



Northern Ireland  
Assembly

Committee for Health

# OFFICIAL REPORT (Hansard)

Budget 2024-25:  
Mr Robin Swann MLA, Minister of Health

2 May 2024

# NORTHERN IRELAND ASSEMBLY

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**Members present for all or part of the proceedings:**

Ms Liz Kimmins (Chairperson)  
Mr Danny Donnelly (Deputy Chairperson)  
Mr Alan Chambers  
Mrs Linda Dillon  
Mrs Diane Dodds  
Miss Órlaithí Flynn  
Mr Colin McGrath  
Mr Alan Robinson

**Witnesses:**

Mr Swann	Minister of Health
Dr Tomas Adell	Department of Health
Ms Linda Carter	Department of Health
Mr Chris Matthews	Department of Health
Ms Brigitte Worth	Department of Health

**The Chairperson (Ms Kimmins):** I welcome the Minister and his colleagues from the Department, who have come at short notice; we appreciate that. As we have a strict 45 minutes, I ask the Minister to keep his opening remarks brief because we want to get into questions, or we can go straight to questions, whichever suits best. I ask members to ask one question each, and, if there is time at the end, I am happy to come back. The Minister has indicated that he needs to leave at 2.45 pm sharp.

I welcome the Minister of Health, Robin Swann; Chris Matthews, deputy secretary, resource and corporate management group; Brigitte Worth, director of finance; Tomas Adell, director of elective care and cancer policy; and Linda Carter, resource and corporate management group. Thank you all for attending today. I ask the Minister to brief the Committee.

**Mr Swann (The Minister of Health):** Thank you, Chair. I have a brief opening comment to make. I welcome the early opportunity to meet the Committee to discuss the consequences of the Budget agreed by the Executive last week.

Before I make a few brief remarks on the Budget, at the Chair's discretion, I will touch on today's announcement from our junior doctors. Like many other professions, they are a critical part of our health service workforce. Whilst last week's Budget decision has not made it any easier, I remain fully committed to negotiations, but we need to be clear that strike action will still have a significant impact on service delivery and will further exacerbate the challenges facing our health service. I must warn the Committee that the Executive Budget, as it stands, will make further industrial action in our health service all the more likely.

First, I acknowledge that it was a difficult budgetary process for all Departments and Ministers; of that I have no doubt. Equally, we can all agree around the Executive table and the Committee table that Northern Ireland is underfunded and, at the same time, there is an onus on us to make the very best use of the resources that we have and to protect the most vulnerable. That is why I took reassurance from public statements before and after the restoration of the Executive that the health of our people would be prioritised. I do not believe that the new Budget achieves that. I know that people can debate figures all day long, but the fact of the matter is that the Department of Health's budget has been cut by over 2% compared with where it stood a little over a month ago. To me, that is the exact opposite of prioritising health. I ask those who say that they do not accept the figures for a little more honesty.

To give you an illustration, I received an in-year allocation in the last financial year to pay for the uplift in pay. Does anyone seriously suggest that the uplift be taken back from our workers this year? Of course, it will not be and cannot be done, but that is the implication when people say that there is no need to include it in the overall assessment. That is why, in all conscience, I had to vote against the Budget last week. If I had voted yes, I would not be able to look patients or healthcare workers in the eye or at myself in the mirror.

I refuse to accept that the Executive have made the best of a tough job. Promises were made that tackling our appalling waiting times would be a cross-party priority. The Committee was anxious to see the details, and I have provided that. I needed between £75 million and £80 million just to ensure that additional red-flag cancer and other time-critical patients are treated on time. As I said, if the Executive were serious about waiting times, I could spend, as the Chair has indicated, a further £135 million on other critical activity to tackle hips, knees, cataracts and many other procedures. I would have reinstated a reimbursement scheme, and services would have been restored to primary care elective. Overall, almost 70,000 people would have benefited. I believe that further detail on all of that has been shared with the Committee. However, once push came to shove, all the targeted funding for waiting lists that the Department of Health got was the £34 million that we already knew we were getting from the UK Government, nothing more. There is little point in demanding maximum action to tackle waiting times while tying my Department's hands behind its back. Likewise, I am sure that some of the people telling me to suck it up and just accept the Budget will also soon be urging me to increase spending on a range of health issues.

I fully accept that every pound given to the Department of Health is a pound less for somewhere else, but, speaking frankly, as I wrote to the Committee earlier this week, not all need or level of risk is equal. All public services are, of course, important, but the impacts on the population, if they are further impacted or withdrawn, will differ vastly. That reflects the wider dysfunctionality of the budgetary process that I sought to highlight in a letter to the Committee and Executive colleagues this week. The budgetary process is based on individual Departments identifying inescapable pressures and bidding to the Department of Finance for sufficient funding. It has transpired since, however, that different Departments use different assessments of what constitutes an inescapable pressure, and it seems that it is something of a self-certifying process. Ministers were not provided with the detailed information about other Departments' finances that would allow them to take informed decisions on how much should be allocated or reallocated. I fully believe that an assessment based on the principle of reducing harm would have led to a better Budget outcome for Health. It is my assessment as Minister of Health that the Budget as presently set will result in serious and potentially irreparable damage to health and care services. Chair, I do not say that lightly.

**The Chairperson (Ms Kimmins):** Thank you, Minister. It is fair to say that we are all acutely aware of the difficult budgetary position that the Department is in, but so are the whole Executive. We have said that from day one of the Assembly's restoration. However, as, I am sure, other members will allude to, the Committee has said from day one that we will work with and support you to do the best that we can in the difficult circumstances that we are operating in financially. The Assembly voted clearly in the first week, I think, that we were back that we need to take the fight to the British Treasury to get the money that we rightly need and deserve and are entitled to. At the end of the day, the taxes of the people from this part are as valid as anyone else's, and we should get the funding to deliver on the basis of need here.

I have to express the disappointment that the Committee felt last week when a letter that was addressed to the Committee was leaked to the press. We did not even get sight of it until a number of hours later. That letter was obviously prepared on the morning of an Executive meeting. It would be remiss of me not to mention that because we were learning about that in the media before we had even had sight of it. We were having our strategic planning day when we received that. That needs to be addressed from the outset. We are very committed to doing the best that we can with the Minister

and the Department, but that situation, considering respect amongst other things, was disappointing to see.

Minister, I understand that it is a challenging Budget, and we all, as I said, are aware of that. However, people need hope at this time. We want to support you in giving that hope and the leadership that is required. We knew ahead of any allocations that this would be very challenging. At the minute, we have heard only of all the things that cannot be done, but we cannot stand still. I am not suggesting that that is what you are saying, but we need to work together to see what we can do within the financial envelope, as other Ministers have said that they are willing to do.

When we look at the allocation — I understand what you said; it still falls short of what is needed — we see that, in reality, while you said that you needed £1 billion to stand still but could work with £800 million, that was, as I understand it, £800 million out of £958 million. I am not sure how we could realistically have expected that £800 million to be allocated, knowing that all other Departments are at a huge stretch and that Health got by far the highest allocation overall. I would like a wee bit of feedback on that, because to say that the Executive have not prioritised health is wrong; to get, in a very difficult financial picture, over 50% of the allocation suggests otherwise. I ask for your feedback on that first, and then I will come to some of the other stuff.

**Mr Swann:** I do not doubt the commitment of Members, whether sitting in Committee, around the Executive table or in the Chamber, to our health service and health service workers and to delivering the best that we can. I am concerned that the Budget does not allow me, as Minister of Health, to do that.

When it comes to the specific figures for the allocation of moneys, as I made clear to Executive colleagues in discussions and correspondence and in my opening comments, it is about assessed need. With a one-year, short-term Budget, resources should be allocated in the way that has the least damaging effect and is of most benefit to the wider population while we work that through or, as you have articulated it, sort out where the fiscal floor should be. We know that no more money is coming this year — that is what the Minister of Finance said — so the situation that I am left in is this: I bid for funding for inescapable pressures of £555 million, but the opening offer that I received from the Executive was £515 million, which does not meet what we have deemed to be inescapable pressures. On top of that, there is £306 million that is our carry-over from the pay commitments that we made last year; that is how I got to the £800 million for the inescapable things that we must do in order to stand still.

That does not even get into the stuff that we have talked about that we all want to do in regard to waiting lists, which the £135 million referred to in the paper that I shared with you this morning was for. I shared that with you this morning rather than previously — I want to be clear with you about this, Chair — because I did not want to build an expectation out there until I had received a guarantee of the allocation that I would get for waiting list initiatives. I wanted to be able to scale that figure up or down proportionally. However, as I said in my opening comments, the only waiting list initiative money that I have is the £34 million that came from the UK Government as part of the financial package. I will now have to assign that to red-flag cases, because, for escapable pressures, we needed £70 million to £80 million to meet the commitment that was made last year.

I can go around the figures and compare opening bids with where we sit, which is at a 2.3% reduction. We all agree that the opening bid for Health and for every Department for 2023-24 was in a Budget set by the Secretary of State that Members in the Chamber and elected representatives more widely have called an "austerity Budget". I cannot see 6% on top of an austerity Budget as an improvement for Health. At the finish of the previous financial year, we needed the Treasury settlement of £551 million, of which £417 went on pay and £134 million made up the deficits in our trusts. We needed that money then — it was not frittered away or put down the back of the sofa for a rainy day; it was costed money— and that took us to that closing position. We are now receiving less than that closing position to start with. That is the challenge as we have it.

**The Chairperson (Ms Kimmins):** I appreciate that. You will be aware that, at the Finance Committee meeting yesterday, Joanne McBurney clearly outlined how the figures are compared. In comparison with the opening figure for last year, it is an uplift; there is no doubt about that. I expect there to be, through monitoring rounds, opportunities for in-year funding that were not available last year because we did not have a functioning Assembly. It is important to make that point, because to compare an end-of-year closing figure with the starting figure for this year does not really factor that in. I hope that there will be potential for uplifts in that way.

**Mr Swann:** Chair, I will come back on that specific point. I had hoped for that too; it was one of the things that we put in our ask. I do not think that I am breaking any confidentiality to say that one of the things that we put in the Budget paper was a request that Health would be a priority in monitoring rounds. Unfortunately, the Department for the Economy and the Department of Education made the same ask, so the Finance Minister could not give me that reassurance. That still leaves me in a bidding process for that. They have made it clear — Joanne McBurney made it clear to the Finance Committee yesterday, from what I read quickly — that the reallocation in the monitoring round would be in the tens of millions, not the £138 million that we need even to balance what we finished up with at the end of last year. When I cannot get reassurance that it will come in the monitoring rounds, it leaves me in a difficult position to work out how the Department and the trusts will balance their books. Unlike last year, when the permanent secretary had no legal cover and overspends were permitted, Ministers are now in place, and the legal onus is on trusts, on the permanent secretary, as accounting officer, and on my Department to set a trajectory that breaks even.

**The Chairperson (Ms Kimmins):** I appreciate that. For me, the fight is not with the Executive. It needs to go to the British Treasury, because, no matter how we do it — we can go round in circles about where money should go — every Department needs money. Do we take money out of Education? Do we take it out of Infrastructure? They are all important Departments that impact on people's lives. Minister, will you continue to work with the Finance Minister and the rest of the Executive to take that argument where it needs to go? That is what we need to see. We need an uplift on the overall Budget so that we can properly deal with the issues in front of us. Someone will suffer regardless of how this works out, if we take money from another Department. We have to make sure that we are being realistic about that.

**Mr Swann:** Chair, that position is not in doubt. That conversation was had around the Executive table. I do not want to get into party politics, but my party leader made that clear in regard to an additional ask specifically for Health to bring up the balance. Before we took up the portfolio, commitments were made to us that we want to see honoured. Like you and the Committee members in the room, I think that there are no stronger advocates for our healthcare service and healthcare workers than me, my departmental officials, our trust officials and everybody else in this room. In all conscience, from where I sit as Health Minister, I will do my damndest to fight for a good budget for Health, so that I do not see people coming to harm or people not being paid.

**The Chairperson (Ms Kimmins):** OK. You mentioned party politics. On the back of the Executive meeting last week, you came out with your party leader. It would have been more appropriate to see you as Health Minister. It would be better if we could all rise above party politics and work in that trajectory, because politics should not come into health. At the end of the day, we should all work together to get the best for everyone whom we serve. I just make that point. I will open up to members.

**Ms Flynn:** Thanks for your opening remarks. I will pick up on a wee thing that the Chair said. Everyone knows how bleak the Budget is. Obviously, that goes across the board for the whole Executive. We are all aware of that, but I am conscious that we should try to give people a bit of hope, coming out of whatever the messaging is today, about the money and the budget that you have. I worry that the health and social care system and everyone who uses it will feel a sense of burden and dread. How can you lift that a bit and, with the money that we have, give people a bit of hope?

You mentioned the junior doctors' announcement today: can the Department put in place any practical short-term or medium-term measures on workforce, for example, to avert part of the crisis? As you said, Minister, this might not be the last industrial action that is called, so how can we turn the situation into some sort of positive?

**Mr Swann:** Thanks, Órlaithí. It is about those ongoing conversations. I met trade union side on Monday and had that conversation with them.

This is the start of the process as regards the Budget. I am still prepared to fight for this. The Budget still has to get through Committee scrutiny and the Assembly, so I am not prepared to give up now. That is why I am here and why I have made the statements that I have made. I have asked the trade unions to be part of that process and not to go to where they could have gone, namely industrial action. I really do not want our workforce to be in that position. That is why the offer is still open to our junior doctors to engage.

The hope that I can give, sitting here with a budget that I find constraining, is that the people out there, who want our health service to work and want to see our health workers supported, now have access to local political leadership and representatives, which we did not have during the Budget process over the past two years. The hope that I give them is members around the Committee table, the Executive and the Assembly and how we engage. It is how we look at assessed need to make sure that we make best use in the short term of the budgets being delivered across all Departments in what is a financially constrained position over the next 11 months.

**Mrs Dillon:** Thank you to the Minister. I will try to keep my question brief, because I know that other members will definitely want in.

For me, Minister, it is about seeing some plans. I need to see plans for what you will do with what you have and what you will do if you get more. I understand the point about how you do that without a budget: I get that. However, I have just come from a Policing Board meeting, and I know from numerous resource meetings at the Policing Board that we hold the police to tight account on what they will do if they get money. They give us the answers to that. They show us exactly where they have had to make cuts, where they can make cuts and what they will do if they get money. As the Health Committee, we have not necessarily seen that. I am concerned because I am not seeing plans and am not seeing what is happening to keep people well instead of managing sickness, which is what we are doing. There is a lot in this: what are we doing at both ends? What are we doing at the early intervention and prevention end in primary care, and what are we doing at the other end on care packages? It is plans for those things that I want to see as well.

**Mr Swann:** I agree. When I was last in front of the Committee, I made it clear that those were my two strategic aims. We put an additional £70 million at risk into domiciliary care packages. That is already part of the financial commitment on domiciliary care packages and hospices and raising the minimum living wage in that sector. Hopefully, I will be in a position to sign off on a GP contract within the next few days. I am still looking within the current financial envelope because there are no additional moneys to do that.

With regard to wider plans, we have shared what we would have done, as I said, if we had received the £135 million. Was I thinking, at that point, that we would get £135 million for waiting list initiatives? No, I was not, but we had a sliding scale — you will see it in the table in the letter — of what we could do and have not done. I was already working on an update of our elective care strategy. In an Assembly debate, I promised that we would bring that forward towards the end of next month. That still goes on with regard to the allocations that we are able to make under this financial package. That will be presented but will not be as ambitious or deliver as much as I would have hoped had there been a bigger Budget allocation. However, we still have to do that; we have to make those plans.

You will have seen that we went out to trusts about what they can do in meeting some of the deficit. We will have to balance their books as well. They will come back by 21 May. Again, because of the effect that that has on services, that has to go out to consultation. As I said to the Committee and to the trade union side, this is the start of a process in regard to what we need to do.

I have asked officials in the Department to look at a three-year plan — I think that that is what the member is looking for — even though we are on a one-year budget, as to where we could go strategically across health, including the blueprint. There is nothing in the budget that would prevent the publication of and engagement on the acute hospital blueprint. That can still progress. Those pieces of work keep going.

**Mrs Dillon:** I have a quick supplementary; I am not seeking an answer. I understand that, when we get the elective care strategy, it will be within the budget. Can the Committee then see a plan for what an elective care strategy would look like should you get further money this year? It is just about us understanding what can be done if you get money.

**Mr Swann:** Yes, but it is also important to be honest about that. It is fine to set out what we would do if we were to get £30 million, but it is also about where else the pressure is. If we were to get £30 million, it may not all go towards working on an elective care strategy. It is about where it works out. That is why I was always conscious about producing that £135 million targeted plan. Tomas Adell had worked that up and has talked about it. That has been shared with you. That shows you the ambition that we had, if we had got that money.

**Mr McGrath:** Thank you, Minister, for an honest, albeit bleak, assessment of where you are with the Budget. Recently, the Health Committee heard from witnesses from the Royal College of Surgeons. They detailed the fact that our waiting lists are killing people. It is not that people are dying while they are on the waiting list; they are dying because they are on the waiting list and not getting access to treatment. In your words, our Executive are not prioritising health. Do you believe that the Budget allocation will result in people dying?

**Mr Swann:** I do not want to use language like that about where we are, Chair. I have expressed my concern about the Budget having a harmful effect on people on waiting lists, people in our healthcare service, people who may not be able to access healthcare and people who work in it. The member knows me well enough to know that I do not want to make alarmist comments on this, but there will have to be an honest assessment.

**Mrs Dodds:** Thank you for coming to the Committee, Minister. I think that you know this about me, but I want to make it clear that, collectively, all of us on the Committee want to do good in relation to our health service, and it is important to remember that while we are in the middle of really difficult conversations. I find it a bit — I will say the word — distasteful that we are reduced to debating the Health budget in the manner that we are. I noticed the headline in the 'Belfast Telegraph' this morning, which said that it is an "indisputable" fact that the Health budget has increased. It quoted the figure for the increase as £472 million. We are really down to debating from where the baseline of the Budget should be judged. You and I know that the Health budget will receive money from monitoring rounds, and I wish you well in getting money in the monitoring rounds.

I have a couple of questions, and then we will draw to a close. You called for the Assembly to make changes to the Budget. Will you provide guidance to the Assembly on where the changes should be made — whether to education or the environment, for example — so that we know where those changes should be? The Assembly simply debates; it does not make those decisions. Will you provide alternatives so that we know your views on that? If the Budget remains unchanged, will you vote against it, knowing that to do so is would be in contravention of the ministerial code and potentially a resigning matter?

My last question is —.

**The Chairperson (Ms Kimmins):** Diane, keep it brief. Everybody else had one question.

**Mrs Dodds:** Yes, but this is really important. I just want to know why there were no bids for the £13 million end-of-year money. That could have hugely impacted on and helped the Children's Hospice, had your Department made those bids.

**Mr Swann:** I will briefly go through those. The question of bringing forward alternative proposals for the Budget probably veers into party politics, Chair, rather than being departmental. When the Budget came to us, it had been 80-odd days from the Executive proposing that Budget, given the workings between the larger parties. We had about 36 hours to assess it. As Minister of Health, I assessed it from the point of view of its impact on the Department of Health, rather than looking at where we could look to for alternative proposals. The paper that we were given did not provide the granular detail of what other Departments had bid for. We did not sit down at that Executive meeting to mark each other's homework. That is why I said that the process that we entered into was flawed when it came to assessing need. With regard to the Budget, as it stands, coming to the Assembly, I have made it clear that I will vote against it. Given the current allocation, if I did otherwise, I could not look a healthcare worker or someone on a waiting list in the eye. The member knows me well enough to know that I do not say that in any way to make a point. As I have said, it is not about me, but, in my heart, I could not do that. That is where we are.

I think that the end-of-year £13 million was revenue that the Department for Infrastructure was able to take to be part of Translink's reserves; it was not open money that I could have used in the Children's Hospice. It is about how money is allocated in those end-of-year allocations. As the member will know from being Minister for the Economy, it is not easy balancing those budgets and where bids sit against the money that is offered.

**Mr Donnelly:** Thank you, Minister, for coming here today. I appreciate what you said about Northern Ireland being underfunded. We are all aware of that. I appreciate the issue of the definition of inescapable pressures across the Executive, and, maybe, we can get to that at some other point. It is clear that no Minister got what they wanted.

When the Budget was announced last week — I associate myself with the Chair's comments about the letter coming out — putting that letter on social media was not respectful. You said that this is not about politics but about people's lives. However, we have seen, within a couple of days of the Budget being announced, a couple of announcements on social media saying that the Sinn Féin/DUP/Alliance cuts to the health service would mean a reduction of 140 acute hospital beds, a reduction of 1.1 million hours of domiciliary care and the loss of 500 independent sector care home beds. I was unclear on whether those were announcements or something that was going on that you had not let us know about again. I would like a bit of clarity on that. Are all three of those things happening? The information is available on social media.

My question is on reform. We have heard nothing about that yet. You have talked quite a lot about the need for healthcare reform so that we can start to reduce the financial pressures on the health service. I would like to hear about your plans for reform and, particularly, what the Finance Minister talked about a couple of days ago: the ring-fenced transformation fund and the £47 million that is available each year for the next five years. I would like to hear what your plans for reform are, particularly for the likes of our invest-to-save projects. What can you do to start bringing the financial pressures down?

One of the points today is about the independent living fund. I know that you were in Scotland two weeks ago. If the independent living fund has an invest-to-save element to it, would you consider bringing it back?

**Mr Swann:** The social media posts were shared by the party. They did not come from the Department.

**Mr Donnelly:** They were not announcements?

**Mr Swann:** They were not announcements. They were examples that were shared, and I think that they were in the letter to the Committee as well. The Chair has raised an issue that I will investigate around the processes of that letter and where it came from. They were not announcements that came from the Department, but they are examples of where cuts could come, and we will see those coming forward.

It is important that we bottom out the narrative around transformation. To me, transformation is about the improvement and efficiency of service; it is not solely about cutting costs or cost saving. The two can run in tandem, but, if we look at transformation only through the lens of cutting costs — purely from a financial point of view — we will lose the prize that true transformation can be. As I have said, transformation takes a number of years to come about. There are no short, sharp fixes.

The member talked about the £47 million transformation bid. My officials have challenged me on that, because there is a £49 million pot that we use for multidisciplinary teams (MDTs). That came from New Decade, New Approach (NDNA) for transformation and the roll-out of those teams. We have heard primary care say that it wants more multidisciplinary teams. Part of the Budget process removed New Decade, New Approach moneys, so the £49 million that we were using, which was allocated to the transformational funding model, is now part of our baseline. Therefore, that £49 million has been subsumed as part of our allocation. When it comes to the £47 million allocation for transformation year-on-year, given that it costs £49 million to run the multidisciplinary teams, I could spend that money on big transformation projects day in, day out. To me, the benefit of that is that it is a three-year pot, which means that it sits outside the single-year allocation. It allows us to do something but not to the extent that we want.

I return to something that Órlaithí, I think, said. I am looking at transformation money for further training courses and to increase our training numbers, but we may not have the funding to do that as a core activity any more.

**Mr Robinson:** Thanks, Minister, for making yourself available at such short notice. I am pleased that, in your opening statement, you said that Northern Ireland is underfunded. That was the theme of your presentation, which referred to that on a number of occasions. My question is more of a comment, in light of the Chair's comments that preceded it. Do you regret the tone of the correspondence that you sent to the Committee? Every glove was laid on your Executive colleagues, but there was no glove for the Treasury or the British Government. I found the telltale sign in the correspondence to be that the attacks were all on your colleagues, who were dealing with a small cake, the slices of which are becoming ever thinner. What pressure are you or your Department putting on the Treasury? Are any meetings planned?



There is a matter of optics. I picked up on the fact that, last week, when you made your presentation in the Great Hall, you were with Ulster Unionist colleagues rather than Health colleagues. I found that disappointing. Each to their own. I cannot prevent you from doing that, but, for me, the optics were that it looked not like a Department of Health statement but like an Ulster Unionist statement.

**Mr Swann:** I will pick up on that. The member will notice that, in coming before the Committee to take questions on the Budget today, I have brought officials with me to support me. I will never put an official in a party political position in which they have to answer for my beliefs from a party political point of view. That is why I stood with party colleagues, just as the First Minister and deputy First Minister did after the Executive meeting last Thursday when they came out and challenged my position of not supporting the Budget.

Unfortunately, the structure of this place means that I cannot meet or write to Treasury. That is the remit of the Minister of Finance and the Department of Finance. I have no doubt that she has meetings with Treasury. As I have said to the Committee and at the Executive meeting, I have a tough job in trying to make my budget work, but I have no doubt that Caoimhe had a tough job in bringing the Budget forward. The fact is that I do not agree with the allocation for Health, because it does not meet our financial needs. If the criticism is that I am an Ulster Unionist or that I am defending Health, I will take that, Alan. Do not worry about it. I will do what I believe to be right for the Department of Health's funding allocation. Any Minister would do that and behave like that; at least, I hope that they would.

**Mr Chambers:** Minister, this is not a blame game question. What is your assessment of where our health and social care system is heading if the budget currently allocated to your Department remains unchanged?

**Mr Swann:** It is about the challenges that we currently face. I will go back to the Fiscal Council's assessment of where Health was. It did an assessment of some funding pressures in 2022. There has been commentary that Northern Ireland gets more than England, but the Fiscal Council's 2022 report found:

*"Health spending per head... was... broadly the same as in the North West and North East of England."*

It also found:

*"health spending in NI appears to have previously been broadly in line with relative need".*

There is a narrative out there that we get more, we should be thankful for it, and we should be able to do the same with less. The Fiscal Council report in 2022 looked at the Health-specific spend and made those assessments. It went on to talk about improving efficiency, getting the number of bed nights down and all the rest of it. That is work that the Department has been doing and will continue to do.

In facing that challenge, we go back to what I laid out in the letters to Committee members about where, we believe, cuts will be necessary in the short term. As I said to the Chair, because this is a single-year Budget, those reductions have to be all the more drastic because of what we have to do in that short time to meet that legal commitment.

**The Chairperson (Ms Kimmins):** Minister, I have just realised that Danny asked you a question about independent living.

**Mr Swann:** He did, yes. It was about the independent living fund.

**The Chairperson (Ms Kimmins):** Could you come back on that, please?

**Mr Swann:** Sorry. I recognise some of the individuals sitting behind me, because I have met them before to discuss the independent living fund. At this time, when I do the overall assessment of my budget, I can make no commitments, and I do not think that the Chair and members of the Committee would want me to do so. In regard to additional moneys coming forward, my Department and I will do the best that we can with the budgetary allocations that we have. Did we expect it to be at the level that it is? No.

**Mr Donnelly:** With the likes of invest-to-save projects, will you be able to give us examples of the reforms that you are doing to try to save money?

**Mr Swann:** We will, Danny. I can get that. We will get something sent to the Committee. As members will be aware, we had already done some initiatives, and one of the early ones was agency nursing. The decision that I took before I left office the last time was to remove off-contract nursing. The member will be fully aware of the implications. That was done at risk at that point. At the minute, because of that step, we think that, year-on-year, there will be a £20 million saving in agency nursing spend. That step was taken at risk, but, as I said, when you look at the initiatives that come forward, there are other areas in which the Department and trusts could take steps, but it needs that bit of time. That was a decision that I made back in 2021-22, and we now see the financial rewards of that and how that has balanced out. There are other initiatives around that. There are the medicines use review (MUR) medicines and how we make savings there. I have figures, Chair, that I can share with the Committee in writing. I will follow up after the meeting.

**The Chairperson (Ms Kimmins):** We appreciate that.

I thank members for their questions. There are a few themes on which we really want to see some detail. First, we need to see solutions, and we need to see plans coming forward now for those critical issues. Those plans need to be within the financial envelope that is there, because I do not foresee that funding envelope getting any bigger in the immediate future. We need to see what will be done, and I ask for that to be brought forward so that we can tell people that, regardless, we are still working collectively and very hard to deliver as best we can. We also need to see a united front in lobbying the Treasury for the money that we need here. I ask you, Minister, to take that away. That is the strong message from us all here. We want to work together, but we need to see what we can deliver in the time ahead. Going forward, we will work with you where we can.

It is fair to say that we are very disappointed about what happened last week. You referred to alarmist remarks: I think that it is safe to say that the comments in the letter were pretty alarmist. I am glad to hear that they were not announcements, because I know that they caused a lot of concern among the public, particularly the reference to domiciliary care and all those issues, which are particularly difficult as it is. It was not good to see that there will potentially be further cuts to that, and that may or may not be the case. I hope that it will not be the case, and we will work with you to ensure that that does not happen. Moving forward, we need to be as positive as we can. I know that it is not easy, but I hope that you take that on board.

**Mr Swann:** I do, Chair. Thank you, as always, for the engagement on the letters that were sent to the Committee. They are no different from the letters that I sent to Executive colleagues about what I saw the Budget allocation meaning and the effect that it will have on meeting that financial commitment in the time that we have. When the Budget process comes forward, an equality impact assessment will be done on each Department's allocation that will then be factored in down the line in monitoring bids. Do I think that there will be enough monitoring bids to meet our needs? I am not sure, and I do not think that we have received that guarantee. As has been said, every Department is under financial constraint and pressure because of what it has been allocated this year. Given that we have to hold out for monitoring bids, we have to be realistic. They will not be at the levels that we have seen previously.

**The Chairperson (Ms Kimmins):** I have one final point, Minister, that I meant to mention. Danny mentioned transformation, and we have to focus on the workforce, because we are losing significant money in trying to plug gaps, considering the amount that is being spent on locums and agency staff across Health and Social Care. We would like to see what plans will be coming forward to tackle those issues, because we could see a different picture if we were able to get ahead of some of that stuff.

**Mr Swann:** We will be able to do a direct comparison on agency spend in 2023-24 shortly, and we will see what savings have been made since the changes were made. There is a piece of work, as you said. The use of locums is another area that we want to look at. There will be a cost-saving analysis of permanent posts versus locum posts. The way to get more permanent posts is by training more staff. If we had trained more people five or six years ago, there would be more staff in the workforce now. I am concerned, if we have to start looking at cutting training places now, about the impact that will be seen in five or six years' time.

**The Chairperson (Ms Kimmins):** Training is important, but we need to make sure that we do enough to retain those staff. That is key.

We have brought this almost to the wire, and I appreciate your time. Obviously, we will come back on some of the other correspondence that we have received. Thank you, Minister and officials, for coming today.

**Mr Swann:** Thanks, Chair.