



Official Report (Hansard)

Tuesday 13 February 2024
Volume 153, No 4

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Northern Ireland Assembly

Tuesday 13 February 2024

The Assembly met at 10.30 am (Mr Speaker in the Chair).

Members observed two minutes' silence.

Members' Statements

Mr Speaker: If Members wish to make a statement, they should indicate that they wish to do so by rising continually in their place. Members who are called will have up to three minutes in which to make their statement. Members are reminded that statements will not be subject to debate or questioning, interventions will not be permitted, and I will not take points of order on this or any other matter until the item of business has finished.

Gaelscoileanna: Derry

Mr Delargy: I want to begin today by thanking the Education Minister for his speech yesterday and by taking this opportunity to engage with that. It was a very positive speech, and, for me, the key word that stood out was "opportunity". Each one of us in the Assembly has the opportunity to make a real change for Irish-medium education. That means working as an Education Committee, and it also means working with the Education Minister. I have three Gaelscoileanna [*Translation: Irish-medium schools*] in my area that are all fantastic. They each have their unique attributes and unique ethos, but one of the things that they have in common is that they all punch well above their weight in sport, in music and in academia. That is one of the many reasons why so many parents have bought into them: parents have seen what they have done for their children, for their community and for our entire city.

One of the other things that they have in common is the fact that all three Gaelscoileanna in Derry continue to educate their children in Portakabins. That was not acceptable in 1980, it was not acceptable in 2000, and it certainly is not acceptable in 2024. There is an ethical reason why we need to do this, but there is also a financial reason. All of the parties in here came together last week and agreed that, financially, we have been hamstrung by the Tory Government in London and need to come together to oppose that.

Financially, we also need to make a decision to properly fund education to make sure that our Gaelscoileanna and many other schools across the North are not crippled by soaring maintenance costs.

It is within our gift to ensure that all our schools reach their full potential. It is within our gift to make that happen. One of the things that was very clear yesterday is that the Education Minister has a desire to do that, and I welcome that very much.

We have to work collectively to ensure that every child has not just a fair start but the best start in life. I want that for children in Gaelscoil Éadain Mhóir, Gaelscoil na Daróige and Bunscoil Cholmcille. I want that for children in every school across the North, because we can see what they deserve. Our children, families and communities deserve that best start.

Heart Health Month

Mr Middleton: Thank you, Mr Speaker, for the opportunity to say a few words about Heart Health Month and National Heart Month. February is a month when charities and organisations across Northern Ireland and further afield raise awareness of heart health and the impact that it has on individuals and families. At the start of this month, many buildings across Northern Ireland were lit red to encourage people to get talking about heart health. Heart and circulatory diseases cause nearly a quarter of all deaths in Northern Ireland, or around 4,000 deaths per year. That is an average of 11 per day. Around 1,100 of those deaths are of individuals who are under the age of 75.

Whether losing a loved one to cardiac arrest or coping with the devastating impact of heart failure, far too many of us have felt the pain of heart and circulatory conditions. Sadly, in 2021, my father-in-law, Cyril Davis, who was seemingly so fit and healthy, died of a massive coronary episode. None of us saw it coming, and, indeed, it has been a difficult journey for

our family in getting used to life without him. Sadly, that story is all too familiar to many families across Northern Ireland. In this, National Heart Month, which is the month in which, as a family, we would have marked Cyril's 60th birthday, I am asking all my fellow Members and people across Northern Ireland to join me and others in sharing heart health messages on their social media and to get people talking about it in their daily conversations.

Northern Ireland Chest Heart and Stroke (NICHs) is strongly urging people to consider their cardiovascular health. Its Step by Step campaign encourages people to take seven steps towards having a healthier, stronger heart. It is encouraging people to sign up for an online health check through its website; increase their steps and physical activity; try following a healthy and balanced diet; cut back on alcohol; quit smoking; look after their mental health and get enough sleep; and get to know the signs of a heart attack. NICHs's Red Dress Fun Run will take place in the Stormont estate at 11.00 am on 25 February. I encourage as many people as possible to get involved in that event and to encourage their families to do likewise.

I pay tribute to all the charities that are proactively working in heart health. That includes the British Heart Foundation, Northern Ireland Chest Heart and Stroke, Children's Heartbeat Trust and many more. By continuing to support those charities and raising awareness, your message could indeed save a life and, hopefully, touch the right person.

Dr Stephen Taylor

Ms Eastwood: I want to draw the House's attention to Dr Stephen Taylor, a constituent of mine who is a Lisburn man born and bred. He has followed in the footsteps of Dame Jocelyn Bell Burnell and has been involved in groundbreaking research on pulsars through, if I get the science part right, the North American Nanohertz Observation for Gravitational Waves.

Dr Stephen Taylor was educated at Wallace High School in Lisburn and was a first-generation university student. I spoke about that yesterday in my maiden speech, and I am extremely passionate about giving our young people all the chances that they can have in life. Here we have a young person who came from humble beginnings, a first-generation university student, who has gone on to not just break strides and break through that glass ceiling but is actually delivering on the world

stage to new scientific heights. It is important that we take the opportunities. As much as we talk about some of the challenges that face us, which is right, it is also important that we take the opportunity to congratulate and note those people from our community who are going out and making those strides on the world stage.

Science has much more of a role to play for our young people through the opportunities that it gives.

In his studies, Dr Stephen Taylor has followed on from the work of Dame Jocelyn Bell Burnell, looking at pulsar timing arrays in his PhD. Those are the sorts of things that we will need our young people in Northern Ireland to do if we are serious about tackling the issues of research, innovation and making people's lives better.

Thank you for your indulgence, Mr Speaker, in allowing me to acknowledge this success. I congratulate Dr Stephen Taylor — I want to get the proper name of what has occurred — on the University of Cambridge and the Royal Astronomical Society's naming him their 2024 Eddington lecturer.

Irvinestown Country Club Tug of War: World Champions

Mr Elliott: I want to congratulate a local sports club in Fermanagh and South Tyrone that has just been crowned world champions for the second year in a row. It is in the lesser-known sport of tug of war, and it is Country Club Tug of War. The team has been in Sweden for the past number of days to compete in the world championships, where it has been runner-up twice and had one third place. However, the team especially excelled in the 560 kg competition and has been crowned world champions for the second year in a row. I put on record my congratulations to the team. It is very close to my heart because I am a former member of that club and former a tug of war champion with it — many years ago, I might add. Congratulations to the current crop.

A5 Road Project

Mr McCrossan: Since 1998, 70 people have lost their lives on the A5 road. The House has heard about that road on many occasions, but patience has worn thin. This week, we are optimistic that the new Minister, John O'Dowd, will soon make a positive decision on the A5 road. Hundreds of families await positive news, particularly after the very successful public

inquiry that was very well attended over the course of two weeks. It was attended by the families who have lost loved ones over the past 20-odd years. It was also attended by businesses and locals in my constituency and beyond, who feel so strongly about the development of the project. We cannot take a single moment for granted, because every delay to the road project costs another human life.

In recent times, there have been some horrific accidents on that road. I have personally known a number of people who have died in very tragic circumstances, most recently Dan McKane, his sister Christine McKane and their aunt Julia McSorley. They were on their way back from a funeral and sadly lost their lives on the Aughnacloy stretch of the A5 road. Peter McNamee, Nathan Corrigan and Peter Finnegan also lost their lives on the Ballygawley stretch of the road at Garvaghy. No section of the road is safe. The loss of those lives and the impact on those families is testament to just how dangerous that road is for each and every one of us on a daily occasion. I have not touched on the thousands of people who have been left with life-changing injuries, surviving the trauma of that road yet facing it every day as they live along it and have to access it.

The road runs through the very heart of my constituency. There is no avoiding it. We are forced onto that deathtrap on a daily basis. That is why — I am sure that I do not have to convince the House — it is so critical that a decision is made soon, and I encourage the Minister for Infrastructure to do that. Equally, I encourage our colleagues in Dublin — the Taoiseach, Leo Varadkar, and the Tánaiste, Micheál Martin — to recommit significant funds to ensure the delivery of the road. Their intervention and support for the project is critical to its delivery. Today, we think of all those who have lost their lives and of their families. Let us hope, Mr Speaker, that a positive decision will arrive soon.

10.45 am

Mesh Implants: Redress

Ms Flynn: Cheann Comhairle, this is my first opportunity to address you as the Speaker of the House. I wish you all the very best in your new role.

I take this opportunity to highlight a very significant report that was published last Wednesday by the Patient Safety Commissioner in England. The Hughes report

recommends that woman who have been injured by pelvic mesh implants receive a payment of £20,000 and that, for some women, that should be followed by further payments relating to their specific cases. I commend Mary McLaughlin — I think that she might be watching the proceedings online — who represents the Mesh Ireland campaign group. Mary travelled to England last week to hear the findings of the report. She is just one of many thousands across the island who have been left terribly injured by these mesh implants. Mesh Ireland and Sling the Mesh are two local campaign groups that, over the past number of years, have supported countless woman who have been left with injuries and have lost their jobs and, in many cases, their marriages and relationships because of the damage inflicted to their bodies as a result of these devices.

I welcome the Department of Health's statement that it is considering the findings of the report, and I put it on the record that the issue should be given very urgent attention. Some women have been living with these implants in their bodies, in extremely severe pain, for many years now — I think that the implants started being offered locally in 1998. They have already faced delays in their diagnoses and they have not received timely interventions to remove the mesh implants, which are extremely difficult to remove. They also missed out on an opportunity that was afforded to women in Scotland, who were given a chance to go to the USA to have a world-leading mesh removal expert remove their mesh implants. Women here have not had that option.

Again, I want to put urgency on it. If we could consider this locally and the Department of Health could give consideration to the redress payments, that would send a very clear signal to women here that we are conscious of the pain and hurt that they have gone through as a result of a failing on the part of our health system and that we will do all that we can to support them.

Northern Ireland Assembly: Memories of 1974

Mr Harvey: I rise for the first time in this new mandate with a deep sense of pride. Mr Speaker, I congratulate you on your recent appointment to your new role and wish you well in it. It is a tremendous opportunity and, with that, a huge responsibility.

My reason for rising this morning goes much deeper than that. I rise in remembrance of

those who have gone before us. Mr Speaker, I think back to what must ironically be exactly 50 years ago when your father, Charles Poots, along with my father, Cecil Harvey, walked these corridors, occupied these rooms and spoke fiercely in this very Chamber. It is them and their memory that I wish to mention today. Both men were elected to the first Northern Ireland Assembly in 1974. Edwin, you and I have many memories of them in this place and in others.

While I am on my feet, I also welcome all the new Members. I am glad that you have the opportunity to participate in the proceedings of this House, and I wish you all well, as I do those who have returned to these Benches. We are all here to help improve the lives of others. That should be our ultimate goal.

Israel-Palestine War: Situation in Gaza

Mr Kearney: Ba mhaith liom cúrsaí reatha sa Phalaistín a léiriú sa ráiteas seo. [*Translation: I will explain the current situation in Palestine in this statement.*] This is the 130th day of Israel's war in Gaza: 37,000 Palestinians are now dead or lying lifeless under the rubble of Gaza, and 1% of all Palestinian children in the Gaza Strip have been killed. In the space of one month, the equivalent of two Hiroshima bombs have been dropped on the Gaza Strip. Currently, 1.5 million Palestinians, who have been forcibly displaced from their homes in Gaza, are being pushed into Rafah — a place that is normally home to just 250,000.

This is an existential atrocity taking place in real time. I appeal to political and community leaders across our society to support the demand for an end to the war, to support an immediate and permanent ceasefire, to ensure that the medical and humanitarian relief being denied to the Palestinian people is provided and to demand that Israeli forces are withdrawn immediately from Gaza and the West Bank. It is time to end the war and to end Israel's illegal occupation of Gaza and the West Bank. It is time finally to enforce international law, not simply to speak about it, and it is time finally to recognise the state of Palestine.

Israel-Palestine War: Situation in Gaza

Ms Nicholl: Mr Speaker, I did not get the opportunity yesterday to congratulate you on your elevation to Speaker, so I do so now. When I was a newly elected MLA, with a tiny

baby in tow, you, along with my party colleagues, were especially kind to me. I know that you will do very well in the role.

I also wish to speak about Palestine and what is happening in Gaza. As a South Belfast MLA, I do a lot of work with refugees and asylum seekers. I am helping two Palestinians whose family members are in Gaza. I watch how they are in despair at what is happening. We can acknowledge and recognise that the Hamas terrorist attack and its unspeakable cruelty on 7 October must be condemned. That is true, but we must also say that what is happening in Palestine now is unspeakable cruelty.

As someone whose focus is on children and the next generation, I feel that the fact that more than 12,000 children have died is not a proportionate response. It is devastation. Every one of those children had a name, a family and a life, and they have gone. I keep thinking about Hind Rajab, who was six years old — not much older than my son — and the fear that she must have experienced. The silence around those lives is deafening. Their lives matter. Every single person matters; every person is important; every life matters. What is happening in Palestine is wrong. The least that we should say is that it is wrong and that the UK and the USA have to be unambiguous about the need for a ceasefire.

Last year, during the Good Friday Agreement 25th anniversary celebrations, I met Palestinian and Israeli film-makers. They kept asking me specific questions about how we worked together, how we appointed Chairs and how our governance worked. The idea of working together was so far-fetched for them. I keep thinking about the people I met, who had come here with such hope before October, before the situation spiralled and their family members died, and before they were living in complete fear. I sent a message to one of the film-makers to say, "I want you to know that we are rooting for you". What else do you say? He came back to say that their imaginations are so filled with fear, hate and death that the only thing giving them hope is their time in Northern Ireland, and that their hope is to come back and spend time with the politicians here. All I can say is that we can honour that hope by making our politics work, but we have to be unambiguous on the need to speak out and say that what is happening is wrong.

Israel-Palestine War: Situation in Gaza

Mr Carroll: Sometimes, things are so barbaric and horrific to watch that we do not even know how to begin to speak about them — but speak out we must. I refer to what has been happening in Rafah and Gaza, particularly in the past few days. Nobody can deny that what is happening is the attempted annihilation of the people of the Gaza Strip. Israel has prepared a new genocidal assault on a civilian population of 1.5 million people who are already living under constant bombardment and are denied food, water and medical aid. They were told to go to Rafah to be safe; they are now being slaughtered and killed.

The genocide has reached new, depraved depths. It is unacceptable for this place to stay quiet about it. In recent days alone, we have seen ambulances targeted, health workers slaughtered in daylight, and the summary execution of six-year-old Hind Rajab, who was killed just after her mother and father were slaughtered. She was pleading for help. We have seen a mutilated child hanging from a building in Gaza. It is sickening, depraved stuff. Those are war crimes, paid for and funded by the West. It has never been about Hamas.

World leaders are funding, supporting and arming — they are complicit in what is happening. They should never be forgiven for supporting those crimes against humanity and against Palestinian people: let us say their names.

Last week, when we first sat, I urged MLAs to collectively call for a ceasefire and submitted a motion to that effect. That motion needs to be brought to the Assembly as a matter of urgency for us to discuss the issue and make it clear that we cannot operate as normal. We cannot continue as normal while genocide goes on in plain sight.

There should be no diplomatic ties with Israel. It should be boycotted. The Israeli ambassador should be expelled from this island. I make a sincere plea for people to boycott the White House this St Patrick's Day. People who I have stood with at protests should not give cover to "Genocide Joe", a man who is up to his neck in the slaughter of Palestinians and is jointly responsible for 30,000 Palestinians being killed. It is his money — finance from the US — that has allowed that slaughter to happen, so parties should not give cover to "Genocide Joe" this St Patrick's Day. Parties should not pose for pictures with him, and they should not give him a bowl of shamrocks while he is up to his neck in the slaughter. They should stand up for the people of Palestine. Free Palestine.

Our Lady and St Patrick Primary School, Downpatrick: Congestion

Mr McGrath: I welcome the opportunity to make a statement about the education of our children, which we all know is exceptionally important, and the ability of parents, at times, to get to schools.

I am sure that we all have schools in our constituencies where there is often serious congestion outside the school gates that causes significant problems. In my constituency, there is a problem outside Our Lady and St Patrick Primary School on Edward Street, which causes much annoyance to those parents who are trying to get to the school and to the residents who live in the area. We have witnessed large lorries and large vehicles making their way down that street, mounting the footpath to get past, forcing children as young as P1 age to be pinned up against a wall. That puts the absolute fear into them as they make their way to school.

There is a solution. I met last year with representatives of Sustrans and brought them down to witness what was taking place. The solution is a school street scheme. Such schemes exist in the South, in England and in other places. Effectively, where there is an identified problem, a restriction is put on traffic flow outside the school during the periods when children are arriving and departing. That is enough to make that space safe. It reduces the pollution in those confined spaces that we are forcing our children and young people to consume, and it means that they can get in and out of school freely.

We do not have that scheme in place. We were told by the Department that we could not have it because there was no Minister, but I am hopeful, now that we have a Minister for Infrastructure, that we might at least see a pilot project taking place to see whether we can evaluate the benefits. I advocate for that to happen in Edward Street in Downpatrick. I wrote to the Minister on that this morning, and I hope that it is something that we will see. If it takes place and is successful, it should be available in other constituencies. Then, we can allow our children to get to and from school safely.

Trader Support Service: New Guidance

Mr Allister: This week, within days of Sir Jeffrey Donaldson and some of his nodding acolytes on the DUP Benches telling us that the

Union had been restored, that Northern Ireland's place within it was secure and that the Irish Sea border had been removed, the Trader Support Service issued new guidance about the movement of goods to and from Northern Ireland. That new guidance expressly defines goods produced in Northern Ireland as "Union Goods": not UK Union goods, but European Union goods. It expressly declares that. It proceeds in that guidance to define Northern Ireland as EU territory.

That is because, contrary to what Sir Jeffrey has said, Northern Ireland, because we continue to be under the EU's customs code, is operating on the basis that GB is a third or foreign country.

11.00 am

The guidance from the Trader Support Service goes on to state that, if you are moving goods from Union territory, like Northern Ireland, to further Union territory, like the EU mainland, and you go through GB, you have to prove, by virtue of what is called "proof of Union status", that your goods came from Union territory. In order to transfer goods through GB to the EU mainland, businesses in Northern Ireland will have to demonstrate, with all the paperwork and bureaucracy that goes with that, proof of Union status. Likewise with goods coming from the EU via GB into Northern Ireland, they will have to do that. The inevitable consequence is that those who transport goods will choose simply to transport them more and more via the Republic of Ireland to avoid proof of Union status and to bring them in via the Republic of Ireland. We shall therefore have further diversion of trade as a consequence of the fact that Northern Ireland, outrageously, continues to be regarded as Union territory. Well done, Jeffrey.

Mr Speaker: That concludes the list of Members who sought to make a statement. We got 12 in yesterday and 12 in today, and some of them were very interesting. I commend Members for raising a wide range of topics, which is useful.

Assembly Business

Standing Order 20(1): Suspension

Ms Bradshaw: I beg to move

That Standing Order 20(1) be suspended for Tuesday 13 February 2024.

Mr Speaker: Before we proceed to the Question, I remind Members that the motion requires cross-community support.

Question put and agreed to.

Resolved (with cross-community support):

That Standing Order 20(1) be suspended for Tuesday 13 February 2024.

Mr Speaker: I ask Members to take their ease while a change is made at the top Table.

(Mr Deputy Speaker [Dr Aiken] in the Chair)

Private Members' Business

Women's Health Strategy

Miss McAllister: I beg to move

That this Assembly calls on the Minister of Health, working with his Executive colleagues, to bring forward, as a priority, a fully budgeted women's health strategy that supports women through every stage of their lives, and is focused on education and awareness raising, screening and earlier diagnosis, and support services and care pathways; and further calls on the Minister and his Executive colleagues to include in this strategy a menopause clinic, earlier gynaecological cancer screening, a framework of support relating to fertility, birth control, pregnancy, baby loss and post-natal healthcare, an emphasis on menstrual health, including long-term specialist support for endometriosis, and plans to tackle health inequalities experienced by women from different socio-economic and ethnic backgrounds.

Mr Deputy Speaker (Dr Aiken): 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. As an amendment has been selected and published on the Marshallled List, the Business Committee has agreed that 15 minutes will be added to the total time for the debate.

Miss McAllister: The motion calls for the creation of a fully budgeted women's health strategy, addressing every aspect of a woman's life from birth as a priority. Many women's organisations, medical organisations and lobby groups have been in touch over the past week but also over the past decade to lobby us and to ensure that we highlight the issue and that we can get support across the Chamber for a women's health strategy. There are many issues that we can talk about today, and each of those organisations has highlighted the matter to me and, I am sure, other MLAs in the Chamber. I pay tribute to one such group, members of which are in the Public Gallery behind me today. Members of Nothing About Us Without Us have been working on the issue for years to ensure that their voices as women are heard when it comes to the commissioning of such a strategy.

I move on to the motion. It is an unfortunate reality that women often face additional barriers

in accessing proper healthcare. Health concerns presented by women are still too frequently dismissed or incorrectly attributed to mental health or menstruation and the monthly cycle. Women are more likely to receive incorrect diagnoses for conditions such as strokes or heart attacks, and that leads to a delay in treatment and worse outcomes. Evidence has shown that a lack of research into conditions that specifically affect women can lead to poor health advice, missed diagnoses, delayed or ineffective treatment and overall worse outcomes.

Conditions such as endometriosis often go undiagnosed for years, further exacerbating women's health disparities. Therefore, if we are to tackle the health inequalities facing women, we must take a holistic approach that encompasses all aspects of healthcare. It must begin with ensuring that there is proper health education for women. From puberty to pregnancy and from menopause to mental health, we must ensure that everyone is equipped, not just women, with the facts around the health challenges that specifically impact on women throughout our lives.

Proper screening and early diagnosis is crucial to ensuring improved health outcomes. That includes the need for improved screening for gynaecological cancers. The current delay in smear test results, which can sometimes be up to six months, undoubtedly causes anxiety and could have a devastating impact on a patient's prognosis. We are talking about a cancer that could be eliminated within the lifetime of today's young girls. I am sure that everyone in the Chamber will agree that we all felt the angst around the current issues with the trusts' review of cervical cancer, with some probing back as far as 2008. Any strategy must include lessons learned from those reviews and ways in which we can mitigate late diagnosis in a cancer that we can eliminate.

It is Sexual Health Week, and, through proper factual health and sexual health education, young girls can equip themselves with the proper information about their bodies, their health and how their life can impact on their health. Of course, contraception is a vital element, and it is imperative that any women's health strategy includes raising awareness of the various forms of contraception and the effects that they have on our bodies. Too often, young girls are pointed to specific contraception without knowledge of what is on offer and what may be best suited to their bodies.

Fertility treatment, pregnancy health and post-partum health are also key components of a

women's health strategy. I have recently been engaging with the Royal College of Midwives, an organisation that has provided vital representation for midwives and advocacy around maternity issues for years. It highlights the impact of a woman's health on maternity services. The healthier women are at the start of their pregnancies, the better the chances of a more straightforward pregnancy and birth. Pregnancy is an opportunity for women to avail themselves of health services that may impact on and improve their health overall. It is a period of several months in which women will be in contact with healthcare professionals. They are usually younger women, and, therefore, they are at a time in their life when they can change unhealthy habits before those habits have taken an irreversible toll on their bodies. Importantly, maternity care is a moment to spot mental health issues and get them treated. The importance of perinatal mental health cannot be overstated. However, in a women's health strategy, those maternity services, including mental health services, should be part and parcel of a holistic approach.

The motion also discusses the importance of the inclusion of menopause services. We need to see specialist menopause clinics and a distinct menopause strategy in the action plan, because, too often, education and awareness around that has been lacking, with women left unprepared for the realities of menopause. I was glad to see that so many of our male MLAs took the opportunity to wear the MenoVest last week with Over The Bloody Moon and get a taste of what women experiencing menopause will go through. That is important, and any other MLA who would like to avail themselves of that service should do so to get a taste of what it is like for older Members.

I thank the Chartered Society of Physiotherapy for highlighting the crucial role that physiotherapy can play in addressing many of the health inequalities that women face by providing tailored care for women throughout their lifespan. From prenatal care to post-partum rehabilitation, pelvic health, menstrual health, menopausal health, breast health and preventative care, physiotherapy can offer comprehensive support for women's unique health needs. That is just one example of how the strategy can and must take a holistic approach.

It is also important to note that any strategy must take account of the additional issues that women from different socio-economic and ethnic backgrounds face. There are clear disparities in health outcomes and life

expectancy between the most and least economically prosperous areas of Northern Ireland. Research has also clearly shown that women from ethnic minorities face additional barriers when accessing healthcare, with particular challenges presenting in maternity care. If we are to properly address that, there must be an intersectional approach.

I welcome the amendment submitted by Linda Dillon and Liz Kimmins. It asks for a reduction in the gender gap in cardiovascular outcomes to be included, and we will support it today. Heart disease is the leading cause of death for women in Northern Ireland, with, according to the British Heart Foundation, around 26,000 women here living with heart disease. There is a clear need for a gendered approach to tackling the prevalence of heart disease and the disadvantage that women face at every stage of the patient pathway.

I was glad to see that the Minister referenced the need for a women's health action plan in his remarks when returning to office last week. That work is long overdue. Work had begun in the Department but, unfortunately, was delayed by the pandemic and the collapse of the Assembly. It is important that any such action plan takes on board a co-design approach with the many organisations and practitioners who are experts in the field. It is crucial that work resumes as soon as possible on the strategy to ensure that women in Northern Ireland can have confidence that their health is a priority for the new Executive.

Mr Deputy Speaker (Dr Aiken): I call Linda Dillon to move the amendment.

Ms Dillon: I beg to move the following amendment:

Insert after "healthcare,":

"a reduction of the gender gap in cardiovascular outcomes,"

Mr Deputy Speaker (Dr Aiken): Thank you. Linda, you have 10 minutes to propose and five minutes to make a winding-up speech. All other Members will have five minutes. Please open the debate on the amendment.

Ms Dillon: I thank the Members for bringing the motion to the Assembly today, and I welcome the opportunity to speak to the issue.

The fact that we have to call for a women's health strategy in 2024 is far from ideal, but I am glad that we are finally getting to the point of

having not only the conversation but, hopefully, the opportunity to implement a strategy. I know that the Department has already been doing work, even in the absence of the Assembly. I was given that reassurance by the permanent secretary in the meetings that I had with him prior to the Assembly being restored.

I thank our MLA Órlaithí Flynn, who is chairperson of the all-party group on women's health. She has kept a strong focus on the issues facing women and their health. Órlaithí has hosted excellent events and speakers to give us the detailed information and the uncomfortable truths about the gaps in services for women in many areas of our health service. We have heard from health professionals, women with lived experience and the amazing charities that support women, including Menopause Support NI, endometriosis support groups and the Heart Failure Warriors group, which will be here next week for all MLAs to drop in and have a chat.

I thank our male colleagues across the Chamber who supported the recent event in the Long Gallery and for donning the MenoVest to highlight just some of the symptoms — I stress that they are just some of the symptoms — of the menopause.

That support is very welcome, as inequalities in women's healthcare impact on us all. There is a cost to women, their families, society and our entire economy. It is everyone's responsibility to tackle those inequalities.

11.15 am

I am aware that, when we talk about women's health, people think that we are talking about gynaecological health. If we want to truly make a difference to the health outcomes for and the quality of life of women, we need to ensure that all areas of health where inequality exists are included. It is for that reason that we tabled the amendment. I am glad to hear that the proposer of the motion will support our amendment, and I hope that all MLAs across the Chamber will support it.

A reduction in the gender gap in cardiovascular outcomes must be included in any women's health strategy. There are significant gaps in awareness, diagnosis and treatment of heart disease in women. Heart disease is, in fact, the leading cause of death for women in the North. Approximately 26,000 women here are living with heart disease. It kills twice as many women as breast cancer. In 2022, almost 2,000 women died from heart and circulatory diseases in the

North, with 334 of those deaths resulting from heart attack. A heart attack is a medical emergency. As we all know, timely, effective treatment is critical. However, research that was funded by the British Heart Foundation has found that women are less likely to receive guideline-indicated care and that more women than men die following a heart attack. Women are 50% more likely than men to be misdiagnosed or to receive a delayed diagnosis following a heart attack, and they are more likely than men to exhibit longer delays in seeking medical care after the development of symptoms that are suggestive of a heart attack. We can probably attribute that not only to social bias but to the lack of awareness, education and understanding among men and women and in our medical profession, because most of the research on the issue was done on men. We need to make sure that that changes.

Women are dying needlessly from heart disease because our health system has failed to recognise and address the lack of awareness, the misdiagnosis and the delays in getting appropriate treatment. The new Assembly and our new Health Minister have an opportunity to turn that around, to do better and to deliver for women who are being failed by the health system.

I will address some other areas in the motion around women's healthcare and the serious challenges in accessing services and treatment. As a 47-year-old, post-menopausal woman — I am not afraid to say my age, because I still think that I am younger — I have experienced at first hand the gaps in services and treatment and the gaps in basic information and advice about how the menopause can affect you. I was only 40 when my menopause began. I decided that I would tough it out, get through the hot flushes and get to the other end of it and that I would do it without HRT. However, that was due to ignorance about what I was going through. It was due to a lack of understanding of and basic advice around the subject. Last year, I sat at an event in St Joseph's College in Coalisland and listened to Dr Declan Quinn speak. That presentation gave me more information in half an hour than I had had in my whole 47 years of life. That tells us all that we need to know about the information and advice that are out there for women.

My big concern was that, although I knew that I had been through the hot flushes and three or four years of not being able to sleep, I did not know that the brain fog that I was experiencing was due to the menopause. I did not know that it was impacting on my bones. The first thing that I did the next morning was contact my GP

about starting HRT. I am very glad that I did, because, as I said, I feel young. I want to feel as young as I can and be as mobile and independent as I can for as long as I can. We need to ensure —

Ms Bradshaw: Will the Member give way?

Ms Dillon: Absolutely.

Ms Bradshaw: Does the Member agree that we need to remove the stigma of HRT? If you have any other condition, you will go and get medication, but there is that reluctance in women to go forward to get their patches.

Ms Dillon: Absolutely. That is one of the reasons why I decided to speak here about my experience. It is like anything else: if we do not talk about it, we will not educate our daughters and the other young women who come after us. It is important that we speak about it and normalise the conversation around it. I have talked about the support that women give women, but I have to say that men around us have given us great support. It is not that men did not want to be supportive; they just did not know how to be. That is why we need to talk about it. We need more education.

On that note, education around menopause needs to be included in our curriculum. My daughter is taught in school about periods and pregnancy, but not about menopause. As the Member who spoke previously outlined, the education in relation to menstruation is, quite frankly, inadequate and, in many cases, too late. We need more age-appropriate education around women's health. We are almost entirely reliant on other women and the fantastic work being carried out by charities, like Menopause NI, to offer advice and support around the menopause. Unfortunately, our health service is sadly lacking.

It is likewise lacking in diagnosis and treatment for women and girls who suffer with endometriosis. Again, lack of awareness, delayed diagnosis and lack of access to appropriate treatment means that women suffer needlessly. This is an extremely painful and debilitating disease that can result in limited mobility, regular episodes of violent vomiting and extreme, life-altering pain. Just yesterday, I spoke with a strong, intelligent, motivated woman from my constituency. Anne, who had to be medically retired as a result of endometriosis, openly offered to help and support others who have been diagnosed or await diagnosis, and to speak to MLAs about her experience to help them understand how

this terrible disease can impact on women and girls. She is determined to do what she can to ensure that services are improved. However, Anne should not have to fight. That is what we are here to do; that is what we were elected to do. That is why it is so important that the Health Minister gives leadership on the issue, and that he works with health professionals, the community and voluntary sector, charities, support groups and women with lived experience to develop an action plan that is properly resourced, in order to ensure that it can be implemented fully and create the real change that is required.

We do not need to reinvent the wheel. An abundance of work has been done by many different sectors, and the answers are out there. We just need a formulated plan that is properly resourced. We can look at the other plans that have already been developed across these islands. I have spoken with many health professionals who share our concerns about the inequality in women's healthcare and want to play their part in shaping better treatment and health outcomes for women and girls. As I said at the outset, we have waited much too long to see this, but I believe that we have in place a Health Minister who wants to work with us, and we certainly want to work with him. As Committee members, we will hold him to account on a women's health strategy. I hope that we will see that come forward in the very near future.

It is very appropriate that we have the Nothing About Us Without Us group here today. It is no coincidence that these issues are coming to light as there are more women on the Floor of the Chamber. The right decisions will not be made for women unless women are in the rooms where the decisions are taken.

Mrs Dodds: Mr Deputy Speaker, I offer you my congratulations on your new post. I thank the Minister for coming to respond to the debate. As a new member of the Health Committee, I look forward to working with you and holding you to account but, I hope, working constructively on the important things that we do.

I offer support for the motion and the amendment. These are extremely important issues. As the Member who spoke previously said, at times, they offer an uncomfortable truth about the state of services for women's health in Northern Ireland. On a broad level, I welcome the motion as appropriate and necessary. I will make a few remarks at the outset and, then, address a very specific issue in relation to women's health. In this House, we are very fond

of talking about strategies. We talked about a strategy yesterday, and, no doubt, we will talk about another next week, but what we actually need is action. Strategies take years to develop and money to implement, but that is no reason not to have action in the meantime. Minister, if you hear nothing else today, I hope that you hear that loud and clear. I also want to acknowledge that it is important that we look at the link between deprivation, poverty and poor health, particularly for women and, indeed, for families. We need to have a strategy that does not just copy other strategies but is pretty much joined-up and quite specific: that is very important.

In the remainder of my time today, I want to focus on an issue that has impacted on 17,000 women in the Southern Trust area of Northern Ireland, which is the review of cervical smears. These smears are from the period 1 January 2008 to October 2021 and have impacted on 17,000 women who have had letters telling them that they are part of that review and that they may or may not need further action. That has caused huge amounts of worry and poses really important questions as to how we deal with those health issues for women. Before I get any further into the issues, may I just say that the trust is doing some amazing work in relation to this. It has gone out of its way to help, but fantastic work is also being done in the community and support is being given in the community.

Last week, the trust came to the all-party group on cancer and answered some questions on this matter, which was very helpful. However, this is something that has been known about for some considerable time and, if I have written down the figures correctly from the information that was given at the all-party group last week, to date only 1,740 slides have been reviewed and only 1,084 letters have been issued. Progress has been incredibly slow on this matter and, for some people, it will be a matter of life and death: it is massively important. I am asking the Minister today to take charge of the matter and make sure that the trust and, indeed, other trusts, have the capacity to speed up that process.

In closing — I do not want to go over my time too much, with your indulgence, Mr Deputy Speaker — there are things that some of those women have asked me to mention specifically in relation to their tests. Many of those women will want to see the review procedure conducted fully, including not just their HPV status but the cytology behind their tests. Many of them want to know what the process is —

Mr Swann (The Minister of Health): Will the Member give way?

Mrs Dodds: Of course I will.

Mr Swann: I want to address that issue and give the Member a little bit of extra time for her speech. The trust and the Public Health Agency (PHA) have developed plans to address the cervical screening review of those samples. Assurances on that and the wider cervical screening programme are being provided to the Department via the cervical screening oversight and assurance group, which is now chaired by the deputy chief medical officer, Professor Lourda Geoghegan, and Peter Toogood, our deputy secretary of social care policy. I just wanted to give the Member a little bit more time on this topic.

Mr Deputy Speaker (Dr Aiken): The Member has an extra minute.

Mrs Dodds: I thank the Minister. I appreciate that this is something that the trust and the Department should take and have taken very seriously. However, a number of issues are still outstanding. We have a remarkably low uptake of appointments in relation to the cervical screening.

Mr Deputy Speaker (Dr Aiken): I ask the Member to bring her remarks to a close.

Mrs Dodds: Yes. We need to address that particular issue. We also need to address the issue of assurance for screeners in future. The national performance level for that is 90%, but the Southern Trust adopted a lower performance level.

Mr Deputy Speaker (Dr Aiken): I ask the Member to bring her remarks to a close.

Mrs Dodds: Minister, you need to ensure, and we need to hear from your Department, that that performance level is reviewed and kept at an appropriate level.

11.30 am

Mr Chambers: Thank you, Mr Deputy Speaker. I take the opportunity to congratulate you on your appointment to your new role in the Chamber.

I commend those who tabled the motion for bringing this important topic to the Chamber today. A fact that I often find staggering is that, although women in the UK, on average, live

longer than their male counterparts, women spend a far greater proportion of their lives in ill health and disability. That is not just a quirk or a coincidence; there are big and important reasons behind it. For far too long, women-specific health issues were often either ignored or openly disregarded. Certainly, it seems that, until only fairly recent times, the issue of women's health received much less public attention and discussion than it deserved. With such advances in science and understanding, as well as in modern medicine and treatments, there should be no taboo subjects in 2024.

As has been said, women make up 51% of the population, yet, as a man, I freely accept that there remains a misunderstanding — perhaps better described as a lack of understanding — of some really important issues. That includes not only the menopause and menopause symptoms but a slate of other issues. I would be the first to acknowledge that more awareness is needed by me and many of my male peers to highlight just how severely the issues can impact on a woman's life. There have been so many changes over the past 50-odd years, and, thankfully, the contribution made by women to society and to the economy is now better recognised and celebrated, especially compared with how it was so overlooked in years past. Of course, there is much more that could be done.

There are not just perceived barriers to better women's health but actual obstacles. The recent Getting It Right First Time report was really important in highlighting the measures necessary to improve access to gynaecology services. Similarly, whilst some really important progress has been made in recent times on broadening fertility support, as well as critical investment in the likes of perinatal mental health, I think that we can all agree that there is more to be done. With so many problems already weighing down on our health service, we can scarcely afford to be making the situation any worse. Yet, that is exactly what is happening with such profound health and social inequalities. Those inequalities sometimes directly contribute to high unplanned pregnancy rates, a clear gender gap in cardiovascular outcomes, poor maternal outcomes and high obesity rates, to name just a few.

The case for a women's health strategy is well made. Listening to the media last week, I was reassured by the commitment of the Health Minister to move at pace in that regard. The development of an action plan will immediately focus minds and should deliver progress now in the areas where that is possible, while the development of a much higher-level and more

strategic women's health strategy runs in parallel.

I suspect that there will be broad political unanimity in the Chamber for the motion, and we should all welcome that. In particular, I suspect that there is also unanimity in the need to adopt a whole-life-course approach, a phrase that, I suspect, we will start to hear more of in the Chamber.

Our health service belongs to us all, so it goes without saying that it must also serve us all. Particularly, that must see the fundamental principle of equal access to treatment, prioritised on the basis of clinical need and not of either personal circumstances or gender. Therefore, I and my party fully support the motion and the amendment before the House today. I look forward to seeing work on the action plan and the strategy getting under way soon.

Ms McLaughlin: Thank you, Mr Deputy Speaker, and congratulations on taking up your position as Deputy Speaker.

The SDLP will support the motion and the amendment. Last year, a woman who was waiting for surgery for endometriosis came into my office. Debilitating pain had forced her to leave a job that she loved in the health service. Years later, she was still languishing on a waiting list, weighing up whether to remortgage her family home to pay for private treatment. She is not alone. That is just one of the countless stories from women who face barrier after barrier in accessing healthcare.

Last year, I carried out a survey of women's experiences. I had over 500 responses, which painted a stark picture of a broken and inaccessible service. I have delivered the full report to the Department of Health. Hopefully, the Minister will know that 90% of respondents felt that there was inadequate service provision for the biggest healthcare issues affecting women. They listed gynaecological health, mental health, maternal health, menopause support and many other issues, and I am deeply grateful to them for their personal stories. They were stories of pain that had been dismissed, of conditions that had been misdiagnosed and of a taboo that had set in when discussing menopause, sex education or periods. They were just some of the almost 10,000 women across the North who have been waiting more than a year for their first appointment with a gynae consultant.

That research adds to the mountain of evidence that differences in how women are assessed,

diagnosed and treated add up to huge inequalities. For example, research shows that endometriosis affects 1.5 million women in the UK. A similar number of women are affected by diabetes. However, while diabetes services are well established, there is a devastating lack of support for women with endometriosis. It is long past time —.

Ms Hunter: I thank the Member for giving way. Does she agree that the length of time that it takes to get diagnosed with either endometriosis or polycystic ovary syndrome (PCOS) is absolutely shocking and that early intervention and diagnosis are key to treatment and quality of life? Does she also agree that it is key that we ensure that our GPs have the appropriate training to highlight and diagnose those issues?

Mr Deputy Speaker (Dr Aiken): The Member has an extra minute.

Ms McLaughlin: I thank the Member for her intervention. Absolutely: it can take anything from 10 to 15 years to be diagnosed with endometriosis. I suffered my first symptoms of endometriosis when I was about 16, but I was 26 before I was diagnosed. That was back in a different decade — the 1990s — but, unfortunately, our diagnosis process has not moved on since that time; in fact, some of the gaps are getting larger.

It is long past time that the inequalities faced by women accessing healthcare were addressed by following the example of every other part of these islands and agreeing a comprehensive and fully funded women's health strategy. While an action plan is under way — that is to be commended — there is no substitute for a strategy with meaningful timelines and funding attached that can address the inequalities that women face in their lives from puberty through to postmenopause.

I have engaged extensively with grassroots women's organisations across the north-west like Derry Well Women, the Women's Centre Derry and many more. They have been forced to plug the gap in statutory services, delivering programmes on the ground for women who are in desperate need.

Now is not the time to start small. Women deserve ambition. That is why a women's health strategy must end the postcode lottery for services through regional bands. That means rolling out regional women's health hubs, where women from across the North can secure faster access to treatment. That includes abortion

services. The Health Minister must fulfil his obligation in providing those services: abortion is healthcare.

A women's health strategy should also introduce better training for healthcare professionals, funded research on gender inequalities in healthcare and the collection of the right data to inform that policy. Our healthcare workers are dedicated, but they need to be supported by the right tools. The development of a women's healthcare strategy must incorporate the voices of all women, particularly those who are black and minority-ethnic, disabled and LGBT. Only by being fully inclusive can the strategy be fully effective. I firmly believe that the work should be led at a senior level. England has appointed a Women's Health Ambassador, and we should follow their lead so that one person can lead on the implementation of the strategy. An ambitious, intersectional, regionally balanced women's health strategy has the power to improve women's lives and their outcomes radically, but women are literally sick and tired of waiting.

Mr Deputy Speaker (Dr Aiken): I call Órlaithí Flynn.

Ms Flynn: Go raibh maith agat, a LeasCheann Comhairle. I welcome you to your new position as Deputy Speaker. I am happy to speak in support of the Alliance motion and the amendment.

I will mention some of the work of the all-party group on women's health, which we established three years ago in order for MLAs, organisations and individuals to have the chance to come together and discuss our shared interest in women's health. I give a special mention to Pam Cameron from the DUP, the group's original vice chair. Paula Bradshaw has been brilliant, and she is the current vice chair. Sinéad McLaughlin, Linda Dillon and Robbie Butler also come to the meetings frequently, and I am sorry if I have left anybody out. It has been great that we have already seen genuine cross-party consensus on women's health through the all-party group structure, so I hope that there is full support for the motion when the debate finishes today.

I know that I may be repeating some of what others have already mentioned, but, to give Members a sense of the all-party group's work, since its establishment, we have covered numerous really important topics. The problem is that each topic that we have covered has been as important as the others, and that will be a challenge when we are putting in place a proper and robust women's health strategy. We

need to ensure, and it will be difficult, that we are inclusive and aware of all the issues that impact on a woman's health throughout her lifespan.

We are talking about a lot of important topics. Some of the topics that we have covered in the APG structure include human rights and pregnancy; childbirth; maternity services; perinatal mental health services; miscarriage; fertility; baby loss; mesh; menopause; breastfeeding; mental health; pelvic health; and abortion. There is an even longer list of issues that we have yet to cover: gynae services and endometriosis, which have already been spoken about; addiction; cervical cancer; breast cancer; and the more specific issues of gender gaps that Linda touched on with respect to the amendment, which include bone health, heart health, autism, self-harm and eating disorders. I have no doubt that I have missed out a lot of things, but that shows how many massive issues we are talking about and need to grapple with in order to show what the strategy will look like.

I take on board what Diane Dodds said. Practically, we need to deliver things and get things done in the interim, because this will be a vast piece of work. The list gives Members a sense of how much we need to do in order to achieve gender equality in our health system. We know that the health system was designed by men, and, sadly, at different times in history, we have repeatedly seen that it has let women down. There have been scandals and a lack of investment in the issues that we have been talking about. Alan Chambers mentioned the lack of knowledge and understanding of some of the issues that a woman will go through in her life that a man will not. We know that women live longer than men —.

Ms Eastwood: I thank the Member for giving way. I pay tribute to Órlaithí, Paula and other colleagues who have worked on the issue of vaginal mesh. The Member and I have been involved with that issue at various points over the years.

Does the Member agree that the plight of women who have been impacted by vaginal mesh is totally unacceptable and that the news that came from GB last week off the back of the Independent Medicines and Medical Devices Safety Review is further proof of that? Does she agree that women in Northern Ireland cannot be left behind when it comes to the issue of vaginal mesh?

Mr Deputy Speaker (Dr Aiken): The Member has an extra minute.

11.45 am

Ms Flynn: Yes, I completely agree. I spoke on that issue this morning with regards to the Hughes report. I genuinely hope that we can get cross-party consensus for trying to get some of that work over the line for local women who have been injured by mesh.

Without having an overall strategy, we lack a joined-up approach across our trusts. Again, we are lagging behind other parts of these islands that already have strategies and action plans in place. We need there to be urgency around that.

I come back to Sorcha Eastwood's mention of the mesh implants scandal. I was going to come on to that next. As we know, women make up half of the population and half of our workforce; yet, sadly, we also know that they have been failed miserably over many decades, as multiple scandals have come to light. Those have caused much harm and hurt to women. There are the mesh, thalidomide and mother-and-baby scandals, as well as cervical smears, which have been spoken about. That is to name only a few. Those issues have massive impacts on the health and mental health of our women.

Mr Deputy Speaker (Dr Aiken): Can the Member draw her remarks to a close, please?

Ms Flynn: Yes, of course. I will finish with a point about maternity services, as I cannot finish my speech without giving consideration to that. We need the women's health strategy, and, when Mary Renfrew has concluded her reports, we need a renewed maternity strategy. There have been shout-outs to some of the guests in the Public Gallery, and I want to mention the Community Foundation Northern Ireland and the grassroots women who are with them today: I look forward to working with them.

Mr Deputy Speaker (Dr Aiken): Thank you. I enjoyed that latitude.

Mrs Erskine: Mr Deputy Speaker, hopefully, I will get some latitude as well. I congratulate you on your new role. I also congratulate the Minister. I am not sure whether he is glad or sad that I am off the Health Committee. I will let him decide.

I thank those who tabled the motion for shining a spotlight on this very important issue. It is undeniable that women and girls have lifelong

health needs and risks that are not the same as those of men. That includes managing periods and menopause symptoms and being uniquely predisposed to chronic conditions such as heart disease, particular forms of cancer and diabetes. That is why I am glad that the amendment specifically mentions the gender gap in cardiovascular outcomes.

We must not forget the extra financial cost to women of managing periods and menopause symptoms. It must be pointed out that, without adequate health support, women can often find themselves in need of extra time off work and, in severe cases, having to leave the workforce altogether. Simple intervention and support within our medical professions and workforces could prevent that from happening. The duty is not just on the Health Department; it is a cross-departmental issue, and I am glad that the motion points to that cross-departmental element.

There is a need for women and girls in Northern Ireland to have better, more accurate and more timely information to support their needs as they face these challenges. It is simply unacceptable that women face crippling anxiety and sleepless nights because of being forced to do their own research to figure out how to access the right support.

We know that a women's health strategy is in place in England and that there is a women's health plan for Scotland, and it is my understanding that Ministers are in the process of producing a similar document in Wales. Northern Ireland should not be left behind in identifying the issues and tackling them head on. Furthermore, it is important that any women's health strategy does not fall victim to the pitfalls elsewhere. We need to take account of our unique position in Northern Ireland and the role that our health trusts, education system and the councils can play, as well as that which our community and voluntary sector can play, providing a vital role in our communities, and particularly in deprived communities. It is crucial that we do not raise expectations only to have an eventual strategy fall flat. Clear metric indicators are needed for measuring success, and strong levels of accountability need to be built in. That is even more important if the strategy has a lifetime of three, five or 10 years, to make sure that it does what it says on the tin.

We must ensure that a strategy also complements any forthcoming anti-poverty strategy, prevention of violence against women and girls strategy and any other health strategy, so that there is no divergence in policy. Ultimately, a women's health strategy for

Northern Ireland will succeed only if there is wholesale buy-in from our communities, healthcare professionals and women themselves. The stigma that is sometimes associated with menopause and endometriosis must be addressed. Even in primary care, we need to ensure that GPs and other front-line health staff are trained and have a better understanding of the toll that those conditions take from an early age, so that the right care and treatment can be provided to the women and girls who are affected.

Ms Forsythe: I thank the Member for giving way. Does she agree that the education of young girls in this important topic is critical? In the Member's opinion, should that be led by the Department of Health, through schools or through the voluntary and community sector?

Mr Deputy Speaker (Dr Aiken): The Member has another minute.

Mrs Erskine: I thank the Member for her intervention. It is cross-departmental. Certainly, the earlier that we can get education for young girls, the easier that it will be to go forward with this.

Most women just want to be listened to and heard. Many of us who have gone to the doctor feared that our concerns and symptoms would not be recognised and that action would not be taken. I hope that today is the start of ensuring that women and girls across Northern Ireland have the right access at the right time with the right education in place, so that we can build healthy communities. I therefore support the motion and the amendment, and I look forward to seeing progress.

Ms Armstrong: Congratulations on your role in the Chair, Mr Deputy Speaker.

Today, we are talking about a women's health strategy. Minister, I know that a motion is a motion and that you do not have to act on it, but I hope that you listen. You said previously that a women's health strategy was within your thinking, which I welcome. Scotland has had its women's health plan since 2021, England has had its women's health strategy since summer 2022, and Wales has had its 'Foundations for a Women's Health Plan' report since November 2022, so I hope that we can take forward a women's health strategy. Any strategy needs to run in time for budgets, which could be a constraint that we will have on this. As others mentioned, it is important that we have a fully funded women's health strategy. In Northern Ireland, women deserve the same level of

commitment from this Government as other women have had in other parts of the UK.

My colleagues outlined different key actions that should be included in a women's health strategy, but, as an older woman in this place, I have experience of matters on which I hope that the Minister will listen to me and take seriously. I thank him for attending Órlaithí Flynn's menopause event, at which he wore the MenoVest. I only wish that he had it on now in order to feel how warm it is in the Chamber. It is one of the symptoms that some of us who have been through menopause have suffered.

Mr Donnelly: Will the Member give way?

Ms Armstrong: Certainly.

Mr Donnelly: I was one of the MLAs who donned the MenoVest — there are a couple of others in the Chamber — at that event, which was very informative and educational. Does the Member agree that we need more education on the symptoms of menopause and on actions that can help women suffering from it, particularly women in employment, to stay in their jobs and careers?

Mr Deputy Speaker (Dr Aiken): The Member has another minute.

Ms Armstrong: Thank you. I absolutely agree. I will talk about how many women of my age choose to leave work because of symptoms.

Menopause — including surgical menopause, which many people forget to mention — is life-changing and has an impact on many areas of a woman's life, including her physical and mental health. There is an impact on her finances, and there is a proven negative impact on her employment and relationships. A funded women's health strategy must make provision for services that support menopausal women. That needs to include mandatory training for GPs, given that so many women have had to turn to private healthcare just to access treatment. GPs should be instructed to prescribe medicines that have been recommended by private practice. The strategy should include research into the broader benefits of testosterone for women, and resourced menopause clinics must be available in each trust area for every woman. To be honest, however, I would prefer that there were a specialist in each GP practice so that all women could get access.

I know that the health system is financially broke, but women are being broken because

our health service is not meeting their needs. Many older women like me feel disrespected, ignored and demeaned by a health system that considers many of us to be an annoyance rather than key members of society. I can still imagine the eye-rolls when I phone up to get my HRT prescription.

The Women and Equalities Committee in Westminster confirmed that women felt that there was:

"a lack of awareness or understanding of menopause, even amongst women".

Believe me, some of the most disappointing comments that I have heard about menopause have come from younger female health professionals and other women in the workplace. BUPA confirmed, as part of the Westminster inquiry, that almost one million women have left their jobs because of menopausal symptoms. Given that women have the menopause between the ages of 45 and 55, that is the time when many people reach the peak of their careers. Therefore, by not having a specific menopause strategy delivered through Health, we are sidelining some of the most incredible and skilled people in our workforce at a time when Northern Ireland can least afford to have people not in work and lose such skilled personnel. Therefore, I back a call to have a women's health strategy that will, at long last, provide a plan to invest in resources, including training for health professionals.

Lastly, I wish to address a matter that is very close to my heart, and that is miscarriage and fertility treatment. For many people in Northern Ireland, fertility is not simple or easy. I have never hidden the fact that I have been through miscarriages and IVF, and it was painful in so many ways. A key element of any women's health strategy has to be access to fertility specialists and support, as well as support for women following loss during and soon after pregnancy. Like menopause, fertility support is very limited in our health service. For many, health treatment is not free at the point of use. In Northern Ireland, we have a growing private fertility system on which families spend thousands of pounds to access treatment that is available elsewhere in the UK where NICE guidelines are delivered.

If we are to provide a fair and equitable health service that will deliver for women, we have to consider why, here in Northern Ireland, it is acceptable for women to have to look to private healthcare providers as their only option for treatment. Minister, I will hold you to your word.

I hope to see a women's health strategy in this mandate.

Mr Deputy Speaker (Dr Aiken): As this is Sian Mulholland's first opportunity to speak as a private Member, I remind the House that it is convention that a maiden speech be made without interruption.

Ms Mulholland: Thank you, Mr Deputy Speaker, and congratulations on your new role. I proudly rise to support the motion on behalf of the many women in my constituency of North Antrim. First, however, as this is my maiden speech, I am in the unusual position of acknowledging not one but two predecessors. It would be remiss of me not to acknowledge the almost two decades of representation that Mervyn Storey gave to my constituency, and I thank him for his service. Patricia O'Lynn was unable to avail herself of the opportunity to rise in the Chamber on behalf of our constituents, but I thank her for the work that she carried out in the months following her historic election to this place as the first woman elected in North Antrim. Rest assured, I am honoured to represent North Antrim now, and I will do all that is in my power, with passion and heart, to represent those who voted for an alternative.

They say that it takes a village to raise a child, and that is never more true than for the child of a politician. I recognise the support of my family, especially my mother, Harriet, and my husband, Kieran, who have taken over the primary caring responsibilities for our beautiful seven-week-old daughter and our two wonderful sons. I have promised Alfie and Cathal that I will be home for bedtime stories tonight, so I thank them for their patience.

As the first mother to represent my constituency, I am passionate about the voices of women and parents being heard in the Chamber. That brings me to the motion. It is so pertinent not only to my very recent experience but to the experiences of many in my predominantly rural community. That brings its own challenges in access to healthcare, before we even begin to address the inequalities that exist for women in the healthcare arena.

12.00 noon

The Maternal Mental Health Alliance (MMHA) recognised in its 2023 briefing that there has been an improvement in service provision across Northern Ireland in recent years. For example, all five health trusts now have a community perinatal mental health team in place. That is a very welcome development. I

pay tribute to those professionals and the Minister for their work on developing and rolling out those teams, but we have a long way to go. The MMHA outlines a number of risk factors specific to perinatal mental health in Northern Ireland, including the variations between trusts that make service provision a postcode lottery. Everyone in Northern Ireland should have the opportunity to avail themselves of the same level of service provision and access to perinatal mental health. We also need to see the development of workforce planning and funding to increase training opportunities in order to bolster our workforce. Without properly trained and fairly paid staff, there will be no one to deliver these precious services.

A number of years ago, I was able to engage with the Women's Resource and Development Agency (WRDA) Maternal Advocacy and Support project — the MAs. Through that engagement, I shared my experience of perinatal and postnatal mental ill health. During that most vulnerable time, my abiding memory is of the absolute, crippling fear that my baby would be taken from me, either as a result of me accessing the care and help that I so desperately needed or because I would be deemed unfit for even experiencing the horrendous postnatal anxiety and depression that I felt. That fear would have been somewhat alleviated had there been a specific mother-and-baby unit.

The lack of an Executive has certainly hampered the implementation and delivery of that crucial service, which is definitely regrettable. The commitment and work done to prepare the business case is great, but we need to see funding and commitment to delivery. I call on the Minister to outline a time frame for delivery of the unit. Without the delivery of a mother-and-baby unit, Northern Ireland risks falling further behind the quality and variety of specialist services that are offered in other jurisdictions. Northern Ireland is the only part of the UK without a specialist unit.

In addition to perinatal mental health delivery, we need a properly resourced women's strategy that delivers a comprehensive and multidisciplinary approach to the care pathway for new mothers. The antenatal care received by women can be wonderful and can be focused on the recovery and full support of women at a vulnerable time, but there is also potential for women to fall through the cracks when they are signed off by a community midwife up to two weeks post partum, with care transferred back to the GP and, sometimes, back to the hospital of birth. For women, especially those with a traumatic or surgical

birth, wrap-around, multidisciplinary-level care is absolutely essential to ensure that all mothers begin their journey into motherhood feeling valued, seen and cared for.

I do not want Northern Ireland to be a place apart from the rest of these islands because it is falling behind; rather, I want Northern Ireland to be set apart and known as the place where the antenatal and postnatal health of women is prioritised and funded to the extent that our families enjoy world-beating services. A women's health strategy must include those vital components.

Mr Deputy Speaker (Dr Aiken): Thank you very much for your maiden speech.

Mr McGrath: Mr Deputy Speaker, I congratulate you on assuming your role. Our normal contact is through the British-Irish Parliamentary Assembly (BIPA) and pints, and, if there is latitude to be given, I want you to know that I always paid my way. I also congratulate Sian on her maiden speech.

I welcome the opportunity to speak today, as it is timely to discuss such matters. It has long been acknowledged that there is a significant need for a women's health strategy. We are, after all, the only region of these islands that is without such a strategy.

For too long, women's health has been the subject of taboo and stigma across our society. When it has been talked about, it has often been in whispers. I am not embarrassed to say that I am part of the generation that was brought up not really talking about those things. I remember well, in my early 20s, making a phone call to the local hospital. I did not know how to get the words out and eventually asked to be put through to the "female gynae ward", at which point the operator said, "I would hardly put you through to the male gynae ward". That was just the way things were back in the day. I am glad that we have the opportunity to discuss matters and reduce those taboos and, as a result, contribute to addressing the facts that women are 50% more likely to receive the wrong diagnosis when it comes to heart attack, that women here have the worst ovarian cancer survival rates and that gynaecological waiting times are much longer here than anywhere else in the UK.

Last year, my colleague Sinéad McLaughlin conducted a survey of women's health. There were hundreds of responses, 90% of which said that service provision was inadequate for the biggest healthcare issues that affected women. It is not acceptable that that is the perception.

When discussing essential healthcare matters such as menstrual health, the menopause or other issues, as mentioned in the motion, we must listen to women. I echo the remarks of my colleague about the fact that there is a Women's Health Ambassador in other parts and that we could and should replicate that here.

The motion gives us the opportunity to set the tone of what the new Assembly term can be about. We are, after all, debating a motion that was proposed by the Alliance Party, with an amendment tabled by Sinn Féin and that calls on the Health Minister from the UUP to bring forward that strategy. There is the potential for all parties to work together to deliver these things.

A question has to be asked, however, about why we do not have one now. Why have we not had a strategy previously? We are also without a violence against women and girls strategy, an anti-poverty strategy and an anti-conversion therapy strategy. There are many strategies that we do not have, and we know that it is because of the stop-go politics that we have in this place. I echo the remarks of the leader of the Opposition, my colleague Matthew O'Toole, in asking the First Minister and deputy First Minister to commit to not collapsing the institutions again and to giving us the opportunity to do the work that we need to do to deliver those strategies.

In the time during which this place was not sitting, we attended many conferences, and I regularly made the comment that the biggest room in Castle Buildings must be the one in which they put all the strategies, because that is all that we seem to do. We launch a strategy, we get all the attention for that, but we do not actually deliver it. We need to see a change in that. I want to see action plans that sit alongside strategies. I want to see costings and timescales alongside those action plans, so that we know that we will see delivery and action on the strategies that are being put forward. Too often, we build up people's hopes by saying that there will be a strategy, but that lack of delivery simply lets them down. We must see this Assembly term as being about rebuilding trust with the public and providing them with the hope that we will deliver on strategies. This is a very important strategy that should be up there to be delivered quickly.

Mr Deputy Speaker (Dr Aiken): I call the Minister. The Minister has 15 minutes.

Mr Swann: Like others, I congratulate you and welcome you to your post, Mr Deputy Speaker.

I thank the Members for tabling this important motion, but I also thank all the contributors to the debate for their openness, honesty and personal contributions. That is the strength of this place: when we debate things that affect all the people of Northern Ireland. I thank everyone for their contributions today and the tenor that we have had.

Many of the issues that have been discussed today are already priorities for my Department, and I assure colleagues that work is actively ongoing to address the challenges, despite the difficult financial position that the health and social care system faces. Progress on those key issues will be high on my list of priorities as Health Minister. That is why, as my party colleague said, as Minister, I am keen to support the motion and the amendment.

I can update the Assembly about the fact that my Department is in the early stages of developing a women's health action plan for Northern Ireland. That will bring all of that work together for the first time in a unified plan to demonstrate what we are trying to achieve and to highlight where greater attention and action will be needed. It will be a similar approach to the one that I took in developing our mental health strategy. We produced the mental health action plan first to allow that time frame to make sure that the strategy was able to engage across the trusts, political bodies and all stakeholders. With your indulgence, Mr Deputy Speaker, I pay tribute to the organisations that are represented in the Public Gallery, but I will not name them all in case I miss one.

I will speak later about the action plan, but first I will pick up on some of the issues that have been discussed and outline the work that my Department is doing in those areas. As Órlaithí Flynn pointed out, each of these topics is worthy of a debate and a discussion in this place rather than just being part of a general motion. I am sure that members of the Health Committee will take that forward, and I look forward to working with those new members. I also pay tribute to those with whom I worked in the past for the way that we were able to approach health in this place.

As has been said, women and girls account for 51% of Northern Ireland's population, yet not enough focus is placed on women-specific issues. As we have heard today, each one of those nearly one million people has their own story. Each has their own experience of our healthcare system, and we hear daily of their challenges and concerns when it comes to getting access to the right care at the right time. As Members have said, that includes getting

timely access to GP appointments; specialised healthcare in rural areas; and getting a timely diagnosis, advice and information on female-specific conditions or symptoms to help make those informed choices. All of that can be compounded by ethnicity and socio-economic background and the additional barriers and inequalities faced by the most vulnerable groups of women and girls in our society.

Members are right to outline the key elements that need to be considered in a women's health strategy to improve that provision and access to key services, including services for menopause, for gynaecological cancer screening, for cardiovascular health, for fertility and pregnancy, for baby loss and for postnatal healthcare, to name but a few. We know that, collectively, those issues cover the whole life course, so improving lifelong health experiences and outcomes for women also means better education and awareness from that early age. As has been said, it means learning about the importance of lifestyle and behavioural risk factors; the prevention of illness; living healthily; managing life changes such as menstrual health and menopause; living with health conditions; and knowing how and where to seek help when needed. For the health service, it is about making sure that that help is available and accessible.

I fully acknowledge the challenges across all those areas, many of which have been highlighted by Members today. I am committed to addressing the issues for the women of Northern Ireland, and, while there are probably too many to cover in the time available, I want to mention a number of areas where I see opportunity for progress to be made.

First, I want to prioritise the implementation of the recent Getting It Right First Time or GIRFT report to improve access to our gynaecological services. Our waiting times are simply unacceptable. The report, which was published last month as part of the work that my Department is taking forward under the elective care framework that I published in 2021, sets out recommendations to maximise our capacity, reduce those waiting times and improve patient care and outcomes. As Health Minister, I want to see those waiting lists come down to acceptable levels, and I expect to see real progress on those recommendations in the months ahead. My Department has now written to all trusts about the report and will engage with relevant stakeholders to progress implementation as far as possible with the available resources. It is recognised that some of those recommendations will require

additional investment, and that will impact on delivery.

I join colleagues in recognising the impact that the menopause can have on women, who will all go through that change at some stage in their life. I wore the MenoVest for a short time, and Linda Dillon expressed it well when she told me, straight to my face, "Now you know what it feels like". I wore it for only 45 minutes, and I encourage those in the Chamber who did not avail themselves of that opportunity to do so; they should. We are seeing the start of a welcome shift in societal attitudes and understanding of the menopause, and I believe that, as has been said, a new Executive can do much more to support that across all sectors.

12.15 pm

Too many women are leaving the workforce early, as Kellie Armstrong said, including in the health and social care system, where the majority of staff are female. We know that changes in policy could make a huge difference to those individuals, their families and the wider economy. I stress that there are many examples of good practice in menopause care in our system. It is important to ensure that that is equitable and that best practice is standardised across the region.

Mrs Dodds mentioned cervical cancer in her contribution. We have a very effective screening programme that has saved many lives over three decades. I was very pleased to see the introduction of full primary HPV screening into the pathway in December last year. Thanks to extensive planning by the Public Health Agency and the trusts, along with departmental officials, that brings our system into line with the rest of the UK by implementing the advice of the National Screening Committee and the Northern Ireland screening committee. That will use a test that is more effective at detecting women who are at risk of developing cervical cancer. That change will help in prevention and early detection, and will ultimately save more lives.

I recognise that there are many people who long for a child and are desperate to hear when the current fertility service can be expanded to offer a second and, indeed, third cycle to eligible women. That is in line with the National Institute for Health and Care Excellence (NICE) guidance and with a commitment in the New Decade, New Approach agreement. During the pandemic, one of my priorities as Minister was to reinstate and stabilise fertility services as quickly as possible. I am pleased to say that the staff at our regional fertility centre have worked

extremely hard to bring waiting times down to a level that is better than it was before the pandemic, with a first appointment wait of 23 weeks and new IVF and intracytoplasmic sperm injection (ICSI) patients currently waiting approximately two months. I thank the RFC staff for their hard work and dedication in doing that and for preparing the ground for an increase in provision once capacity can be increased.

I congratulate Ms Mulholland on her maiden speech and look forward to working with her in North Antrim. She mentioned perinatal mental health. In relation to maternal mental health, each trust now has an operational community perinatal mental health team in place. Each team is accepting referrals and providing a consultancy service to women who experience mental health problems during the perinatal period. In addition, a regional implementation team has been established within the Public Health Agency. That team has been instrumental in leading the implementation of the community teams by having oversight and providing guidance. That ensures regional consistency, creating referral pathways and ensuring that our new service is fully integrated and embedded into existing services.

In line with my Department's commitment to establish a mother-and-baby unit, as set out in our mental health strategy delivery plan for 2023-24, I can inform Members that the Belfast City Hospital site has been identified as the most suitable location, and that the Belfast Trust has been invited to prepare an outline business case for the provision of the proposed regional unit. However, delivery of that project remains subject to budget affordability, which, as Members know, has not been confirmed.

Miss McAllister: I thank the Minister for giving way. I am conscious that he mentioned the budgetary situation, and we recognise that. However, not progressing the mother-and-baby unit, given the number of women who will need it, would actually increase budgetary pressures elsewhere. That initial spend — yes, of course, we recognise that it would mean initial spend — would save in the long term because those who go without the care that is desperately needed will impact on the health service elsewhere.

Mr Swann: I concur with the Member's comments. I could say the same thing about many services across Health and Social Care. I therefore look forward to her encouraging her two ministerial colleagues to support my bids in the forthcoming Budget and in all the work that I want to do across healthcare, which includes the development and construction of a mother-

and-baby unit, as I set out in the mental health strategy delivery plan for 2023-24.

I could go on, as there are so many other women's health initiatives across primary care, social care, pharmacy services and allied health services, including hugely important areas such as maternal health, sexual health and pregnancy loss, which I do not have time to cover today. I hope, however, that I have assured Members that significant work in those areas is embedded in my Department's work programme as a priority. I am committed to providing greater focus and coordination on women-specific issues and to prioritising limited resources to where they will be most effective in my areas of responsibility as Health Minister. As I mentioned earlier, my Department is in the process of developing a short- to medium-term women's health action plan that builds on ongoing work and identifies the priority actions across women's health services that can be taken forward within our current budget, as well as those actions for which additional investment may be required. That will pave the way for a women's health strategy in the longer term.

Crucially, as a part of that work, I want to listen to Northern Ireland women and hear their views on and experiences of the healthcare system and how it should be shaped. I welcome the fact that, as a society, we hear much more public discourse about women's health issues, and I commend the groups, charities and councils that are helping to bring about that positive shift. I also acknowledge the need for improved public awareness and information. We are working with the Public Health Agency to understand how best we can reach specific groups of women and girls and what that might look like.

Ms Dillon: Will the Minister give way?

Mr Swann: I apologise, but I want to finish this. We must take note of the fact that awareness raising should go beyond the female population, in order to ensure that everyone has a better understanding of women's health issues and the wider impact that they can have, particularly employers.

In conclusion, I assure Members that we have a strong foundation of work in progress that will form the key components of a women's health action plan. That work is in the early stages, so I cannot say when it will be finalised, but I hope to say more about that in the weeks and months ahead. By putting women at the centre of discussions, we can ensure that their voices are heard and that the limited funds are appropriately aligned with priorities. I am

confident that, through the approach that I have outlined today —

Mr Deputy Speaker (Dr Aiken): I ask the Minister to bring his remarks to a close.

Mr Swann: — and the support of Assembly colleagues, we can improve health outcomes for all women and girls in Northern Ireland. I very much welcome today's debate and thank Members for their contributions. If Ms Dillon wants in briefly, I will give way.

Mr Deputy Speaker (Dr Aiken): I am sorry, but there is no time for an intervention.

I call Liz Kimmins to make a winding-up speech on the amendment. The Member has five minutes.

Ms Kimmins: Go raibh maith agat, LeasCheann Comhairle, and congratulations on your new role. I welcome the opportunity to speak on this important motion to improve healthcare for women and to address the health inequalities that many women face. I am pleased to hear the Minister's commitment to deliver for women's healthcare.

We have heard about a broad range of issues that impact on women, including how some conditions that affect both women and men have a much more detrimental impact on women. We must ensure that those issues do not fall between the cracks any longer. It is abundantly clear that significant gaps exist in women's healthcare, but those gaps are far greater for those women who live in areas of high deprivation. Tackling disadvantage in the context of women's healthcare as a result of deprivation must form part of any forthcoming strategy.

Over the past three years, we have seen other parts of these islands bring forward women's health plans. A women's health strategy for England was introduced in the summer of 2022. In the South, the Irish Government have introduced a women's health action plan. The Scottish Government introduced a women's health plan in August 2021. NHS Wales published 'Women's Health in Wales' in November 2022. Unfortunately, we have fallen behind the other jurisdictions at a time that we are aware that, although women on average live longer than men, they spend a significantly greater proportion of their lives in ill health compared with that for men. We are all too aware of the many complex health issues that women and girls face, and those have been described perfectly here today. There needs to

be a clear focus on women-specific issues, as is highlighted in today's motion.

We saw headlines at the start of the month that outlined the fact that more than 37,000 women were on waiting lists for gynae services, with many waiting over three years for treatment. Just last week, we heard that breast cancer referral targets were being missed, with only 52.9% of urgent referrals being seen within the 14-day target. That means that, during the quarter ending in September 2023, 1,566 women were not seen within the target date. We need to do better for those women and girls. Early detection of breast cancer is key for targeted treatment and for increasing survival rates for women. That is why we must also see the implementation of the cancer strategy, which will undoubtedly help to tackle those issues.

As others have highlighted, there needs to be a strong focus on maternity services, as we see increasing numbers of women accessing maternity services across the North. The strategy must recognise the need to ensure the delivery of high-quality, safe services for women and families. The progress on the mother-and-baby unit is also very welcome. The needs and health of women who use maternity services are changing rapidly, and, if improving women's overall health is at the heart of the strategy, that will ensure better outcomes for expectant mothers and their babies.

Just a few months back, I had the pleasure of using the fantastic maternity services in Daisy Hill Hospital. I cannot emphasise enough the first-class care that my baby son and I received, from my first scan to the aftercare that I received in the community from the amazing midwives and health visitors. The wide-ranging and growing complexity of the care that maternity services provide cannot be overstated. We now have a real opportunity, as part of this strategy, to underpin improving the health outcomes for mothers and babies, prior to and during the time that they are being cared for by those who are working in maternity services. That will have lifelong benefits for women.

As many Members who spoke today have outlined, there is a clear and immediate need for the development of a women's health strategy. It is important that, as that work is progressed by the Minister and the Department, the voices of women and girls are heard and listened to. Any plan or strategy that is brought forward must reflect their views and seek to address the disparities and inequalities that they face across the health and care sector.

While any plan or strategy will be primarily for the Department of Health, I appreciate that there may be some overlap with functions in other Departments. I encourage other Ministers and Departments to work collaboratively with the Department of Health to address this important issue.

As the incoming Chairperson of the Committee for Health, I want to ensure that there is a clear focus on a women's health strategy. The Committee will work with and support the Minister and the Department where it can and, where needed, will hold the Minister and the Department to account on the key priorities that are brought forward. We will see where that balance is, but I trust that it will be a beneficial working relationship. I ask Members throughout the Chamber to support the motion and the amendment.

Mr Deputy Speaker (Dr Aiken): Thank you, Liz. I call Paula Bradshaw, who will have 10 minutes.

Ms Bradshaw: Thank you, Mr Deputy Speaker. I wish you well in your new role. I support the motion and the amendment. I will focus my remarks on long-term specialist support for endometriosis. Before I make my comments, however, I say that I agree with all the Members who spoke and have covered a wide range of issues. If I have time at the end, I will cover a lot of those.

I will start by focusing on figures and statistics relating to endometriosis, which are, indeed, shocking. Endometriosis is a painful and exhausting condition, which can lead to immense stress and discomfort, yet it is not only when diagnosed with endometriosis — I will call it "endo" — that women suffer a lack of support and recognition; it can take over a decade for the condition even to be diagnosed in the first place. Many women have told me that, in some cases, the entire journey from initial distress to surgery has taken nearly 20 years. As if the pain and exhaustion were not enough, there is the additional strain of uncertainty around diagnosis and a lack of clarity about the likely options for treatment and support, and then the seemingly interminable wait for the appropriate intervention.

We have already heard that, comparatively, far more women face that uncertainty, lack of clarity and wait in Northern Ireland than elsewhere in the UK. In fact, we are not even sure how many. When I asked a question in the Assembly, during the previous mandate, about exactly how many women were waiting for diagnosis and treatment for endo, three trusts

were not able to provide an answer. It is evident from the figures alone that it is long past time that those who are suffering such distress have the support that they need.

However, it is the human story that truly tells the tale. The story that I have been told countless times is one of women seeking support and not just being denied it or left to languish on a seemingly endless waiting list but being made to feel like a burden. Female pain and exhaustion are too often overlooked in medical care everywhere, and, when you add in our waiting lists and lack of specialist support, the situation here is, plainly, even worse. At this stage, I wish to pay tribute to the Northern Ireland support group for Endometriosis UK, without which many women would be in an even worse position. Its work is invaluable.

12.30 pm

I turn to today's contributions. My colleague Nuala McAllister proposed the motion and called for a strategy to be fully costed and fully developed in a holistic approach that is co-designed with representatives across many sectors. She also highlighted the fact that it is Sexual Health Week.

Linda Dillon raised the issue that, in 2022, 2,000 women lost their lives to heart disease, calling it the leading cause of death for women. She called for more timely and effective awareness raising among women. She spoke of her personal experience —.

Ms Dillon: I thank the Member for giving way. The point that I was going to make to the Minister is that that awareness raising needs to be done in conjunction with the community. Given that Community Foundation NI is here, it is important that we support it to support the community in order to ensure that we reach those people. There are not people who are hard to reach; there are services that are hard to access.

Ms Bradshaw: Thank you. I fully endorse that.

Ms Dillon talked about her experience of menopause, and she called for age-appropriate education in schools around menstrual issues to also include this area.

Diane Dodds talked about this debate providing an uncomfortable truth about the state of services and said that we need action on this issue. She talked about the link between deprivation and poor health and went on to talk about the 17,000 women affected by the

cervical smear test review in her Southern Trust area. She talked about the question of —.

Mr Chambers: Will the Member give way?

Ms Bradshaw: Yes, I will.

Mr Chambers: Does the Member agree that, despite the regrettable situation in the Southern Trust area, it should not put off any women in Northern Ireland from seeking an appointment for screening?

Ms Bradshaw: Thank you. It is a very important point, and, at the all-party group on cancer, the professionals who came from the trust and from the Public Health Agency wanted us as elected reps to very much endorse that message. Thank you, Mr Chambers, and that leads me to your remarks. Thank you for attending the Chamber. You were the first male to speak in the debate, and it is really important that this is seen as not just a women's issue but a whole of society issue around getting women's health right. You mentioned that women's health issues were disregarded for a long time and said that we have to adopt a whole-life-course approach to the women's health strategy.

My colleague Sinéad McLaughlin talked about the constituent with whom she has engaged who had to leave work due to the debilitating pain from endo, and she mentioned that, at times, the service is broken and inaccessible to women. She talked about the long and painful waiting times for women accessing their first gynae consultant appointment, and she talked about her own diagnosis of endo.

Órlaithí Flynn talked about the APG on women's health, and I very much agree with the Member that all Members who are on that group, from across the House, have come together around these very important issues. There is genuine cross-party consensus on the need for this women's health strategy. I fully agree with her that there are so many issues there that we need to ensure that this women's health strategy is robust and inclusive of all the issues across a woman's health span. We need to catch up with other parts of these islands.

Deborah Erskine talked about the amazing role of the community groups, many of which are represented in the Gallery or are looking on via our internet provision. She said that we need to ensure that they are involved and that we build on the work that they have already done. She said that we need to ensure that the actions that come from the action plan and the strategy

are robust. She said that there needs to be wholesale buy-in from women, community groups and healthcare professionals and that training will be essential for GPs.

My colleague Kellie Armstrong highlighted the fact that other parts of these islands — Scotland, England and Wales — already have their women's health strategies in place and that we need to ensure that, when we get ours developed, it runs in time with budgets and is fully funded. She talked about menopause and how it is life-changing, with many women having to give up their jobs and reduce their income at a time when they should be at the "peak of their careers". She also talked about her personal experience of miscarriage and of trying to access fertility treatments.

In her maiden speech, Sian Mulholland, another colleague of mine, provided some insight into her constituency, saying that she is the first mother to represent North Antrim. She spoke in particular about the barriers that her constituents have in accessing healthcare in rural communities. She talked about how important perinatal mental health is and, again, shared her experience of perinatal and postnatal depression and anxiety. I thank her sincerely for that. She also mentioned the need for the specialist mother-and-baby unit and for the Minister to provide the time frame for it.

I am also much indebted to Colin McGrath, who is another male who talked about the fact that we are the only region of these islands that does not have a women's health strategy. He said that we have to remove the taboo and stigma around all the issues. He highlighted the fact that we have the worst ovarian cancer survival rates here. He also referenced his colleague Sinéad McLaughlin's survey, which showed that 90% of women indicated that they feel that services for women are inadequate. He called for a women's health ambassador and said that if we build up hopes that we can take that forward, we need to ensure delivery.

The Health Minister thanked everyone for their contribution. He said that the wider population of women will also have similar stories and that he has placed the issue high on his list of priorities. He explained the process around bringing forward a women's health action plan in the first instance and said that he felt that that was the right approach because it was demonstrated, through the mental health action plan, as a good way of getting the issues together and moving forward. Another point in the Minister's contribution that I felt was important was the mention of ethnicity, socio-economic groups, vulnerable and marginalised

women and the need to ensure that the strategy very much takes account of different groups of women. He talked about the opportunities to make progress in the short term that come from the 'Getting It Right First Time' report around access to gynaecological services, and he explained that he is looking at the recommendations on that.

Liz Kimmins closed by talking about health inequalities, gaps in healthcare and how we need to look at areas of high deprivation.

Mr Deputy Speaker (Dr Aiken): Thank you very much, Paula, for keeping to the time.

Question, That the amendment be made, put and agreed to.

Main Question, as amended, put and agreed to.

Resolved:

That this Assembly calls on the Minister of Health, working with his Executive colleagues, to bring forward, as a priority, a fully budgeted women's health strategy that supports women through every stage of their lives, and is focused on education and awareness raising, screening and earlier diagnosis, and support services and care pathways; and further calls on the Minister and his Executive colleagues to include in this strategy a menopause clinic, earlier gynaecological cancer screening, a framework of support relating to fertility, birth control, pregnancy, baby loss and post-natal healthcare, a reduction of the gender gap in cardiovascular outcomes, an emphasis on menstrual health, including long-term specialist support for endometriosis, and plans to tackle health inequalities experienced by women from different socio-economic and ethnic backgrounds.

Mr Deputy Speaker (Dr Aiken): Members, please take your ease while we transfer the Chair.

(Mr Speaker in the Chair)

Lough Neagh Rescue Plan

Mr McGuigan: I beg to move

That this Assembly recognises the vital importance of Lough Neagh to our environment, ecology and drinking water supply; further recognises its importance to tourism, fishing and leisure activities in local communities surrounding the lough; notes with grave

concern the ecological damage caused by the blue-green algae bloom last summer that choked the lough and spread throughout our waterways and beaches; calls for a cross-departmental body to be set up to address the immediate issues facing Lough Neagh; and further calls on the Executive to put in place a new management structure and plan to include input from communities and organisations with an interest in the welfare of the lough, so that it can be managed, protected and promoted in the interest of all.

Mr Speaker: The Business Committee has agreed to allow up to one hour and 30 minutes for the debate. The proposer of the motion will have 10 minutes in which to propose and 10 minutes in which to make a winding-up speech. As an amendment has been selected and is published in the Marshalled List, 15 minutes will be added to the total time for debate. Please open the debate on the motion, Mr McGuigan.

Mr McGuigan: I begin by welcoming the Minister to the debate. I congratulate Minister Muir on his appointment as the new AERA Minister — not just on taking up that role but in creating his own bit of positive history. A memory from four years ago came up on my Facebook feed of our inaugural run together at Stormont in the MLA running group. The group lasted for maybe one run. It is interesting to note that, in the intervening four years, the Minister has carved out a very successful political career and is now a Minister, and I have become an accomplished cyclist. *[Laughter.]* Two weeks ago, the world's media were in the North to cover a good, positive news story about the resumption of the Executive and the Assembly, not to mention the historic nature of Michelle O'Neill becoming the North's First Minister. However, we are all aware of the topic under discussion and that, last summer, the same media — local and from further afield — were attracted to a much less positive story in the North: the stark reality of the ecological disaster playing out in front of our eyes, with the toxic bloom of blue-green algae on Lough Neagh.

I am sure that the Minister and his ministerial colleagues will have entered their Departments with overflowing in trays. However, work to save Lough Neagh and repair the damage to its ecology and environment, and that of its tributaries and surrounding land, must be a top priority for the Executive in the time ahead. We need to see decisive action. The public want to see decisive action. As our motion states, Lough Neagh, the largest fresh water lough in Ireland, is vital to our environment, ecology and public health, as it supplies 40% of the North's

drinking water. It plays an important role in local tourism, it is vital for the local fishing industry and it is important to leisure activities, especially for the local communities that surround the lough.

What are we asking for in the motion? When this ecological catastrophe was playing out in front of our eyes last summer, we did not have an Assembly or an Executive and, therefore, we did not have Ministers to take decisions. Civil servants were doing their best but were constrained in the decisions that they could take. We are obviously in a different scenario now. We want to see Executive agreement on the formation of a cross-departmental structure to deal with the crisis in Lough Neagh in the short, medium and long term. The issues affecting the lough are cross-cutting: some lie in DAERA, some in DFI, some in the Department for Communities and some in other Departments. Obviously, NI Water, the NI Environment Agency and some councils will need to be represented, as will NGOs, local community groups, fishermen, the Lough Neagh Partnership and other stakeholders, as stated in the Alliance Party amendment, which we will support. Despite the cross-departmental nature of the structure, we believe that one Executive Minister needs to be responsible and, therefore, accountable for its work. With public health, as well as economic and environmental sustainability, now major concerns with regard to the lough, we cannot afford to be unclear when it comes to responsibility and accountability.

Whatever the final model agreed, I hope, by the Executive, that cross-departmental body must provide greater coordination and focus on dealing with pollution, climate change, invasive zebra mussels and the flow of phosphorus and nitrogen into our rivers and loughs from agricultural sources, septic tanks and waste water. Solving and dealing with those issues and others requires an agreed management plan and strategy for the lough so that it can be managed, protected and promoted. We want to see an agreed management plan and structure put in place with the help of key stakeholders and those who surround Lough Neagh.

12.45 pm

The issue of resources is rightly a key focus of the new Executive. We ask that the Executive ensure that a rescue package and plan for Lough Neagh is properly resourced by both a financial recovery package and the necessary personnel to take the agreed actions forward in the Departments.

While it is not contained in the motion, Sinn Féin's long-held position is that Lough Neagh must be brought into public ownership. We would like to see consensus in the Executive on beginning to explore options to bring the lough into public ownership as soon as possible. I think that there would be massive public support and agreement for that throughout the North. We can no longer be expected to own the problems of the lough but not the lough itself.

Mr Blair: I beg to move the following amendment:

Insert after "cross-departmental body":

", to include relevant non-governmental organisations,".

Mr Speaker: You will have 10 minutes to propose and five minutes to wind up. All other Members who speak will have five minutes.

Mr Blair: I rise to support the motion and the amendment that colleagues and I have put forward.

I share others' frustration at the incredible delay in progressing meaningful action to tackle our Lough Neagh crisis. While the Assembly remained collapsed over the summer of last year, the largest fresh water lake in these islands — a vital strategic asset for biodiversity, tourism, recreation, fishing, culture and drinking water — experienced algal blooms at a rate never before witnessed on these islands. As if we have not already have enough warnings about the state of our ecosystems and the associated threat to nature over recent times, the Lough Neagh ecological crisis most certainly serves as notice that we must do things differently and must do better. All the policies and practices that have led to this devastating situation should be on the table for review as a matter of absolute urgency.

When the blue-green algae issue was at its worst over the summer, I sponsored an event upstairs in Parliament Buildings which was led by Lough Neagh Partnership. Some of those who are in the Chamber today joined us at that event, and I am sure that they would all agree that there was a tangible sense of anger and frustration in the room about the limits of what could be done at that time without a Minister in place. I am glad that, in the restored Assembly, we can now get on with trying to tackle the many issues we face at Lough Neagh.

Last week, after only a few days in office, the new Minister for Agriculture, Environment and Rural Affairs was on a boat in the middle of the lough to see at first hand the work that needs to be done. It is reassuring to hear the Minister say that the Lough Neagh crisis will remain high on his and the Department's agenda. We must be under no illusion, however: the restoration of the Assembly will not and cannot lead to a quick-fix solution. This valuable natural asset can be saved, but it will take a concentrated and coordinated effort over a long period by us as elected representatives, as well as by various Departments and agencies. There is damage that has been done over a large number of years to be put right.

If you will allow me, Mr Speaker, I will use the opportunity and take a moment to highlight some of the work that I have done with colleagues to address the issue in the long term. My colleague Sian Mulholland deserves particular mention for her work on this. Our five-point plan for Lough Neagh clearly details the actions that need to be taken now. The first is the establishment of an independent environmental protection agency, which is a long-standing policy of the Alliance Party. The new body would have the authority to oversee and enforce environmental laws. It would have powers beyond DAERA, the Northern Ireland Environment Agency (NIEA) and the Office for Environmental Protection (OEP).

Our plan for Lough Neagh also details increasing fines and penalties for polluters. That is a must. The fact is that it will take at least 20 years for the phosphorous sediment on the bed of the lough to rectify itself naturally or even begin to do so, but we will never achieve that if we continue to pump the same substances into the lough at the same rate as we are pumping them in now. It is clear beyond doubt that the bacterium in the lough is due to nutrient overload. The figures are out there: about 64% results from farming practices, 24% from water treatment and sewage and 12% from septic tanks. Therefore, we must look —

Mr K Buchanan: Will the Member give way?

Mr Blair: Yes, I will.

Mr K Buchanan: Will the Member clarify how those figures of 64%, 24% and 12% were derived?

Mr Blair: I am happy to respond. I confirm that they are not my figures but those of the Department, as presented in the cross-party updates that have been given on Lough Neagh.

I do not have a list in front of me of all the contributors, but I assume that the Agri-Food and Biosciences Institute (AFBI), for example, and others will have contributed. Those are the figures that were stated at those briefings. The point is that we must look at this seriously in light of the figures so that, as well as doing what I outlined on pollution, we secure investment in our waste water infrastructure and support more nature-friendly farming practices. The required DFI role and commitment on that further reinforces the need for the interdepartmental and inter-agency approach that we often reference.

The final point of the plan closely aligns with the motion: creating a new legislative duty to cooperate on developing an integrated management plan. A myriad of public bodies hold some level of responsibility for the lough and its shores, but we lack effective, coordinated governance. For that reason Alliance supports the motion's call for a cross-departmental body and a new management structure to include input from communities and organisations with an interest in the lough's welfare at heart. On that point, I have tabled a minor amendment to ensure the inclusion of "relevant non-governmental organisations" to have a vital role to play on Lough Neagh and the planning of the actions for the future. Northern Ireland Water is perhaps the best example of those NGOs; there will, of course, be others. We must take the responsibility of those bodies seriously and ensure that feedback and action from them is guaranteed. Further to that, as our five-point plan clearly highlights, any new duty to cooperate must lead to tangible, measurable and fully resourced outcomes.

Alliance will continue to press hard on Lough Neagh, because the future of our waters depends on this. For that reason, on behalf of the Alliance Party, I am content to support the Lough Neagh rescue plan motion with, of course, our amendment.

Mr Irwin: The issue is, no doubt, of concern to the general public across the Province, given the size of Lough Neagh and its significance in our environment. The lough contains around 800 billion gallons of water and provides 40% of the Province's drinking water. It is therefore very much on people's minds, especially when we see the negative impact of the algae problem and how it has spread into the rivers, eventually affecting portions of our coastline.

The contributing factors that gave rise to last year's algae blooms are many and complicated; by all accounts, they will be by no means easy

to resolve. There will be no quick fixes. The exceptionally warm month of June last year and the following very wet July and August are believed to have been significant contributors, along with issues such as farm nutrient run-off. Scientists are clear that the bacterium grows more quickly in very warm temperatures, which is what we experienced in 2023. What followed was well-above-average rainfall, which washed nutrients from the soil into the watercourses; indeed, such was the rainfall in the autumn that, at one point, the lough was 1.6 metres above normal levels.

When we think of the zebra mussel issue, it is interesting to note that a species that filters water and makes it cleaner has such a negative impact in allowing sunlight to penetrate much more deeply into the lough, allowing the growth of bacteria and an acceleration of the algae problem. Dealing with invasive species will be another complicated issue to resolve.

It would be useful if we had a report on how the lough is at the moment, because it has been some time since the public had any information on the lough's water quality. I am especially interested in the impact of the recent heavy and persistent rain, mixed with colder winter temperatures, on the algae issue. It is important that we have regular reports on the condition of the lough's water and the impact on its ecosystem. Those reports would be useful for informing further debate and action. It will take a lot of discussion, further scientific investigation and finance to adequately resolve the algae issue in the longer term. I imagine that progress on some of the issues will be difficult to achieve and will be vulnerable to weather patterns, hence my suggestion for more detail on the lough after the period of considerable rainfall.

I note that the tone of the new Minister of Agriculture, Environment and Rural Affairs on the issue is very much about managing expectations. It will serve no one well to give false hope of a swift resolution of the issue. All efforts by agencies and the general public will be vital to ensuring success in fighting the issue. I want to see well-thought-out and scientifically backed measures enacted to get progress on reaching a much more acceptable level of cleanliness in the lough's water.

Many agencies and groups can play their part. Now that we have the Assembly back up and running, it will be important to see a strategic plan to make the interventions that will make a real difference to Lough Neagh.

Mr Speaker: The Business Committee has arranged to meet at 1.00 pm. I propose, therefore, by leave of the Assembly, to suspend the sitting until 2.00 pm. The next Member to be called when we return will be Dr Steve Aiken.

The debate stood suspended.

The sitting was suspended at 12.57 pm.

On resuming —

2.00 pm

Debate resumed on amendment to motion:

That this Assembly recognises the vital importance of Lough Neagh to our environment, ecology and drinking water supply; further recognises its importance to tourism, fishing and leisure activities in local communities surrounding the lough; notes with grave concern the ecological damage caused by the blue-green algae bloom last summer that choked the lough and spread throughout our waterways and beaches; calls for a cross-departmental body to be set up to address the immediate issues facing Lough Neagh; and further calls on the Executive to put in place a new management structure and plan to include input from communities and organisations with an interest in the welfare of the lough, so that it can be managed, protected and promoted in the interest of all. — [Mr McGuigan.]

Which amendment was:

Insert after "cross-departmental body":

", to include relevant non-governmental organisations,". — [Mr Blair.]

Dr Aiken: Mr Speaker, as you will remember, when you were Minister of Agriculture in 2022, a regrettable series of deaths of dogs and other animals was reported to my office in Ballyclare and to councillors. The common denominator was that the deaths were all connected to the lough. Along with Antrim and Newtownabbey Borough Council, DAERA found inconclusive results, but one thing was clear: the view expressed by the people most connected with the lough that their fears for its health were being ignored and that it was only a matter of time before we would be looking at the ecological disaster that would occur.

Constituents avoided the lough shore. Sailors raised concerns about what would happen if their boats were to capsize; wildfowling and fishermen expressed their fears, publicly and privately; and the public started to keep away from the lough shore. That all the warning signs had been there, for decades in some cases, should give no one in authority any comfort. Strikingly, it took a European Space Agency (ESA) image of what should have been the blue centre of Northern Ireland starting to look like a green-streaked Petri dish to bring home to many who care about the lough what we have known for a long time.

That our lough recorded a temperature of 17.4°C this summer, at the height of the algal bloom, shows that the lough is acting as a warning signal of the challenges that the climate emergency is bringing upon us. With the global average temperature now recorded as being 1.5°C over baseline, we can, regrettably, expect a repeat of last year's disastrous events, especially as Lough Neagh is particularly affected by the facts of its ecology and topography, which, along with the fact that only one river flows out of it, cannot be changed.

There are clearly central problems in the lough: the number of pollutants, the number of invasive species and the rising temperature. In the medium term, we can deal only with the first two. The third will require a major effort to get to net-zero carbon, and we all need to concentrate on getting that done fast.

Right now, our lough needs our help. We will hear a lot about an inter-agency task force, co-design and the alphabet soup of other initiatives that are out there. We need someone who can stand up and say clearly that they are responsible for protecting our lough; someone who is willing to take the decisions, hold authority and take all other agencies and stakeholders to task; and, above all, somebody who will be held to account.

Our party will support the motion, but what we want to hear from the AERA Minister is that he will be that person who will be accountable for our lough and for what needs to be done.

Mr McGlone: I welcome the motion and the amendment and the opportunity to support them on this very important issue. I am from the shores of Lough Neagh — I was reared there — so I am deeply passionate about the future of the lough. It is extremely important to me. We will come to other issues, such as returning the lough to public ownership, from where it came. We also need to deal with that.

Despite efforts by the SDLP and others to recall the Assembly since the toxic algae blooms appeared last summer, this is the first opportunity that the Assembly has had to debate the ecological crisis in Lough Neagh. Fortunately, government has not waited as long to respond, although it has had to do so without political direction. Indeed, those of us who have engaged directly with DAERA and all the relevant agencies since June of last year, when I personally contacted the Department, will be aware of the work that they have done. Their efforts have laid the groundwork for the

decisions that must now be taken by the Minister and the Executive, because the issues are not confined to one Department.

I recommend the detailed paper by the Assembly research staff, titled 'An overview of algal bloom in Lough Neagh', which I commissioned in September and have since made publicly available. I commend them for their efforts on that. It was really sterling work.

On the topic of research, one facility that is deeply missed along the shores of Lough Neagh and about the lough is the research facility that was, once upon a time, at Traad Point in Ballymaguigan. It was operated by the University of Ulster, as it then was, and it no longer exists. It is my estimation that, had the university been allowed to continue its sterling work, we may not have hit the crisis that we are now in. It may be for another Minister in another Department to engage with the current Ulster University and to see what research facilities can be supplemented through the university. Its work was sterling.

The blooms are the most visible signs to date of the ecological crisis in Lough Neagh, but they are a symptom of an underlying and long-standing problem with the water quality in the lough. Most Members will be aware of the fact that, at present, around 50% of the North's drinking water is extracted from Lough Neagh and treated. It is also the discharge point for treated waste water at points around the lough shore. It supports an eel fishery and other fisheries and the extraction of sand and gravel. It is also the site for a range of recreational and sporting activities.

We also know that, even before the recent algae blooms that have caused so much concern — principally because of their smell and visibility — the water quality in the lough has been in decline for some time. Since 2020, the lough has been described as being in poor status. That is just one level above the lowest status of "bad" when it comes to the ecological and chemical conditions of the water. The build-up of excessive levels of nutrients is the main driver of the conditions under which algae blooms are likely to thrive in Lough Neagh through a process called eutrophication. The annual mean temperature of Lough Neagh has also been rising in recent years, and there has been a marked decrease in the cloudiness of the water; both of which can contribute to the frequency of the algae blooms. The presence of the invasive zebra mussels may also be a contributing factor, but the scientific advice is that a build-up of excessive levels of nutrients is driving the ecological crisis.

Eutrophication in Lough Neagh is an ongoing process that began in earnest in the early to mid-20th century. We have yet to begin to properly address it. Both phosphorous and nitrogen are the main nutrients involved in that process. If you look at the research paper to which I referred, you will see information about the high levels of nitrates in the past four to five years and about how the intensification of nitrates in the lough has more than tripled, according to that research. The process of intensification of nitrates and phosphates in the lough must be addressed.

Recent research by Ulster University suggests that it could take decades — other Members referred to that — to achieve a good status for water quality in the lough, because of the phosphorous levels already in the lough sediment. That does not mean that it should not be done; it just means that real recovery will take time. It needs time, commitment, policy drivers and investment.

The public awareness generated by the impact of the algae blooms of last summer may provide the necessary impetus for the Assembly, its elected Members and the Executive to take the action required. DAERA's 'Draft 3rd cycle River Basin Management Plan' identified the potential —

Mr Speaker: Will the Member draw his marks to a close, please?

Mr McGlone: — main sources for nutrients in the lough as run-off from agricultural land use and pressures on the sewage infrastructure. There is much more that could be said, and, inevitably, it will be said, but I look forward not to words but to actions from the Executive.

Ms Dillon: I appreciate the opportunity to speak on the motion. As we all know, the issues facing Lough Neagh may not be insurmountable, but they are not simple or quick fixes, as outlined by the previous contributor. The starting point needs to be bringing the lough back into public ownership. That motion was proposed by Francie Molloy, who was an MLA at the time and is now the MP for Mid Ulster, in this Chamber in 2011. Trying to bring the lough back into public ownership is something for which he has argued strongly and on which he has done quite a substantial amount of work. He has worked with others to do so, including Shaftesbury himself. We need to take that on seriously and to look at how it can be done. We need to work together to ensure that it is done. There needs to be a strong cross-departmental

focus, and all those with an interest in the lough, particularly the local community, must be a part of the solution.

I know that there are representatives here today from the Lough Neagh Partnership, and many people in my constituency of Mid Ulster will be following the debate closely. We value the lough, and, like the Member who spoke previously, I live not far from the lough shore, just up from Washing Bay. The response to the concerns about the health of the lough last summer gives us some sense of how much local people love and value this amazing natural resource, which must be protected. Indeed, it was an issue that exercised many in my constituency, including children at local schools who wrote to me. I want us to leave a legacy of a healthy lough and a good natural resource to the children who wrote to us, and that is the commitment that I want us to give to them today. I am not ashamed to admit that, given my proximity to the lough, I am absolutely biased and see this as an issue that must be prioritised in the Executive going forward. There is massive tourism potential right around the lough, but it is not being realised due to the lack of ownership and the lack of a cross-departmental plan and responsibility for that plan.

A group of local people has been campaigning for the Barmouth to be dredged to allow boats to travel freely from the River Blackwater into Lough Neagh so that Lough Neagh rescue services can get up the river to respond to emergencies, so that local people can take their boats out and, most importantly, so that we can unlock that vital tourism potential. Waterways Ireland needs to be a part of that conversation, and I hope that the North/South Ministerial Council (NSMC) will be used as a vehicle to look at that as a cross-border issue.

I cannot talk about Lough Neagh and not mention its value to our local fishing industry; to the local fishing families who have fished on the lough for many, many generations; to the eel fishery; and to the local community for the purposes of leisure, including cold-water dipping, which has become a very popular leisure activity and is beneficial and of value to those with mental health issues.

Mr McNulty: Will the Member give way?

Ms Dillon: Yes.

Mr McNulty: The Member for Mid Ulster mentioned the eel fishery, as you did, and one of my strongest and most abiding childhood

memories is trying the wild eels from Lough Neagh at my Auntie Rita and Uncle Barney's house in Glenavy on the lough shore. Does the Member agree that the most effective and sustainable way to secure and maintain ecological equilibrium at Lough Neagh, including the protection of its wildlife, the tourism potential and the largest eel fishery in Europe, would be to bring the lough back into public ownership?

Mr Speaker: The Member has an extra minute.

Ms Dillon: Absolutely, and that is why I outlined that as the starting point of my speech. As I say, our MP, Francie Molloy, has worked on that over many, many years, and I know that others have been involved in that conversation too. We need to grasp that nettle and take it on.

It is clear that we all understand that there needs to be unity of purpose, and I am up for working with everyone who is genuinely interested, but, as the Member outlined, the key to unlocking all the issues on the lough is to, once and for all, deal with its ownership.

Mr T Buchanan: Lough Neagh, which is the largest freshwater lake in the United Kingdom and measures over 300 square kilometres, is no doubt one of Northern Ireland's crown jewels, with its shores touching five of our six counties. It is one of the most beautiful natural assets and is an important resource for our drinking water, with more than 40% of the drinking water in our homes coming from that resource. It is, therefore, important that NI Water provides continued assurances around the safety of the water that is being extracted for drinking purposes.

As we have heard, Lough Neagh is also an important resource for traditional fishing, our farming industries and commercial and tourism facilities, and it needs to be protected against any future damage. It is of grave concern that this natural asset, which has much more future potential, has been allowed to fall into such decline over the past years. With some 20 public bodies, including government agencies and Departments, involved in Lough Neagh, it is concerning that the problem was not nipped in the bud some time ago rather than allowing it to fester into the situation that we are faced with today.

The problem did not arise just overnight; it has been ongoing for some time.

2.15 pm

It is ironic, though, that in such situations, a lot of the time, the finger of blame is pointed at the farming community, the very custodians of the countryside, when there is no real factual evidence for those assertions. We are not saying that the agriculture industry is squeaky clean, but, when a problem is identified in the industry, measures are always taken to resolve it. It is fair to say that the agriculture industry has made significant strides in developing best practice and taking responsible action to reduce any risk of run-off from farmers' land. I have no doubt that, as an industry, it can and will do more to resolve the issue and stop any run-off from farmland, but there are other factors contributing to the problem concerning Lough Neagh.

Recent research that I read indicated that the biggest factor impacting on how algae grows in Lough Neagh is increased water temperatures. The research stated that nitrate levels in the lough are now half or less than half what they were some years ago and that there is no correlation between phosphorus levels on the farmland surrounding the lough and phosphorus levels in the lough. The conclusion was that the increased algae growth in the lough is not attributable to the agriculture industry or community.

As we stand in the House today, we are faced with a huge problem that will require collective responsibility from all involved and will include a multi-agency approach and a long-term strategy to resolve the problem and secure solid foundations and the right resources to ensure that the situation in the lough and other threats to wildlife and habitats are addressed sustainably. We, as a party, are committed to protecting our environmental heritage, which will be key to Northern Ireland's success for generations. We must work together if we want to see the issue addressed and restore the lough not only to its former glory but to a glory greater than it had originally for local communities, for increased tourism in the area and, indeed, for local people and recreation.

Thank you, Mr Speaker, for the opportunity to speak on the motion.

Ms Mulholland: I take the opportunity to congratulate you on your new role, Mr Speaker.

Although I rise as a representative of North Antrim, I think that my accent belies the fact that north Antrim was not my first home. Until last year, when I moved my family to a place where we have a view of Rathlin Island, we had a view of Ram's Island in Lough Neagh, which was the home place of my great-grandmother,

Jane Cardwell, who was the last person to live on that island.

I speak on and have an interest in Lough Neagh as the proud daughter, niece and granddaughter of eel fishermen. The lough was a hugely important part of my childhood. It was heartbreaking to see the perfect storm of factors that converged last summer. That is why, alongside colleagues such as John Blair, I worked on Alliance's five-point plan for the management of the Lough Neagh emergency. I know only too well the economic importance of Lough Neagh. Whether it is the wholesale and international supply of fish, the leisure facilities or even the tourism output, the lough is a vital player in our economic output. We saw the impact last summer when businesses, organisations and individuals had to abandon activities on the lough due to the proliferation of algal blooms, with a number of businesses in constituencies that border mine having to permanently close their doors as a result.

Having met stakeholders, from fishermen and environmentalists to farmers, I know that so many expect action from the Assembly and rightly so. However, the issue did not occur overnight or as a result of one element in the ecosystem surrounding Lough Neagh. Therefore, a solution will not be reached overnight or with the burden placed on one Department or agency. We must have a properly resourced cross-departmental approach that factors in stakeholders and communities from across the board, hence my party's slight amendment to the motion.

I want to see a review of the governance of our environmental performance. Comprehensive independent oversight is long overdue. I repeat my party colleague's call for an independent environmental protection agency. Given that NIEA is part of the Department, its powers are, in some ways, limited. I want to see and push for the establishment of an agency with the authority and autonomy to oversee and enforce our environmental laws. That would allow for the penalties and fines for polluting our environment to be addressed and used as an effective deterrent. I want to see the reversal of the cap on repeat offenders as part of a broader review of the fines and penalties for polluters.

Given that a myriad of public bodies hold some level of responsibility for the lough and its shores, it is imperative, now more than ever, to compel those stakeholders to work together to develop an integrated management plan. To date, there has been little evidence of a joined-up approach. I can only observe that as having a negative impact on the way forward to a

solution for the health of the lough as a vital asset. Overall, I want to see a way forward together, with the lough, its businesses, communities and ecology at the heart, the ultimate goal being a return to the healthy lough that generations of my family knew and fished.

Mr K Buchanan: I congratulate the Minister on his position. I look forward to working with him on many aspects of the environment, agriculture and rural affairs. I appreciate the work that he will do on that. I also thank the Members opposite for tabling the motion and the amendment. We will support both.

I am a Member for Mid Ulster, and a lot of my constituency borders the shores of Lough Neagh. I recognise the importance of the lough to local industries including tourism, fishing, leisure and wildlife. Lough Neagh is one of the crown jewels of Northern Ireland. However, we are concerned that it has been allowed to decline over many years. The past year has brought the lough and its many issues to the fore and highlighted the lough's importance to Northern Ireland. The DUP is committed to a long-term multi-agency strategy to improve water quality. Over the past year, I have engaged with lough users, fishermen, fisherwomen and various agencies, including the Lough Neagh Partnership and the Ulster Farmers' Union, and met the relevant Departments and officials. I have seen for myself the problem facing the lough, and I recognise that something needs to happen to address it.

We acknowledge that securing better outcomes means going beyond simply addressing management issues. The DUP is committed to protecting our environmental heritage, which will be key in Northern Ireland's success for generations to come. However, we must deal with the facts. In total, 42% of Northern Ireland's surface area drains into Lough Neagh. We must establish exactly what is causing the problem. It is not just a problem in Lough Neagh: blue-green algae has appeared in different parts of the United Kingdom and the world. Although blooms are more common in the months with more sunlight, they can also occur following heavy rainfall. There are different narratives around the problem. We must ensure that we are not focused on just one industry. We need to look at the problem across the board. Without doing that, the problem will not be resolved effectively. Before any issue can be addressed, the cause must be established and accurate data produced to verify it.

Mr Tennyson: Will the Member give way?

Mr K Buchanan: I will indeed.

Mr Tennyson: I thank the Member for his commitment to a strategy to address the issue and his desire for evidence. Does he share my assessment that an independent environmental protection agency is needed to support that work?

Mr Speaker: The Member has an extra minute.

Mr K Buchanan: Thank you, Mr Speaker.

I will not get into a debate on who should do the work, as long as it is done. The finger has been pointed at agriculture, the environmental sector, from an NI Water point of view, septic tanks. As long as we can stand over the data, who does the work is irrelevant, in my opinion. Data on the benefits of work that has been carried out must be clear. For example, in the Ballinderry catchment area, work has been carried out on that river with different fencing activities, repairs of damaged concrete spouting around farm buildings etc. We need to establish that that work has been of benefit. If we see the benefit of that work in the figures, whatever way those figures are produced, we will see what the issue is.

Without looking across the board, the problem will not be resolved effectively. Before any issue can be addressed, the cause must be established and accurate data produced to verify it. Ownership has been the focus of some; in fact, some people have been fascinated by the ownership of the lough, when the ownership is not what is causing the issue. Yes, the benefits of public ownership can be looked at and that conversation can certainly be had, but we should not deviate from the actual problem. People have become focused on and fascinated by ownership when that is not the issue.

There are other issues with the lough more broadly, such as the tourism potential, navigation and access to waterways connected to the lough. As a Member who spoke previously mentioned, at the Blackwater, access to the lough is hampered, dangerous and at times impossible. That should be addressed by dredging if access to that waterway and others is to reach their potential. I appreciate the work of some campaigners who are trying to resolve that issue.

My party's leadership has been proactively engaging with core stakeholders, including the Department of Agriculture, Environment and

Rural Affairs, NIEA and the Lough Neagh Partnership, in order to monitor the situation. Understandably, there are calls for governance arrangements to be placed on a statutory footing, particularly in order to support a more joined-up approach, and that is something that we would support.

Many different stakeholders have responsibility for what happens to the lough and other inland waterways, including Upper and Lower Lough Erne. Agriculture has already made changes in relation to ensuring responsible practices and reducing the risk of run-off. Nutrients going into Lough Neagh is a historical issue, going back many generations, and continues to be of concern. Farmers are not naive; they understand that they have a part to play but only a part. It is the responsibility not just of farmers but of landowners, businesses, homeowners and us all, as well as those with septic tanks and sewage treatment responsibilities across Northern Ireland. If we as a society cannot even keep our rubbish in the car and take it home, have we the moral compass to address the issue collectively?

Other agencies, including NI Water and the Northern Ireland Environment Agency, need to look at their practices, issues and policies. We must also consider natural factors, including the invasive zebra mussels, as they are also contributors to the problem. We must ensure that the public are aware of the consequences and impact of their actions: promoting personal responsibility should be front and centre of future efforts.

We must acknowledge that the problem will not be easily remedied. Our primary focus should be on securing solid foundations and the right resources to ensure that the current situation in the lough and all threats to wildlife and habitats are addressed sustainably. As mentioned, we must identify the actual causes and then work collectively to address them.

Mr Elliott: I welcome the opportunity to debate this important matter today, and I thank the Members who tabled the motion. Lough Neagh, like many other natural environments in Northern Ireland, is vital to the well-being of the area and, indeed, the country.

The motion calls for:

"a cross-departmental body to be set up to address the immediate issues facing Lough Neagh".

That is something that the Ulster Unionist Party called for over five months ago. The motion goes on to call on the Executive:

"to put in place a new management structure and plan to include input from communities and organisations with an interest in the welfare of the lough".

I accept that there are too many organisations that work in isolation. They work in their own silos but do not work collectively, and that is one of the difficulties that we have. The Member for Mid Ulster, Ms Dillon, mentioned Waterways Ireland. I had a meeting with the chief executive of Waterways Ireland specifically about Lough Neagh. He said, "I cannot do anything about it. It does not come under my remit at all. I have no responsibility for its management". I am not sure why Waterways Ireland, which is responsible for inland waterways throughout Northern Ireland and the Republic of Ireland, does not have some responsibility, but that is a matter for another day.

I am curious about the motion and the amendment. I thought that the motion covered the areas that the amendment goes into, so I was a bit surprised by the amendment, simply because I was hoping that we would all have flocked around the motion. I am not sure what extra the amendment does, except that it seems to indicate to me that other bodies, as well as cross-departmental organisations, are allowed into the main structure and decision-making. I feel that that would be somewhat difficult to manage. I accept the premise of it, but I feel that it would be much more difficult to get decisions and manage.

Mr Blair: I thank the Member for giving way. I hope that I can give some sort of reassurance, as well as asking for some clarification from the Member. Does he agree that there is a fundamentally strong case for including non-governmental organisations such as Northern Ireland Water, which has been mentioned for a variety of reasons in relation to the problems with Lough Neagh? I can assure the Member that that is the amendment's intent, and I hope that he can accept that.

Mr Speaker: The Member has an extra minute.

2.30 pm

Mr Elliott: Thank you, Mr Speaker, and I thank Mr Blair for the clarification. However, I do think that the way that the amendment is worded would allow a whole range of organisations to

be subject to and involved in that decision-making process. To be honest, I would not look forward to Friends of the Earth, the Ulster Farmers' Union and all those organisations getting into a decision-making body, but, if it is something less than that that Mr Blair is explaining, I am willing and happy to accept that.

As others have pointed out, of course, the finger of blame always points towards the farmers, although I do appreciate that Ms Mulholland indicated that she did not single out any group. I appreciate and acknowledge that. We are on a pathway to net zero, and I would not like to think that this will be used as some sort of battering ram against the farming community. We need to meet those targets, as challenging as they are, as much as I oppose some of those targets and as much as the Climate Change Committee in the UK did not support them either. It had a different target, but we have to accept that that is where we are. I can tell you that slaughtering half of the livestock and farm animals in Northern Ireland will not resolve the issue for Northern Ireland and will not help to meet the targets.

I want to look at one other area outside the farming community, and that is water usage in Northern Ireland. Five hundred and sixty million litres of good-quality drinking water is supplied to households and organisations every day in Northern Ireland, all of which goes through five treatment systems, some of which are chemical treatment systems. You can imagine the amount of chemicals being used. Three hundred and thirty million litres of waste water a day is collected from households and organisations that are connected to the Northern Ireland sewerage system and transferred to works, where it is again treated and disposed of. The amount of treatment carried out by NI Water surely must contribute significantly. I heard the figures raised by Mr Blair earlier. That does not take into consideration the number of septic tanks in the community.

Another area that we have no control of is zebra mussels, which are in Lough Neagh just as they are in Lough Erne. They cause huge havoc and huge difficulty, and we do not seem to have any control over those. Maybe the new Minister will have a fundamental idea that we could all weigh in behind to sort out the zebra mussel problems in Northern Ireland.

A number of initiatives have been suggested, but there are other initiatives to help Lough Neagh.

Mr Speaker: Please bring your remarks to a close, Mr Elliott.

Mr Elliott: We need to look at areas such as anaerobic digestion and woodland buffer zones.

Mr McReynolds: Following yesterday's important motions on childcare and planning reform and today's debate on a women's health strategy, it is good to see that the crisis at Lough Neagh is also high on the agenda of the Assembly. I thank Mr McGuigan for tabling the motion. I echo many of the sentiments articulated by Members, with the rescue and protection of the lough being essential for public health, a thriving economy and wider society. I quickly learned from my colleague Ms Armstrong yesterday that, as I am speaking after my colleagues, I will try not to repeat the previously mentioned arguments.

In my experience, I was fortunate to be able to attend some of the cross-departmental briefings last year as the crisis emerged and MLAs heard what could and would need to be done to address what quickly became a global news story. A number of charities and environmental groups were crucial in highlighting what was happening — the problems facing the lough — with Friends of the Earth hosting a cross-party round-table discussion in the MAC in Belfast city centre. Groups such as the Lough Neagh Partnership, RSPB, Northern Ireland Environment Link and Ulster Wildlife played crucial roles in capturing the mood of the population as pictures and videos became more frequent on our screens. I thank them for acting as swiftly and as passionately as they did.

I take this opportunity to remind Members that repeated patterns of algae blooms were found in several locations across Northern Ireland. That is consistent with the assessment that, unfortunately, none of our waterways is considered to be in good health. Significant declines have also been reported in the quality of rivers, lakes and coastal waters here in Northern Ireland.

Contamination does not just occur from agricultural run-off, as we have heard. As my colleague Mr Blair advised in his opening remarks, 24% of contamination is due to untreated sewage effluent, which regularly overflows into our watercourses. Our rapidly changing climate is also seeing increased frequencies of extreme rainfall, which forces that raw untreated sewage into watercourses via combined sewer overflow pipes.

We cannot fully safeguard strategic environmental assets such as Lough Neagh with a waste water system that has barely been updated since it was built. We are at a crisis point with waste water and sewage infrastructure in Northern Ireland. In over 100 areas across the region, waste water infrastructure capacity is either full or near full. Those capacity challenges, coupled with chronic underinvestment, are contributing to environmentally damaging overflows. Unfortunately, our struggling waste water infrastructure ensures that sewer flooding and pollution into water courses is a regular occurrence.

The regrettable and unintended consequence of historically not investing enough in enhancing this vital infrastructure is that it leads to our polluted rivers and harms biodiversity. The intensification of demand on a struggling system has exacerbated inadequate environmental protections because the infrastructure was not built to separate rainwater run-off and sewage at source. Part of the solution to protect Lough Neagh, as well as every other water course in Northern Ireland, is to make sure that Northern Ireland Water is able to contribute towards ensuring the long-term health of our waterways.

Lastly, and touching on the remarks from the Member who spoke prior to me, on one of my recent rare journeys outside East Belfast, I was fortunate to be shown the sheer scale of the operation to deliver safe, clean drinking water at a water treatment plant just outside Carrickfergus. I encourage Members to call out and engage with the water treatment plants near them and see how that is done for themselves.

I am delighted that this motion has appeared so early for debate in the Chamber. I support the motion and, of course, the amendment. I look forward to working towards the rescue and improvement of Lough Neagh on a cross-departmental basis.

Mr Bradley: I add my congratulations to the Minister on taking up his new post. I look forward to working with him through the mandate.

Several members have referred to the high level of phosphorus and nitrates in Lough Neagh and, indeed, the invasive species of zebra mussel and its ability to filter up to one litre of water per day. I have no intention of repeating those valid points. However, while we are, rightly, looking at improving the ecological and environmental state of the lough, it is

important that we also look at what is going into Lough Neagh and what is coming out.

Six major rivers feed the lough: the Ballinderry, the Moyola, the Sixmilewater, the Blackwater, the Maine and the Upper Bann. Only one river flows out: the Lower Bann. That wends its way through counties Antrim and Londonderry to the Barmouth between Castlerock and Portstewart, including through Coleraine, the principal town of the Causeway Coast and Glens. As someone who has had the privilege of fishing for white trout at Dougan's Bay in the tidal stretch of the Bann, fishing above the Cutts at the Loughan Island for salmon, including the Big Agivey and Wee Agivey rivers, and fishing at the beaches of Downhill, Castlerock and Portstewart for flounder and sea bass, I am all too aware of the debris that flows through the River Bann into the sea from Lough Neagh. That includes the irregular flow of water that is released from the lough during inclement weather and at times of high levels of water in the lough.

Last year, there were 25 confirmed instances of algal bloom between the Lower Bann at Toome and the Barmouth at Castlerock and Portstewart. It is not just Lough Neagh that is affected but the Lower Bann corridor, which is affecting angling and tourism, especially at north coast bathing beaches. Everything waterborne that emerges from Lough Neagh flows along the Bann and out to sea. Therefore, nitrates and phosphates need to be prevented from entering the lough at source. Mr Speaker, when you were the AERA Minister, you initiated an ambitious tree planting scheme. We need to continue with that thought by planting riparian tree and vegetation cover along the rivers that enter Lough Neagh to catch some of the leachate from farmland and find a natural solution to the invasive species of zebra mussel, preferably a natural predator rather than a chemical solution.

I add my support to the AERA Minister as he grapples with this ecological time bomb. I agree with others that addressing the problem needs cross-departmental support. I encourage the Minister to look, not just at the lough but at the waterways that feed into the lough and the one river that flows out, the Lower Bann.

Eel fishing has been mentioned. I can remember when the ropes at the Cutts were black with elvers making their way upstream. That is no longer the case. Unfortunately, that needs to be looked into as well, hence the need to take a holistic approach to Lough Neagh and its associated waterways.

I am happy to support the motion and the amendment.

Mr O'Toole: First, may I, on the record in the Chamber, join others in congratulating Andrew Muir on his appointment as AERA Minister? There is a historical significance in that Andrew is an LGBT man but also in that he is the first Alliance Party Minister of Agriculture, Environment and Rural Affairs. There are therefore two firsts, one of which is a little more important than the other, but I congratulate him.

Today is a gorgeous day. The grounds of Stormont are spectacular, as we all know. It is beautiful after some fairly unremarkable weather recently. When one stands and look down the hill, one can see that it is a cold, spectacular winter's day. Sometimes, the beauty of this island can mask what is happening more broadly and deeply in our ecology and environment, which is that our planet is slowly warming. As Steve Aiken mentioned earlier, last year was the first full year in which, on an aggregate basis, the average temperature on earth had risen 1.5 degrees above the baseline that countries had set themselves. That is a horrifying milestone.

What is happening in Lough Neagh is, in many ways, a chilling — that is probably the wrong word, ironically — and frightening manifestation of what is happening to ecologies and environments all over the planet. It is intimately, irrefutably and inextricably connected to our warming planet, and we should not be in denial about that. It has multiple causes, but those causes are not, as some have indicated today, impossible to ascertain, mysterious or elusive. They are real, and we know what they are.

I am pleased that the motion is before the Assembly, just as I am pleased that other important motions have been debated here today and yesterday. I am pleased that there is at least a degree of rhetorical consensus, but there has to be more than consensus: there has to be action. There has to be real, meaningful action that addresses what is at least a half century of the degradation of Lough Neagh, our greatest natural asset. It is clear and irrefutable that, for a range of reasons but primarily two — agricultural run-off and run-off from waste water — there are now, and there has been for decades, unacceptable levels of, in particular, phosphorus in Lough Neagh. Those levels are causing the lough to be too warm, warmer than it was ever supposed to be, and they led to what was last year a shocking, almost other-worldly appearance. It looked like something from a sci-fi movie, and it smelt indescribable, to be honest. Lots of us went down to the lough

shore. My colleagues Patsy McGlone and Councillor Denise Johnston, whose family earns its living as Lough Neagh fishermen, did huge work.

The lough shore was an extraordinary sight last year. We therefore need more than words and consensus on how awful it is. We need real action. I am sure that the new Minister of Agriculture, Environment and Rural Affairs will take the matter seriously. It is going to take much longer than his time in office to address. We will be dealing with the problem long after he leaves office, and probably long after most of us have left the Assembly, but we have to be honest with the public. We cannot simply table motions that express aspirations to do things and not be honest with people about the trade-offs involved. Let us be honest about what those will be. There will be real decisions to be taken about what we put into the lough. It is basically a big bowl into which the whole of Northern Ireland drains. As was said by the Member who spoke previously, Maurice Bradley, there is only one river that flows out of it. My saying that has nothing to do with demonising agriculture. In fact, farmers are the custodians of the lough, because they farm around it. We need, however, to support farmers and give them the regulatory structure through which they can make the decisions that they want to make to protect the lough.

We also need investment in our waste water infrastructure. Those are not elusive, impossible things that we cannot understand. They need to be in a Programme for Government, costed and delivered by the Executive.

I agree with those who say that we need to bring Lough Neagh into public ownership. I am disappointed that that is not in today's motion, because that is also something that is real, meaningful and can be delivered. While I agree with the sentiment of today's motion, my party, as a constructive Opposition, will hold those with governmental power to account for delivering that —

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

Mr O'Toole: — and beginning the long-term work of saving our greatest natural resource from death.

2.45 pm

Mr Carroll: I have been proud to campaign alongside Lough Neagh communities and local environmental activists in the Save Lough

Neagh campaign to demand action to resolve the unfolding crisis. One thing that is repeated by those activists is that the lough is not dying; it is being murdered. It gives me absolutely no pleasure to say that the Executive parties are responsible, in large part at least, for that killing.

It has been the years of government mistreatment and prioritisation of private profits that has driven Lough Neagh to the brink of collapse, threatening wildlife and important local ecosystems and poisoning the very water that we drink. The toxic algal blooms are just a visual representation of the danger that Stormont Ministers have repeatedly ignored. Environmental campaigners warned about the state of the lough. Ministers were repeatedly questioned about the destruction of Lough Neagh, about legal and illegal sand dredging and about the big industrial polluters who use our waterways as their own private sewer.

Rather than the problem being tackled, the destruction has been further fuelled by disastrous Stormont initiatives such as Going for Growth. That scheme, which was passed around a decade ago, incentivised the creation of industrial, factory-style farms that have been spilling their poison into our waterways ever since. In 2018, the waste produced by the pig industry alone was equivalent to the waste of 12 million humans. That is unbelievable stuff. Parties here were warned about the lack of infrastructure for dealing with the increase in waste, but they signed off on the plan anyway. Mr Speaker, as a former Minister, you were, obviously, in charge at that time, but the scheme was also signed off by Sinn Féin, the DUP, Alliance, the SDLP and the UUP. It must be said, Mr Speaker, that, as Minister, you also lessened the fines for those polluting Lough Neagh and its tributaries.

In the face of repeated objections, SDLP Infrastructure Minister Nichola Mallon also allowed commercial sand dredging at Lough Neagh that still stirs up the nutrients that choke Lough Neagh with the occurrence of toxic algal blooms. Stormont also refused to issue penalties for illegal sand dredging. I should also mention that the current First Minister, Michelle O'Neill, resisted calls to take the lake bed into public ownership. People will not forget the positions taken by former Ministers.

The bottom line is that, at every turn, Stormont's establishment parties ignored environmental concerns and effectively opted to destroy Lough Neagh when there was a quick, private profit to be made. It is good to see a motion that recognises the importance of Lough Neagh. I hope that it signals a change of tack from

Stormont parties. I hope that the Minister who is now in charge — I wish him well — takes a different approach, but, if he does not, we will be ready to challenge him.

On behalf of the Save Lough Neagh campaign, I want to lay out some demands that could help to save this vital natural resource. We need an independent environmental protection agency with the power to hold polluters to account. We need urgent investment in research and a recovery plan. We need to end commercial dredging and reduce sewage dumping and run-off. We need rights of nature status for Lough Neagh. Finally, we need to bring Lough Neagh back into public ownership and allow it to be managed by the communities and workers who depend on it.

The Earl of Shaftesbury's ancestors stole the lough. He has profited from its destruction. He should not get a penny from it. The state should move to take it away from him. Lough Neagh is a vital natural resource that should belong to us all. The financial interests of a wealthy few should not come above our natural environment, our drinking water and the livelihoods of the many who rely on the lough. Musician-turned-environmental activist, Feargal Sharkey, said of zebra mussels:

"What a load of crap. The issue is simple: too much bad stuff going into the lough".

I am not an environmental expert, but I will take my direction from Mr Feargal Sharkey.

Mr Speaker: I call the Minister of Agriculture, Environment and Rural Affairs. You have 15 minutes, Mr Muir.

Mr Muir (The Minister of Agriculture, Environment and Rural Affairs): May I start by thanking the Members for bringing the issue to the Floor for discussion? It is good to be back in a functioning Assembly with the Executive restored. It is also good to see the good will being shown towards each other and the consensus emerging in relation to the issue. I also thank Members for their kind comments on my appointment. As Minister of Agriculture, Environment and Rural Affairs, it is my strong desire to work with Members, with the sectors that come under my Department's remit and with wider society, because that is the only way in which we will achieve solutions to the challenges of Lough Neagh and the many other challenges that we face across Northern Ireland.

As I highlighted to the Executive last week at their first meeting, it is encouraging to see agreement on the need for collective action, not just in government but through working with users, local residents and stakeholder organisations to bring long-term solutions to the issue of Lough Neagh and water quality in general. Such is the importance that I place on it that I made it a priority to visit Lough Neagh last week in my first few days as Minister. During the visit, I met stakeholders in the Lough Neagh Partnership to hear at first hand about the extent of the issue. That was just the beginning of my engagement with stakeholders; I intend to seek views regularly and to work together to take forward evidence-based solutions to tackle blue-green algae and secure long-term water quality improvements. Last week, I made a specific commitment to go back to Lough Neagh regularly, at least quarterly, and it is important that I fulfil that.

On the opening remarks made by the motion's proposer, Philip McGuigan, on our MLA running club, which did not last too long, I can confirm to him and other Members that, last night, I entered the Lap the Lough cycling sportive, which is an 89-mile cycle ride around Lough Neagh. I hope that he will join me for it. He will probably beat me; I put that out now. Lough Neagh is a key part of our community and a real asset for Northern Ireland, and I look forward to enjoying all 89 miles in August.

From the outset, I wish to reassure Members and make it clear that I will not shy away from my responsibilities as Minister to do the work that needs to be done to tackle the issues. We all recognise that it will take significant time, investment, commitment and working in partnership to make the improvements that are needed, but we all wish to see those improvements effected. The scale of the problem should not prevent us from taking action now. We need to move from debating such motions to taking action. As Minister, I am willing and ready to lead, to drive action and to coordinate. The responsibility is on us all, however — in the Chamber and in the Executive — to turn the situation around. There is a unity of purpose here. Let us go forward with that and grasp the issues ahead.

Our natural environment is under significant pressure, and most indicators are moving in the wrong direction. Urgent collaborative action and investment are needed to tackle what the public increasingly see as a joint climate and biodiversity crisis. The blue-green algae issue, manifested most notably in Lough Neagh but also in other water bodies across Northern Ireland, cannot be seen in isolation from the

natural environment more generally. We cannot tackle its problems in isolation.

Mr McCrossan: Will the Minister give way?

Mr Muir: No problem.

Mr McCrossan: On the other areas where blue-green algae has been identified, is the Minister aware of the recent traces in Moorlough in my constituency, particularly in Strabane?

Mr Muir: I am. I am aware that it is not just an issue in Lough Neagh. It speaks to what I have already outlined: it is a wider issue that we all need to face together.

For the reasons that I have outlined, in the next few weeks, I will bring to the Executive a new environment strategy that I will propose to be adopted as Northern Ireland's first environmental improvement plan. It will take a strategic approach to all the issues facing our environment. There is a mountain of issues for me to address on taking office, many of which have built up over two years of having no Executive. Not having an Executive has not come without consequences. I am determined to do the work to turn the problem around, but we can never let that situation happen again.

Like my officials, I recognise the importance of Lough Neagh to our environment, our ecology and our drinking water supply. I also recognise its wider importance to tourism, fishing and leisure activities in communities not just surrounding the lough but across Northern Ireland. I am also aware of the wider debate on the ownership of Lough Neagh and of Members' contributions today. I welcome the news that the Lough Neagh Partnership has secured funding to explore future management and ownership of the lough, and I look forward to seeing the publication of that research. I also welcome the approach that has been made to me by Lord Shaftesbury, and I look forward to meeting him in a frank and open manner in the weeks ahead.

As Members will, no doubt, know, Lough Neagh is the largest fresh water lake in these islands. Its catchment area is approximately 43% of the land area of Northern Ireland; indeed, the size and scale of Lough Neagh and its catchment area add to the complexity of dealing with the blue-green algae issues in the lough. You can see that illustrated when you look at the catchment area on a map; it is not just the lough. The lough supplies half of Belfast's drinking water and 40% of Northern Ireland's

overall drinking water requirements. Those are significant figures in any context, and they underline the need for us to invest and turn the problem around and the importance of the lough to our environment and our economy. Lough Neagh is highly —.

Mr McGlone: I thank the Minister for giving way. On 15 December, I and other members of my party met officials from your Department. They outlined to us that they were bringing forward some 113 recommendations to the Department to deal with the issues in Lough Neagh. Are those 113 proposals — if, in fact, there are now 113 — to be enshrined in part or in total in the environmental strategy that you have just referred to?

Mr Muir: I thank the Member for his intervention. I will turn to that, but we have a number of actions that are starting to emerge, and I want to bring those forward not only to the Executive and Assembly but to stakeholders. As Minister, I want to work with people. I do not want people to be surprised about that work. I want people to buy into it. I need Members to buy into it. I need the Executive to buy into it. I need the Minister of Finance, the users, the residents and the non-governmental organisations around the lough to buy into it. That is crucial. It will not be easy, but I am prepared to do the work to make it deliver.

Lough Neagh is highly protected with multiple designations, each of which affords the lough and its features special protection. The area of special scientific interest (ASSI) designation lists 23 protected features, including a range of aquatic birds; shoreline habitats; breeding and wintering bird assemblages; and fresh water invertebrate and fish assemblages. That indicates just how scientifically important the lough's precious ecosystem is considered to be.

With that in mind, the events of last spring, summer and autumn, when algae blooms appeared at multiple locations in the lough and its wider catchment, as well as at locations along the north coast, were devastating for all to witness. Having visited Lough Neagh in person last week, I fully understand and empathise with people not just in their distress but in their anger as those events unfolded. They unfolded at the surface of the lough, but the reality is that they had been going on below the surface.

The blooms appeared at such an unprecedented level during 2023 due to four main factors: the highest water temperature ever recorded in Lough Neagh; the weather patterns experienced during the summer of

2023; warmer waters and altered weather patterns that exacerbated the frequency and intensity of the algae bloom outbreaks; and high levels of excess nutrients entering the lough, mostly from agricultural sources but also from Northern Ireland Water waste water infrastructure and, to a lesser extent, domestic waste water treatment systems. The large numbers of invasive zebra mussels that were found in the lough also increased the clarity of the water. I clarify that I am not into the blame game; I am into solving the issues here. We want to work with people to resolve the issues. There is not just one source for that.

The circumstances that led to last year's algae blooms have been decades in the making, and, taken with the undeniable impact of climate change, that means that there are no quick fixes to the occurrence and probable recurrence of blue-green algae blooms at Lough Neagh. However, that should not stop us taking action. It is important that we start to work collectively to address the problem immediately.

I turn to the comments from the proposer of the amendment on an independent environmental protection agency. Members will be aware that it is a long-standing commitment of the Alliance Party and me, personally, to establish an independent environmental protection agency.

We have to ask ourselves whether, if that agency had been established many years ago, we would be having this debate today.

3.00 pm

I want to work with people to make the case for the agency. I know that I need to do that with certain sectors. As a first step, I have asked officials to commence an environmental governance review, which is particularly important as a result of our exit from the EU, to understand where we are and to move forward. I repeat that I want to work with people on this, but my strong desire is to establish an independent environmental protection agency, because we need independent oversight in order to ensure that situations such as this do not occur again.

Mr Elliott: Will the Minister give way?

Mr Muir: Yes, no problem.

Mr Elliott: I will be very quick. I notice that other areas that have an independent environment agency — the likes of the Lake District — have blue-green algae; that has not stopped it. I am not making a case about an

independent environment agency — that is a debate for another day. I am just saying that, even with an independent agency, those areas have it.

Mr Muir: I thank the Member for his intervention. I am conscious of that, but the issue for me is this: do we have someone to call us out, to call me out, on that? That is why we need to do the environmental governance review. We also have the Office for Environmental Protection, and we need to review how that relates to the issue. It is about establishing something to assist us as politicians and stakeholders. In the time ahead, I look forward to meeting stakeholders, as I have been doing in the past number of days, to discuss the issues. I am conscious that Northern Ireland is not unique in having this issue.

As Members may be aware, a cross-departmental water quality steering group is in the process of drafting a set of evidence-based recommendations to tackle blue-green algae in Lough Neagh and secure longer-term improvements in water quality. Patsy McGlone referred to that. The recommendations in the report are underpinned by scientific evidence and data, and it is important that we follow that. DAERA also established an independent science advisory group. Membership of the group has been drawn initially from the scientific expertise of the devolved Administrations, with a remit to provide an advisory, independent scrutiny role and to report. I expect to receive the report and recommendations for action from officials imminently; we are talking about weeks, not months.

Members will no doubt be aware that key recommendations will target the high nutrient levels that emanate from three main sources. We have talked about those. There is research on how those contribute overall in Northern Ireland. Research specific to Lough Neagh is also being undertaken by AFBI, and I hope to be able to publish that in the time ahead.

While, in the longer term, we need to tackle the ultimate causes of the algae blooms, we need to ensure that they do not reoccur this year and in subsequent years. As you can imagine, given the huge media interest in Lough Neagh in 2023, numerous individuals and companies have contacted my Department with potential technical solutions, and we are exploring those. Some may be runners; some may not.

I confirm that my intention is to establish an inter-agency water body to engage with all

interested public and stakeholder bodies on the improvement of water quality as part of the Lough Neagh report. My officials recently held preliminary discussions with the Northern Ireland Local Government Association, and we are also exploring how we can work in partnership with it. Alongside that work, an inter-agency monitoring group — under the leadership of DAERA and involving NIEA, the Drinking Water Inspectorate, AFBI, the Public Health Agency, the Food Standards Agency and NI Water — is developing a protocol for the future monitoring and management of blooms. I understand that Northern Ireland Water has instigated a dedicated incident management team on how to respond.

I welcome today's motion and the calls for the establishment of a cross-departmental body that includes non-governmental organisations, to address blue-green algae and the water quality issues that face Lough Neagh. I believe that we can build effectively on examples such as the Forever Mourne partnership and map a course forward. We all share the same aim to preserve and restore the ecological integrity of Lough Neagh in a sustainable, collaborative and timely manner, recognising that we are embarking upon a long-term process.

I thank Members for proposing the motion and for the interesting and challenging discussion that the debate has stimulated. I look forward to working with Members on this vital topic in the months and years ahead.

Mr Speaker: You are slightly over your time there, Minister, but that was very well timed.

I call Mr Eóin Tennyson to wind up on the amendment.

Mr Tennyson: As I am the grandson of fishermen on both sides of my family and someone who still lives just a few hundred metres from the lough shore, this issue lies particularly close to my heart, as other Members have said it does to theirs. Lough Neagh is the jewel in the crown of our natural environment. It is steeped in rich heritage and it is essential for biodiversity, fishing, tourism, recreation and leisure. It provides clean water for drinking and for industry and agriculture. That such a vital asset has been permitted to start to die in plain sight is a sorry indictment of our politics.

The algal blooms that engulfed Lough Neagh last summer have brought this unfolding environmental disaster into sharp public focus, but its roots lie far deeper than that. While the motion is welcome, and I thank Mr McGuigan

for proposing it, it does not absolve parties in the Chamber of their responsibilities for walking us to this position. Be it the industrialisation that was pursued by the now First Minister or the capping of fines for repeat polluters by the DUP, the challenges apparent in Lough Neagh now are a result of decades of inertia and neglect.

Mr Carroll: Will the Member give way?

Mr Tennyson: Yes.

Mr Carroll: I know that the Member was not an MLA at the time, but does he agree that the Going for Growth strategy, which I believe his party signed up to, was an incorrect strategy that led to the growth of pollution in the lough? Will he encourage and support those who say that we need to move away from that strategy? Does he agree with that sentiment?

Mr Tennyson: It is a matter of public record that industrialisation has contributed to the challenges that we now face. The Member will appreciate that I was not a Member of the Assembly at the time and also that policing and justice powers were just being devolved at that stage. I thank him for his intervention.

Just last month, despite all parties having expressed concern for the ecological crisis unfolding in Lough Neagh, a number of councillors in my constituency shamefully overturned an officer's recommendation and permitted the extension of a landfill site just a few hundred metres from the lough shore. On that basis, it is clear that that inertia still pervades some elements of our politics. Is it any wonder that Northern Ireland is the twelfth worst region in the world for biodiversity loss and that none of our waterways meet basic standards? Having said all of that, I hope that today's motion and the apparent change in attitude on display in the Chamber can now be reflected in a significant change in approach right across the Executive, the Assembly and beyond.

As set out in the Alliance Party's five-point plan to rescue Lough Neagh, it is vital that we introduce an integrated management plan. At present, myriad government bodies, councils and charities all have some degree of responsibility for the management of the lough. Too often, however, their work is fragmented and disjointed. We must ensure a new approach to governance and cooperation between those bodies, with a shared focus on protection of the lough and its shores.

Crucially, that work must also be overseen by the long-overdue establishment of an independent environmental protection agency, with the authority and the autonomy to hold the Government to account. I welcome the Minister's strong commitment in that regard this afternoon. I remind all Members in the Chamber that an independent EPA was included in the New Decade, New Approach agreement. Given the scale of the crisis, we must all recommit ourselves to the establishment of that agency, alongside an environment strategy for Northern Ireland.

We must work with our agriculture sector, invest in innovation and science to reduce agricultural run-off and its impacts and to support upgrades to septic tanks, and promote measures to support nature-friendly farming. Those practices can produce high-quality food while tackling the wildlife and climate crisis. So too must we confront our creaking waste water infrastructure, to which Mr McReynolds referred. Underinvestment means that there are now 100 areas of waste water treatment that are at or near full capacity, contributing to environmentally damaging overflows. There must now be a serious review of NI Water to ensure that it is sustainable and can safeguard our environment and provide value for money for our citizens.

As others have outlined, the challenges are huge. They are not, however, insurmountable. While it may take up to 50 years to undo the damage that has festered in Lough Neagh, it will take even longer if we do not start now. I sincerely hope that we can work together to take the necessary long-term decisions to protect the lough, its shores and the communities that love and rely upon it.

Mr Speaker: I call Declan Kearney to make a winding-up speech on the motion.

Mr Kearney: Go raibh maith agat, a Cheann Comhairle. Cuirim fáilte roimh an díospóireacht an-tábhachtach seo, nó ní ceist réigiúnach amháin í seo ach ceist náisiúnta. [*Translation: Thank you, Mr Speaker. I welcome this very important debate, because this is not just a regional issue, it is a national one.*] Almost two years ago, I stood in a field off the Creggan Road in early spring, and what was remarkable was the fact that there were no flies in field. It was not more than 600 or 700 yards away from the shoreline. It was apparent to me that something very abnormal was happening at that time. I walked up the road and went into the home of a fisherman friend, and he confirmed to me that there had been no flies or midges on the lough, that the water column of

the lough, as far back as two years ago, was absolutely crystal clear and that this had never been seen in two or three generations. In the same period, dogs died on the lough shore at Rea's Wood, just around the shoreline above Antrim town. No explanation was provided at that time for the death of the animals, but it was clear that there was a correlation with what was happening in the lough and that it was something profoundly abnormal.

The crisis on Lough Neagh did not happen last year. It has been building as an ecological catastrophe for a significant period, and what happened last spring and summer is simply the culmination of a perfect storm of multifactorial conditions. Lough Neagh is not just a place of great beauty and is not only a national treasure; it is something that cherishes and is home to a fantastic biodiversity, and, at this time, that biodiversity and the natural habitat of the lough is being directly challenged. The work that has been done to repopulate the shore with the curlew species is now being threatened as a direct consequence of what is happening. However, the issue is greater than that. Many fishermen depend on Lough Neagh for their livelihood. Last year, the eel fishing season, which should have lasted six months, was reduced to two months. That is the human reality of what we are now contending with.

Multiple factors have given rise to this catastrophe, and there are multiple consequences. Therefore, a whole-of-government approach is required. The lack of investment in waste water treatment is a contributory factor in what is happening. In my constituency, at Cranfield, just fields away from the shoreline, the waste water treatment infrastructure does not have the capacity to serve the growing population in the Creggan hamlet, so an urgent reset is required. We need a coordinated policy intervention, and we need to see, as proposed in the motion, an interdepartmental action plan. Lough Neagh must now become, for our Assembly, an environmental, ecological, infrastructural and economic priority going forward. I welcome warmly the cross-party interventions that have been made by colleagues today. Ní mór dúinn smacht a chur ar an tubaiste éiceolaíoch seo. Gabhaim buíochas le gach Comhalta a ghlac páirt sa díospóireacht inniu. [*Translation: We must get this ecological disaster under control. I thank every Member who took part in the debate today.*] I very much welcome the contributions by colleagues right across the House. The Alliance Party amendment is very welcome. I agree with the need to introduce tighter sanctions for those who are polluting the lough, and we need to see processing

interventions introduced in relation to how feedstuffs are produced and how fertilisers are developed.

DUP colleagues questioned some of the scientific analysis, but I appreciate that, overall, they acknowledged the need for cross-party engagement and intervention on the issue. Colleagues from the UUP spoke about the need for accountability and also concurred with the need for greater coordination. SDLP colleagues spoke about the need for interdepartmental focus and also reiterated the multifactorial roots of this crisis. A contributor from my party re-emphasised the importance of public ownership as a priority for how we proceed. In conclusion, Alliance colleagues spoke of the economic repercussions that flow from this ecological catastrophe and the need for an integrated management plan.

I commend the new Minister's ambition in planning to lap the lough in August.

More seriously, Minister, I genuinely commend and welcome your solution-focused remarks in response to the debate.

3.15 pm

Over the course of several months now, I have had the pleasure of working directly with NIEA and DAERA officials alongside other stakeholders associated with the lough. We had meetings in Toomebridge in September and follow-up meetings in late December. Those meetings were with NIEA and DAERA officials and a number of stakeholders who came together with me, including local fishermen and anglers, local residents and people who own land around the lough. We will share proposals with the NIEA and DAERA officials who attended those meetings at a follow-up meeting shortly. I trust that those views will be shared directly with the Minister's private office.

Minister, it is essential that democratic consultation and partnership characterise how we move forward. That means democratic consultation and partnership with the lough shore community. The experience and views of fishing families, residents, community groups and non-governmental organisations, such as the Lough Neagh Partnership, must be heard and taken on board as we formulate the interventions that are urgently required.

Saving Lough Neagh must be above party politics in the Chamber. We need an all-party and cross-governmental approach to getting on top of the catastrophe. How we move forward

requires, as I said, a cross-governmental, cross-party approach. To the Minister who is present and other Ministers, I say: we require investment. We need a joined-up strategy and action plan, and that must be founded on local partnership with the people who live by the lough and rely on it for their livelihoods.

Mar fhocal scoir [*Translation: As a final word*], a new approach is required for how we rescue Lough Neagh and protect it in the future. That will, ultimately, be found through the mechanism of public ownership.

Question, That the amendment be made, put and agreed to.

Main Question, as amended, put and agreed to.

Resolved:

That this Assembly recognises the vital importance of Lough Neagh to our environment, ecology and drinking water supply; further recognises its importance to tourism, fishing and leisure activities in local communities surrounding the lough; notes with grave concern the ecological damage caused by the blue-green algae bloom last summer that choked the lough and spread throughout our waterways and beaches; calls for a cross-departmental body, to include relevant non-governmental organisations, to be set up to address the immediate issues facing Lough Neagh; and further calls on the Executive to put in place a new management structure and plan to include input from communities and organisations with an interest in the welfare of the lough, so that it can be managed, protected and promoted in the interest of all.

Mr Speaker: Members may take their ease for a moment while there is a change at the top Table before the next debate.

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

Motion made:

That the Assembly do now adjourn. — [Mr Deputy Speaker (Mr Blair).]

Adjournment

Domiciliary Care Packages: Northern Health and Social Care Trust

Mr Deputy Speaker (Mr Blair): In conjunction with the Business Committee, the Speaker has given leave to Emma Sheerin to raise the matter of domiciliary care packages in the Northern Health and Social Care Trust. The Member has up to 15 minutes.

Ms Sheerin: Gabhaim buíochas leis an Aire as bheith anseo inniu, agus déanaim comhghairdeas leis faoina phost úr. I thank you, Minister, for joining us this afternoon for this important debate. I congratulate you on your new role and wish you the best of luck. You have a mammoth task ahead of you, and I know that you do not take it lightly. Obviously, you have had experience in the role, and I appreciate that all parties have stated clearly that they want to work together to fix our health service. I have a strong commitment to that in my role.

We can make no mistake about it: our health service is in crisis. The issue that I bring to you this afternoon is one that, you will recall, I have spoken to you about on countless occasions, and it is close to my heart. In the Northern Trust, our domiciliary care provision is in crisis, our respite services are in crisis and our unpaid carers at home are in crisis. You are probably aware that, as of November last year, a report concluded that there were over 1,700 people in the Northern Trust area waiting for a full or partial package of care. That is an area that covers from Coleraine to Galbally.

That 1,700 figure is a massive number of people, but, in reality, it is only the tip of the iceberg. Each of those individuals has family, friends, neighbours and loved ones who are just as impacted on by the situation as they are. Of those 1,700 people, a portion will be stuck in hospital, in a clinical bed that they no longer need to be in, because they have received the medical attention that they needed but cannot leave that bed, because it is not safe for them to return home without a package of care. They are therefore taking up a hospital bed, and that adds to the pressure on them and their family, who want them home.

A further cohort of those people, feeling pressurised by the trust to free up that bed, will have agreed to take a step-down bed in a nursing home facility. The nursing homes that we have across the North are fantastic, and the

staff who work in them are brilliant, but they are just not the appropriate place for an awful lot of those individuals. That is particularly so in an area such as the one that I represent in Mid Ulster, which has a massive rural population. People who led independent, busy lives and who like to see green fields outside do not want to be in a nursing home. They want to be in the environment that they are used to, which is in their own home, where they are comfortable.

There is a third cohort among those 1,700 people, and it is the people who are at home but are not fit to be there without a package of care. They are people who perhaps had a spell of illness and went into hospital and then returned home before they really should have or people who have not quite had to go to hospital but whose health has deteriorated and who are, as a result, unable to manage their homes as they used to. Their families, without any experience, training or expertise in caring, have become their carers because they feel obligated to. That leaves those people feeling pressurised to carry out that role and the people themselves feeling as though that they have become an inconvenience and a burden. Everybody is unhappy. That is something that is brought to me, as a constituency MLA, every week.

Families are at their wits' end. People are run ragged. They are groups of siblings in their 30s, 40s or 50s who have, up until that point, led happy lives, all getting on with one another, having great relationships and coming together to celebrate occasions. They are not deciding on a Tuesday evening, "God, there's a shower of rain. I'm not going to go for a run tonight. I'll get a bag of goodies, call in with Mummy and sit for an hour and craic"; instead, there is a rota. They have to be there at a set time, and they have to leave to let somebody else in for their set time. Then somebody's son is going on a school trip, and they have to leave them to the airport. Suddenly, they are not able to fill their slot, and somebody else has to fill in for them. You have a situation where people are at each other's throats, and there is resentment and bickering.

I have seen that in my extended family. We were lucky to have my two grandparents on my mother's side at home until they passed away. The family stepped up, and everybody did what they had to do, but it was always there, under the surface. There was a niggling annoyance that somebody was not doing what they should have been doing and somebody else was taking on more than their fair share of the responsibility.

It is heartbreaking when people ring me with their stories and ask for help and my answer is, "I do not know when I will be able to secure that care package for you. I don't know. How long is a piece of string?". An awful lot of the time, the reality in rural situations is that you are waiting for somebody in the locality to pass away for a care package to be freed up. That is a terrible situation for everybody involved. I am not trying to exaggerate the situation or to prey on anyone's emotions, but, in the past week, two families for whom I was trying to secure care packages have contacted me to tell me that the people concerned had passed away before the care packages were delivered. Those are not conversations that I want to ever have again. It is not a nice situation to be in.

I commend everyone in the trust. I am dealing with our local managers all the time. I am a torture: I know that, because I am contacting them all the time about this, but it is really frustrating. In rural areas, we know that this disproportionately impact on women, because invariably women take on the majority of the caring burden in the home. The vast majority of people who contact me will be the daughters, the daughters-in-law, the nieces, the sisters and the wives. It disproportionately impacts rural dwellers as well. An awful lot of the time, somebody who lives four, five or six miles out of the town will not be able to get a care package. The agencies and the trust staff cannot afford to carry out that visit because it costs money. That leaves families in a really terrible situation.

The situation is exactly the same with respite services. We have families with children who have very challenging needs. I know that Rainbow Lodge has been closed since May 2023, which has left people without provision. Hollybank, which is in my constituency, has had to reduce its capacity in order to provide services for people with very complex and challenging behaviours. That leaves the people who were previously relying on the service unable to do so.

One family who contacted me recently had, in the past, a situation where they would receive a calendar at the beginning of every year. They were going to get six stays over the course of the year, two or three of which would be for a week and the rest would be four or five day-long stays. They were able to plan a break away or a holiday and to go away and completely relax, switch off and know that their loved one was being cared for in an environment that was suitable for them and have that peace of mind. Now, their stays have been reduced to three nights maximum. They will, maybe, get four or five over the course of

the year, if they are lucky, on an ad hoc basis. There is no forward planning and no knowing when they will have that break.

There is a massive mental health impact on the carers and the people who have been put into that position and forced to take on a responsibility that they are not fully equipped to carry out. As well as dealing with the already daunting experience of having a loved one who has had a life-changing illness or has received a diagnosis of dementia or who has been in an accident that has completely reduced or removed their mobility, there is the emotional impact of seeing somebody becoming a shell of who they were. There is also the burden that, now, you are their carer. Sometimes, in conversations with people from the trust, they will talk to me about the carer's assessment and the fact that the family has to step up and provide the trust with details of when they will be there. Family time is so important, but it is not quality family time. You are not there to have a conversation with your loved one or to spend time with them in the way that you previously would have; you are now responsible for keeping that person alive. The burden that that imposes on people, particularly those with no caring background, is huge. I have raised this with you before, Minister, and, I suppose, what we want to see is a plan in place.

3.30 pm

I know lots of carers, the people who have done this job, personally, and you will find that, with those who have done this work for any amount of time, their clients become friends. At Christmas, they go and buy them presents. They call in even when they are not supposed to be there, because they care about the people. They have a relationship with these families, and they want to see them happy and content. These people need to be treated fairly. They need to be paid better. Their work, which is a vocation and is skilled work, needs to be recognised as such. We need them to have their mileage covered so that we can afford to facilitate the remoter calls. We want to see a plan in place that will allow for recruitment and will retain those staff in the area. I have met Jennifer Welsh and the staff in the Northern Trust regularly. We always discuss this, and I know that they want to work with you, Minister, to do that. I appreciate you taking the time to listen to this, and I hope that we will see some movement for all who are affected.

Mr Deputy Speaker (Mr Blair): All other Members will have approximately five minutes to speak. There are six Members on the

Speaker's list but more than six Members in the Chamber, so please indicate if you wish to speak.

Mr K Buchanan: Mr Deputy Speaker, I congratulate you on your new role. You look well in that Chair, I must admit. I also congratulate the Minister: after a stay of absence, he is back in the role, and I wish him well.

I thank the Member for raising this important issue of domiciliary care packages in the Northern Health and Social Care Trust. I have first-hand experience of the work that these teams do. My mother, now in her 91st year, is being looked after by two ladies, or sometimes by two gentlemen; time and time about. They do an excellent job in a very professional manner. She is cared for like an egg. She is not watching this on social media, and please do not tell her that, but she is looked after like an egg, to be honest. First thing this morning, I had the privilege of doing the medication run before I came here. She is doing well, but I think that the points that the Member raised are vital. There are seven of us as a family, and the care packages take the entire pressure out of the situation. We can fill in the gaps and do a bit around it all, but you could not do it all. Everybody in every household has a busy life, so it is a very valid point. Sometimes, animus in families means that they can be at each other's throats within three or four months of an elderly person, or any person in the family, needing that kind of care. That can put a lot of strain on a family, so it is a very valid point.

Constituents and their families who are waiting for a package of care contact my office weekly, and the Member who has just contributed mentioned that that also happens in her office. Some are in hospital while others are already back in their own home and waiting for the necessary package. Every individual patient has different care needs. Many want to continue to have some independence and want to live in their own home for as long as possible, with the much-needed supportive care in the home. To do this, they need practical support with daily living tasks such as personal care and preparing food. Some need adaptations to their homes to ensure that they can continue to live as independently as possible without needing residential or nursing home care. The lack of domiciliary care packages means that patients who are medically fit to be discharged are remaining in hospital beds or in other facilities, as previously mentioned. That has a knock-on effect on our emergency departments and the number of available inpatient beds.

I note that the Minister responded to a priority question for written answer tabled on 5 February — just last week — by saying:

"The Trust has reviewed the systems within their in-house Homecare service to improve efficiency and deliver higher levels of face-to-face time with service users.

The Northern Trust have contracts with 22 Independent Sector Providers which includes 3 new providers who signed contracts in the last year."

I also welcome the confirmation:

"The Trust has commenced a contract with a new provider in the Mid-Ulster area".

Those are the Minister's words, not mine. I hope that this will alleviate some of the problems with outstanding packages of care. Obviously, we will see the outworkings of that, if that is the case. No doubt it is the case, but we will see the outworkings of that.

The challenges were previously mentioned. Obviously, mid Ulster, as was said, is a very rural area. We know that we have a growing older population. The average age is increasing faster, and this has implications for health service providers. The longer distances and higher travel costs have implications for providers of domiciliary care, and delivering community-based care can be more expensive, especially in rural areas. It can be more difficult to recruit home care professionals, and travel allowances are not as generous as in other industries. All health trusts have waiting lists for home care, and it is of concern. On 25 January 2024, in a presentation to Mid Ulster District Council — these are the figures that the Member who spoke previously mentioned — Jennifer Welsh, the chief executive, revealed that 1,700 people were waiting in the community for some element of a care package. In addition, Brian Beattie, director of adult community services in the Southern Trust — I know that we are talking about the Northern Trust, but I just want to give some context — advised that 700-plus people are waiting, although that was a decrease of approximately 100 compared with the figure of December 2023. That gives some reflection of what is happening in the trusts. I appreciate that the trusts are different sizes, but it gives some indication of how high that figure of 1,700 is. Although I acknowledge that not all those patients reside in mid Ulster, that context gives an overview of the waiting list figures across both trusts.

Some families are offered direct payments. That may work for some who have a neighbour, friend or relative who can do the work, but it is not always possible for a family to actually find someone who can do this type of work or who finds that it suits them to do only a small amount of time in the day. Covering the seven days can often be a challenge. It can work for some, and it would be interesting to know whether the Minister has the detail on the percentage of care that is carried out through direct payments. He may or may not have that information, but it would be interesting to note how many families take it up.

To summarise, I call on the Health Minister to implement the necessary reforms to tackle the underlying issues with care packages, and I look forward to his response. Our healthcare workers, including our domiciliary care workers, need the support and changes that will address the current situation.

Mr McGlone: Gabhaim buíochas leis an Chomhalta a mhol an rún seo agus a chuir faoinár mbráid inniu é. [*Translation: I thank the Member for bringing this motion before us today.*] I do not know how many times I have stood in the Chamber and raised this very issue, often with the Minister. I almost said "the new Minister".

Before I get into the detail of the subject, I will say that the real and vital heroes — I stress the words "vital heroes" — are those domiciliary care workers who, day and night, in good weather and bad, up hill and down dale in rural areas, are delivering that care to people who, essentially, need it. They are the real heroes, and, as I will come to later, they are the ones who require the recognition, because they do a sterling job. Not only do they provide a service in houses but, in some cases, they are the only people that that disabled and often elderly person sees. They bring a breath of fresh air into the house, and, as the Member said, they often do things that there is no requirement for them to do. They become family friends. Those staff are essentially vocational workers, because pay and conditions are so much better in many other sectors. It is their dedication and commitment that ensures that many people get the care that they need in their own home.

As an MLA for Mid Ulster, I am very aware of the problems in providing those domiciliary care packages in the Northern Trust area. My office is contacted regularly either by patients who are still waiting for care packages or by their family members. Yesterday alone, I had three cases around the availability of domiciliary care packages. Those cases involve either people

who are waiting for discharge from hospital or people who have been discharged without the required care package being available. Indeed, there can be delays in making an assessment of the required help, and, even when those assessments have been made, there can be lengthy delays in putting together the required packages. In one trust — thankfully, this is not the Northern Trust — I have seen people discharged from hospital without being assessed. That adds to a further problem.

The problem is particularly acute in rural areas. It is often the case that there are simply not enough home care workers available and, in some areas, not enough to meet the actual demand. It is a fact, and I have seen this recently, that a person has to die for another person to get the required domiciliary care package that they have been waiting on for so long. If a care worker goes off sick or, as with a case that I know, on maternity leave, for example, there is no one to replace them on the rota. There is no one to replace them, and people are contacting us to see what we can do about that. There is no one to replace them. Yes, it is certainly a management issue, but, if you do not pay people, you cannot expect to get them. If you do not pay people a decent wage, you cannot expect to get them. Another aspect is that, where care workers are available, they can be limited in how far they can travel. The trust's terms and conditions are good, insofar as they can be, but in some of what is referred to as the independent sector — that is code for the private sector — the terms and conditions are not appropriate to pay people what they are due for travel.

It is not just a problem of a shortage of home care workers. There are delays in occupational therapists' assessments of the need for home aids and home adaptations for people with mobility issues, and that is exacerbating the situation. In theory, that should be an all-round assessment of what is required, whether it is adaptations to the bathroom, the bedroom or other areas of the house that can ease the situation for the person concerned. That is not happening in a coordinated fashion. If those aids are not provided in the home for someone who is disabled, perhaps profoundly so, that makes it more difficult for the care workers when they come in to fulfil their duties. Therefore, it is not just about the delivery of domiciliary care packages.

The trust has been forced to use step-down beds or interim-care placements until domiciliary care packages are available to free up acute hospital beds. It is important to note that putting people into step-down beds —

Mr Deputy Speaker (Mr Blair): Will the Member bring his remarks to a close?

Mr McGlone: — or beds in nursing homes can be more expensive than domiciliary care packages.

We could talk about many other issues in depth with the Minister, but I am sure that, as a constituency worker himself, he gets the gist of the problems. If we pay people a decent wage and provide people with a proper career structure, we will be able to deliver the necessary service in our communities.

Ms Dillon: Congratulations on your new role, Mr Deputy Speaker. I was remiss earlier in not congratulating the Minister on his new old role. I did not want to say "new old Minister" in case people thought that that was a personal reference. Congratulations.

I am not going to go over the points that have already been made. I am also a representative for the constituency of Mid Ulster, and the Northern Trust falls into my area. More importantly, two parts of my area fall between the Northern and Southern Trusts, and that is where the real complications happen. We have heard about families who have been sent from one trust to another and told that they are the responsibility of the other trust, and that is unacceptable. At the end of the day, no matter which trust it is, very often, they cannot get a domiciliary care package, and that is because those are both extremely rural areas. We know that, overwhelmingly, the people who work in the sector are women of a certain age. Some have health problems themselves, because they are taking on more work than they should. As has been mentioned, they are not getting the proper pay or being afforded the proper working conditions. For me, that is the focus. We need to have a proper plan in place. I know, from meetings that I had with the permanent secretary before the Assembly got back up, that the Department is going to ask for a decent pay structure and decent working conditions for the staff in that sector — and rightly so.

I do not need to repeat the points that have been made. These are the staff who went into homes during COVID. They did not abandon the people who they were looking after. They put themselves and their families at risk, with very little thanks from the community or the rest of the world. They just had to get on with it. However, the people who they went in to, and their families, were grateful, because that was their lifeline. That kept people at home and

safe. It kept the families safe and enabled them to function as a family. We need to have that recognition.

The workforce is not there. I do not see a multitude of young people coming into that line of work. It is not just about pay. As has been mentioned, what progression can young people make in that sector? No one wants to go into a job thinking, "This is it. I have no possibility of progression. I have no possibility of further training to learn more about how I look after the people I have to look after". It is not about having high-flying jobs; it is about being the best at what you do. A lot of those people are the best, but that is not because of the training that they are getting; it is because they have a wish to be the best that they can be. They are not getting training and additional support.

That is also an issue that we need to focus on, and I hope that the Department will take it seriously.

3.45 pm

This falls outside the Northern Trust specifically, but I visited A&E in Craigavon Area Hospital, and many of the patients there will have come from the Northern Trust area. In that A&E, 68 people were on trolleys and 62 people on the wards were medically able to be discharged but did not have domiciliary care packages or anywhere to go. It really is important. That is the impact. It is the knock-on effect. People are dying in our A&Es. They are dying because people who are fit to be discharged cannot be discharged. People who are fit to be discharged, particularly those from the older population and those with dementia, are dying because they become more ill the longer they are in hospital. After a person spends 10 days in hospital, they deteriorate. This has to be a focus. This is about saving lives and giving people — the staff who work in that sector and the people whom they serve — a better quality of life.

I will not repeat all the points that other Members have made. The Minister has enough to respond to.

Mr Donnelly: I congratulate you on your new role, Mr Deputy Speaker. It is good to see you in the Chair.

I thank the Member for Mid Ulster for securing this Adjournment debate. It is welcome that the importance of domiciliary care is being highlighted in the first Adjournment debate of the mandate. We all have constituents who

need care or who have carers and families that are impacted by caring responsibilities. Domiciliary care work is a very important and seriously undervalued part of Northern Ireland's health and social care system; we have heard that again and again today. Our carers and nurses provide invaluable care to individuals in their own homes, and it is right that the Assembly and the Department do what they can to support them.

The Alliance Party's position on domiciliary care is outlined in our policy document, 'Making Health and Social Care Fighting Fit'. In particular, we want to see improved pay and conditions for those working in domiciliary care — similar points have been made by previous contributors — to encourage more domiciliary carers and district nurses to continue working in the sector. We also want to see:

"more specialist training and pathways",

and the enabling of:

"longer stays, particularly to counter loneliness among the older population and to give more time potentially to identify any potential health risks (mental or physical)."

People are able to pick up on that when they come into homes, which can prevent future hospital admissions and get on top of things very quickly.

It is essential that care staff who visit homes have adequate equipment. That issue has been raised by one Member. A sustainable domiciliary care system is important for the flow of patients through our hospitals, a point that has been reiterated several times. As we know, poor flow leads to overcrowding in hospitals, which is a public health risk — one that I have seen many times.

The Bengoa report highlighted the "perfect storm" that the entire health and social care system faces, with patients:

"admitted to hospital unnecessarily because they can't access the treatment they need in their community"

and being:

"forced to stay longer than they need to because of the absence of domiciliary care packages to support them at their homes."

That increases pressure on hospital beds, emergency departments and health and social care staff.

More recently, the RQIA system inspection report of the Southern Trust highlighted the importance of a sustainable domiciliary care sector, and particularly the need to encourage more carers and nurses to consider working in the sector, since we are facing an unprecedented number of unallocated domiciliary care packages. I recognised the number that a Member mentioned in relation to that earlier.

As an MLA whose constituency is largely within the Northern Trust area, I welcome the debate's focus being, in particular, on the Northern Trust and the pressures faced there. One of the advantages of domiciliary care packages that support individuals in their own home is that they can lessen the pressures on our main hospitals and reduce waiting times. We have seen that working effectively in the Northern Trust area. According to a survey of domiciliary care workers carried out in September 2022, 4,979 people in the trust area received approximately 12 hours of care and 27 visits. Although I note the 1,700 people who are waiting on care packages, as has been mentioned, that plays a small role in alleviating hospital stays and waiting times. It is my experience that people would much rather be cared for at home for the sake of their mental health and well-being, if possible.

It is worth noting that the Northern Trust has both the highest percentage of patients waiting for under 13 weeks for inpatient or day-case treatment and the lowest percentage waiting for over 52 weeks. That shows us that, while a number of people are still waiting for care, when we provide the care, it has an impact on those waiting lists.

Finally, I want to discuss the proposal of domiciliary care charges and particularly the Secretary of State's revenue-raising proposals. The Department of Health had previously considered proposals to introduce charges for domiciliary care, for example in the 2016 report 'Power to People', which highlights that charging arrangements should be equitable and based on the principle that a person should pay or contribute if they can afford to do so. As a party, we objected to the Secretary of State's consultation on introducing domiciliary care charges, as that should be a decision for a locally elected and accountable Assembly and Executive. In fact, many issues facing our health and social care system have been exacerbated over the past two years by the

absence of the Assembly and the Executive. It is important that any proposals are debated and scrutinised here and in the Health Committee, but our priority should not be charges; it should be how we reform and improve domiciliary care. That should be the focus of the Assembly and the Health Committee, so I welcome the debate.

Mr Deputy Speaker (Mr Blair): I call Steve Aiken.

Dr Aiken: Thank you, Mr Deputy Speaker. I wish you all the best in the Chair.

Northern Ireland is not unique in experiencing rapidly changing demographics. As a society, we face a rising demand for adult social care services. The number of older people, the group most likely to need social care, is rising faster than the population as a whole, and that will cause profound challenges in the decades ahead. Indeed, it has been estimated that, over the next 20 years, the number of domiciliary care recipients is likely to almost double. It is therefore inevitable that increased funding will be required to meet the rising demands created by those pressures alone. While a huge capacity challenge may be coming down the track, the reality is that there is already a big shortfall.

As has been said, the Northern Trust is one of the largest trusts, but it also has one of the largest and oldest populations. When there are pressures on adult social care, those challenges will be felt especially in the Northern Trust area. All MLAs, especially those in the Northern Trust area, are likely to have worked with many families who are waiting for a care package for a loved one. It is my understanding that the greatest level of unmet need for full and partial packages is in our trust area.

Care packages are critical in allowing people to remain in their home or return to their home after a spell in hospital. When there are challenges in providing packages, as there currently are, the impacts are often immediately felt in hospital settings, as discharges are delayed. As we all know, hospital stays are far from ideal for older people who do not need to be there medically. There is no easy solution, but one thing that will be critical to the sustainable provision of care is a stable workforce. That is why it is important that we all commit to improving pay, terms and conditions for the social care workforce. It is a hugely important sector, and it is clear that we can do more to support and promote it as a career.

Beyond the formal care providers, it is important that we do not overlook the vital role played by our informal and family carers. More than 200,000 people across Northern Ireland provide some form of unpaid care, and that number will rise in the coming years as the population continues to age.

Ms Hunter: I congratulate you in your role, Mr Deputy Speaker, and I congratulate the Minister, who has been reappointed to his position. We wish him well. I also thank the Member for Mid Ulster for securing this important debate.

I acknowledge the many difficulties and challenges that the Minister will have in the coming months. It is important that we are here to discuss domiciliary care, as the issue is faced by so many constituents. In my time as an MLA, I have certainly come across hundreds of families, as Mr Patsy McGlone touched on, that are unbelievably affected by it. I want to tell one of their stories.

I have a constituent called DJ Calvert; Members may have heard his story. He is based in Portstewart. DJ is an absolute gentleman in every sense. He was born without hands or legs. Months ago, he was told that he would no longer have access to a care package or a care worker. DJ requires a care worker to help him shower and get dressed. Those are two key things that each of us does every day, so I genuinely cannot imagine how he must have felt when he was told that that help would potentially be taken away. DJ's fear was that that would force him to move into a care home, which, he said, showed that the social care system was failing.

Thankfully, DJ has been told that a care package has been sourced for him that will allow him to continue to live life independently in his own home. That is a huge part of the issue: getting people the right care that they need to live high-quality lives, which they so rightfully deserve, out of hospital and in the comfort of their own homes. This is a good news story, but, for so many others, as was mentioned around the Chamber, it does not always end up the way that we want it to.

I cover the Northern Trust and the Western Trust. This is an issue that surpasses the Northern Trust: it affects the Western Trust as well, specifically in rural areas like Limavady, Greysteel, Feeny and Claudy. I agree with my colleague Mr McGlone: there is a rural dynamic to the issue. Getting care workers into those communities is a real challenge.

I want to touch on the importance of supporting our carers, who are so selfless. I saw the role that carers played with my late grandparents and the challenges and family dynamics in the home when the care package is not there. I really need to highlight that this is about quality of life and dignity.

One Member touched on respite services. They are truly in crisis. I am working with a family who have been waiting months for support. I have to put on record the crisis in that area.

Minister, I know that this is an issue that you care about. I ask you to do all that you can to engage with the trust on the issue to ensure that no one suffers the indignity and uncertainty of life without access to a care package.

Mr Deputy Speaker (Mr Blair): I call Paul Frew.

Mr Frew: Mr Deputy Speaker, I congratulate you on your new role.

This is a very important and touching subject, and I am so glad that the contributors have spoken about the most important element in this: people. Nearly every one of us has spoken about people: the people who receive the care and the people who administer the care. It takes a special type of person to go into a private home and administer intimate care to someone who could well be in the twilight of their life or be so severely disabled, no matter what age they are, that it is hard for them to live. It takes a special type of person. It is also true to say, as has been mentioned, that those people, special as they are, are so undervalued. It should drive a stake through our hearts that they are so undervalued.

Every policy direction that the Department of Health has taken around health and care has been in order to keep people at home. That is all well and good, but, if you cannot support those people, you create further casualties and further ill health and you increase the number of people who need care. The burden on a family when you have a sick relative at home who is not getting the care that they require is absolutely mighty. It is strangling, and it can destroy family relationships, not just with the principal patient but with siblings and others. It can poison a family relationship for ever, even when that principal patient has gone.

If the drive is to keep people at home longer — I am not saying that that is the wrong drive — we really need to do better at investing in the right places. While the health service needs dramatic reform in more ways than one, it

strikes me that this is one of the easiest areas to reform because it is all about people.

When I first became an MLA in 2010, it was clear, even then, that it was difficult to get a care package for someone living in a high area or a countryside area like Newtowncrommelin or Glenwhirry. Here we are in 2024, and people in villages such as Broughshane and Kells struggle to get care packages.

The rot has crept right down into lowlands and population centres. Something is therefore going dramatically wrong.

4.00 pm

It strikes me that one of the easiest ways in which to reform, because it is about people and because, in many ways, it is simple, is this: pay those people what they deserve and what they require. Make sure that their terms and conditions are appropriate, and make sure that they get a decent travel allowance, because they are the ones who drive up lanes that are miles long, in all weather, to get to the patient. We can all appreciate that to pay them appropriately will still be a lot cheaper than patients being in a hospital setting or bed.

I have a case that came to my attention only last week. An elderly gentleman has been in hospital for 12 weeks when he should not have been. The man's ailment was a broken ankle. Twelve weeks in hospital for a broken ankle. Think of the repercussions of that throughout the health service. That is the reason that other systems in our health service are failing. Fix it at the very top, by caring for people at home, and you will go some way to fixing some of the other ills that infest our health service. The only way is to pay people appropriately, make sure that their terms and conditions are solid and make sure that they get the allowance that means that they can travel about the country, as we ask them to, to care for the people whom we so love.

Ms Eastwood: I commend the Member for Mid Ulster for securing this Adjournment debate. It is an incredibly important issue, about which I am really passionate. I am eyeballing you immediately, Minister, because, for me, this is a crucial issue. In the Chamber yesterday, we discussed childcare. I am sure that, after that debate, we all agree that we should regard health and social care as critical economic and social infrastructure.

A number of Members referred to the fact that the people who engage in domiciliary care work

are incredibly special and talented, but we as a society need to get real and absolutely serious about valuing those jobs. I sit on the Economy Committee — I admit that I am not on the Health Committee — and I have a passion to make sure that Northern Ireland can adequately resource the workforce that it needs. At this point, I am not convinced that we are grasping the nettle of what we need to do to make sure that we are preparing for the future. Absolutely, we need to look at terms and conditions. We need to make sure that people currently in post are paid, but I want to see us get to the core of the problem. If we do not create the workforce that we need for the future, we will continue to go in this circle.

I corresponded with the Minister about apprenticeships in the previous mandate, and I know that public-sector apprenticeships are key to looking at the trust side of things, but the private and independent sector, mentioned by Patsy McGlone, is huge and burgeoning. That gets to the heart of what it means to have genuine cross-departmental working. We have the skills strategy, and we receive regular briefings about the importance of the IT and agri-food sectors. Those are key to Northern Ireland's economy, and we absolutely need to do work in those sectors, but what I do not hear — this is a challenge to us all — is that health and social care is playing a huge role in where we need to be in future. We need to encourage our young people and people who are mid-career and want to transition by saying, "If you get into and work in this sector, you will be valued, not just for you as an individual but for your contribution to the economy, society, families and the lives of people at large".

When the House was down, I created an all-party group on skills, and that will now go through a process in order to be formally constituted. One of the first events that we will be doing in April, an invite to which will be sent to all Members, will look at the matter of skills and health and social care. We cannot keep fooling ourselves about simply addressing the issue of pay and conditions. That is in itself innately difficult to do, because we do not have a bottomless pot of money. We will be fooling ourselves if we do not put plans in place now for how we need to resource that.

Today, I call on the Minister to have a properly joined-up plan that goes much further than the skills strategy and ensures that the Department of Health and the Department for the Economy take the issue seriously by having a clear timeline for what we need to do. That point could apply to any issue in medicine and health and social care, but we have to have the

conversations today and do it in a way whereby we look to the Economy Minister as well as the Health Minister. We will not be able to do it in isolation, and we will not be able to do it alone.

Today, I call on the Health Minister to hold our feet to the fire in the Economy Committee, as well as those of the Economy Minister and, indeed, of everybody who cares about the future of this, because he will have our full support in pushing that open door. I want to make sure that we continue to have those discussions. I reiterate my support for the Member from Mid Ulster who secured this debate. I hope that we have more discussions in the future.

Mr Deputy Speaker (Mr Blair): I now call my South Antrim colleague Pam Cameron. Pam, you will be limited to four minutes; I hope that that is OK with you.

Mrs Cameron: Thank you, Mr Deputy Speaker. I am delighted to get four minutes. I did not think that I would get much time at all, so thank you for allowing me to squeeze in. I am glad that the debate has been filled so well that you are running out of time. That is very welcome.

First, I congratulate you on your new role and my other South Antrim colleague Dr Aiken on his new role. I welcome back our Minister of Health, with whom I have worked —

Mr Swann (The Minister of Health): As a South Antrim colleague? *[Laughter.]*

Mrs Cameron: No, not as my South Antrim colleague. Not yet. *[Laughter.]* I am not quite ready to welcome Robin in that capacity to South Antrim. I am sure that you will forgive me for refraining from doing so.

I also thank Ms Sheerin for securing a really important debate. We all agree that there is an incredible need to sort the issue out. Domiciliary carers are so valued, yet they are not, because it is not reflected in their wages and their terms and conditions of work. That has to be addressed, and I trust that the Minister will seriously look at that.

There are obviously lots of other contributing factors to the whole issue. I do not want us to forget that we need to look at the entirety of the issues. That, I suggest, includes preventative measures to stop people getting to the front door of the hospital. I am thinking of GP services, investment in community pharmacy and all those things that might seem small but

that are vital to keep people away from the hospital door. That is what we want.

Of course, we need to get people out the back door of the hospital to allow the people who are acutely sick to enter the hospital. That is vital. We need to assist with that and to ensure that those who do not require acute care in hospital are able to leave and go home or to an appropriate setting that enables them to recover without taking up a space in the hospital that is not actually needed. We know that hospitals are not the best places for people who simply need to convalesce and should be at home, at a step-down facility, in a home or with relatives. We know that hospital is not an appropriate place for them. We want to see them going to the right place, and we really do need that to happen.

I agree with all the comments that were echoed in the Chamber this afternoon. The lack of affordable childcare is a massive issue, particularly for women. Women tend to be the carers, whether it is for their babies and children after giving birth and while trying to manage work and juggle family life or whether it is for elderly parents and relatives. It tends to be a female workforce that does that, and it tends to be a female workforce that goes to do the domiciliary care work on the whole. Obviously, there will be males who are employed there as well, but it is vital that we support women to stay in the workplace.

While we all agree that everybody wants to remain at home for as long as possible in their lifetime with the appropriate care, it is not always the best thing for them or for family members. We have to look at the bigger scenario and look at who may become the carers of the elderly people whom we love, and, quite often, we are taking healthcare professionals out of the workplace to care for our loved ones. It is a real conundrum, and a lot of effort will be needed across the board to solve the problems.

We all have regular meetings with Jennifer Welsh from the Northern Trust, and we know how hard the trusts work to try to deal with the problem, but it is a huge problem, and they need proper resource to deal with it. We also have to recognise that the Northern Trust has a very high percentage of elderly people in its population, which puts a greater burden of care on to that trust.

I am aware that I have used all my time, and I thank you, Deputy Speaker, for allowing me to squeeze in at the end. I wish the Minister well in addressing the problem.

Mr Deputy Speaker (Mr Blair): Thank you for your opening comments. I am sure that the House will join me in extending to you our best wishes in your new role as junior Minister. Well done.

Mr Swann: Thank you for the opportunity to respond to the important points that have been raised this afternoon. I thank the Member for securing the Adjournment debate, which is the first of this parliamentary session. I also thank everybody who attended and contributed to it. I have attended many Adjournment debates as Minister of Health, usually with three or four MLAs from a specific constituency, but the topic today has engendered wider contributions, not just from Members whose constituency is in the Northern Trust area but from a number of Members whose constituency is in another trust area.

In common with all our health and social care trusts, I am aware that the challenges that the Northern Trust has experienced in securing the capacity to meet the increased demand for domiciliary care are shared across the piece. The trust has reviewed the systems of its in-house home care service in order to improve efficiency and to deliver higher levels of face-to-face time with service users. As was referenced — Mrs Cameron mentioned it in her closing comments — the Northern Trust covers a quarter of the population of Northern Ireland, but it also includes over 27% of the region's people who are over 75, so it covers a wider proportion of the group requiring domiciliary care. It is that population base that generates the majority of demand for unscheduled care and community services.

As Dr Aiken said in his contribution, demographics are also an important consideration, and that cohort of the population has grown by 17% over the past five years. As a result, the Northern Trust has experienced unprecedented levels of demand across a range of services. Unfortunately — this point was raised — I am advised that the trust is seeing an increasing trend of external providers handing back services due to their inability, as many Members mentioned, to recruit and retain staff. The mid-Ulster locality has been particularly impacted by issues concerning the recruitment and retention of staff, and I am aware that a number of Members have engaged directly with the Northern Trust on behalf of their constituents. Ms Sheerin's passion in her opening comments was telling, but it was not just about her passion; it was her understanding of the needs of the people who

come forward to domiciliary care and of the people who work in it.

Mr Deputy Speaker, I do not do this job without thinking about it. As an MLA whose constituency is in the Northern Trust area, I think that the engagement and support that we get from the top down in that trust — starting with the chief executive — in dealing with cases make it an exemplar to other trusts, and we heard about the challenges that they are facing. However, it is not a solution to everything that they need or that we want.

I advise Members — as Mr Buchanan said, I have already responded to him in writing — that the Northern Trust has commenced a contract with a new independent sector provider for the mid-Ulster area, and the trust anticipates that that will increase capacity in that locality. As has been said, the trust has contracts with 22 independent sector providers, including three new providers who signed contracts in the past year. That is a positive step, but I accept that more needs to be done.

It is important to note that the pressures and challenges faced by the Northern Trust in the provision of domiciliary care packages are, as I said, a regional issue that all five health and social care trusts are experiencing, and all are experiencing the same factors.

4.15 pm

I understand fully the many challenges that result from the demand, which outstrips the available supply, for care packages. That has a knock-on effect, as many Members referenced. It delays discharges from hospitals and affects the availability of our hospital beds. Accessing domiciliary care packages for patients at the point of a hospital discharge remains a challenge for our health and social care trusts. As Members referenced, our health service in Northern Ireland is a circular system, so when pressure comes at one point, it has such knock-on effects.

It has also been mentioned that there is no easy solution. Our staffing levels continue to be a significant challenge across Health and Social Care, particularly in the allocation and delivery of care packages. Clearly, any increase in the number of care packages that are provided must also have appropriate staffing levels that are commensurate with that additional provision.

Mr McGrath: I thank the Minister for giving way. Does he agree that — this is significant —

it is not merely about the pay that staff get, in the sense that it is easy to say, "Well, we need more money", but that when you compare their pay with that for other jobs, you see that there are jobs where they would not be out of pocket, may get a few pounds more across a shift and would have fewer responsibilities? We may need to do some sort of scoping exercise that benchmarks the job of caring and allows us to value those carers and pay them appropriately. That might attract more staff into the sector.

Mr Swann: I thank the Member for his comment. Shortly, I will come on to talk about that with regard to the forum, which I initiated and which is now running in the Department to look at eight workstreams.

My officials continue to work to maximise capacity in social care and to engage with service providers in order to address those ongoing issues of not only recruitment but retention. That is possible only, as, I think, Ms Eastwood mentioned, with that skilled and dedicated domiciliary care workforce. I understand the importance of reward and recognition in the recruitment and retention of staff in the sector. I am also cognisant of the ongoing challenges that relate to the increased costs in providers' day-to-day expenditure.

Over 75% of home care is provided by the independent sector. I place on record my sincere appreciation to those staff for the integral role that they play in Health and Social Care. The system would simply not operate without their dedication and commitment. Indeed, I recognise the need for action to support the sector and those who work in it. I have stated that my immediate priority is to see pay negotiations taken forward and concluded without undue delay for our healthcare workers in the statutory sector.

Mr Harvey: I thank the Minister for giving way. Will you assure the House that you will look at all areas and treat them fairly when you look at the bigger picture?

Mr Swann: Certainly. I thank the Member for his contribution. I referred to the interest that has been shown in the Adjournment debate. It shows the passion and commitment that we all, as elected representatives, have in the topic.

In 2023-24, the regional domiciliary care rate that is paid to independent care sector providers actually increased to £18.54 per hour. Work is ongoing to consider what the regional rate for 2024-25 will look like. Although my Department cannot actually mandate the rate of

pay or the terms and conditions that the independent sector providers offer to their employees, any uplift to the rate would be expected — I would expect this — to be reflected in the pay or terms and conditions of their staff.

It came across in Members' contributions that now really is the time to move forward and look at how we can meaningfully affect that positive change and improvements in the social care sector in Northern Ireland. I am pleased to advise that the good work that is already under way will, I believe, help to achieve those aims. To that end, as I mentioned in response to the previous intervention and as Members may be aware, in 2023, my Department established a social care collaborative forum, the purpose of which is to provide a formal mechanism for the Department and representatives of social care across the statutory, voluntary and community and private sectors to work together as partners in order to build shared values and deliver improvements in social care. A number of workstreams have been established across a range of issues that have come from the forum.

So that Members are aware, I will go through those eight workstreams. One looks at maximising capacity. Another looks at workforce development, which many Members referred to. There is a workstream on enhancing care in care homes, because it all is part of an integral system. There is a workstream on data research and evidence, so that anything that comes forward comes with that experience as well. There is one on communications because all of us, as constituency representatives, see that communication between health trusts, families and carers is vital to ensuring that people are content that the support that they need is there. There is also a workstream that looks at commissioning and contracting, because we are cognisant of the mix between independent providers and our statutory care system. Workstream 7 looks at the role of carers, which was mentioned in the House today. The last one is on supported living, which goes back to Mr Frew's point about the move to support people in their houses.

Mr Deputy Speaker (Mr Blair): Will the Minister draw his remarks to a close?

Mr Swann: While a range of factors can impact on the delivery of care, the key objective, which we should all look to, is to meet the assessed needs of the service user, whether care is provided by the statutory sector or the independent sector. I recognise the importance of ensuring that patients receive the right care,

at the right time and in the right place. I assure all Members that my Department will continue to work in partnership with all relevant stakeholders to progress plans for those vital services.

Mr Deputy Speaker (Mr Blair): I thank the Minister for his response.

Adjourned at 4.21 pm.