



Northern Ireland
Assembly

Committee for The Executive Office

OFFICIAL REPORT (Hansard)

'Building Forward: Consolidated COVID-19
Recovery Plan': The Executive Office

22 September 2021

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:

Mr Colin McGrath (Chairperson)
Mr John Stewart (Deputy Chairperson)
Mrs Diane Dodds
Mr Trevor Lunn
Mr George Robinson
Mr Pat Sheehan
Ms Emma Sheerin

Witnesses:

Ms Jane Holmes	The Executive Office
Mr Peter Luney	The Executive Office
Ms Karen Pearson	The Executive Office

The Chairperson (Mr McGrath): I welcome Karen Pearson, the Executive Office's director of COVID strategy and civil contingencies; Peter Luney, the deputy director of COVID strategy and recovery; and Jane Holmes, the head of the COVID recovery team, all of whom are on the key team.

Karen, have you been with us before?

Ms Karen Pearson (The Executive Office): Yes, I have, Chair.

The Chairperson (Mr McGrath): Were you on the phone? I feel as if this is the first time that I have seen you face to face. Perhaps you were on video the last time that you were with us. You are very welcome to today's meeting. We know that you have been undertaking a massive amount of work, probably very much in the background, during the pandemic. You head up the unit that has been right at the front in dealing with daily issues across the Department. I know that a substantial amount of work has been done. Any time that I have engaged with you, be it at 8:00 pm or 8:00 am, you have always come back to me and it is always appreciated.

We are moving into a slightly different phase of COVID from a response to a recovery mode. I invite you to give us an update today, after which members will ask questions.

Ms Pearson: Thank you, Chair. Thank you very much for inviting us to brief you on the COVID-19 recovery plan. We will give you a helicopter view, because we know that you will want us to come back with details. Quite a lot of this is owned by other Departments, and we may have to get specific answers for you in writing as well. If it is OK with you, Chair, I will start with that helicopter view. You have introduced my colleagues Peter and Jane.

If it is OK, we will outline our approach against four main headings: citizens and the importance of the recovery plan making a difference for people; collaboration and the importance of the plan being more than the sum of its parts; content and why the plan contains what it does, how we got here and the impact that Ministers want us to have; and our commitment going forward.

COVID-19 has had a devastating impact on citizens, health and economic and societal well-being, and the emergency response to the pandemic taught us much about collaborative working, not just across central government but with other sectors. It demonstrated the success that we can achieve when we get it right and work together. To deliver recovery most effectively for citizens, collaboration of the type that we saw during the emergency phase will be vital.

We still have some restrictions in place. I just checked my briefing pack and saw that we have a small but important number of restrictions in place. However, between 1 April and 10 September, the Executive decided on 17 significant packages of easements and are working their way through very carefully and cautiously. We are acutely aware that we still have some restrictions that impact on citizens and businesses, but we cannot wait until the end of that process to start recovery, and we think that the time is right now.

It is vital that we plan and progress recovery to address the known negative impacts of the pandemic. Recovery is not about getting us back to where we were previously, but we think that it provides a foundation for economic health and societal renewal that will lead us into the next Programme for Government (PFG).

On collaboration, we will have to remain agile and responsive, so we do not expect that the plan will remain exactly as it is over the next two years. Things will emerge, and it is really important that we are proactive on that front and go looking for COVID impacts. This week, we wrote to a number of key stakeholders or key partners across Northern Ireland to seek specific meetings with some of them. We will proactively work with external stakeholders and continue to scan for impacts.

As we recover, it is important that we do not just go back to how we worked in March 2020, fine though that was. We have to strive to retain the new working practices, be flexible and agile and use the experience to help to shape the future. The impacts of the pandemic have driven innovation and flexibility to address the unprecedented challenges that we encountered. They also gave us all a different perspective on the way that we live our lives. We see more walking, cycling and use of the outdoor world, and we encourage that. It is important that we harness what we gained from the experience as we work through by working with those who have the skills, knowledge and expertise to bring about positive change. That involves not only our Departments but those in the outside world.

On the content, the Executive's 'Building Forward: Consolidated COVID-19 Recovery Plan' was published on 2 August. It aims to accelerate recovery over the next 24 months, ensure that our citizens are better off in the shorter term and address critical challenges that citizens face and will face in the near term. That should move us, hopefully seamlessly, into the Programme for Government. We have been working with Departments to develop the integrated plan to drive societal, economic and health recovery and inform the Executive of the priorities for acceleration. While most of the actions are focused on the immediate future, they will, as I said, take us into Programme for Government territory, hopefully soon.

In developing the plan, the emphasis was on cross-departmental priorities. We settled on four key areas. Those are sustainable economic development; green growth and sustainability; tackling inequalities; and the health of the population. I will give you a few stats, Chair. On sustainable economic development, we know that the number of people in employment here fell by around 35,000 between March 2020 and March 2021. Some 26,000 of those citizens were aged 16 to 24, so we know that that is a vulnerable group. We also know that approximately 50% of apprentices were furloughed over the year. Unless those citizens can find jobs, all that could result in a total impact of £3-4 million in out-turn, in addition to the individual impacts on their livelihoods. Under that accelerator, we will focus on job creation and growth and enhancing skills by progressing priority activities, such as tourism, enhancing needs-based skills and transitioning to a low-carbon future.

With that, there is the green growth and sustainability accelerator. There is virtual international recognition of the importance of green growth in this space and of the opportunities that we cannot afford not to take. For example, 17% of funding for OECD countries that are working on recovery has been set aside for environmentally positive measures. For us, priority plans such as developing and implementing a green growth action plan and a climate action plan, delivering city and growth deal

programmes and providing access to good, affordable, sustainable homes are examples of how we can emerge stronger.

In short, we know that some inequalities have deepened as a result of the COVID-19 pandemic. For example, those from disadvantaged backgrounds have been hit hardest, and women have been disproportionately impacted with regard to remaining in employment. I am sure that all Committee members will also be very concerned about children and young people. In tackling inequalities, we will focus on six key areas: addressing vulnerabilities; enabling a learning recovery; enhancing skills; ensuring equitable job creation; providing equitable access to health services; and reducing poverty.

We also know that the pandemic will have longer-term impacts on population health as people are waiting for treatment, and the effects on mental health could prove to be intergenerational. For example, as of 31 March 2021, 83.3% of patients were waiting for longer than 13 weeks to be admitted to hospital for inpatient or day-care treatment, and, over the past five years, nine of the inequality indicators have widened between the most- and least-deprived areas here. Those include preventable deaths, drug misuse and infant mortality. The health of the population accelerator will need to address vulnerability; protect and improve the health of the population; promote health and well-being; reduce poverty; and invest in green initiatives that benefit population health. Priority interventions are to address waiting lists and maintain a continued focus on the ongoing COVID-19 response, and tackling poverty and inequalities will contribute to progressing that recovery sector and, indeed, others.

In each area of strategic intent, we have priority activities and action plans. Overall, we have selected 83 highly impactful interventions across Departments, and they represent the Executive's priorities in coming months. Work is under way to identify very specific interventions that will have tangible impacts in the next six months before the end of the mandate, and we want those to be cross-cutting, to require collaboration and to be funded. Most are, and we can come on to that.

The plan presents significant opportunities to achieve an impact that is greater than the sum of its parts, which is why we are coordinating this at the centre, both in what can be progressed and in what can be delivered through cross-departmental action. Moving forward, it is important that we continue to work across government to ensure consistency of messaging and to provide a clear road map, and it is also important that we take account of the course of the pandemic, particularly over the coming autumn and winter months, because we are still in the midst of a very serious situation. We also need to be mindful of other winter pressures such as the flu season, and we must continue to protect our health service.

In summary, we feel that the recovery plan, as it is published now, represents the most appropriate response and interventions at this time, but our commitment is to keep it under review as we move through the coming months. We will also proactively work with stakeholders to ensure that we take account of emerging issues. We are developing oversight and reporting arrangements to the Executive, and it is our aim, as officials, to bring a paper to the Executive, with a first progress report before the end of the calendar year. We will, of course, continue to keep the Committee up to date on key developments. Thank you very much.

The Chairperson (Mr McGrath): Thank you very much, Karen. I appreciate that. We will move straight into questions, and we will try to get ourselves started. I will begin.

There have been references in the media to a "COVID task force". This is a "COVID recovery team". It is a "COVID recovery report". What is the lay of the land with those various terms? Are they all one and the same?

Ms Pearson: It is very often the same people but with very specific roles and functions, Chair. Obviously, the ultimate decision-making body is the Executive, and we take our lead from them, as always. To inform Executive decisions, we have an Executive COVID task force, which is chaired by the head of the Civil Service, and relevant permanent secretaries are on that group. That keeps us focused on the big strategic issues of protecting the health of the population and protecting our health service. Recovery sits with that group, too, as well as the lifting of restrictions, citizens' adherence and behaviours and strategic communications.

Below that is my group of colleagues. Peter is my deputy, Jane leads on recovery, and our other colleague, Carol Morrow, has been leading on the lifting of restrictions. I hope that there are not too many layers there. That ensures that there is a direct line from what my group does, through strategy and up to Executive decision-making.

The Chairperson (Mr McGrath): So, you are the COVID recovery team and you report to the COVID task force, which reports to the Executive. Is that correct?

Ms Pearson: Yes. We describe ourselves as the "COVID strategy team". Within that, we look at both the lifting of restrictions and the preparation of the recovery plan. We can put those titles and terms on a page and get that over to the Committee.

The Chairperson (Mr McGrath): Perfect. That would be good and very useful. Thank you.

I want to talk about vaccination. I know that we could say that that is a Health-related matter, but we are looking at messaging and at how to get information to people to reassure them that the vaccine is safe and that they should respond to it. We are in a paradox whereby we probably have the most restrictions on these islands and yet we have the highest number of cases on these islands. That should be the other way around. As we are retaining the restrictions, we should see our daily cases going down, but they are not going down. Many people in the community are not too far from saying, "What's going on here? Why are we not able to control the number of cases on a day and daily basis when they can do that in other places?". How does messaging on vaccination happen? Is that left to the Department of Health, or does your team take that on board as well?

Ms Pearson: Health leads on that, Chair. That is an intervention at a Health level. However, from the outset, the Executive have recognised the importance of the vaccination programme and done everything that they can to support the Minister of Health to deliver that. Personally and professionally, I think that what they have done with the vaccination programme — the reach and the dedication to get every single person whom they can get through the door — is remarkable. It really matters. Every percentage increase in the vaccinated population translates into fewer hospital patients, and that is what this is all about. Vaccines are still there. Yes, the programme is delivered by the Department of Health, but we do not see it as Minister Swann's problem. It is an Executive priority to get everyone through the door, and that priority is supported.

My colleagues in the Department who lead on communications are developing the autumn and winter communications plan. I am sure that there will be ongoing key messages about the importance of vaccinations. That will probably go through to next spring.

Mr Peter Luney (The Executive Office): I will come in briefly, Chair, if I may. You touched on misinformation around vaccines, and I want to highlight that that is also an area of focus. We are using social media channels to try to get out there and combat that misinformation. I understand that a new campaign is launching on TikTok and Snapchat to try to tackle that. As Karen said, it is important to drive those figures up, even by small percentages, to get us over the critical mass.

The Chairperson (Mr McGrath): I echo what Karen said about the fabulous work that has taken place. I do not want to take away from that work, but it is regrettable that, in public service and politics, you are almost remembered by your failures rather than your successes. I do not want our excellent success on that front to be overshadowed by a failure in having high numbers and having to maintain restrictions. Each person who has gone out and been vaccinated will rightly say, "I've done my bit, but there are still restrictions". I do not want us to move into that territory, so anything that the Executive can do to communicate to all people, including those who are yet to be vaccinated, would be very welcome.

I will edge into the third area that I want to talk about, which is communication. In our members' pack, we have a lovely 38-page COVID-19 recovery plan. It has lots of facts and figures, colours and charts. That generally does not mean much when it comes down to the public level. Is an effort being made to take that document and turn it into something that is easily presented and digested so that it can be made widely available and passed round rather than remain as a chunky document?

Ms Pearson: That is a very fair challenge, and we have been looking at that in the past few days. What would it look like, on a page, if we tried to get some graphics down? What do we want to do next? It is a fair challenge, and we are up for it. We will most definitely have a think about that.

The Chairperson (Mr McGrath): Perfect. My final question is about the reference you made to funding. You said that there are 83 areas. You mentioned that they are mostly funded. Can you give me a bit more detail about the funding for those 83 highly impactful areas? Are they all funded at this stage and money earmarked for them, are there pathways to get the funding, or are some still up in the air?

Ms Pearson: I will see whether Peter or Jane want to come in on that. They have been doing a lot of research on where we are. It is not a bad position, Chair, overall. Peter or Jane?

Mr Luney: We have been working closely with Departments to understand the funding position. When the plan was published, probably half the interventions were funded. We were trying to be ambitious. We wanted a plan that set us an ambition that we needed to reach for. That is why we included unfunded interventions, because we knew that the terms of multi-year funding are not settled, and, for in-year funding, more work has to be done to thrash that out. The current position is that all but nine of the interventions are fully or partially funded. That partial funding links to the fact that we do not yet have the multi-year comprehensive spending review settlement. However, they are funded for the current year. We continue to work with Departments on the remaining nine in order to bottom out whether there is departmental baseline funding that can be allocated to those, or what is required. We have moved on significantly from the plan being published at the start of August.

The Chairperson (Mr McGrath): OK. May I, in a rather annoying, scrutinising, Assembly Committee way, ask you for those nine? Please send us those nine so that we can track them and make sure that they get funded. We will exert any pressure that we can to help you to deliver that. I know that that always sounds bad: do not send us the 74 that are funded but only the nine that are not funded. However, we are trying to keep that openness and be helpful to you.

Mr Luney: Absolutely, Chair.

The Chairperson (Mr McGrath): Thank you.

Mr Stewart: Thank you, Karen, Peter and Jane, for coming along today. I appreciate your answers and your presentation. I do not want to dive into the entire document. We probably do not have the time to analyse it in the detail that we need to, and I also trust people like you who have put the plan together, your research and the knowledge that you bring from experts outside the Department. We all agree on many of the headline items. I do not think that any of us could disagree with the need for sustainable economic development, the health of our population, green growth or tackling inequalities. I do not have a problem with any of the areas in the document, to be quite honest.

My main concern is about what we constantly see with great strategies. We never actually see them come to fruition, because of the change of mandates, the instability of government here or the fact that somebody else comes along with another wonderful strategy. How can we ensure, through your work, that this will come to fruition? Much of the content of the plan goes way beyond the 24 months that is the headline item and way beyond the six months to which you referred, Karen. I am really keen to know how these good strategies happen.

How much do you think that sustainability of government here matters? Six months are left in the mandate, but we hear threats that that might not be the case. How, then, after this mandate, when the next Government come along, do we keep this as our blueprint in order to build back better and recover from COVID-19?

Ms Pearson: There are four elements to my answer. This is a 24-month plan. It has been endorsed by the Executive, almost certainly out of necessity, because these are the things that need to happen and we need to be focused on them. The plan will, inevitably, change. As we engage with sectors and people such as the Northern Ireland Commissioner for Children and Young People and the Commissioner for Older People for Northern Ireland, we will start to hear about things that we can only imagine now but whose impacts have not fully played out. We are open to the document changing, because, if it is not reflecting and delivering for citizens, we are not on the right strategy in the first place. That will also take us into the Programme for Government. Given the plan as it is now and given that the draft Programme for Government outcomes are out there, we did work to see whether we are in the right space. We believe that we are. We can match what we are trying to do with where the Programme for Government may well land. Those are the key elements. We think that we are on the right track. We will keep it fresh and relevant. It should take us into the PFG, and, if the incoming Executive have new thoughts on it, it will be our job to work within those. It will be part of our role to take on board what the new Executive want us to do. I think that those four issues will be relevant for the time being, and we are looking either to deliver or to seed actions that will deliver before the end of the mandate so that people see tangible progress. That also relates to what the Chair said about communication; we need to be able to say, "This is what we have delivered".

Mr Stewart: Absolutely. I totally agree that any good plan needs to be dynamic. We do not know what is coming round the corner in six months or a year from now, anyway. When we look at a medium-term plan like this, we need to be able to take changes on board, and I appreciate that that has been factored in.

I agree with the need for communication. If I were to put that document on my social media pages to share with the public, they probably would not get past page 1, because that is the nature of people. People are time-sensitive when it comes to how much time they have to offer. If we could have a much more streamlined document and see its outcomes, people might give it more credibility when they start to see it delivering those.

You mentioned 80 key areas of intervention, and you talked about there being six months until the end of the mandate to try to fund and deliver some of those. Cross-departmental action is key to that, and it is front and centre in the document. One of my bugbears is what I believe to be an ingrained silo mentality in Departments in Northern Ireland. To take the green growth strategy as an example, it straddles the energy strategy, climate change legislation, educating our young people and infrastructural matters, yet, quite often, it seems that no one ever puts the periscope up. How can you, as a task force, with the Executive overseeing it all, ensure that we do that better? That is key to delivery and everything that we have in government.

Ms Pearson: I am more optimistic than you might imagine about that because of the experience of the past 12 months. To illustrate, one of the working groups within the structure that the Chair asked me about is a cross-departmental working group on restrictions. Every Department has come along to the meetings. They were weekly until a month ago. There has been a year's worth of colleagues coming every week to spend an hour or an hour and a half with us to make sure that we got the joins right. That is the sort of work that goes on behind the scenes. As I mentioned, between 1 April and 10 September, the Executive took decisions on 17 significant packages of easements. Every time, those packages were presented as cross-departmental packages. We can do it, and we can do it in this space as well, if we carry on the momentum. We have got used to it, and it is good. We can see that, when we work together, we deliver more than when we work on our own. We and our colleagues in other Departments are determined that recovery will be taken forward on a cross-departmental basis.

Mr Stewart: I have no doubt that hard-working civil servants such as you, in all Departments, are keen to do it. I think that sometimes there is not the political will, or some people will spend too much time in the scrum and never get out to have a look at what is going on. If you assure me that cross-departmental working is happening, I am reassured, and, hopefully, we will be able to see the outcomes of that.

Mr Luney: Deputy Chair, I will jump in again. Collaboration is key as we move forward, and, when we talked to the permanent secretaries group about it, we articulated how collaboration can manifest in a number of ways. At a very basic level, it can be two Departments or partners coming together to deliver one of the interventions. It is very clear from the recovery plan, as you can see, that a number of interventions are packaged together to deliver a higher-level strategic indicator. However, interventions can be picked from across the four accelerators that knit together to deliver a bigger overall impact for specific sectors. The sector might be children and young people or the rural community. There are a number of ways to collaborate to maximise the impact. Hopefully, the oversight board that brings together the senior leadership from across the Departments will be the vehicle to drive that forward.

Mr Stewart: I hope so. Thank you for that, Peter. For me, the key phrases are collaboration between the Departments; the sustainability of the institutions; and the continuity of the message. Hopefully, that will hit home with everyone listening to the Committee. I appreciate your time today. I am conscious that other members want to come in. Thank you very much.

Mr Sheehan: Will the plan's actions address long-term underlying economic issues such as the lack of job security, low incomes, regional imbalances and so on?

Ms Pearson: We are focused primarily on the impacts of COVID. However, I do not think that we can say that this is just about COVID, because the impacts of COVID will have exacerbated some of those longer-term issues. We have an opportunity to look more widely at some of those. I agree with you on that point.

Mr Sheehan: COVID has impacted on different sections of our community in different ways. Some, particularly those in disadvantaged areas, have been more adversely impacted than others. At this morning's Education Committee, I listened to the Chief Medical Officer (CMO) talk about the number of children who have missed out on learning as a result of the pandemic. The number of kids from disadvantaged backgrounds far outweighs the number from more affluent areas. Given that those children are already at an educational disadvantage, that will have a serious impact. These are the kids who will leave school without qualifications and end up in low-paid jobs. The underlying problem is already there, and it will be exacerbated by the pandemic. Do you agree that it is important that any recovery plan takes account of that?

Ms Pearson: Totally. That is why one of the four accelerators is about tackling inequalities, and there is a broad range of issues within that. Most Governments think two mandates ahead, which is 10 years, and we in the team regularly remind ourselves that today's eight-year-olds will be 18 at the end of that two-mandate cycle, so we have opportunities in that space to start to think through those issues. That is why we are keen to work with outside partners who know the issues intimately and can give us their wise counsel as we develop the plan. We are with you on that.

Mr Sheehan: OK. Thank you for that. I have one more short question. When can we expect to see a finalised Programme for Government, especially given that it so crucial in assisting the recovery from COVID?

Ms Pearson: That is still a work in progress in the Department. I cannot give you a precise date. However, a lot of work has been done this year. As you will be aware, there has been public consultation. It remains under consideration in TEO.

Mr Sheehan: Do you want to give me a rough ball-park figure?

Ms Pearson: I would not like to do that; I would be guessing. A lot of work is going on to move it on, but that is all I can say on that at the moment.

Mr Sheehan: OK. Thank you.

Mr Lunn: Thank you, Karen and Peter, for your presentation.

Although this an Executive Office initiative, it involves all the other Departments. Take the Health Department or the Department for the Economy, which is responsible for economic development. Departments are already working very hard on those issues. What does the intervention of the Executive Office in this plan bring to the party in terms of people having access to health and social care in line with targets? What do you expect of this?

Ms Pearson: That is a really fair challenge. We should acknowledge that a huge amount of work is going on across all the Departments that have been involved in delivering this plan. We genuinely believe that our bringing it together in the centre and coordinating it, and getting involved only in areas where massive coordination is needed, will add some value and make us more impactful.

There is also the perspective of citizens. I am not sure that citizens divide up what life feels like into departmental buckets, which is the way in which we organise ourselves. Our trying to put together a plan that delivers for citizens in as many aspects of life as we can is important from that angle.

Mr Lunn: You used the words "add some value", and that, I suppose, is what it comes down to. You think that the Executive Office can add something to this plan. Tell me about health in particular. The Health Department is working day and night to try to do something about the problems, particularly waiting lists. What can the Executive Office do to accelerate that? Are you talking about more money or more expertise? What is it?

Ms Pearson: It is about coordination and making the linkages with other issues: if we do something in one space, it could be beneficial for health, or the other way round. It is looking for those strategic links and trying to bring everything together into one space. We are not about getting in the way of health delivery, and we are certainly not about thinking that we know more than they do. They are the experts. You are absolutely right: they have been working day and night since the start of COVID.

Whatever we do at the centre will be done with Departments' needs in mind as well. We will not add layers of bureaucracy that we do not need and that Departments cannot afford to service for us.

Mr Lunn: That would never do. Thanks very much for that.

Mrs Dodds: Karen, thank you for the presentation. It is good to see you again. Thank you also for all the work that you and your team have been doing. Those of us who have seen the hassles of the past 18 months will understand just how much work was done and how valuable it was, so, a sincere thank you.

I want to run back to the funding issue. This is a COVID recovery plan. As we speak, how much of it is already funded?

Mr Luney: As I mentioned, working with the Departments, we have now got to the position where all the interventions, bar nine, are fully funded or partially funded for the current year, pending a longer-term settlement. Some of that money will have come from departmental baselines; some will have come from additional funding that was made available in relation to COVID specifically.

Mrs Dodds: Thank you. The COVID recovery plan has some quite short-term actions and other medium- and longer-term actions, as every plan should have. That is fine. You are saying to me that what is funded now is funded for this year only and has no further funding beyond this year. Am I right about that?

Mr Luney: Yes.

Ms Pearson: That is the financial situation that we are in, Mrs Dodds. We have a settlement for this year from our single-year budget. We would prefer a three-year budget, as you know, but that is not the situation that we are in. Some of the actions will be impactful in this current year, and some will sow the seeds of future developments. I see this year's funding as being a first step in the delivery of this plan. It is a 24-month plan, and we are hopeful that we will be given a fair hearing on future funding allocations, given the importance of the plan, but we are in the same position as everyone else.

Mrs Dodds: Is it the Executive position that this plan and its actions will take priority when it comes to funding requirements after the spending review? I agree that we need budgets that will see us through two- and three-year plans.

Ms Pearson: The Executive have given us this plan for the next 24 months. It would be difficult for me to speculate on spending allocations beyond the end of this period. However, given the plan's importance and that the reason for our having it is that it is driven by necessity, we are hopeful. You know, Mrs Dodds, how much work was done in the Department for the Economy to settle on the interventions that were delivered there and that are reflected in the plan. They will make a difference. The health interventions are, again, of necessity. Tackling inequality is of necessity, and green growth is an amazing opportunity.

Mrs Dodds: So that we are absolutely clear — I think that this is the crucial bit of the plan; obviously, I have seen a lot of the Economy bits of the plan — I will quote something that relates not to Economy but Infrastructure:

"Contribute to net zero efforts, provide sustainable and inclusive transport and support connectivity, health and well-being by transforming travel and our towns and cities by encouraging citizens to increase the proportion of journeys undertaken by foot"

etc. That is a mighty ambitious programme for a one-year budget and a two-year plan. All I want to know is whether there is a connection between the plan and where the Executive might land after the spending review and when the three-year budget system is in place. I presume from your answers, Karen, that there is not.

Ms Pearson: It would be inappropriate for me to speculate on the funding allocations, which are for the Executive to decide. All I can say is that we have been making the case for the delivery of the plan. The example that you picked is a really good one, because it is the sort of thing that has to start now. It will have some tangible impact that we can point to this year, but it is long term and will end up

being aligned with the Programme for Government. That is a very long-term piece of work that probably goes beyond a three-year budget.

Mrs Dodds: Well beyond that. It is a lifetime of work. It is interesting to know how the plan correlates with the funding that is available now and the funding that may become available, and whether the plan is relevant to the Finance Minister's planning of the Budget. My point is that most people who are looking at a plan will want to know that, and that it is the important issue.

Ms Pearson: Fair challenge.

Mrs Dodds: Thank you.

The Chairperson (Mr McGrath): OK. I will keep Diane in the spotlight to make sure that I am not misquoting or disagreeing with what she is saying. She has made a valid point. As a Committee, Karen, we might want to see the finance that is set aside for the plan, not from the financial perspective of, "How much and where is that money coming from?" but from our perspective: seeing the amount of money that is set aside for each of those 83 areas will dictate to us how serious a Department is about implementing that strategy. If you have a very grand piece of work that you want to do, and five grand is set against it for the next six months, you will know that will not get very much out of that five grand, but, if £2 million is set aside, you might say, "We can see how that is quite serious". If we could get something on that, Diane, would that be useful?

Mrs Dodds: I agree with you. From my time in the Department for the Economy, I know that £300 million of COVID funding was allocated for economic recovery. The vast majority of that is reflected in the plan, and it is allocated and gone. Skills, for example, are validly recognised here as one of the ways in which we need to grow the economy, but we will not make the progress needed by the end of the financial year deadline at the end of March. I am trying to tease out whether there will be a correlation between the need to fund skills, the plan and what the Finance Minister will do and the decision that the Executive will take.

The Chairperson (Mr McGrath): Karen, are you getting a sense of what we are looking for in a short document that includes how long it is envisaged that each of the areas would take to deliver, how much money is set aside at this stage and how much is needed going forward? That would allow us to know that the Departments are serious about the delivery of the elements. Would that be OK?

Ms Pearson: Yes, we will take that away, Chair, and definitely have a look at that. We are in the same situation as every programme at the moment, given that we have a one-year settlement, but I take the point, and we will get some information to the Committee.

Mrs Dodds: I am genuinely not trying to be awkward in any way. I just think that, if we are to have a serious plan for recovery, we need to know whether this is the plan that the Executive have decided on. The plan is fair enough, and I have seen a lot of it over the last number of months, but how is that reflected in spending allocations going forward?

The Chairperson (Mr McGrath): That is great. Thank you, Diane. That was very useful. We will check in with George Robinson. Do you have any questions that you would like to ask, George?

Mr Robinson: Yes, Chair. I thank Karen and her team for the presentation. I am not trying to be negative, but I am looking further down the line at where there might be another lockdown, which nobody in this world wants, but, at the same time, we possibly have to prepare for it from a financial point of view. We are talking about furlough, grants and everything else that went along with it. Does the Department have a contingency plan in case we go back to square one again lockdown-wise?

Ms Pearson: First, I go back to the importance of the vaccines, which the Chair mentioned at the outset. That is crucial to how we will get through this. That is why we are very supportive of the efforts to get every single additional person in for their jab. We cannot overstate the importance of it. We are grateful that the Committee is talking about this today because it is how we will get through.

I would not like to make a prediction. What I can say is that, at a political Executive level, Ministers will, I think, do anything that they can to avoid a lockdown.

Mr Robinson: Exactly.

Ms Pearson: Absolutely nobody wants it. Mr Sheehan was talking earlier about the CMO talking at the Education Committee about the impact of COVID on children and education. We will do anything that we can. That is why the Executive are being so cautious and careful in their approach to the lifting of restrictions.

We have higher case numbers here. They are stubborn. We have hospitalisations. We have not yet seen the impact of universities going back. The big question for us is how we keep citizens with us on the basics of handwashing and so on and recognising that outdoors is better than indoors. The messaging is really important, and we are looking forward to our autumn/winter messaging campaign as well. That is not a precise answer, Mr Robinson. It is a complex set of issues, but no one wants a lockdown if we can avoid it.

Mr Robinson: I know that you do not have a crystal ball, but is there a contingency plan in case we have to go back to square one, which, as I said earlier, nobody but nobody wants?

Ms Pearson: As you will imagine, we are having some thoughts, but I would not like to put it higher than that. We are not planning for lockdown. Nobody wants us to do that, but continuing to push on vaccines and following public health advice is so important. It is great that the Committee for the Executive Office is raising health issues, because they are having societal impacts, and anything that we can do to get the message out is much appreciated.

Mr Luney: Mr Robinson, a recent meeting of the Scientific Advisory Group for Emergencies flagged up how the introduction of reasonably small controls at an early stage can have a big impact that may avoid the more substantial interventions that you mentioned. We also need to recognise that we retain in Northern Ireland some restrictions that other neighbouring jurisdictions have removed. Some of the things that we already have in place are in England's plan B. As we take forward the autumn and winter planning, we will collate all those different factors and develop a plan for moving through the more challenging months.

Mr Robinson: I want to make it clear that I am not trying to be negative; I am talking about "just in case". Thank you very much.

The Chairperson (Mr McGrath): George, you are certainly not being negative; that reality is out there.

Karen, you said that our daily figures remain stubbornly high. I will go that one step forward and say that it is the stubborn people who are refusing to get vaccinated who are causing the high rates. The evidence is that many who are not vaccinated are catching COVID, spreading COVID and ending up in hospital. An increasing number in hospital who are very close to serious illness are saying at that point, "I should have been vaccinated". What a silly stage at which to decide that it was wrong not to get vaccinated. Get it done now to prevent increasing numbers in hospital. Inevitably, a continued high rate of hospitalisation will cause a lockdown. Hopefully, with good messaging from you across the whole team, we can get the message out there that the vaccinations are safe and that they prevent people from getting seriously ill in hospital. That allows us all to progress.

Thank you very much for your attendance today. It has been very useful. It has been a good update for us and given us lots of information. We wish you well with the delivery of the plan, and, if we can get those other couple of pieces of information, we may come back to you to see how things are going. Thank you to all of you for coming today.

Apologies, not being in the room, I did not see Emma indicate that she wants to ask a question. Over to you, Emma, with my sincerest apologies.

Ms Sheerin: You are fine, Chair.

Thank you for the presentation. I do not want to keep you guys any longer than is necessary, but, following on from some of the earlier points, I want to address the equality issue and the inequalities that are highlighted in the document. I recognise that it acknowledges that women have been disproportionately impacted on by COVID-19 and that COVID has had a negative impact on more people from lower-income families and in areas with higher rates of deprivation. However, I am concerned that there is not much of a focus on the negative impact on ethnic minorities, migrant workers and asylum seekers. Of course, COVID came in the wake of Brexit, so those two factors are coming in at the one time. We know of the current pressures on our migrant worker population and

that people had to complete documentation. We know that many of them have left the North in the wake of Brexit and that that is having an impact on our industries across the North of Ireland. Is any action being taken to address those particular inequalities?

I also notice the reference to the improvements needed in the health and social care sector. When talking about women being negatively impacted on by COVID-19, we should point out that the majority of those who work in our caring economies are women and that the majority of people who are impacted on by a lack of care in the home are women, because it tends to be women who take on unpaid carer roles. A by-product of that is that there are some people who are in hospital at the minute who do not need to be, but they cannot be at home because of the lack of domiciliary care packages. That is putting extra pressure on our hospitals, which are already at breaking point because of the number of people in ICUs and suffering from COVID-19.

It is almost like a perfect storm at the minute. We can see that years and years of underinvestment in health and social care, a lack of respect for the people employed in those industries and a lack of motivation for anyone to join that workforce have combined to mean that we now have workforce shortages. A fortnight ago, one village in my area lost 39 care packages in one evening. That sent 39 families into a complete tailspin through not knowing who would be coming to look after their loved one that weekend. I want to know whether there is anything specifically to target that. Doing so would lead to more women in full-time employment and address the existing gender pay gap and imbalance. Will you touch on that?

Ms Pearson: Bodies representing newcomer families, ethnic minorities and migrant populations are on our list of organisations to reach out to this week so that we can hear more about exactly those inequalities. The Equality Commission is on our list. It is just the start of stakeholder engagement, and we will definitely look out for that. We are very mindful of it.

Peter and Jane, is there anything specific that we can say on the health and social care side, or do we need to revert to DOH on that?

Mr Luney: We need to revert to DOH and come back with additional detail. That whole area is subject to announcements that the UK Government made recently about the additional funding that was being made available and what that might lead to. We can take that away and come back with something more thought through.

Ms Jane Holmes (The Executive Office): A number of interventions [*Inaudible owing to poor sound quality.*]

The Chairperson (Mr McGrath): Emma, are you happy enough with that?

Ms Sheerin: That is OK. Thank you.

The Chairperson (Mr McGrath): OK. That is good. Thank you, members, for your questions.

I will not rehearse my end-of-meeting speech again. It is all there. Thank you very much indeed for your attendance. We will, no doubt, check in with you again in the future. Thank you for coming today.

Ms Pearson: Thanks very much.