carers, including the payment of allowances — in some cases fees and in others ad hoc payments; dedicated link workers; opportunities to participate in training; access to respite care; a range of education provision in respect of children in their care; and a 24/7 out-of-hours support helpline for foster carers. I am heartened by the steady increase in the number of foster carers that we have achieved. As of 31 March 2009, there were 1,841 foster carers: a 20% increase since 31 March 2006. However, I recognise that more needs to be done.

Mr Neeson: I thank the Minister for his answer. I am pleased with the details that he has provided. Has the Department considered making available greater financial assistance to encourage more fostering?

The Minister of Health, Social Services and Public Safety: There are national allowances for foster carers, which range from £5,616 for the nought-to-four age group to £8,268 for over 16s. Fee payments are also available. The key criterion is to ensure the well-being of the child. The policy is for children to be supported in a family environment, rather than in institutions. I am pleased that almost 60% of all children in care are with foster carers. There has been a strong increase in the number of foster carers who are coming forward, and I will keep the financial situation constantly under review, because those people play a vital role in supporting almost 2,500 looked-after children.

Mr Shannon: I thank the Minister for his response, in which he provided plenty of detail, as always.

As an elected representative, I have a concern that I am sure is shared by other Members, namely the large number of children who are looking for placements with foster parents. Would the Minister consider allowing foster parents to have more children allocated to them to address the backlog of those seeking foster homes?

The Minister of Health, Social Services and Public Safety: The normal standard is that foster carers look after no more than three children. However, that rule can be broken under certain circumstances. Such circumstances might include a family connection, that children were with a specific foster carer previously, or that children are siblings. In certain such circumstances, we are prepared to exceed the usual fostering limit. As I said in my previous answer, the key is the well-being of the child; that is the paramount standard that we look at.

Mr Brady: Go raibh maith agat, a Cheann Comhairle. Considering the problem of finding foster parents, has the Minister had any discussion with voluntary and community groups about setting up information days in constituencies? Is the Minister aware that new social

security regulations may affect the benefits of some lone parents who may want to foster?

The Minister of Health, Social Services and Public Safety: I am not familiar with the detail of social security arrangements for lone parents. However, if the Member writes to me, I will undertake to reply and provide the required information.

We have a number of ways of informing the public of the need for foster carers, and television and advertising are ways of sharing that information. Mr Brady's suggestion that the Department set up information days in constituencies in association with voluntary and community groups seems sensible. If that is not happening, I will ask why the Department is not doing it.

Mrs M Bradley: There are no minimum standards for fostering services, and it has been 10 years since the previous inspection of fostering. Does the Minister agree that we need minimum standards and regulations as matter of urgency, especially in the light of the high-profile cases in England and Wales?

The Minister of Health, Social Services and Public Safety: The Member will be aware that the Department set up the regional fostering recruitment and training co-ordination service in November 2007. Through that service, we set up gateway teams, family intervention teams, looked-after teams and leaving care teams. They play an important part in referrals, because 22,000 children are referred to social services every year, and it is important that we determine which children are at risk.

The Member also asked about minimum standards. I am not aware that there are not standards, but rather than attempt to second-guess the situation, I will look at the areas on standards and write to the Member, because it is a key issue. I cannot believe that we do not have a set of minimum standards.

Mr Speaker: Question 3 has been withdrawn.

Domiciliary Care

4. **Mr O'Loan** asked the Minister of Health, Social Services and Public Safety for his assessment of the problems with the recruitment and retention of staff who work in domiciliary care. (AQO 2894/09)

The Minister of Health, Social Services and Public Safety: On 30 September 2008, health and social care trusts reported 21 vacancies for that group of staff. None of those was long term; that is, over three months. That represents a vacancy rate of 1% for the staff grouping. I am aware that the recruitment and retention of domiciliary care staff can be problematic, particularly in certain geographical areas, and I keep those issues under review through my Department's workforce planning mechanism. As part of the routine

cycle, the social services workforce will be reviewed later this year. That will look at specific issues for the entire social care workforce, including domiciliary care workers. Furthermore, in the past few years, all trusts have invested significantly in NVQ level 2 training for domiciliary care workers as part of their annual in-service training programme.

Mr O'Loan: Does the Minister accept that domiciliary care resources tend to be concentrated on individuals who have high-level needs and that there remains a significant level of unmet need among those who are in lower need but who require domiciliary care?

The Minister of Health, Social Services and Public Safety: An individual's needs are not measured according to priority, severity or requirements. The Department groups the individual's need according to whether home help, domiciliary care, a health professional service, or residential or nursing home care is required. Each of those situations is broken down into a number of areas.

Each individual with a lower level of need is assessed so that his or her needs can be ascertained. Those needs will range from a requirement for home help, which is the services of an individual who will do the washing up, make beds, and wash and iron, to domiciliary care, which is help with personal hygiene, continence management and mobility. The needs of any person who is unable to provide for him or herself should be addressed, and that is the principle upon which the Department works.

I am not aware that the people who have lesser needs are being abandoned because those with greater needs are being addressed disproportionately. It seems to me that if an individual has a need, it should be filled, but the assessment is key.

Mr Newton: I welcome the fact that a NVQ level 2 in this area has been introduced; I believe that it is a fairly recent introduction.

Does the Minister have any plans to ensure that there is a career pathway from the level 2 qualification that may encourage those who wish to move on to other employment to stay in that field of employment?

2.45 pm

The Minister of Health, Social Services and Public Safety: The programme focuses on the registration and training of the workforce and on reflecting the importance of the domiciliary care workforce to the future delivery of care. We are aware of how the demographics are moving, and we are also aware of vulnerable people who require that type of support. Therefore, all trusts have made significant investment in assessing NVQ level 2 training over the past few years, and that training is very much a pathway. I agree that it should be a career pathway, not

least because of the vital service that care support workers are providing and will continue to provide. As I say, it is very much a growing demand.

Dr Deeny: I thank the Minister for his answer. Bearing in mind that, in future, much healthcare will be provided in the community, and with that will come an increase in demand for domiciliary carers, what measures will the Minister and his Department be taking to incentivise people to become domiciliary carers?

The Minister of Health, Social Services and Public Safety: That follows on from the previous two questions. As I reported to Mr O'Loan, we have a vacancy rate of 1%, which is very good when compared with other vacancy rates. Throughout the comprehensive spending review period, we will add 1,500 people to the number of those receiving care. I have set aside the money for that, and part of the Budget bidding process involved providing for that increase.

We must look very carefully at the wages that we are paying to ensure that we are at least comparable to the private sector. The estimated average effective rate in the statutory sector is £13.78 an hour, and that compares favourably with £12.14 an hour in the private sector. The voluntary sector is another that we must take into account. We must ensure that we are paying our employees what would be regarded as a fair rate for the work that they do.

Mrs McGill: Go raibh maith agat, a Cheann Comhairle. Will the Minister tell the House how many domiciliary care staff are employed through agencies? Will he state the cost of that?

The Minister of Health, Social Services and Public Safety: I do not have to hand the number of agency staff employed in such care. The statutory workforce stands at 5,737; however, I am not clear of the headcount for patients and those people who are being supported by the statutory sector. The voluntary sector plays an important role in providing home help and domiciliary care, and so on. Another issue is the rise of the private sector, and I do not know the size of its workforce right now. I can probably find out the size of the workforce in the voluntary sector, and I am happy to write to the Member with that information.

Orthopaedic Surgery

5. **Rev Dr Robert Coulter** asked the Minister of Health, Social Services and Public Safety for an update on targets for orthopaedic surgery. (AQO 2895/09)

The Minister of Health, Social Services and Public Safety: Waiting times for orthopaedic patients have been significantly reduced in the past few years. For example, in March 2006, 5,017 people were waiting for inpatient treatment, some of whom were

waiting for up to 12 months. In contrast, at March 2009, of 3,567 people waiting, only 102 people had been waiting longer than 13 weeks for orthopaedic surgery. At 31 March 2006, 27,000 people were waiting for their first outpatient appointment, compared with 5,919 at 31 March 2009, of whom only 35 had been waiting longer than the nine-week target. Patients now consistently receive treatment within a matter of weeks. Those are considerable achievements, given that only a few short years ago, people could wait up to seven years for elective orthopaedic surgery.

Rev Dr Robert Coulter: I sincerely thank the Minister for his answer and for the outstanding news on waiting times for orthopaedic surgery. I congratulate him on demonstrating, once again, that he is delivering. Will the Minister guarantee that he will continue to focus on the issue so that further progress can be made in that area and others for the benefit of all our patients?

The Minister of Health, Social Services and Public Safety: I must mention the caveat that much depends on there being adequate resources, but I can guarantee that waiting times have been dramatically reduced. The first target was a 12-month waiting time for inpatients. The waiting time is now 13 weeks, which is a dramatic difference. Moreover, there are virtually no people waiting more than 13 weeks, whereas, in the past, the number could be measured in thousands.

Patients can come to harm while on a waiting list, and that is the key point. There is no equity or equality for people who are on waiting lists for months and, in some cases, years, whether they are waiting for orthopaedic treatment or anything else. In those circumstances, patients can come to harm, which is why it is important that we invest to reduce the waiting lists. Having now made an advance, we must hold the line. Having made the extra investment in the past to get us to that point, we must ensure that that investment is not wasted by allowing the situation to slip back.

Mr Easton: I welcome the news that orthopaedic waiting lists have been reduced. To achieve that reduction, we have had to use independent sector providers, whom we fly into the Province, put up in big hotels and pay three or four times the salary of a normal orthopaedic surgeon to perform operations. Although the reduction in waiting lists is welcome, does the Minister not agree that it might be more cost-effective to employ more orthopaedic surgeons to keep the lists at their current low level instead of having to bring in more independent sector providers at an extra cost?

The Minister of Health, Social Services and Public Safety: Perhaps the Member is referring to people who want to be kept to the same standards as

big MPs. Yes, there has been investment. I am not aware of people being paid four times the salary of other surgeons or being put up in big hotels, but I am aware of the dramatic increase in the number of operations. Mr Easton seems to regret that progress and the fact that waiting lists have been reduced.

There has been investment because capacity is a problem. For example, I invested extra money in cardiac surgery because one can come to severe harm while waiting for a heart operation. Using money from the Budget, we have invested in 1,400 operations, an increase on the previous figure of 1,000. Our capacity in the Royal Victoria Hospital is such that it will be another four years before 1,400 operations can be performed there, so we buy the operations outside Northern Ireland. It is matter of patient choice; they can choose where they go to have their operation. The situation is the same for a number of other types of operations.

We either do that or allow the patient to die. I do not think that there is anything equitable or fair in that. Mr Easton may take a jaundiced view of the matter, as he frequently does, that we should allow patients to die rather than invest in that approach. It seems sensible to buy the service at the best cost and provide patients with a choice. Indeed, the chief cardiac surgeon in the Royal Victoria Hospital said that it will take him five years to build capacity. We are now building capacity; that capacity should have been built in the past, but it was not. We are where we are, and we must ensure that our patients are looked after properly and that we do all that we can to ensure that they do not come to harm. However, all that takes resources, and where was Mr Easton when I was arguing for resources?

Mr McCarthy: No Member would want to allow a patient to die under any circumstance.

Are the operations being carried out in Northern Ireland, or are patients being transported to Dublin, Scotland or elsewhere?

The Minister of Health, Social Services and Public Safety: Patients have a choice. They will be told that they can have their operation in the Royal Victoria Hospital, but they might have to wait six months; they can have their operation in London, but they might have to wait four months; or they can have it in Dublin and wait three months, and so on. It depends on the choice of the patient. Where we have capacity, we try to provide a service that does not compromise on patient quality or safety. We invested £35 million in 2007-08, and that must be set against the enormous benefits that many patients have received as a result. As I said in my first answer, patients have not been asked to wait 12 months or more for orthopaedic surgery.

Women and Children's Hospital

6. **Mr B McCrea** asked the Minister of Health, Social Services and Public Safety for an update on the women and children's hospital at the Royal Victoria Hospital. (AQO 2896/09)

The Minister of Health, Social Services and Public Safety: The position has remained the same as I advised previously. Due to funding constraints, the scheme will go forward as two separate hospital projects. Current planning assumptions, which are constrained by the Department's budgetary allocation, mean that site-enabling works are due to start in 2011, with construction of the women's hospital beginning in 2015-16 and completing in 2017-18. Under the current capital profiles, construction of the children's hospital is not anticipated to start until 2017-18, with completion expected in 2021-22.

Mr B McCrea: Does the Minister agree that it is time that OFMDFM and DFP stopped peddling excuses and delivered on re-profiling the investment strategy for Northern Ireland (ISNI) so that the new women and children's hospital can be built much sooner than planned? Does he agree that it is high time that the DUP, a second-rate party now in second place, should have second thoughts and come together with their partners —

Mr Speaker: Order. The Member knows that a supplementary question must relate to the original question, and he has strayed far from that. I ask the Member to ask a supplementary question on the original question.

Mr B McCrea: Thank you, Mr Speaker. I beg your indulgence. The point is made.

Does the Minister agree that it is high time that we started to deliver for the women and children of the Province and that Ministers must re-profile the ISNI budget so that we can start the work sooner rather than later?

The Minister of Health, Social Services and Public Safety: I inherited the ISNI profile. We had a requirement for about £7.8 billion over 10 years for capital investment. Members will be aware of how the Province has been starved of infrastructure. Our allocation was £3.3 billion, and over £700 million has been allocated for the next three years. However, much of that is determined by the profile, which is how much money each Department receives each year, and the profile is determined by whether a Department procures traditionally or through PFI. If it procures through PFI, all the money comes in one year. I have had discussions on that issue with the Department of Finance and Personnel, and I hope to have further discussions with that Department. We need much more flexibility with our profiles. Given the state of the

market in London, for example, PFI is not necessarily the best value for money; therefore, the traditional procurement route is the best way forward.

Two weeks ago, the Western Trust signed a contract under a PFI scheme for the new hospital at Enniskillen, which will provide 1,000 construction jobs in Enniskillen over the next three years. That is a welcome investment, and I am satisfied that it meets value for money. I am also satisfied that we will get the hospital built on time and within budget. However, I would like flexibility for future developments.

Mr McLaughlin: Thank you, a Cheann Comhairle. I thank the Minister for his update; however, I am alarmed at the protracted timescale. The Minister would enjoy the support of the Chamber if he were to bring forward work on the women and children's hospital.

Will the Minister update the House on his discussions with the Minister of Finance and Personnel about funding for that project?

3.00 pm

The Minister of Health, Social Services and Public Safety: I am sure that Mr McLaughlin is well aware that there is a finite Budget and that I was not happy with my Department's share of it. I fought for and won some more money, and, although that was still not enough, it was as good as I was going to get. My Department's share of the Budget must get better in order to allow me to bring forward that project. We need a women and children's hospital; that project is long overdue and should have been started years ago. However, we are where we are; until money comes forward, I cannot further that development profile unless I start to chop other schemes that are just as vital.

REGIONAL DEVELOPMENT

Water Charges

1. **Mr McCallister** asked the Minister for Regional Development what communications he has had with the Utility Regulator in relation to domestic water charging. (AQO 2911/09)

The Minister for Regional Development (Mr Murphy): Go raibh maith agat, a Cheann Comhairle. My Department and I are in regular communication with the Utility Regulator on a wide range of issues relating to the regulation of the water and sewerage industry, including charging. We communicate regularly through written correspondence, bilateral and stakeholder meetings, informal telephone conversations and e-mail correspondence. We also communicate through formal processes such as the regulator's

approval of NIW's annual charges scheme, the water stakeholders' steering group and the various price control working groups.

Mr McCallister: I thank the Minister for his response. The Minister agreed to submit a paper to the Executive on water charges. Will he inform the House whether that has taken place and what the Executive's response was?

The Minister for Regional Development: The Member is correct that I submitted a paper, but the members of the Executive have yet to discuss it. I do not set the Executive's agenda; I merely request that matters that I want to be raised be put on the agenda. I have yet to secure that matter on the agenda, and I am not sure whether it will be discussed at the next Executive meeting. If it is and a decision is taken, I will inform the Member of the outcome.

Mrs Long: As regards the delay in the introduction of domestic water charges and the subsequent reduction in budgets generally, is the Minister confident that there is enough money in his Department's budget to allow for proper investment in infrastructure, particularly in water and sewerage, over the next number of years?

The Minister for Regional Development: The overall Budget is some £8 billion, so there is enough money to cover the £1 million needed for investment in water and sewerage infrastructure over the next number of years. The question is whether the Executive will decide to pay for that investment, because that will have implications for the money that they have to spend on other areas. They have yet to make that decision; however, I am confident that sufficient finances are available for the work. My Executive colleagues and I must consider what impact that will have on other spending plans.

Mr McLaughlin: Thank you, a Cheann Comhairle. Has the Minister had any specific communication with the Utility Regulator about the proposal for the further deferment of water charges?

The Minister for Regional Development: As I said, domestic payments beyond 2010-11 remain a matter for the Executive. However, I advised the Utility Regulator that, for the purpose of the price control process for 2010-13, assumptions around the introduction of additional household payments should be removed from NIW's draft business plan until the Executive's policy direction has been established. My officials are working with the Utility Regulator on the detail of that.

Mr O'Loan: I note the Minister's confidence that his budget will be protected despite the deferral of water charges, and I hope that he will act to ensure that that is the case for all Departments. Will he confirm that separate water charges for domestic properties will not be part of his agenda?

The Minister for Regional Development: I must correct the Member: I did not express any confidence that my budget will be protected. I said that an Executive decision along the lines of what I proposed will have implications for all budgets and for the amount of money that the Executive have to spend on public services.

The Executive have been considering the issue of domestic charges since the day and hour that we entered office. We deferred the charges once, and then we decided to defer them again because of the economic circumstances that people, particularly families, face. I have proposed that the Executive continue that deferral for a number of years and reassess the decision in light of the economic circumstances at the conclusion of the deferral period. The Executive must make a decision on that issue, and I look forward to an early discussion and decision.

Mr Speaker: Question 2 has been withdrawn.

Foyle Ferry Service

3. **Mr Dallat** asked the Minister for Regional Development what steps he has taken to ensure the future of the Foyle ferry service. (AQO 2913/09)

20. **Mr Brolly** asked the Minister for Regional Development for an update on the Magilligan to Greencastle ferry service in relation to security procedures and costs. (AQO 2930/09)

The Minister for Regional Development: With your permission, Mr Speaker, I will answer questions 3 and 20 together.

My Department does not have legislative or direct operational responsibility for the ferry service. However, in the absence of uptake by any other Executive Minister, I have attempted to work with all interested parties to find the solutions that will secure the continued operation of the service.

I am pleased to report that I have secured agreement from the British Transport Minister that the service will no longer be designated as international. That welcome decision should significantly reduce the security costs of approximately £90,000 a year, which had threatened to become an unacceptable burden on the service. I understand that the ferry operator has been notified of that decision, as have Limavady Borough Council and Donegal County Council, which let the contract for the service. Security checks on the service have already been stopped.

In addition, I have encouraged all parties with an interest in the service to play their part in finding solutions to ensuring the long-term viability of the link. To that end, I have held meetings with the Minister of Enterprise, Trade and Investment, Arlene Foster, who has responsibility for tourism, and I have

discussed the possibilities for cross-border funding with the South's Transport Minister Noel Dempsey. I also convened a round-table meeting of stakeholders at the Magilligan terminal on 12 May 2009 to examine possible options.

Now that the security issues have been addressed, the Limavady and Donegal councils should be able to engage with potential service providers with greater clarity. I understand that negotiations on the continuation of the service are still ongoing, and I very much hope that they can be concluded successfully so that that important link for the north-west of Ireland can continue to operate.

Mr Dallat: The Minister may be aware that the 18 employees of the ferry operator are on protective notice and that the current negotiations are subject to particular problems.

Given that Magilligan is no longer classified as an international port, does the Minister agree that it is now nothing more than a river crossing and essentially the same as our other 200-plus road crossings? Furthermore, now that North/South bodies are so important, does he agree that the term "other jurisdiction" is somewhat old-fashioned? Moreover, should he and his counterpart in the South not enter into direct control of this particularly important river crossing? Such action is paramount for the future of tourism in Donegal and the Causeway Coast.

The Minister for Regional Development: I am not sure whether the mouth of the River Foyle could be described as a river crossing. However, I have tried to encourage everyone who has an interest in the service to get involved and to help to find a solution to the problem. For example, the Member will be aware that I have raised the matter at North/South Ministerial Council meetings in an attempt to secure some interest from the Dublin Government's representatives. Although we did not manage to secure any attendance on their part at the round-table meeting, I have noticed that some Donegal members of the Government parties, particularly those from Inishowen, are vociferous about what should be done. However, they have not been able to bring their influence to bear on the Government TDs in the Dáil or get those TDs involved in finding a solution.

I am quite open to legislation in respect of our role and how jurisdictions are described. The key to solving the matter is twofold. First, there was the security issue, which has now been dealt with successfully and which presented not only an additional financial burden but was very off-putting for the service. The second issue is finding a service provider for the ferry service. The Department will continue to encourage those who are negotiating the contracts with whichever provider comes forward. It will also continue to work

with others to find solutions and to gain support for the service.

It is not necessarily the case that there are significant legislative difficulties. The difficulty that I have encountered is a lack of will to get involved from those who argue that the service is important for the north-west but who have not come to the table with very much so far.

Mr Brolly: Go raibh maith agat, a Cheann Comhairle. I congratulate the Minister on his work on the security issue. Considering that that has obviously been a great encouragement to the ferry operator, perhaps stronger efforts could now be made to bring Leinster House into the equation.

The two councils may be encouraged by the participation of the Department here and of its counterpart in the South, for however long it lasts, given the latest election results. Perhaps four bodies could come together to make up for any potential losses. Will the Minister assure us that we might have such a good summer that subsidies will not be required?

The Minister for Regional Development: Whatever guarantees I can give, I cannot give one on the weather.

Although the issue is not the direct responsibility of my Department, I wish to use my office to encourage those who have an interest in it to row in behind the service, if you will pardon the pun. I consider the service to be important, and it is obvious from the round-table discussions that people in the north-west consider it to be important. I wish to see it continue.

I was disappointed that the Southern Government were not represented at the meeting. On the Donegal side, those who have direct influence with the parties in the Southern Government and with parties who aspire to be in government are interested in the issue. I am willing to explore all options with my counterparts in Dublin and with the councils and interested parties to ensure that the service survives.

Mr Cree: Will the Minister inform the House of the outcome of the more general discussions that he has had with our cross-border colleagues about infrastructure in general and transport in particular? Does he consider the Enterprise service to be sustainable at the current costs?

The Minister for Regional Development: Yes, and all the issues that affect cross-border infrastructure are up for discussion at the regular meetings that we undertake at the North/South Ministerial Council under the transport sector. We have discussed the A5 road, the A8 Belfast to Larne road and some of the smaller connections in the border areas, crossings and bridges.

We also discussed the Enterprise service between Belfast and Dublin, which is an important service. My

Department and the Department of Transport in the South share a strong desire to improve the service as much as possible, to reduce the journey time, to improve its reliability and to improve the comfort and standard of the service. It is the flagship service on the island for railways.

Given the financial restraints that operate here and, particularly, south of the border, some of the ideas that Iarnród Éireann and NIR put forward to us will not be deliverable in the short-to-medium term. However, we are exploring options to improve the reliability of the service with a view to developing further options for improving journey times and the frequency of the service. Both Departments, North and South, desire to improve the Enterprise service, and we must try to find the resources to do so.

Mr Speaker: Question 4 and question 5 have been withdrawn.

A5 Dual Carriageway

6. **Mr Buchanan** asked the Minister for Regional Development for an update on the proposed dualling of the A5 from Aughnacloy to Londonderry, and when the preferred route will be announced. (AQO 2916/09)

The Minister for Regional Development: Since the last round of public consultation events in February 2009, Roads Service and its advisers have been assessing the route options to inform the decision regarding the alignment of the preferred route. I am pleased to advise that the project is on target to meet its next milestone, which is the announcement of the preferred route, in the summer of 2009.

Mr Buchanan: I thank the Minister for his response. Given the tightening of the financial belt in all Departments, will he confirm that his Department's financial commitment to delivering the project is still in place? Is the commitment from the Southern Government still in place? If not, will that have a detrimental impact on the delivery of the project?

The Minister for Regional Development: I confirm that the financial commitment is still in place on our side of the border. At every opportunity at which we have asked the Southern Government and the Minister for Transport, they have confirmed their commitment. Work on the project is ongoing and is on target. Some significant milestones have been reached, and we look forward to reaching the milestone of the selection of the preferred route option in the near future.

Only a few months ago, the Taoiseach, speaking at a CBI dinner in Belfast, reconfirmed his Government's commitment to the project. I assure the Member that, every time we have asked the question, we have been told that the commitment is there. I welcome that

commitment, in view of the difficult financial circumstances the Dublin Government is in. However, at every opportunity, they have confirmed to us that financial commitment, and I assure the Member that Roads Service's commitment is still there too.

3.15 pm

Mr McElduff: I welcome the commitment as restated by the Minister. With regard to route selection, have the Minister's officials given proper hearing to residents in areas like Garvaghy, Newtownsaville, Eskragh and Glencull about their concerns for route selection? What are the next key milestones for the A5 scheme?

The Minister for Regional Development: No stretch of road built through open countryside fails to create a whole range of access issues. Necessarily, the taking of land and significant impacts on farms are involved. In that part of Tyrone, like the countryside where I live, none of the farms is very big. Land issues will have a more significant impact on small farm holdings than on large ones. There will be issues about access for the population right along the route. This is the biggest stretch of road-building ever undertaken on this island. It will have a significant impact. However, there have been public consultations to date, and they have been well attended.

The announcement of the preferred route will come next, and that will alleviate the concerns of people who find that they are not on the preferred route. There will be further discussions with those directly affected by the preferred route corridor. Within that, there is still some room for flexibility, though it is more restricted. Roads Service will then engage in direct consultation with each landowner and property-owner affected. There will be issues of compensation, access and other impacts. It is unthinkable that a project of this scale will not be subject to a public inquiry, so people will also have that opportunity to have their views heard.

There is a well-established process of consulting people and ensuring that they are properly compensated and that their access issues are dealt with. Recently, Roads Service has built some very significant road projects across the North. The Member will be familiar with the Dungannon to Ballygawley project, where some 300 landowners were affected. With some minor exceptions, all the issues between landowners and property-owners and Roads Service were resolved amicably. Those issues can be protracted, and that can be frustrating for Members as it creates a long run-in to the physical road-building project. However, people have rights and entitlements and, where road projects come through their property or land, they are entitled to adequate compensation and consideration of their needs. That takes a long time.

The next key milestones for the scheme are the publication of draft statutory orders associated with the

environmental statement, direction order and vesting order in late 2010. It is likely to lead to the holding of a public inquiry in 2011.

Mr K Robinson: I have listened with interest to the exchanges between the Minister and the Member for west of the Bann. I have noted that there are two major road schemes west of the Bann and that the Member has concerns about a major road scheme west of the Bann. Can I bring a bit of balance to the debate? Is the A8, the trans-European network route —

Mr Speaker: Order. As I have said, the supplementary question must relate to the original question. The Member is straying far outside the ambit of the original question.

Mr P Ramsey: I welcome the Minister's reassurance that he is satisfied with the Irish Government's commitment to the project.

Given the Irish Government's current instability, can the Minister assure the House that the item will be kept constantly on the agenda of the North/South Ministerial Council's transport sector so that it knows that the Assembly is serious about its commitment to the project?

The Minister for Regional Development: I assure the Member that not only has the matter been on the agenda of every meeting of the North/South Ministerial Council's transport sector but it has been discussed in every plenary session of the entire body of Ministers from the Administrations, North and South.

It is a key project for the island. It is a key project for the Irish Government as well as for the Government in the North. As I said in my response to Mr Buchanan's question, any time that we have asked, that commitment has been reaffirmed. I am sure that the matter will continue to feature in discussion at sectoral meetings on North/South matters and in plenary sessions.

Mr Speaker: Question 7 has been withdrawn.

Andersonstown Gateway

8. **Mr P Maskey** asked the Minister for Regional Development for his assessment of the Andersonstown gateway study and how his Department views the study in the context of other development plans for west Belfast, since they relate to roads, water and sewerage infrastructure and public transportation. (AQO 2918/09)

The Minister for Regional Development: A number of the proposals in the study report are not included in any of my Department's programmes. Other references to schemes, including improvements to public transport and potential for park-and-ride facilities, are detailed in my Department's Belfast metropolitan transport plan (BMTP). There are

development plans for west Belfast. It is important that a cohesive approach to the way forward be taken. My Department will want to contribute to the regeneration plans and expects to be consulted formally to enable us to provide input and assessment of the proposals.

Mr P Maskey: Go raibh maith agat, a Cheann Comhairle agus a Aire. I have taken on board what the Minister said about consultation, which, on those issues, is important. Will he tell the House what consultation took place before the publication of the study?

The Minister for Regional Development: In July 2008, DSD approached DRD for a representative to attend the project steering group, which was set up to oversee the Andersonstown gateway feasibility study. It was agreed that DRD would attend the group on an agenda-specific basis and would receive copies of the steering group's minutes. No transport-specific agenda items required its attendance. On 17 November 2008, a bilateral meeting took place with DSD and the consultant who conducted the study to discuss the Andersonstown rapid transit route. Since that meeting, DSD has not requested any further input.

I agree with the Member's contention that one advantage — I am sure that many can be listed — of the return of devolved Government is the ability of Ministers to act together to ensure that we take a joined-up approach to government. Any substantial regeneration plans that are under discussion will, inevitably, impact on a range of Departments. It is vital that there be ongoing and proper consultation among those Departments to ensure that all our plans have a degree of harmony and that we do not engage in exercises that present a set of plans that contradict those of another Department.

Mr Speaker: Mr Elliott is not in his place to ask question 9. Question 10 has been withdrawn.

Crystal Alliance

11. **Mr B McCrea** asked the Minister for Regional Development how much has been paid to Crystal Alliance in the past two years. (AQO 2921/09)

The Minister for Regional Development: Northern Ireland Water (NIW) has advised me that £27 million has been paid to Steria Ltd, which is the prime contractor for Crystal Alliance, in the past two financial years, 2007-08 and 2008-09. The range of services that Crystal Alliance has provided under Steria includes customer contracts and services, non-domestic billing and the provision of a mobile work-management system.

Mr B McCrea: Does the Minister consider that to be a good use of public money? Could that money have been spent on more pressing matters?

The Minister for Regional Development: That particular contract was inherited as part of direct rule plans. Obviously, I initiated a review of all of that by the Independent Water Review Panel. The panel returned a series of recommendations. The Executive took the decision to defer domestic charges again. I have put a further proposition to the Executive on the matter. If the Executive take a decision in that regard, which leads us some distance into the future, we can look closely at the apparatus of what was created as NIW under direct rule propositions. Until such times as the Executive take a clear decision that allows some distance to look to the future, it is difficult to take decisions about the apparatus that surrounds NIW. I am happy to do that. Depending on the Executive's decision, a range of matters will flow, one of which will be about the structures of the company.

Mr Speaker: Question 12 has been withdrawn.

Traffic Calming

13. **Mr McCartney** asked the Minister for Regional Development if he plans to introduce a scheme for small-scale traffic-calming projects, so that areas that do not meet the criteria for traffic calming can obtain measures that will make the areas safer.

AQO 2923/09)

The Minister for Regional Development: At this rate, I might reach question 20.

Roads Service uses established criteria to determine and prioritise locations for the provision of all traffic-calming measures. The assessment procedure considers various factors in order to prioritise the many requests that it receives. Such factors include personal injury statistics; the volume and speed of vehicles on the road; environmental factors, such as the presence of schools, playgrounds, hospitals, clinics, shops and public buildings; and whether the road is used as a through route.

The ultimate dependent factor for schemes is the availability of funding. Given that the demand for road safety measures exceeds Roads Service's capacity to deliver such schemes, the predetermined criteria enable the establishment of a priority list of traffic-calming schemes. That list helps to ensure that our limited resources are directed to the areas of greatest need; that value for money is obtained; that no discrimination is made between areas, for example, council areas and towns; and that equality issues are managed. Therefore, there are no plans to introduce a scheme for small-scale traffic-calming projects.

Mr McCartney: Go raibh maith agat. Gabhaim buíochas don Aire as an fhreagra sin. Will the Minister and the Department consider schemes that cost less than £5,000 at any time in the future?

The Minister for Regional Development: As I said, the difficulty is that the demand for traffic-calming schemes far exceeds Roads Service's ability and resource capacity to supply them. It has established criteria that it will weigh to establish which areas are most in need and where traffic dangers exist.

Other Members and other parties have argued for wholesale traffic calming in every built-up area. Such a measure would have substantial implications for Roads Service's budget and the Executive's Budget. The established criteria allow Roads Service to deal with priority cases by establishing a weighing mechanism that will ensure that such cases are dealt with as quickly as possible. The number of cases that can be undertaken in one year depends on the resources. If the demand still exceeds the ability to supply, it is difficult to introduce new criteria.

Mr Newton: The Minister is aware of the demand, particularly from schools in built-up areas, for traffic calming in their immediate vicinities. Traffic calming exists to remove dangers and enhance safety. Therefore, although a full-scale programme of traffic calming in an area may not be necessary, traffic-calming measures may be required in the immediate vicinity of a school where large numbers of pupils gather.

The Minister for Regional Development: That is essentially how traffic-calming criteria are used. As I said, the criteria take into account all those factors, such as whether a road is a through road, as that implies a greater volume and speed of traffic, and the facilities on the road. Although the Member is particularly interested in urban areas in his own constituency, the Department has piloted a couple of schemes for temporary 20 mph zones outside schools in rural areas. That is a safety feature for schools when pupils go to school in the morning or leave in the afternoon. Early indications show that the pilot appears to be successful, and I anticipate that the scheme will be rolled out across the region. The conditions that the Member describes, such as the number of schools in an area and the volume and speed of traffic, are part of the criteria that are used to assess the need for traffic calming.

Mrs Long: In many areas, although the priority for traffic calming is high, some residents — often a small number — object to such proposals. If those objections cannot be overcome, when would Roads Service decide to override them? In what circumstances would it decide to abandon the scheme? That is a contentious issue.

3.30 pm

The Minister for Regional Development: It is hard to apply an overall rule in those situations, because every circumstance is different. People are increasingly objecting to traffic humps, in particular. Sometimes they can cause greater noise outside someone's door. People will argue that they cause a blight through

noise pollution or traffic slowing down and changing gear outside their property. Although there is a strong desire for traffic calming and for a safer environment for pedestrians and schoolkids, objections are sometimes raised to the nature of those calming measures. Roads Service has to take those objections seriously and, in each circumstance, tries to deal with them as reasonably as possible to secure the overall aim of a traffic-calming project.

In some cases, Roads Service will amend the project to try to deal with objections. It is hard to say where to draw a line beyond which they will say yes, because each circumstance is different. Roads Service will deal with each situation as sensibly as it can, but there will come a time when certain individuals cannot be satisfied and, at that stage, Roads Service has to decide whether to go ahead. It is a much better circumstance if everyone involved can agree, otherwise the process can be delayed or can end up in court, which would lead to greater public resources having to be expended on a particular traffic-calming scheme. I am afraid that there is no fixed template for dealing with those situations, because each set of circumstances is different.

PRIVATE MEMBERS' BUSINESS

Decline in Bee Population

Debate resumed on motion:

That this Assembly notes with concern the decline in the bee population in Northern Ireland and the potential impact this trend may have on agriculture, the environment, and the wider economy; further notes the Department for Environment, Food and Rural Affairs' investment in research into bee population decline in England and the publication of a bee health strategy for England; and calls on the Minister for Agriculture and Rural Development to invest in local research into bee health and to publish a bee health strategy. — [Mr Cree.]

Mr Shannon: I support the motion and congratulate Mr Cree for proposing it. A country boy like me is well aware of the issues and the changes. However, urban dwellers should also be aware of those issues. I recall that, when I was a young boy taking my holidays in Strabane and Clady, my aunt Isobel kept honeybees. I was aware then that the ecosystem in the countryside was clearly balanced, and that honeybees and bumblebees played a crucial role.

There are 18 true species of bumblebee in the UK, many of which are threatened by habitat loss and other changes in the countryside. Six species remain relatively common, while others have declined to varying degrees. Those who are into bees, as I know some Members are, will be aware of two species, the great yellow bumblebee and the shrill carder bee, which are of particular concern, because their populations have been almost completely decimated.

Bees are the major pollinators of most of our wild flowers, and if they continue to disappear, those plants will set less seed, resulting in sweeping changes to the countryside, which may come to be dominated by a different range of plants. Our countryside could lose its colour if rare plants disappear. That is a fact; it is not made up. There is evidence that that process is already under way, and that is why the motion is so important. Those changes will have catastrophic knock-on effects on the wildlife that depends on those plants.

At home, we always try to set aside and maintain habitat land for birds, flora and bees. Bumblebees are of enormous commercial importance. Many arable and horticultural crops depend on bumblebees for pollination to varying degrees. Oilseed rape can set adequate seed without bumblebees, provided there are sufficient honeybees, but other crops, such as broad, field and runner beans and soft fruit, depend on them. It is clear that bees have a crucial part to play in the countryside, not just for honey production, but for the balance that they help to maintain.

The total value of Europe's insect pollinators is estimated at some €14.2 billion. That cannot be ignored. Crop yields are already falling in parts of the

countryside; it is essential that we conserve our remaining bumblebee populations, and, if possible, restore them to their past abundance. That cannot be achieved with existing nature reserves.

It is very important that we understand how the bumblebee and honeybee work. To support a healthy population, large tracts of land must be managed sympathetically, and UK nature reserves are too small in isolation to help as they should. Bumblebees, along with wild and managed honeybees, are suffering after a very poor summer last year. Honeybees have also fallen prey to a certain mite, and the parasites have decimated some of the honeybee population.

Across the pond in the United States, there has been a collapse in the number of bumblebees and honeybees; some bee-keepers have lost up to 90% of their population. The bee population has fallen by 30% in other parts. That shows that there is an issue, not just for Northern Ireland, but for the whole of the world.

We are asking the Minister to invest in our farmers and encourage them to adopt appropriate agricultural and environmental schemes to support the replanting of hedgerows. We need to recreate the hay meadows and flower-rich grasslands and use wild flowers and traditional cottage garden plants in gardens nationwide. I believe that the Minister has a role to play, and I ask her to put support systems in motion.

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

Mr Shannon: Bumblebees and honeybees should be restored to the countryside.

Mr Molloy: Go raibh maith agat, a Cheann Comhairle. I thank the proposer for bringing the motion to the Assembly. It is a very important issue, and I declare an interest as a bee-keeper, on a very small scale, in County Armagh.

The bee population is very important to the development of crops. In County Armagh and in south and east Tyrone particularly, Bramleys, and apples in general, would fail completely if it were not for pollination by bees. Many orchard keepers use bee colonies to help with that pollination. Bees play a very important role in the entire infrastructure.

If the decline in numbers that has happened over the past few years continues, the bee population could be wiped out completely. There are many questions to be asked about why the decline has happened. Despite an increase in imports of bee colonies into the North, the population has declined by roughly 50%. That is dramatic, and we have to ask whether some of the diseases are being imported with the new bee colonies.

I ask the Minister to tell us what protection exists to ensure the proper inspection of imported bee colonies to try to keep disease out. We share a land boundary

with the South of Ireland, but bees do not recognise borders: they fly, and can come here very easily. What effect has that had?

I find it strange to be standing here in Stormont and supporting the bee men for the first time. It is very important to recognise the role of Government in trying to alleviate the risk of importing disease. What links are there with the Southern Government to try to deal with the problem that they have? What can be done to ensure an increase in the population of queen bees and bees that have been native to Ireland over the years? We should be trying to increase those rare breeds of bees that are found particularly in County Cork and County Kerry.

A lot of pesticide is used. Besides sprays, there are various ways of protecting crops, such as wheat and barley, and orchards in which the bees are working. One must ask what effect GM crops have, particularly in countries such as the United States, where there has been a massive decline in the bee population. We must also examine the contribution that pesticides make to other problems that affect the native bee population.

Mr Shannon: I thank the Member for giving way. The issue of GM crops is very delicate. Does the Member agree that the introduction of anything that is alien to the countryside upsets the ecosystem and the balance of the countryside and, therefore, contributes to the problem that we have with the bee population?

Mr Speaker: The Member will have an extra minute in which to speak.

Mr Molloy: I agree with the Member; once people start to alter the infrastructure of the countryside, of which bees are an important element, there will be problems. One can also question the new technologies that are being used, such as those that use airwaves, and the effect that they have on bees' homing systems. Bee-keepers often find that entire swarms have been wiped out or have not returned to their hives; there is a sense that the swarms have lost their direction and have not been able to get back to their hives. In some cases, new swarms go into empty hives and build their own populations. Where have those swarms come from, and what infections or diseases do they bring with them?

The big issue is to ask what the Department can do, despite all the problems, to protect the bees, support the farmers who keep bees, and to encourage the growth of the bee population. We must ensure that we try to encourage the growth and rebuilding of colonies that have been wiped out by disease or its effects. That is crucial if we are to maintain the ecosystem and help the environment.

The Department for Environment, Food and Rural Affairs (DEFRA) has published its report and sent it out for consultation, and the feedback from that will

start to indicate what can be done locally. It is also important to create links at a North/South ministerial level to tie together the two parts of Ireland so that there is a structure that helps to develop the bee population by stopping its decline and increasing its number. Go raibh maith agat.

Mr Burns: I support the motion, and I thank Mr Cree and Mr Elliott for tabling it.

I am delighted to have the opportunity to speak on the issue. I have a great personal interest in the subject, because my father was a bee-keeper. In fact, at one time, he was president of the Ulster Beekeepers' Association. My brother also has bees and is a member of the Randalstown and District Beekeepers' Association.

Like many other Members, I have received lots of letters and e-mails from various bee-keepers and interested organisations recently, most of which say that the situation is going from bad to worse. That is very worrying, because we know how important bees are to the agriculture industry and the natural environment. The true economic value of bees is much greater than their value as honey and wax producers. As other Members said, without bees, we would have reduced levels of crops, such as apples, pears, strawberries and raspberries. Bees are essential, because they pollinate those crops.

We need such local produce on our supermarkets' shelves, so it is vital that we maintain a healthy population of bumblebees and honeybees. Members will know that honeybees live in managed colonies and hibernate over the winter. In contrast, in the bumblebee population, only the queen bee hibernates over the winter and builds a new colony each year from scratch. It is important to have a strong hive of honeybees that are ready to go out and pollinate in the spring, because it takes much longer for bumblebees to increase in number and go out and pollinate. The bumblebee does not really come into action until much later in the very late spring or early summer.

3.45 pm

Colony collapse disorder and the shrinking bee population is a complex issue. The Minister said in most of her correspondence that the decline in bee numbers is down to recent cold weather. One cannot argue with that, but it is not the only factor. One cannot produce bees and honey with summers such as we have had in the past two years; that is nearly impossible. We need good, hot weather for honey production. However, in light of the decline in the bee population worldwide, it is hard to accept that bad weather is the only reason or that it is temporary. There is more to it than that. We need to find out what the problem is locally and why the decline is happening.

There has been a great deal of speculation and research worldwide on various theories. That research

identified a number of factors that are reducing the number of honeybees, and other Members spoke about that. In particular, there is general agreement that the misuse and over-use of pesticides is weakening bees' immune systems, leaving them too weak to fight off diseases such as varroa. However, without more research we will not know for sure what is happening locally, and why.

The motion calls on the Minister to invest in research and to publish a bee health strategy; I entirely agree with that. Some good work has been done in England and Wales, and DEFRA has committed a great deal of extra money for research. About £10 million is available to study the problem in England and Wales.

We have also seen the creation of a national bee unit and a national bee database and an increased partnership approach between bee-keepers and government. Those actions have been warmly welcomed by the British Beekeepers' Association. However, we have not seen such decisive action locally, and, from the correspondence that I have received, certain local bee-keepers are not happy with the Department of Agriculture and Rural Development

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

Mr Burns: They want more funding, and we need to get in place a plan that sets out a strategy for the next 10 years.

Mrs Long: A number of Members made clear their country credentials. I come to the debate as a city slicker, and make no apologies for it.

The honeybee population is hugely important for agriculture, the wider economy and, more importantly than we perhaps recognise, for the environment. It is easy for those of us who live in the city to become detached from the environment, and it is important that we are aware of how fragile the environment is.

Honeybees contribute directly to local food production through honey but also indirectly through crop pollination, and people often do not recognise the significance of that to the economy. That should not be underestimated, because the honey industry is worth between £10 million and £30 million a year. In addition, bee-keeping is worth about £165 million to crop production. Bees have, therefore, a major impact on the economy and on agriculture.

Honeybees also play a critical role in maintaining the fragile balance of biodiversity in protecting the natural environment. The factors that have been blamed for causing a decrease in the bee population such as very wet summers and warmer winters can also affect other pollinators, which could have a significant knock-on effect for the natural environment.

Some Members said that the causes of the decline in the bee population are much contested, and there are many and varied suggestions. Members mentioned pests, and they spoke about pesticides that are picked up when bees are pollinating crops. There is also a debate about whether genetic narrowing of the species, as people breed species that are less aggressive but better honey producers, can lead to species that are more susceptible to disease. That is a consideration.

Equally, importing bees to supplement the local population creates biosecurity issues. Therefore, several factors need to be considered.

Another aspect is loss of habitat, and people in the city can see that happening quite quickly. There has been a rapid decline in open spaces, hedgerows and the wildflower population in the surrounding countryside. As cities and towns expand, we lose nutritional balance and habitat. I have already referred to the weather, and perhaps that is another impact of climate change that has not been fully considered.

Given all the competing factors, it is important that good qualitative research is undertaken. We need an evidence base as we bring forward proposals on how to address the problem. However, it is not just a local problem. Colony collapse disorder has decimated the bee industry in the USA. DEFRA has said that the situation is not yet as serious in the UK, but we need to be aware that there have been dramatic decreases in the bee population.

The 'Honeybee Regional Report for Northern Ireland 2008' indicates a notable drop in the bee population. There is debate about whether that was caused by weather conditions in the previous year, and, if it was, the situation could be replicated this year. There is a significant issue that needs to be addressed. DEFRA has brought forward its bee plan, to which it has allocated resources; it will take different measures to examine the issue of pests, promote good bee-keeping standards and deal with biosecurity issues as we try to supplement the population.

People have mentioned that, locally, the Minister and the Department have been considering the matter. The Minister and the Department have committed to move on a bee health strategy following the finalisation of the DEFRA report. I add my party's support to the calls that have been made in the Chamber for that to be done quickly. The dangers of a continued decimation of the bee population have not been fully contemplated. It does not affect only the countryside; it affects the survival of all of us.

Lord Browne: I support the motion. As an urban dweller, I cannot pretend to be an expert on the matter. However, as a qualified zoologist, I have studied the life of sandhoppers and the sex life of bees. Therefore,

I fully appreciate the important role that they play in agriculture.

There is no doubt that all the scientific evidence indicates that the honeybee is under threat. The question is how that should be dealt with, particularly in Northern Ireland, where the honeybee is vital to the economy. We have heard that colonies have been utterly devastated by many diseases, particularly from varroa, protozoan, viruses and bacteria. Up to one third of our food crops require pollination, and bees are probably the nation's main pollinators. Crops, trees, apples, raspberries, pears and legumes all need to be pollinated.

The failure of the pollination cycle is estimated to have cost many hundreds of millions of pounds throughout the United Kingdom. Indeed, in Northern Ireland, the apple industry alone is worth millions of pounds each year. What is required to address the serious situation? Something needs to be done quickly. Money can be devoted to research, but it will be a long time before that research yields an outcome. We must also question whether the allocation of more money to research is a cost-effective approach.

The United Kingdom Government have already made welcome progress towards funding the research that is necessary to modify bee-keeping and thus arrest the dramatic loss of bees and colonies. They have announced that many millions of pounds will be spent on research for pollinators such as bees, butterflies and other insects. That funding was not exclusive to DEFRA; it included various agencies and the Scottish Government, which have taken a lead role. Therefore, I will be grateful if the Minister will assure us that money will be forthcoming to fund similar research programmes in Northern Ireland that will help to stop the decline of the bee colonies.

As I said, bees are very important to the apple industry here, which is a multi-million pound EU industry under threat. Research will take time, but one third of Ireland's bee species is in serious decline and the apple industry here relies on them, so we need to show the same urgency here as is being shown in England and Scotland. Has the Minister had talks with her Scottish counterparts to find out how Scotland is tackling the problem and how we could work together and share vital information to speed up an outcome?

It is vital that an integrated approach is adopted so that research can be carried out. We do not really know why the bee population has declined. There are many factors, but no simple answer; it could be due to new farming practices. We know that wheat and barley fields have fewer weeds due to the use of insecticides and that the use of clover has decreased. I ask the Minister whether there is co-operation between, for example, the Planning Service and the Department of

Agriculture to encourage the planting of trees, the growing of clover and the control of insecticides. A co-ordinated policy is required.

Another aspect that should be examined is the restriction of the movement of bees for breeding purposes. Has that been considered? It is vital that we have an integrated pest and hive management strategy along with money for research. I do not know if we have bee inspectors in Northern Ireland: if we do, how many are there, how are they trained, and what reports do they produce? If we do have bee inspectors, it is important that they have appropriate training. There are many bee-keepers here and they need to be trained in good practice. I support the motion.

Mr W Clarke: Go raibh maith agat, a Cheann Comhairle. I too thank the Members who brought the issue to the Floor of the House. I support the motion and, like Mr Molloy, I never thought that I would be standing in Stormont supporting the bee men, but there you go.

On a serious note, Albert Einstein once speculated that if the bee were to disappear from the surface of the globe then humans would only have four years of life left. Scientists have said that that is a myth: it may be, but it is food for thought.

What are the honeybees trying to tell us? Are they warning us to be more conscious of our environment and manage our use of pesticides, particularly insecticides, more appropriately? As has been said, one third of the food produced is due to the work of honeybees serving as vital pollinators, yet food creation may be severely impacted by colony collapse disorder. The registered bee population on these islands has shrunk by between 10% and 15%, but the real reduction may be much greater.

There are fears that a Europe-wide shortage of bees could affect crop pollination and food production. As Mr Molloy outlined earlier, in America, many esteemed scientists believe that exposure to genetically engineered crops and their plant-produced pesticides merit serious deliberation as the cause or factor in the development and spread of colony collapse disorder. Two of the threats most commonly blamed for weakening bee colonies are insecticides and the deadly varroa mite. The trend of higher than normal rates of death dates back to 2002.

Pesticides and herbicides used in farming and on lawns can weaken bees. I understand that pesticides used on plants do not kill bees but hamper their sense of direction and leave them unable to find their way back to their hives. Many factors could be working together. It could be a combination of bad weather, as some Members said, chemicals, parasites, viruses, microwaves coming from mobile phone masts, handsets

or satellite equipment. Various factors could be responsible for the decline.

4.00 pm

Albert Einstein said that no bees would result in there being no people. One third of European food crops rely on bees for pollination, as do some 250 species of flowering plants, many of which are crucial to world agriculture. Bees increase the yields of approximately 90 crops, such as apples, blueberries, cucumbers and raspberries by as much as 30%. Without bees, many fruits and vegetables would become scarce and expensive. In addition, many conventional medicines and alternative remedies come from flowering plants, and cotton is another essential product that is pollinated by the bee.

However, not only humans but birds and small mammals that feed on the berries and seeds that rely on bee pollination would suffer. An increased knowledge is required of how the problem affects insects such as bees, wasps and butterflies, and particularly whether it is due to climate change, because bumblebees, honeybees and other pollinators are important to Ireland's economy.

Is nature giving us a wake-up call on how precious are our habitats? Is the decline in the bee population the sting in the tail because we have disregarded the environment? To halt the recent decline requires the immediate improvement of habitats, and everyone can play a part in that. Gardeners, farmers and councils can help, and as a Member opposite said, schools and community groups can develop wild flower gardens. Indigenous bees must be protected from diseases that may be carried by imported bees, and work must be carried out on an all-island strategy for bee health.

In conclusion, there are many areas of ambiguity, but it is clear that there must be a greater focus on sustainable living, which has implications for intense farming practices. The shift to organic farming must continue. A bee strategy must be developed, and more all-island research must be carried out on the decline of the bee population. Go raibh maith agat.

Mr P J Bradley: The disappearance of the honeybee yet again poses the question of which Minister should take the lead: is it an agricultural, environmental or health issue?

Someone once said that if bees were to disappear, humans would survive for only a few years. Some people argue that none other than Albert Einstein made that comment, a view endorsed earlier by Mr Cree and Mr Clarke. Regardless of who said that, it cannot be denied that bees are important to humanity's survival. Approximately 90% of plants in the world are known to rely on pollination for fertilisation and reproduction. Honeybees pollinate more than one third of the food

that we eat. They also pollinate cotton, and it is hard to imagine a world without that.

In early May, the Committee for Agriculture and Rural Development visited the apple country of Loughgall during the Bramley celebrations. Members learned about the important role played by the honeybee in the production of the apple crop, and we heard the management's concerns about the late arrival of the bee in 2009. I discovered that 80% of fruit-producing plants, including apples, depend on bee pollination.

Many scientists throughout the world are endeavouring to address the problem of the disappearing honeybee, but none has yet come up with an answer to its decline. Some suggest that the extensive use of pesticides is to blame. If that is proven to be correct, the finger must not be pointed solely at the farmer. Those of us who treat our lawns or flower beds with cosmetic pesticides, or whatever fancy name they are given by the producers of pesticides or herbicides, are equally to blame.

The disappearance of the honeybee, or, to describe the mystery properly, colony collapse disorder, happens when bees leave the hive and simply fail to return. Some scientists are working on the theory that radiation from mobile phones, as mentioned by other Members, and high-tension pylons disrupt a bee's inbuilt navigation system, thus disrupting its ability to find its way back to the hive. Others believe that global warming may somehow be responsible. Regardless of whether mobile phones, bad weather, global warming or pesticides are to blame, the seriousness of the issue should not be underestimated.

Just over a decade ago, the expected annual mortality rate of bees was in the region of 5%. Today, however, that figure has rocketed frighteningly to between 30% and 35%. In Ireland, almost 30% of the bee population has disappeared, and in 2008 alone, the decline in America was between 30% and 40%.

It should be recognised that no amount of human activity, however well intended, could replace the exclusive work of the honeybee.

I welcome and support the motion. I have considered what should be the final lines of my contribution to the debate. I suggest that the worldwide wealth of knowledge be pooled immediately. Only good can come from an exercise that involves expertise. If a method, or methods, can be arrived at that will enhance the recovery of pollination by bees, it will benefit bees, bee-keepers, farmers and humanity.

I suggest to our Minister of Agriculture that the provision of stock and bee-keeping material should be included in the list of items that the Department is drawing up that are eligible for support under the farm modernisation programme.

Finally, I call on the Minister of Agriculture, the Minister of Health, Social Services and Public Safety, and the Minister of the Environment to embark on a North/South programme to tackle the threat that colony collapse disorder, if allowed to continue, will bring to the island of Ireland. I thank the Members who tabled the motion and hope that the seriousness of the issue will ensure that it receives prompt attention. As Mr Cree said in proposing the motion, there is no longer room for complacency.

The Minister of Agriculture and Rural Development (Ms Gildernew): Go raibh maith agat, a Cheann Comhairle. I thank Mr Elliott and Mr Cree for tabling the motion and for bringing this very important issue to the Assembly for debate. I expected a number of cheap jibes about the birds and the bees, but I did not expect the DUP to bring sex into it. However, I was interested to hear what Members have said, and I hope that the debate will add to the public profile of the bee.

The bee is one of the most vital and valuable insects on the planet, and I agree wholeheartedly with what has been said in the Chamber today. The bee plays a significant role in agriculture; it is a key part of many ecosystems that support our natural environment; and as we heard, the bee makes a very real contribution to the economy. Therefore, each of us is responsible for ensuring the preservation of our local bees. As the Minister of Agriculture and Rural Development, I am happy to respond to the debate, because I recognise its importance in my portfolio.

Before I discuss in detail the issues raised, I will highlight my keen, personal involvement in the bee sector. In March, I had the honour of opening the Ulster Beekeepers' Association's annual conference, at which I gave the welcome address on behalf of the industry. Last September, I was also pleased to give the opening speech at the international EurBee3 conference, which bee scientists from around the world attended and Queen's University hosted. I have heard at first hand the priorities and concerns of our bee-keepers and other stakeholders, and I will continue to work closely with the industry to maintain and improve the sustainability and status of bee-keeping here.

The recent decline in the number of bees here has been raised by Members as an issue that must be properly understood in the context of a beehive's annual cycle, which involves a completely natural loss of bees as the hive slows its activities over winter. The queen temporarily stops replacing bees, and pollen and nectar collection are suspended, with the hive surviving on its honey stores. In a strong and healthy hive, the number of bees will decrease from more than 40,000 to fewer than 10,000 individuals. Weaker hives may not survive the winter, and for that very reason, bee-keepers expect to lose a proportion of their bees

every year. Bee numbers will rise again naturally in May or June and lost hives can then be replaced.

At present, an estimated 1,000 bee-keepers maintain about 4,000 hives in the North, and over-winter losses of between 10% and 20% are considered normal. At the Ulster Beekeepers' Association conference in March, I announced an AFBI-led survey of our bee-keeping industry. The preliminary results from that survey show over-winter losses here of approximately 22%. This year's losses are at the upper end of the usual over-winter drop. However, almost 50% of bee-keepers surveyed here reported no losses. Bee-keepers who lost hives attributed those losses mainly to problems with queen bees or to hives starving from there being insufficient honey stores. Only 9% of bee-keepers attributed any losses this year to disease.

Members have mentioned that the main disease responsible for increasing over-winter losses is caused by the varroa mite. The disease was first introduced to Ireland in 1998 and is now endemic across much of these islands. There is no evidence that the disease known as colony collapse disorder, or CCD, is present in Britain or Ireland. However, we will not be complacent, and my officials will closely watch events in other parts of the world.

I previously made a statement in the Assembly to that effect. As part of their normal activities, bee-keepers manage the effects of the weather and varroa mites on their hives, and they will replace weak or lost hives when bee numbers increase again this year.

Recent DEFRA research concluded that importing bees and bee products generates the greatest risk to the health of bees here, and many Members mentioned that fact. However, a ban on the importation of queen, or other, bees without justification would breach EU free-trade principles. In the same way that I cannot enforce a ban on bringing in heifers from bluetongue-infected areas, at this time, it is not in my gift to ban the importation of queen bees. However, at the most recent NSMC meeting, I discussed the matter with my ministerial counterpart in the South, Brendan Smith. I have not yet spoken to colleagues in Scotland, although I will. I would, however, like to see the industry implement a self-imposed ban, which I believe would be more useful and worthwhile.

Like other Members, I believe that our indigenous bee strains are probably better suited to our environment and weather conditions, and if that genetic strain is diluted, the bees here might not have the same resistance to some of the problems that are being encountered in other places.

In order to minimise the risk and impact of disease, my Department and AFBI supports the bee-keeping sector through inspection and advice services. For example, we have three bee inspectors, and a further

two are being trained. Furthermore, we run bee-keeping courses, conduct the bee health survey, which is ongoing, and analyse bee samples that are submitted by bee-keepers.

A significant reduction in bee numbers would have an impact on agriculture, the environment and the economy. The production of the world-renowned Bramley apple is the core industry here that depends heavily on insect pollination. Like P J Bradley, I was at the Bramley apple festival in Loughgall this year, so I recognise the importance of bees to apple pollination. However, there are several other crops — such as strawberries and protein crops — that rely to a lesser extent on insect pollination.

Leslie Cree, Thomas Burns and Willie Clarke talked about the use of pesticides, and the Pesticides Safety Directorate's code of practice for using plant-protection products contains specific guidance for the protection of bees. Individual plant-protection products with the potential to harm bees are labelled appropriately. Nevertheless, there is recognition that pesticides can have an impact on bee health and the bee population.

Leslie Cree and Francie Molloy laboured the point that bees are the main source of insect pollination and the first step in the flowering and fruiting process. Without bees, we would be missing a crucial factor in the apple-growing cycle, and that would have a negative impact on Bramley yields. The same is true for several other crops, and that is why bees are invaluable to environmentally stable farming.

Aside from the agriculture context, through visiting wild flowers in our environment, bees are one of the keystones of most of the ecosystems on this island. All ecosystems are based on plants, and most flowering plants that require insect pollination are dependent on bees. As pollinators, bees ensure that fruit is produced for the benefit of wildlife on trees, wild shrubs and flowers. Therefore, if bees were removed from that equation, a vital link in plant production would be missing and the countryside around us, which is now so full of flowering plants, would quickly change for the worse. Furthermore, through pollination, bees support environmental biodiversity.

Naomi Long talked about the importance of bees for the city environment. People are known to have hives on rooftop gardens, and as long as there are plants to provide pollen, bees can thrive in a city environment. Therefore, we can all do our bit to ensure the survival of the species.

As many Members pointed out, bees also contribute, directly and indirectly, to the economy. The total revenue here from honey, hive products and pollination fees is approximately £220,000 per annum. Pollination, mainly of the apple crop, by bees is estimated to be worth at least £6 million, and that figure does not take

account of the important environmental value of bees in the countryside.

4.15 pm

My Department recognises the importance of bees in that regard through its agrienvironment schemes — a point made by Jim Shannon. The new countryside management scheme includes a specific measure involving a pollen and nectar mixture that contains a mix of legumes flowering at different times to provide a continuous supply of pollen and nectar bees and other pollinators. In 2007 alone, under agrienvironment schemes, my Department helped to widen the bee environment here through the restoration of 570 kilometres of hedgerow field boundaries; the sowing of 360 hectares of conservation cereals; the planting of 1,700 hectares of wild bird cover, 70 hectares of traditional orchards and 620 hectares of other trees; and the maintenance of approximately 350 hectares of rough grass margins.

We are doing that as part of the countryside management scheme. However, it is not just our responsibility. I would be happy to talk to any Members who want further information about the pollen and nectar mixture for — as Willie Clarke said — councils, schools or our own gardens. We want to see more flowering plants enabling pollination and sustaining our bee population. I am very keen that we all be in a position to do our bit.

Moving onto DEFRA's investment in research and its bee health strategy, £10 million has been made available for research in respect of insect pollinators, which includes bees as well as butterflies and moths. That funding will be made available to research teams here, and I encourage local research organisations to avail themselves of it, not least because of the particular expertise that they can bring on areas such as the apple crop. Indeed, Mr Wallace Browne made the point about research ability and the money that is available. It is worth stressing that the results of that research will benefit us all and inform our strategic direction on bee health for the future.

The strategy launched by DEFRA earlier this year aims to keep pests and diseases to a minimum, promote good standards of husbandry, encourage effective biosecurity and ensure that sound science underpins bee health policy and its implementation. Those are likely issues that we will consider in the development of our strategy.

In respect of the motion's call on me to invest in local research and to publish a strategy, I can confirm that in addition to the support being provided to the sector, my Department has begun work on the development of an appropriate local bee health strategy. I have made a commitment to the industry that a relevant, challenging strategy will be developed for the

good of bee-keeping, agriculture and the wider environment here. Given the island dimension, my officials will be engaging with colleagues in the Department of Agriculture, Fisheries and Food in the course of developing our bee health strategy. That will ensure that all-island co-operation is maximised between North and South.

As mentioned previously, a contingency plan for bee health is already in the final stages of drafting, and, once complete, it will lay the groundwork to securing and preserving the high standard of bee health that we have here already. The bee health strategy will seek to build on that, encompassing appropriate research and development budgetary considerations, subject to affordability and value for money.

Members should be under no illusions: I am committed to supporting the industry. My Department has been hard at work supporting the sector, and I will continue to work for a future where bees, and the industries and ecosystems that depend on them, continue to thrive. However, it is clear that positive action on that front should not be limited to me and my Department; we must all play our part in creating an environment that supports the bee in its crucial role.

I hope that the support measures and future plans that I have raised in my response have given Members an indication of the positive steps that I have taken to prevent a decline in the number of bees here and the consequences that that could have for agriculture, the environment and the wider economy. I would welcome the continued support and interest of Members for my strategy to promote bee health, because, as we have heard, healthy bees should be a concern for each and every one of us. Go raibh míle maith agaibh.

Mr Savage: I wish to declare an interest as a farmer.

I share my colleagues' concerns about the decline of the bee population in Northern Ireland. Over the past year, one in three bee colonies has vanished. Northern Ireland is the only part of the UK not to have a bee health strategy. In light of the significance of the bee to our environment, food production and economy, it is of utmost importance that Northern Ireland is not left behind. The Minister of Agriculture and Rural Development made a commitment to produce a bee health strategy in mid-2008, but, a year later, has failed to produce it. I know that she was a busy bee in 2008, so I pardon her.

Approximately two thirds of the food crops that feed the world rely on pollination by insects or other animals to produce healthy fruits and seeds. It is estimated that one third of the food that we eat is pollinated by bees. The value of the bees' service has been estimated at £200 million a year to the UK economy, and the retail value of what they pollinate

was valued at closer to £1 billion. Simon Potts, head of pollination research at Reading University, said:

“If we had a serious loss of honeybees in the UK, inevitably food prices would have to increase. Essentially, we would have to import fruits from overseas.”

Northern Ireland has a large fruit industry, and apple producers are concerned about the decline in the bee population. My Upper Bann constituency is well known for its orchards and for the Bramley apple in particular, as was stated by many Members today.

It is estimated that the apple industry is worth in the region of £50 million a year, and the long-term decline in the number of bees would have a serious impact on that and other fruit industries.

It is estimated that bee numbers in the UK have fallen by between 15% and 30% in the past two years. That mirrors the steep declines and the emptying of hives that have been witnessed in the US, the mainland, Europe and elsewhere. According to Dr Robert Paxton, from the School of Biological Science at Queen's University, the island of Ireland has 100 species of bees, of which approximately one third is in serious decline. That is due to normal winter decline and bad weather.

Reports from a number of countries show that an unusually high number of bee colonies have died or are dying. That is true of many European countries and north America. The cause of the colonies' collapse does not appear to be a single pest or disease but appears to vary depending on location. In north America, a number of pressures appear to have combined to produce highly unusual levels of hive mortality. Research in England and Wales shows that weather conditions and a high level of mites and associated viruses have been the cause of decline in bee numbers.

It is worth noting that significant declines in honeybees have been recorded before. For instance, there was a decline in the USA in the 1880s, in England in the 1920s and the 1960s, and on the Isle of Wight in 1906.

Last November, the European Parliament adopted a motion for a resolution on the problems of bee-keeping that pressed all 27 EU Governments and the European Commission to take action. The Parliament adopted a resolution with 485 votes in favour, 13 against and 5 abstentions. The resolution called on the European Commission to put in place measures to encourage the creation of ecological recovery zones in parts of fields that are difficult to cultivate. The resolution called on the Commission, the executive body of the EU, to immediately step up further research into the causes of the decline and to make additional budgetary resources available for research.

In September 2008, the Minister of Agriculture and Rural Development announced that she would draw up

a bee strategy in Northern Ireland. In answer to recent questions from my colleague Leslie Cree, she stated that she would wait until the publication of the DEFRA strategy before producing her own strategy. The DEFRA strategy was published in March, and we have not yet seen one here. However, I know that a word to the wise is enough.

The main research institute in Northern Ireland is the Agri-Food and Bioscience Institute, which provides scientific and laboratory support. Most of AFBI's work on honeybees has been statutory, although it keeps up to date with research developments through liaising with the national bee unit at the central science laboratory in York, Dr Paxton's bee research group at Queen's University, Belfast, the bee research unit in the Republic, and through discussions with local bee-keeping organisations.

At present, it is unclear whether any of the investment made by DEFRA will find its way to Northern Ireland. We in Northern Ireland cannot afford to let our industry collapse. Many people want to see the advanced technology that we have in our Province used to stop the decline and start the wheels turning the other way. Our bee industry is very important.

England and Wales have a co-ordinated research strategy that is linked to bee-keepers and the Government. Northern Ireland is in danger of being left behind. I know that the Minister has given a commitment to producing a strategy, and we cannot afford, nor can we be allowed, to drift. I ask the Minister to tell the House when that strategy will be published.

I congratulate my colleagues for tabling the motion, and I commend it to the House. The motion notes with concern the decline in the bee population in Northern Ireland and the impact that that trend may have on agriculture, the environment and the wider economy; it further notes the investment by the Department for Environment, Food and Rural Affairs in research into bee population decline in England and the publication of a bee health strategy for England; and it calls on our Minister of Agriculture and Rural Development to invest in research into bee health and to publish a bee health strategy.

Nature plays a very important part in our society. Many of us have close links to the land, so we cannot forget that bees and insects have an important part to play in the health of the land and of society in general and that we also have an important part to play in protecting them. We welcome the support for the motion across the House. I will not mention all the Members who spoke in case I forget someone, but we welcome the support of all of them.

Question put and agreed to.

Resolved:

That this Assembly notes with concern the decline in the bee population in Northern Ireland and the potential impact this trend may have on agriculture, the environment, and the wider economy; further notes the Department for Environment, Food and Rural Affairs' investment in research into bee population decline in England and the publication of a bee health strategy for England; and calls on the Minister of Agriculture and Rural Development to invest in local research into bee health and to publish a bee health strategy.

Adjourned at 4.27 pm.

Written Ministerial Statement

The content of this written ministerial statement is as received at the time from the Minister. It has not been subject to the official reporting (Hansard) process.

REGIONAL DEVELOPMENT

Rathlin Island Policy

Published at 1.00pm on Monday 8 June 2009

Minister for Regional Development (Mr Murphy):

I am pleased to inform Assembly members that the Executive on 7 May 2009 endorsed a draft Executive policy for Rathlin Island. My department has taken the lead in this matter with the assistance of other departments, local bodies but also incorporating the views of the islanders. The policy is designed to develop a vibrant, healthy Rathlin community on our only off shore inhabited island and improve the conditions of all the people of the island while also protecting its natural and cultural heritage.

It is my intention to launch the public consultation on the draft policy at an event on the island on 10 June and I will make copies available to Members. I will also provide members with more information on the draft policy through an oral statement to the Assembly in the near future.

