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Northern Ireland Assembly

Tuesday 20 February 2024

The Assembly met at 10.30 am (Madam Principal Deputy Speaker [Ms Ní Chuilín] in the Chair).

Members observed two minutes' silence.

Assembly Business

Mr Brett: On a point of order, Madam Principal Deputy Speaker. You will be aware of the written ministerial statement that was issued by the Finance Minister last evening to announce the award of £16.2 million to advance the much-needed Enniskillen bypass. That is, of course, good for the constituency: it will improve economic growth and connectivity. I pay tribute to my colleague Deborah Erskine for pressing the issue. Of equal importance to my constituency's economic growth and connectivity is the York Street interchange. Will you inform the House whether Mr Speaker has received notice from the Finance Minister of her intention to come to the House to outline a similar funding award to advance the York Street interchange project?

Madam Principal Deputy Speaker: I thank the Member for his point of order. It was not really a point of order, because I do not know whether the Speaker has received notice, but the Member has his point on the record. I will certainly refer it to the Speaker to see whether he has received such notice.

Before we commence the Consideration Stage of the Budget Bill, I remind Members that amendments for Further Consideration Stage may be tabled in the Bill Office for up to one hour after the conclusion of the Consideration Stage. If amendments are made to the Bill at Further Consideration Stage, the Assembly will suspend for a period before the Final Stage debate to allow time for the necessary legal checks to be conducted.

Executive Committee Business

Budget Bill: Consideration Stage

Madam Principal Deputy Speaker: I call the Minister of Finance, Dr Caoimhe Archibald, to move the Consideration Stage of the Budget Bill.

Moved. — [Dr Archibald (The Minister of Finance).]

Madam Principal Deputy Speaker: No amendments have been tabled to the Bill. I propose, therefore, by leave of the Assembly, to group clauses 1 to 13 for the Question on stand part, followed by the two schedules and the long title.

Clauses 1 to 13 ordered to stand part of the Bill.

Schedules 1 and 2 agreed to.

Long title agreed to.

Madam Principal Deputy Speaker: That concludes the Consideration Stage of the Budget Bill. The Bill stands referred to the Speaker.

Private Members' Business

Waiting Lists: Action Plan

Madam Principal Deputy Speaker: The next item in the Order Paper is a motion on an action plan on waiting lists. Before I call Diane Dodds to move the motion, I inform Members that a question for urgent oral answer on the junior doctors' strike has been accepted by the Speaker. No decision has yet been made on the other questions.

Mrs Dodds: I beg to move

That this Assembly believes it is deplorable that none of the formal waiting time targets for health and social care services in Northern Ireland have been met since 2014; notes with concern a recent Northern Ireland Audit Office report that indicated that the number of people currently on health and social care waiting lists is equivalent to 26.3% of our population, more than double the figure in England; further notes regional inequalities within Northern Ireland and the urgent need for same-time access regardless of where anyone lives; acknowledges the need to turbocharge investment towards tackling the waiting list backlog over the remainder of this Assembly term; stresses the value of partnering on a much larger scale with national and independent providers to maximise existing capacity; and calls on the Minister of Health to publish an updated action plan to tackle the waiting time crisis within six weeks.

Madam Principal Deputy 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 on the Marshalled List, the Business Committee has agreed that 15 minutes will be added to the total time for debate. Diane, please open the debate on the motion.

Mrs Dodds: Thank you, Madam Deputy Principal Speaker — or whatever way round that is.

I am pleased that we have the opportunity to discuss this important topic, and I thank the Health Minister for his attendance in the Chamber. I am sure that every MLA in the House can attest to the fact that, every week, we meet constituents who are ill, in pain and on a waiting list. They have lost hope and faith in

the very NHS that was meant to look after them from the cradle to the grave. Let me reinforce my belief that a well-funded, properly functioning NHS, free at the point of delivery, is my sincere goal. It saddens me that we are very far from that objective. Tackling waiting lists is one of the pivotal issues on which the success or failure of the Executive will be judged. We cannot fudge the issue or talk about everything else but not address that most fundamental of issues that impacts on our constituents every day.

Mr McCrossan: Will the Member give way?

Mrs Dodds: I would like to make some progress.

Minister, I understand and appreciate that you have a challenging brief, and I hope that, in highlighting the issue in the Chamber today, we will lend weight to your arguments for resources to tackle the problem. Equally, Minister, the issue will not go away, and we will hold you and your Executive colleagues to account on the progress in tackling it.

In bringing the motion, I want to be clear on the uncomfortable truths about waiting lists. The Northern Ireland Audit Office (NIAO) report of 2023 makes for stark reading. No formal waiting time targets have been achieved since 2014. Between March 2017 and 2023, patient waiting lists exceeding maximum waiting time targets have increased exponentially. The equivalent of 26.3% of the Northern Ireland population is on a waiting list compared with 12.4% in England. That means that, compared with England, more than twice the proportion of our population are on health and social care waiting lists. In Northern Ireland, 51% of those on a waiting list were waiting over 52 weeks for assessment or treatment compared with 5.4% in England. From the Department's waiting time statistics, we know that 87.9% of patients diagnosed with cancer received their treatment within 31 days versus the 98% target, with gynaecology having the poorest outcome of 78.1%.

There are huge regional variations in the statistics, with some trusts performing much better than others. That postcode lottery of treatment is unsustainable and unfair. In the Southern Health and Social Care Trust area, the wait for a routine urology assessment is 153 weeks. There is a potential further wait for treatment of 151 weeks. The wait for a rheumatology outpatient assessment is 201 weeks, and, for neurology, it is 172 weeks. I have used figures from my local trust; other

figures are available, and the wait times are just as shocking.

It is long past the point where we can call this a service. It is clear that very poor waiting time performance is significantly increasing the number of patients at risk of developing serious conditions and illnesses. Their quality of life will have been reduced by spending protracted time waiting on tests, treatment or surgery.

There is deep concern about the prevalence of late diagnosis. Between 2012 and 2017, one quarter of cancer diagnoses were made in emergency departments and not in primary or elective care. It is morally unacceptable that we are allowing patients to reach that stage in their journey before serious illness is detected.

Minister, we all know that that is not a sustainable position. We know that Northern Ireland has the worst waiting lists in the United Kingdom. Simply doing a little more or investing a little extra will not make a significant difference. That is why it is imperative that you and Executive colleagues have a clear plan to reduce waiting times.

In their latest funding offer, the UK Government said that they will grant an additional £34 million to tackle waiting lists. However, the Northern Ireland Audit Office report indicates that £909 million would be required to reduce waiting times substantially. The elective care framework estimated that £707 million is required to ensure that, by 2026, waiting times do not exceed one year. The Department has now conceded that those targets cannot be met. I know that you are very soon in post, Minister, but is that still your view?

Stabilising this fundamental public service will require significant investment. Minister, we need your Department to provide robust figures on the cost of stabilising the service, and we will be watching the future budget proposals for investment. However, funding is not the only solution. Recruitment and investment in staff are vital. I hope, Minister, that you will be able to reverse the decision taken last year to halt the recruitment of nurses onto university courses. We trust that you will be able to reach satisfactory agreements on pay so that staff can feel valued, and that you will work with trusts to ensure that staffing levels are safe and appropriate.

While there is a need to increase the number of staff, that must be accompanied by an overhaul of inadequate, out-of-date and poorly maintained physical and digital infrastructure. Those investments will lead to more efficient

delivery of services. Other options that must be delivered include the use of primary care for routine elective procedures and tackling the extreme pressures on social care.

We need to be realistic about the extent of progress that the system in its current form can achieve. Clearly, we do not have sufficient capacity, and all the training and recruitment efforts in the world will not turn that around in the short term. We need to find partners who can assist us, and we need to look beyond our usual local providers. The small independent sector in Northern Ireland will undoubtedly have a role to play, but it is dwarfed by the volume of the additional capacity that is needed.

Mr McCrossan: Will the Member give way?

Mrs Dodds: I will shortly, if you just let me finish this point.

Continuing in the old way, with small contracts at the end of the financial year, will have only a minimal impact. I was very concerned when I was contacted by one private sector provider who indicated that patients who it had been anticipating this month for urgent red-flag endoscopies had not been forthcoming due to trust financial concerns. They had made arrangements to carry out 2,000 endoscopies and 1,000 urology procedures in the six weeks leading up to the end of the financial year. Have those red-flag patients simply ended up on another waiting list? I can only imagine their fear and concern.

I will give way to the Member now.

10.45 am

Mr McCrossan: I thank the Member for giving way. I share her concerns in relation to waiting lists, and I believe that they firmly impact on the lives of each and every one of us. Does the Member appreciate and agree that the absence of these institutions for two years — and for three years prior to that — has contributed to the devastation that has been inflicted on people and to the huge and growing waiting lists that we face in Northern Ireland?

Mrs Dodds: I thank the Member for his intervention. I am not interested in playing politics on this one today. It is extremely important for Northern Ireland that we go forward with a plan to sort out this issue. Every day those people, who are in pain, want us to do that.

Northern Ireland can only do so much by itself. We must seek to partner, on a much larger scale, with national or global providers that can work alongside us to provide the additional skilled staff that are required in the short term, as we enhance our capacity. Let me be clear: investing in our own staff and infrastructure is my preferred option, but the needs of our waiting lists and the urgent requirement to address capacity will take radical short-term solutions. Some in the Chamber may have an aversion to considering working alongside the independent sector, but I am not necessarily suggesting that we have to pursue private providers. There are a number of non-profit organisations from the United States, for example, that operate internationally. The University of Pittsburgh Medical Center is a global non-profit health enterprise with 92,000 employees internationally, 40 hospitals and 70 cancer centres. It has partnered with a number of hospitals in the Republic of Ireland, providing state-of-the-art radiotherapy treatment in Cork and Waterford, and is also involved in hospitals in Kildare and Kilkenny. There is undoubtedly a political and broader interest from the US in Northern Ireland's affairs, and perhaps there are ways in which we can encourage that and harness it for genuine practical benefit and for the welfare of our patients.

We should not underestimate the anxiety that people experience when waiting for a diagnosis, nor the impact on loved ones. We recognise that additional money alone is far from being the answer, as Northern Ireland already has the highest per capita spend in the whole of the UK, but we must maximise the outcomes from investment. We must see more procedures proceed. It is surprising that that can happen in the private sector but not in our NHS. There must be clearer separation between emergency and planned care.

Madam Principal Deputy Speaker: Will the Member bring her remarks to a close?

Mrs Dodds: Yes. I had assumed that I would get an extra minute because of the intervention.

Madam Principal Deputy Speaker: Not when you are moving the motion.

Mrs Dodds: Oh, right. Sorry. Thank you.

We need to sweat our assets. Can I take two seconds, Madam Principal Deputy Speaker —

Madam Principal Deputy Speaker: The Member's time is up, sorry.

Mr McGrath: I beg to move the following amendment:

Insert after "maximise existing capacity":

"including the immediate reinstatement of the cross-border healthcare directive;"

Madam Principal Deputy Speaker: Colin, you will have 10 minutes in which to propose and five minutes in which to make a winding-up speech. Please open the debate on the amendment.

Mr McGrath: No greater issue has highlighted how sick our health service more than that of the waiting list debacle. The fact that we are raising this issue and discussing it so early after the Assembly's return is therefore welcome.

People have been languishing on waiting lists for too long. It is probably too simple to point to COVID and say that that was the cause of any of those lengthy lists; it certainly did not help, but the genesis of the problem goes back much further than that. To find the real answer, we need to delve into the strategy storage room in Castle Buildings, for it is there that we will find the real cause of the problem. It is in that room that we will find many undelivered strategies. Many of those strategies would have helped the waiting lists, had they been implemented. It is in that room that we would find many announcements about reorganising our health service, and it is in that room that we would find plans that would have reorganised and helped, had they been enacted. It is the inactivity of Health Minister after Health Minister and Executive after Executive that has led us to where we are today, with some of the longest waiting lists in Europe.

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

Mr McGrath: I will not, because you will have your chance, and I will not get any extra time.

How bad is the problem? Last September, 116,000 people were waiting for an in-patient or day-case appointment and 429,000 were waiting for a first consultant appointment. That is 545,000 people out of a population of 1.8 million — nearly one in three — who were waiting to see a doctor. The Sinn Féin-DUP duopoly of power-sharing, with stop-start government, began when they took over in 2007; since then, waiting lists have become five times longer. That is not a success but an abject failure in government. It is an embarrassment. In Scotland, the figure is

627,000; Scotland's population is three times that of here. In Wales, the figure is 734,000; there are a million and a half more people there. Before we hear any excuses, the Tories fund them as much as they fund us. Let us therefore not trot out the old lines so quickly but, rather, have a look at our own actions.

More than anything else, it is political inability to solve the problem that is causing and feeding the waiting lists. Stop-go politics is the major harm of our health service. Having a health service that is crippled and unable to take decisions because there is no Minister is causing the real problem.

Solving the waiting list crisis will require a two-pronged approach. One side will deal with those who are on a waiting list now, who need to be seen and sorted. The other will make sure that we never again end up with lists as long as they are and have been. I will come back to that shortly.

On the issue of political inactivity and having no Assembly, no Executive and no Minister of Health, I am somewhat surprised that the party opposite is raising the issue of waiting lists, given that it collapsed the Government in this place for the past two years. An Executive partner collapsed it three years prior to that. I am in no doubt that that hiatus, or double hiatus, saw many people die while they were on a waiting list. They will have died with their health issues unaddressed, left in pain, suffering and a burden on their family, because their health issues could not be addressed in a timely manner. It is a bit of an embarrassment that, of all the parties that could have tabled a motion on the state of our health service, the party opposite — it collapsed the Government here for the past two years, paralysing our officials, preventing them from managing the health service properly and causing the environment that has driven up the waiting lists — has done so. If you cannot draw the line between inactivity, having no Executive and no Government, and the driving up of our waiting lists, that shows a major disconnect from reality.

We are where we are, however. We have waiting lists, and, as I mentioned, a two-pronged approach is required. We must seek a cash injection that will allow the backlog to be cleared. The figures need to be driven down, down, down. That will happen only by asking our already overstretched staff to do more, which is not possible because many of them have been driven to the edge, or by using our private sector. It is there, and we will have to use it, but let us not fool ourselves: such places are often staffed by medics who work in the

NHS as well. How many of our constituents have said, "I went to the doctor, and he said that I cannot be seen by a consultant for another six or eight months, but he told me that, if I go privately, I can be seen next week."? Often, it is the same consultant.

We need to clear the backlog, and we will have to use the private sector. That is where our amendment comes in to help, by explicitly calling on the Health Minister to re-fund the cross-border healthcare directive to allow patients to utilise hospital and health services that are often closer to their home than the places to which they have to travel. The scheme was successful and was used by hundreds, if not thousands, of people. There is an opportunity for that to help. If we did something right in the past, let us do it again.

The second prong of the approach that is required is the need to sort out the mess in order to see true and meaningful transformation. It is only through transformation of our health service that we will ensure that waiting lists never again grow to such lengths. We must transform so that patient flow improves. Just a few months ago, 4,000 people were waiting on a domiciliary care package. How many of them lay in hospital when they did not have to? They could not get home because there was no care package. That backlog goes out of the ward, down into the emergency department, out into the ambulances that are parked outside and ends up with people dialling 999 but not being able to get an ambulance to come and help them. The backlog has a chain effect, and we have to break that chain. To do that, investment is needed. It means recognising and valuing our workers in domiciliary care so that it becomes a career that attracts people.

Our cancer waiting times are also horrific, with many of the established targets not being met. Breast cancer patients is just one example. The target is for 100% of referrals to be seen within 14 days. We have not reached that target in 12 years: 12 years. Another example, which people probably do not think is at the top of the list, is dental waiting times. Before we talk about dental waiting times, let us talk about accessing a dentist. Many in our community struggle to get a dentist with whom to register. They struggle to get an appointment, and if they are NHS, forget about it. What is the problem? It is that we do not fund our dental sector properly. It literally costs dentists to deliver NHS work. Who would go to work if it would cost them to do their job? That is not a real-world model. It is not working, and when it is not working, it is people who suffer.

We therefore need to see a transformation plan, with a budget, an action plan and a timescale for implementation of that transformation. We need to see what the changes will be, and, crucially, we need to hear what the benefits will be. The public need to be engaged with and informed so that they can see that the loss of a service from one medical centre, the gaining of another service from somewhere else and the inclusion of a different or changed one will mean better services, better delivery, shorter waiting times, improved outcomes and happier, healthier people. Then the waiting lists will come down. If this is an effective, proper, legitimate scrutiny Chamber, we will never again let waiting lists get to the lengths that they have.

Ms Kimmins (The Chairperson of the Committee for Health): I welcome the opportunity to make some remarks as Chair of the Committee for Health, before speaking as my party's health spokesperson.

Tackling waiting lists will be a key priority for the Minister of Health in the coming years. The Audit Office report 'Tackling Waiting Lists', published in October 2023, outlines some of the key challenges for the Department and the Minister. It states that waiting time targets have not been achieved since 2013-14 and:

"The Department has already stated that the current Framework will not achieve its waiting time targets by 2026".

We therefore cannot keep doing what we are doing and expect lists to get shorter.

As of the end of September 2023, 428,858 patients were waiting on a first consultant-led outpatient appointment. That figure is up from 127,095 in March 2014. That means that, in nine years, almost one in four of our population is waiting on a first consultant-led outpatient appointment. We have 115,929 patients waiting for inpatient or day-case treatment, which is up from 49,341 in 2014. That is one person in every 16 of our population waiting for treatment. We have 188,850 patients waiting for diagnostic tests. That is over twice what the number was in 2014, which was 69,042. That is one in 10 of our population waiting for tests.

Owing to the size of the lists, it can be easy to get lost in the statistics, but, in reality, each of the numbers is an individual in our families and communities. Each case is on a list for a reason and needs to be seen by the experts as quickly as possible.

Unfortunately, due to the size of the lists, people are waiting for record times. The number of people who have to wait over 52 weeks for an initial appointment or treatment is at an all-time high. The figure for people waiting over 52 weeks for ear, nose and throat treatment is as high as 69.8%. As individuals wait on the lists, their conditions get worse. People experience pain, and they are understandably concerned about their condition. That has an effect on well-being and mental health.

11.00 am

Waiting times can be a bit of a postcode lottery. For example, if you live in the Belfast Health and Social Care Trust area, 33.8% of people will wait longer than 26 weeks for diagnostic tests, whereas it is only 13% in the Northern Health and Social Care Trust area. We need transformation of the health system and long-term investment in the health service to allow the capable and committed surgeons, doctors and nurses to deliver the services that they want to deliver. We need to ensure that we have the right infrastructure and resources to treat our most vulnerable people.

We cannot allow people to go on waiting lists and get progressively worse while they wait for the treatment that they need, but that means that we need to take tough decisions on services. It will mean learning from best practice across our trusts and from further afield. It will mean the need for a fully resourced multi-year budget. It will mean training and recruiting more surgeons, doctors and nurses.

In the coming weeks, the Committee will hear about waiting lists from the Minister, the Department, the trusts and other key workforce stakeholders. The Committee will undertake its scrutiny role, and we look forward to considering any action plan that is brought forward by the Minister to address the issue.

I will now make some remarks as Sinn Féin health spokesperson. As we have discussed, waiting lists have continued to soar, particularly in the past years. We have seen some shocking figures over a short time. People face unprecedented waits for the surgeries and treatments that they badly need, inevitably causing their overall physical and mental health to decline further and creating additional pressures on our already struggling health service.

In 'New Decade, New Approach' (NDNA), commitments were made to prioritising tackling waiting lists, yet five years later, not least due to

cuts to the fund by over £30 million in an effort to manage budgetary pressures and as a direct impact of the COVID pandemic—

Ms Ennis: I thank the Member for giving way. When she was talking, I could not help but think of Daisy Hill Hospital, which is close to both our hearts, given that our constituencies are Newry and Armagh and South Down. Does the Member agree that Daisy Hill Hospital is strategically placed on the Belfast to Dublin corridor? Roughly 3 million people can access it within 90 minutes. Does she agree that, while it is positive that Daisy Hill Hospital is now an elective overnight surgical hub, it can do so much more to play its role in tackling waiting lists and that we need the Minister to publish a plan for investment in Daisy Hill so that it can help to address some of the issues with waiting lists that we are speaking about?

Madam Principal Deputy Speaker: The Member has an extra minute.

Ms Kimmins: I thank the Member for her intervention. That point is critical. As she said, Daisy Hill is a hospital that is close to both our hearts, but it is a very important hospital in our hospital network. It can offer so much to tackle the issues that we are dealing with today, with the fantastic staff and services and, most importantly, its key location in an all-island respect. That is a very important point.

Fundamentally, if we are to tackle the huge problem of waiting lists, we need to address the workforce crisis impacting across our health and social care system. If we do not have the staff required to deliver the services that are needed — that means the domestic staff in our hospitals, theatre nurses and doctors, specialist surgeons and consultants, auxiliary staff, domiciliary care staff and rehab staff; all those staff, who cover a wide variety of roles, with whom a patient will come into contact on their journey before, during and after they receive the surgery or treatment that they have been waiting for — the problem will only get much worse.

It is positive that the Executive have prioritised public-sector pay, and I hope that that will go some way to ensuring that we can retain the fantastic staff that we have and, in the longer term, attract staff to fill the thousands of vacancies that continue to exist in every corner of our health service.

Madam Principal Deputy Speaker: Will the Member bring her comments to a close, please? Time is up.

Ms Kimmins: Do I not have an extra minute? Sorry.

Madam Principal Deputy Speaker: I call Danny Donnelly, who is the Deputy Chairperson of the Health Committee.

Mr Donnelly: I thank Mrs Dodds and Mr Robinson for tabling the motion. I look forward to working with both of them as fellow members of the Health Committee. My party will support the motion.

The current waiting times in Northern Ireland are deplorable and unacceptable. As stated in the motion, none of the formal waiting targets for health and social care services in Northern Ireland have been met since 2014. Some of the more specific statistics are truly shocking.

The Northern Ireland Audit Office report has highlighted just how rapidly the number of people on waiting lists has risen. For example, from March 2014 to March 2023, the number of people waiting for an initial outpatient appointment rose by 216%; the number of people waiting for hospital admission rose by 147%; and the number of people waiting for diagnostic tests rose by 151%.

The same report highlights how, without imminent action, those numbers will only get worse. For example, the Department of Health's elective care framework has projected that outpatient waiting numbers could grow by 91%, from 335,000 in 2021 to 640,000 by 2026, and the inpatient waiting list could grow by 206%, from around 100,000 in 2021 to 306,000 in 2026. Those numbers are surely not sustainable in a population of approximately two million. Those are huge numbers, but it should not be lost on any of us that they are our families, our friends, our neighbours and people in our communities. People are living in pain, losing their mobility and suffering from mental health issues and loss of well-being while they wait for tests to see whether they have a serious illness.

Previous attempts to reduce waiting times have not been successful. A previous departmental initiative, the elective care plan in 2017, had a target of ensuring that all patients would be seen within one year but did not meet its prescribed targets. On the basis of the aforementioned 2026 projections, the Department will not meet its targets as set out in the elective care framework from 2021.

We need to ask why waiting lists are so long in Northern Ireland, especially when compared

with the rest of the UK and Ireland. Many of the issues facing Northern Ireland and our health system have been national or international in nature, such as the impact of austerity, Brexit and, especially, the COVID pandemic. However, we do not see such devastating numbers in England. We cannot ignore or forget the damage done by political instability in this place, particularly the fact that we have not had an Executive, a Health Minister or a Health Committee for five of the past seven years. In the two years when those positions were filled, the people in them, understandably, had to prioritise managing the pandemic, which made meaningful reform impossible.

It is welcome that we are back in the Chamber debating this and other vital issues, but, until we have a truly sustainable political system, we will not be able to deliver the transformation that is urgently needed. With that in mind, we must reform the institutions to ensure that one party can never again hold down the entire political process. It will not be lost on anyone that waiting lists got much worse during the period when the Assembly was not functioning.

There are key issues specific to the health system that I encourage Minister Swann and the Department of Health to consider. One of the reasons why our waiting lists are so long is that too many people are referred on to them in the first place rather than being diagnosed or treated quickly along a more appropriate pathway. As highlighted in the Bengoa report, the majority of HSC resources are invested in delivering acute care, and, as a result, some services have been delivered suboptimally. The evidence is clear: specialised procedures concentrated on a smaller number of sites and dealing with a higher volume of patients will improve outcomes. We support such reforms, focusing on providing diagnostics and treatments far more quickly, especially in primary care. That will assist in bringing down waiting lists.

Another issue that remains is the difficulties in recruiting to the workforce and, in particular, vacancy levels. On 30 September 2023, there were 6,920 HSC vacancies across Northern Ireland, which is a vacancy rate of 8.2%. That represents a 14% increase when compared with September 2018. A major issue remains the lack of legislation on safe staffing and adequate pay. Those are two very important issues, and I encourage the Minister to legislate on them before the end of the mandate.

There are other issues that are specific to Northern Ireland. For example, the higher wages available in the Republic of Ireland have

led many consultants to work there while continuing to live in Northern Ireland. That has exacerbated consultant vacancies. On top of those factors is the intensity of the COVID-19 pandemic, which our health service has not fully recovered from. I know that those issues are well known to the Health Minister, and I look forward to his plan —

Madam Principal Deputy Speaker: Will the Member bring his remarks to a close?

Mr Donnelly: — for beginning to address and progress transformation.

Mr Chambers: I welcome the chance to participate in this important debate. It has been two and a half weeks since the restoration of the Assembly and the Executive, and today's debate will, I hope, act as an important early opportunity for all parties in the Chamber to put on record their commitment to making tackling waiting lists one of their greatest priorities.

The position with Northern Ireland waiting times is utterly abhorrent.

It is as outrageous as it is morally intolerable that we have so many people on waiting lists. We must never forget that it is recognised that, with the passage of time, some patients come to even greater harm while they endure the stress and pain of delay. I am sure that every MLA will know a friend or family member who is on a list for a consultation, a test or a procedure. Similarly, we will all have been shocked by the stories, experiences and, sometimes, delays that have been encountered by our constituents.

As the motion rightly puts it, waiting times have been falling behind for the past decade. There are lots of reasons for that, but I will mention only two. The first is that decisions were consciously taken at that time by previous Ministers and senior officials to no longer bridge the gap between limited capacity and increasing demand with additional funding allocations.

Dr Aiken: Will the Member give way?

Mr Chambers: I will.

Dr Aiken: Does the Member agree that the issue has been support not being given to the Health Minister previously and that what we need now is a dedicated commitment from all Executive parties and everybody around the table to support our Health Minister in his difficult task?

Madam Principal Deputy Speaker: The Member has an extra minute.

Mr Chambers: I absolutely concur with those remarks.

Whilst I understand that the Executive were facing financial constraints of their own, such unilateral cessation of funding put many waiting lists into a tailspin. As I said during the Budget debate yesterday, what would benefit the health service most is longer-term funding certainty, but, in the absence of that, specific waiting list initiatives would have been critical in slowing the tide.

Secondly, an equally damaging slate of decisions or steps was taken on workforce. Critical training positions were either reduced in number or did not keep up with the necessary rate of expansion. Unfortunately, that left the workforce too small and fractured to be in a position to reverse what quickly became a rapidly deteriorating waiting list position.

Whilst I note that the motion asks for an action plan within the next six weeks, with respect to the Members who tabled it, we do not need any more words down on paper; we need focused and targeted delivery of what has already been said to be deliverable, to which all political parties previously gave their support.

The proposer mentioned the capacity that is available in the private sector. I suspect that the Minister would love to take up the offer over the next six weeks, if he had the money. Whilst, every so often, there is a glimmer of hope, such as the restoration of pay parity in January 2020 or a big expansion in training numbers, sadly, the failure of politics often gets in the way of permanent improvements, and regression creeps back in.

I am fearful that, in the time ahead, we will look back to the most recent two-year period of political stalemate and the three years from 2017 to 2020 and see just how much enormous physical and mental harm was inflicted on so many of our people. Whilst there has been some hugely welcome progress made with the strategies and action plans that were published in 2021 and 2022, like so many other important areas of work, they have suffered as a result of funding uncertainty.

Of course, it is not just the people who are stuck on waiting lists who have to endure the fear and concern of delay. We should never forget the moral distress being felt by clinicians. They can see the needs of their patients, yet, all too often, they know that the patient is not

getting the support that they need and that, their skills and judgement tell them, is necessary. That is why it would be unforgivable if we did not maximise every opportunity that is available to us in and outside the health service.

The proposer, in her opening remarks, referred to "uncomfortable truths". There should be no doubt that our absence from the Chamber for five of seven years has not been helpful to any of our public services. We owe it to the people of Northern Ireland to work together to pull our health and social care system back from the brink. We will achieve that only by working together and not making health a political football. However, I have a sense that we may drift into that situation. The public of Northern Ireland will not thank us for doing so.

11.15 am

Ms Flynn: I will speak in support of the motion and the amendment. We all know that the current situation with waiting lists is completely untenable for patients and for our staff.

Other Members mentioned cancer, domiciliary care, gynaecology and oral health, but we know that mental and physical health are intimately linked. Long waiting lists for mental health services are also unacceptable. Aside from elective care and physical health, poor mental health alone costs the economy here £3.4 billion each year. At any time, one in 10 of our children and young people are experiencing anxiety or depression. We heard recently — this was carried in the media last week or the week before — that 10,000 children sought mental health support last year and that a third of them were still waiting for their first appointment at the end of 2023.

The motion also refers to the fact that people need to receive that same-time access, regardless of their postcode or where they live. We all know that, at present, that is clearly not the case. The children's mental health story that was covered the other week shows how waiting times vary between trusts. Average waiting times went from five months in the Belfast Trust to fewer than nine weeks in the Southern Trust area. That is definitely an issue that we need to grapple with, because it is not fair. Some children wait years for mental health supports. The longest wait was in the Belfast Trust, where some children waited nearly two years. Obviously, in protecting our young people and looking out for children, those waits are just wrong, and no family or child should be that long on a waiting list.

At the moment, child and adolescent mental health services (CAMHS) funding is approximately £20 million to £25 million per year, which is between 6.5% and 8.5% of the overall mental health budget. I know that, in the mental health strategy, the hope is to increase that percentage of the budget to 10%. I hope that that will be the case, because it will help with overall waiting lists.

The recent workforce review on mental health showed that we need almost 2,000 additional workers to provide adequate mental health services. Again, when we talk about an addition to funding for waiting lists, which is absolutely an immediate priority, we also need funding for additional training places and for our workforce. In mental health, that would be specifically for psychology and psychiatric services.

Mrs Erskine: I thank the Member for letting me intervene. I know that mental health is a real passion of hers. Does she agree that we also need to ensure that the community and voluntary sector are included in mental health provision in our communities?

Madam Principal Deputy Speaker: The Member has an extra minute.

Ms Flynn: I thank the Member for the intervention. I completely agree. My next point was coming on to early intervention and how, in some avenues, we can get in more quickly with children to prevent them going on to different waiting lists for different issues when they grow into adulthood. The community and voluntary sector is critical to all that as well, so thank you very much for that.

It is important that people are provided with the right support at the right time. Regardless of whether you start with a mental illness or a mental health problem, the longer you have to wait to be seen will have an impact on your physical health, and, vice versa, if you are on a waiting list for a physical health problem and you have long delays in being seen, that can impact on your mental health. We need a two-pronged approach to support people with both physical and mental health issues.

From stats on the waiting lists for adult mental health services, we know that those lists have almost doubled over the past four years. The number of young people who are waiting for access to CAMHS has tripled over the past four years. As someone mentioned, we need to make sure that it does not come down to people's personal finances in terms of how soon they can be seen or treated. We know that

not everyone can afford it. The people who can least afford and pay for it are, sadly, those who live in our most deprived areas. Again —.

Mr Donnelly: Will the Member give way?

Ms Flynn: Yes.

Mr Donnelly: I agree with the Member. It should be noted that Northern Ireland households have the lowest disposable income in the UK as a whole. We have lower capacity to access private medical healthcare. I am aware of people who have used large chunks of their savings or have even borrowed money to access medical care. Does the Member agree that that has created a two-tier health system?

Ms Flynn: Absolutely it has. It is completely unfair to expect any family, especially families who do not have the means or finances, to have the additional pressure of paying to get their loved ones seen and treated for their healthcare.

Am I out of time, Madam Principal Deputy Speaker?

Madam Principal Deputy Speaker: No, you have another few seconds.

Ms Flynn: OK. To finish off, we recognise the impact on patients' mental and physical health, but we also know that being on a waiting list is having a massive impact on the lives of people who are watching this debate. On the amendment, any practical steps that we, the Minister and the Executive can take to help with waiting lists need to be made a priority for everyone. I support the motion.

Madam Principal Deputy Speaker: Since this is Alan Robinson's first opportunity to speak as a private Member, I remind the House that the convention is that a Member makes their first speech without interruption.

Mr Robinson: Thank you, Principal Deputy Speaker. I congratulate you on your recent elevation in the House.

Before I begin my remarks on this very important topic, I will step back two years to offer my appreciation to those across East Londonderry who ensured that there would be two members of my party to represent their interests. I also pay tribute to George Robinson MBE, whom I replaced in the seat.

Some Members: Hear, hear.

Mr Robinson: George served for 18 years in this place. He began his almost two-decade stint here at the very youthful age of 62. *[Laughter.]* Unfortunately, having enjoyed only 11 months of retired life, he was struck down by ill health. Typical of the man that George is, however, he has fought his way back. He is living independently again, he is back driving and he is back enjoying following Irish League football. I am sure that the House, and especially those Members to my right, will extend good wishes to him as he returns to good health.

Some Members: Hear, hear.

Mr Robinson: That this is my maiden speech allows me to speak a little from a very personal perspective. It allows me to express my frustrations, as someone with long-standing health conditions who has been on multiple waiting lists and who has just recently been put on yet another. Today, we will all be able to share stories of constituents who have visited our offices seeking assistance in the hope of climbing a lengthy waiting list. All of us can give accounts of people whom we represent who have no other option but to part with their life savings or to borrow many thousands of pounds for urgent treatment, forcing themselves into a world of debt. These are good, decent, salt-of-the-earth people who may have worked themselves to the bone all their days and paid into the NHS only to be let down. I mean this with the greatest of respect, but, while they part with money that they can ill afford, others cannot do that. Those people descend into greater ill health, which, ultimately, becomes more complex and expensive to treat. Some even die. That is the stark reality that we are dealing with.

While we could all fill today's business with examples of human suffering, we must also deal in the hard facts. We heard earlier that, as of September 2023, 429,000 people were waiting on a first outpatient appointment, of which half were waiting for a year. Some of those people will die; at best, their quality of life will be poor. Those waiting times are the worst in the UK and amongst the poorest outcomes in Western Europe. We also heard earlier that one quarter of all cancer diagnoses between 2012 and 2017 were made in emergency departments (EDs). A postcode lottery is being played out in cancer treatment waiting times, with the Western Trust seeing much better performance towards meeting targets than other areas.

I could go on and on, but I simply do not have the time. When it met last week, the new Health

Committee heard the stark reality that we all must bear. The £34 million from the British Government to tackle waiting lists is nowhere near enough. Indeed, it would take hundreds of millions of pounds and many years to properly address the situation. Those are not my words, but those of senior health officials.

That brings me to my personal experience with one such waiting list on which I was placed several years back, when my GP initially told me that I would have an 18-month wait. Eighteen months came and went, then 19 months, 20 months and 21 months. When I became aware that the consultant also carried out work in the private sector, I queried, merely out of interest, how soon I could be seen. The answer from the consultant's PA was, "Can you attend next Thursday?". The take-home message for me was that the wealthy can stay healthy while the rest of us just have to wait. The right to health should belong to everyone.

It also showed me that the capacity in the private sector should be grasped. The use of private hospitals and providers across the British Isles and further afield is critical and looks like the only short-term option. This should not be focused just on surgery but on the full suite of professional skills and services needed to reduce the current backlog. I accept that there have been gains in recent times with the ongoing development of dedicated elective sites, including regional day case and overnight stay centres. However, significant further expansion is required if we are to see better progress in dealing with waiting list backlogs. We must maximise outcomes from additional investment. Continuing with the same level of small contracts with independent providers cannot deliver the tangible progress that we crave. The Department of Health must be seizing opportunities to —

Madam Principal Deputy Speaker: Will the Member bring his remarks to a close?

Mr Robinson: — forge larger national and local partnerships with the NHS in other parts of the UK and independent providers to crack down on waiting lists.

Madam Principal Deputy Speaker: Thank you.

Mr Robinson: We owe it to the thousands upon thousands of our constituents —.

Madam Principal Deputy Speaker: Time is up. Thank you.

Miss McAllister: I support the motion and am grateful to the Members who tabled it. Indeed, at our first Health Committee meeting last week, all the members shared this issue. We look forward to having the Minister at the Committee to discuss plans to tackle waiting lists soon enough. As I said last week about the women's health strategy, we recognise, Minister, that you have only been in your post for a number of weeks, but you were the Minister for a number of years before suspension, so I do not doubt that you can really hit the ground running and that you will come back to us, maybe not in six weeks but, hopefully, soon enough, to set out what actions it will take to drive those waiting lists down.

Today, we have heard from many Members that, despite our spending more per head in Northern Ireland than anywhere else in the UK, we have by far the longest waiting lists. Often, those who have the means to pay go private, further exacerbating the problem, as Mr Robinson said. I assume that he was referring to the same consultant who he was waiting to see through the NHS but could pay privately to see them quickly. Where is the equity in that for the people of Northern Ireland? As many Members have said, we really need an NHS that is free at the point of entry, from the cradle to the grave.

One of the reasons why the waiting lists are so long that I want to focus on is that there are no spaces in our hospitals, because their bed capacity is maxed out because people cannot be discharged on time. In recent years, especially around the Christmas period, when times are really tough, families have been asked to come and pick up their loved ones or maybe look after them at home. Really, in this day and age, we should not have to rely on loved ones to take on the care of people who deserve it, whether in hospital or in their home. Why are we at that situation? It is because domiciliary care is not sufficiently funded. Also, how we appreciate that service is not sufficiently tackled. When we pay people the lowest of wages, what do we expect? They are not going to stay. They are going to go elsewhere, further exacerbating the problem. We need to invest in the domiciliary care workforce so that those who can enter, either through short stays at rehabilitation or at home, can be sufficiently targeted to do that.

At the Health Committee last week, I raised the options around domiciliary care and where we go with the future, particularly the 15-minute wait. We all know elderly loved ones who do not want to have people come into their home to take care of them, but they need that and so

they accept it. However, when they have people coming in, dropping and going — just doing a check, 15 minutes and out — that is not the service that we expect. I raised the issue of the 15-minute visits and whether we can get to a point where we move on from that. Investing in that service and in the workforce and upskilling people will really help to create that bed capacity and get people off the waiting lists.

Ms Kimmins: I thank the Member for giving way. She raises a very important point, and it comes back to the workforce. Therein lies the problem. To start to address the workforce crisis, we first need a plan to do this, and we need to see that plan. I understand that there are reviews going on, but we need to see a plan published, and we need the proper funding to support this. That is why we need to continue making that case to the British Government to be properly funded here so that we can deliver on all these things.

Madam Principal Deputy Speaker: The Member has an extra minute.

11.30 am

Miss McAllister: I agree, and no doubt the Minister also agrees that the British Government should fund us to our level of need. We will continue, like all Executive parties, to make that case.

I was just coming to the issue of the 2023 Audit Office report on tackling waiting lists. A number of Members have mentioned it today, and I hope that the Minister can give us an update on where we are with nine of the recommendations from the report. A number of organisations in Northern Ireland do a lot of work for people in the sector, whether that is Carers NI, the Royal College of General Practitioners or the Royal College of Surgeons, and they all have their thoughts on how we can actually move forward. We need to listen to them. They are the experts who work with people every day. In fact, the Royal College of Surgeons said that, over the next four years, 91% of surgeons could retire. Where is the succession planning? Where is the workforce training to ensure that there is not a huge gap that will further exacerbate the waiting lists?

I want to talk about where we should go. The Alliance Party would like to see policies such as those implemented in some of the Nordic countries. Sweden has the 0-7-90-90 rule for non-emergency care. You see your GP within seven days, a specialist consultant and diagnosis within 90 days and treatment for that

within a further 90 days for non-emergency care. That is the long-term vision, and I recognise that there is a lot of work to get there. I recognise that this will not be done just by parties speaking up in the Chamber. It needs to be done by leadership from the outside too.

I call on all parties, not just those in the Executive but the Opposition parties too, to get behind reform in health care. I understand what the Members in the Opposition said, but when Members such as Justin McNulty stand up at meetings about Daisy Hill Hospital and mock Bengoa, what does that say about the Opposition's credibility in leading on healthcare reform?

Mr McNulty: Will the Member give way?

Miss McAllister: I will because I mentioned you, but I am running out of time.

Mr McNulty: How can the Member dare to deride me for standing up for the people that I represent and who deserve equality and a good healthcare system? How can you possibly dare stand here and deride me for standing up for the people that I represent and the patients who are struggling with the inability to access healthcare systems the way that everyone else can across the North? That is very unreasonable.

Madam Principal Deputy Speaker: The Member's time is up.

Miss McAllister: Thank you.

Mr Middleton: I congratulate you on your elevation to the position of Principal Deputy Speaker. I also congratulate my colleague Alan Robinson on his excellent maiden speech today.

Some Members: Hear, hear.

Mr Middleton: I will begin my remarks by paying tribute to the fantastic and dedicated health and social care staff across Northern Ireland. Many of them are working in conditions that are very difficult and stressful. I want to put on record our thanks to them, first and foremost.

As others have mentioned, it is a sad reality that here, in Northern Ireland, our waiting times are not only the worst across the United Kingdom but, indeed, are some of the worst across Western Europe. Over a quarter of Northern Ireland's population is on a waiting list.

It is also a sad reality that a growing number of people in our communities are dying while languishing on waiting lists.

The findings of the Northern Ireland Audit Office report send a stark signal of the need to urgently address the missed targets and the evergrowing waiting lists across the board. Of course, I have particular concerns about cancer targets. The latest figures that I have show that only the Western Trust met its target for patients diagnosed with cancer receiving treatment within 31 days. As an MLA for Foyle, I welcome this particular position and the target being met in the Western Trust, but the reality is that there are many different pictures across other trusts in Northern Ireland. Just 34% of patients with suspected cancer who were urgently referred by a GP began treatment within 62 days. That is against a 95% target. The Western Health and Social Care Trust's figure was 44%, whereas the Belfast Trust had the lowest percentage, at just 22.6%. Of course, there are big disparities across the various specialisms within the sector. Just 52.9% of patients were seen within 14 days of their urgent referral for breast cancer, against a target of 100%. Unfortunately, no trust achieved that target.

The postcode lottery for services is simply not sustainable. Yesterday in the Chamber, we spoke about the economy and the need to address regional imbalance. We need to ensure that regional imbalance and regional inequalities are addressed across the health sector. There are similarly concerning statistics across all levels of the health and social care system. We have heard today about how people are waiting an extraordinary amount of time to access mental health services and drug and alcohol services that would, no doubt, go towards improving their life, or even saving their life.

Mrs Erskine: I thank the Member for giving way. I am glad that he mentioned drug and alcohol services. While people are on a waiting list, their mental health deteriorates, and some turn to drug and alcohol abuse, which will mean more of a cost to our health service. We are therefore seeing problems in other services as a result.

Madam Principal Deputy Speaker: The Member has an extra minute.

Mr Middleton: I thank the Member for her intervention. It is a very timely point. The Member touched on the community and voluntary sector earlier and mentioned the

various organisations that help alleviate pressure and ensure that there is not a greater cost down the line. The problem that I have, and the concern that many of us have, is that the cost could ultimately be a life, and that is something that concerns us all.

I also raise the need to address urgent and emergency care in our emergency departments. There is a frustration at the number of people who unfortunately cannot access their GP. In the statistics that I have, it is stated that almost 20% of people attending have been referred to our emergency departments by GPs. That accounts only for those who were referred, however. There are also many people who unfortunately cannot get through to a GP. They therefore present at the emergency department, even though that may not be the most appropriate place for them to be.

Ms Kimmins: I thank the Member for giving way. His time is running out, so I will make just a quick point about access to GPs. As other Members have said, when people are on a waiting list for a long period, they start to develop other conditions that will require them to present to their GP or at an emergency department more often. Does the Member agree that we should use all the tools that are readily available to reduce waiting lists in the here and now, including the reinstatement of the cross-border healthcare directive, which we know has been very successful and works well for our constituents right across the North?

Mr Middleton: Absolutely. We need to look at every type of initiative. In our GP services, we see the use of multidisciplinary teams. There are various mechanisms that we need to use, and we cannot rule things out. We need to be looking for the best possible outcomes for our constituents.

The Audit Office report sets out a number of recommendations. I agree with other Members that we have had a lot of strategies. We now need an action plan. We need something that we can point to and say, "This is now the course of action that we are going to take". We have waited far too long for our waiting lists to be addressed. Now is the time to bring forward an action plan and ensure that we can deliver for our constituents.

Ms Bradshaw: I support the motion and the amendment. I will focus on what we have learnt from the Audit Office report, and from other reports and evidence, about how we can do things differently.

The Audit Office report refers to the need for extra money, and we need to be clear about one thing, which is that the Department of Health already spends approximately £4,000 for every person in Northern Ireland. I appreciate that we have an ageing population with multi-morbidity and therefore more expensive treatments, but we have to recognise that we cannot continue to have a greater percentage of the overall budget share, so we need to use our money more efficiently. Can the Minister outline — if not today, at some time in the future — how he will ensure greater financial accountability of commissioned services in our trusts?

Those who sat on the previous Health Committee, and others who are watching the debate, will know that if a trust is given a certain amount of money for, for example, 30 orthopaedic surgeries, and it delivers only 20, it does not have to give back the money for the 10 that it did not deliver. I have no doubt that the trust then uses the money efficiently and for good ends, but there is no accountability and transparency of its use of the money.

That leads me on to my second point, which concerns the use of locums. I met the former chief executive of the Belfast Health and Social Care Trust in, I think, 2016. He said at that time that we needed legislation here in Northern Ireland to put a cap on the amount of money that is spent on locums. That was eight years ago. I very much take Colin McGrath's point about the stop-start nature of our politics here, but we need to look at the amount that we are spending on our locums.

My third point is about the effective use of our consultants' time. As people will be aware, consultants are given a certain number of slots each week that they have to deliver. If they use one of those slots to travel to Enniskillen, and then spend some time doing work there before travelling back, two slots that week will have been lost. We need to look at the better use of our consultants' time.

We have heard a lot of figures being quoted today about how many people are on waiting lists, but we are talking about cases rather than people. Some people may be on three or four waiting lists. I would appreciate it if the Minister could tell us how he is going to use that information and bring it forward so that we have a far clearer picture. It is ludicrous that such a percentage of our population is on waiting lists. We need better clarity around how that information is collected and presented.

My party will support the amendment about the cross-border healthcare directive, but people need to be clear: that means that we will be using public money from Northern Ireland to pay private hospitals in the South. I have many constituents who are delighted about that scheme and want it to be brought back. I want to see it being brought back as well. However —.

Miss McAllister: Will the Member take an intervention?

Ms Bradshaw: No, I am going to allow an intervention from the proposer of the amendment. Is he also in favour of extending that scheme so that anybody who is on a waiting list can use any private provider across the island, North or South? Is that what the amendment is about?

Mr McGrath: It is about making sure that we drive down those lists by using any opportunity that there is and any weapon at our disposal. People cannot be on waiting lists for any longer than they currently are.

Madam Principal Deputy Speaker: The Member has an extra minute.

Ms Bradshaw: Thank you, Principal Deputy Speaker.

Will the Minister refer to that? I have never received a straight answer about that from the Department of Health. If we are OK with sending money to the South — I have no problem with that if it gets people from my constituency off waiting lists — why do we not afford the same opportunity to private providers in the North to drive down our waiting lists? I would like an answer on that.

There are two final areas that I will focus on. My colleague Nuala McAllister briefly referenced them. These are very crude figures, but it costs £700 a month for domiciliary care, £700 a week for a place in a care home and £700 a night for a hospital bed. I would like the Minister at some stage — probably not today — to bring forward his plans for how we are going to bolster our social care sector here in Northern Ireland. I have no doubt that that needs a lot more investment, but I would like to see those plans. We had Power to People in 2016. Although great work has been done by the departmental officials etc, we need firm action. I agree with Alan Chambers's point in that regard: let us stop talking about it and get on with it.

We, as a party, want to see transformation. We want to see Bengoa delivered. We have always very much supported the elective care framework, but we want to see the long-awaited hospital reconfiguration design plan. We need that consulted on, and we need to bring forward the plans. We need action, not words.

Ms McLaughlin: I imagine that everyone in the Chamber knows someone who is waiting on a health procedure, whether they are a family member, a friend or a colleague. We have all seen people waiting for an interminable time for operations that they should be able to expect in a matter of months. I have lost count of the number of constituents whom I have met who are wrecked with stress and anxiety from waiting for years on an appointment that could be life-changing but which feels like it may never arrive.

Last week, we debated the priority that is given to women's health. One area of waiting lists is for gynae services. Responding to a survey that I delivered last year on women's experience of accessing care, a woman told me about her long wait. She said:

"It's taken me almost four years to get some form of outcome even though I still believe they have misdiagnosed me. I am worse now than when they tested me but I am told a long waiting list is ahead again".

That is a moral outrage in 2024. It is a fundamental failure of government.

11.45 am

I welcome the urgency of the motion, but, with the greatest respect, never mind six weeks from now, we should have been here to deliver two years ago. The consequence of the latest collapse and, indeed, the one before it, has been that we have let more people wait in agony in a two-tier system, where only those who can afford to be seen get through the door. Those are the human consequences of constant collapse. It is yet another reason — in case we need any more — why we should commit to never collapsing this place again.

The transformation of our health service will take time and much longer than it could have otherwise taken. In the meantime, we need to follow what works, and that includes restoring the cross-border healthcare directive. We are one island, and we all know that health problems do not stop at borders. Brexit was a serious blow to our health service, not only because it removed the cross-border healthcare

directive but because, under freedom of movement, we had the ultimate cross-border healthcare directive for our medical professionals. That is something that we all feel and all regret, and it has added to the waiting times. The very least that we can have is an arrangement again with our closest neighbours. That is a sensible and practical step that could make a real difference to people across our communities. I know that it has served many of my constituents really well.

Ms Eastwood: I thank the Member for giving way. Does she agree that the UK Government's announcement yesterday about care workers and others not being able to bring their family members with them is utterly punitive and flies in the face of any realisation of the struggle in health and social care across the UK and in the North? Does she agree that that needs to be rescinded at the earliest opportunity?

Madam Principal Deputy Speaker: Sinéad, you have an extra minute.

Ms McLaughlin: Thank you.

I absolutely agree with the Member. It is self-sabotage. It is unbelievable that any Minister would take that tone and direction when the health service is in complete disarray due to the Tory Government. That is all I can say.

In the Western Trust alone, more than 700 patients benefited from the Republic of Ireland reimbursement scheme. Restoring it is common sense, and I hope that Members from across the Chamber will support that. Of course, that is just one measure that we can take while we grapple with the longer-term transformation of our health service so that we can bring down waiting lists once and for all. It will not solve the crisis overnight, which is the product of decades of underfunding, political collapse, dysfunction and poor accountability, but it will make a difference to some patients.

The motion rightly draws attention to regional disparities in access to our health service. It is true to say that there are huge imbalances in our health outcomes. Although the crisis affects almost everyone, it does not affect everyone equally. In recent years, the figures have shown that male life expectancy has declined in the most deprived areas of Belfast and Derry. In the Western Trust, male life expectancy is almost seven years lower than the trust average, and 24 of our health outcomes are worse than the Northern Ireland average. In my city and region, we have a crisis of addiction and poor mental health, driven by poverty and the failure of

government to address that poverty. It appears that our health service provision has been regionally blind, failing to step in to address disadvantage. No weighted deprivation formula has been apparent, and that has fuelled the poor health outcomes. We need a different approach that prioritises disadvantage and directs investment where it is most required.

Ms Bradshaw: Will the Member give way?

Ms McLaughlin: I want to get this finished, sorry.

I hope that the motion is supported across the House and, more importantly, that it leads to change for patients who are desperately in need.

Finally, I thank our healthcare workers across the Province who do amazing work in difficult circumstances. I call out to our community and voluntary sector, which has lost funding over the years, for stepping in.

Madam Principal Deputy Speaker: The Member's time is up.

Ms McLaughlin: It also deserves our grateful thanks.

Madam Principal Deputy Speaker: Before I call the next Member to speak, who is Sorcha Eastwood, I will just say that Sorcha Eastwood, Justin McNulty and Gerry Carroll are being included on the Speaker's list in what is known as the "grace period", so, if any of you take an intervention, you will not get an extra minute. If that is understood, I call Sorcha.

Ms Eastwood: I want to take the opportunity to speak on behalf of my constituents who are impacted by cancer, which impacts on everybody across Northern Ireland. At the minute, we deal constantly with emails from people who are on red-flag referral waiting lists, particularly for breast cancer, and are living in utter anxiety.

Many families know what it is like to get that call, letter or email — whatever the form of communication — to say, "We think you may have cancer". Let me tell you this: those are the longest hours and minutes that you will deal with in your life. We have condemned people across the North to waiting unnecessarily by smashing through the targets that we set for them. We need to get really serious about the fact that that causes people hurt and harm. It would be remiss of me not to speak on behalf of those people today.

The other thing that is crucial in addressing the crisis for all waiting lists — not just elective but every unktion that we have — is the workforce. I sit on the Committee for the Economy, and I have raised that at every turn in the road, saying that the Health Department cannot do this alone; it needs support from across the aboard. When it comes to the Department for the Economy, the wee bit of a difference that I can make is asking, "What are we doing to make sure that we have enough training places in our universities? What are we doing to make sure that health and social care workers are valued, that they have career progression and career pathways and that we, as a society, value that work and consider it important?" Let us be honest: in the past, far too many people have been content to sit back and regard that work as requiring low or no skills, unimportant and worthy of little pay. Yet those are the people who pick our families up off the floor when they are at their most vulnerable. Those are the people who go into our families' homes at 2.00 and 3.00 in the morning to help with PICC lines or drivers, and those are the people whom we are not respecting and giving those pathways and that prestige to.

As I said, we will not counter this problem through one Ministry, but I know that Alliance will not be found wanting when it comes to supporting and working with the Health Minister, and we will do so with an open hand and an open heart.

We talk about transformation, and I get that it is not easy. However, when you have a loved one sitting in hospital facilities for three and four months at a time in accommodation that, if it were anywhere else, would not be fitting, you understand that that is why we need to transform. We need to do that so that my family member does not have to go through what your family member went through.

It is easy to say, "We want everything", but the only way that we will get that is by being realistic and honest and doing things in a structured and strategic way that means that everyone can get what they want. However, we need to do it together; it cannot be just one Department in isolation. The Minister will have my support and that of my colleagues.

I thank the Principal Deputy Speaker for giving me time in the grace period to make my points.

Mr McNulty: I support the motion and the amendment.

This is an extremely important debate. I thank Mrs Dodds and Mr Robinson for tabling the

motion. I also thank my party colleagues Colin McGrath, Sinéad McLaughlin and Patsy McGlone for their important amendment.

Let us make no mistake about it: waiting lists and waiting times for health and social care services in the North are not just a crisis; they are a scandal. Throughout today's debate, let us endeavour to reject any assertion that the crisis has been brought about as a consequence of the pandemic. As the motion rightly points out, we have not met a formal waiting-time target in the North since 2014. That is six years prior to the onset of the pandemic.

The statistics are startling, scary and sad. People and families are languishing while trying to manage their pain and despair. However, I want to guard against the urge to complain about the problem and instead focus on identifying solutions. One of the most obvious and inescapable solutions to the need to revive our health service and address the crisis in waiting lists centres around pay and conditions for health service staff. Whether it is on burnout, sickness rates, attrition levels, forced migration, patient and staff safety or the inability to attract necessary personnel, health service workers are being failed. I have seen that clearly in my constituency, where there was an exodus of medical specialists from Daisy Hill Hospital because the Southern Trust stonewalled them after they raised legitimate concerns about management decisions and genuine grievances about the terms and conditions of their working arrangements.

The most critical part of the debate centres around our NHS staff. Without them, nothing works. If they are not looked after, patients and their clinical outcomes will be impacted. With that in mind, the Assembly and Executive should tackle the most fundamental issues first. We know that staff are at breaking point. That is why junior doctors have voted for strike action, why more nurses leave the system every year than enter it and why bright brains and hard workers take their qualifications and go to practise in the UK, the Republic, Australia, Canada and elsewhere. I wholeheartedly welcome the Executive's commitment to fund the public-sector pay award, but we need to do better than play catch-up with pay packets. We need decisive action and ambition from the Executive to make the North the most rewarding place on these islands to be a healthcare worker. I fully appreciate that that will be a long-term and considerable undertaking for the Executive, but there is no escaping the fact that we need radical action to address the crisis in our health service.

If we need radical action in the long term, we need sensible action in the short term. The most effective step that the Executive can immediately take is to reinstate the cross-border healthcare directive, as stated in my party's, the SDLP's, amendment. That would allow people languishing on Northern Ireland's waiting lists to access treatment in the Republic as a matter of urgency. It would help to remove pain and restore patients' dignity and quality of life far more quickly than if we were to try to muddle through on solutions that have already been tried or that are rehashed.

Waiting lists in the North are not just a crisis; they are a scandal. Everyone is watching this place with hope and goodwill. The people we represent expect an awful lot more than the same old Stormont solutions branded differently and trotted out for show. We have heard and will undoubtedly hear more about the transformation and fundamental reform of the health service. I respectfully contend that fundamental reform should begin at the fundamental level of pay and conditions and with care and compassion shown for our health service staff. If we get the basics right, we will have a foundation to build on, but, if we continue to pay our health service staff poverty wages and expect them to get excited when we sign off on a pay rise that is two years late, none of us can be surprised when doctors, nurses, allied health professionals (AHPs) and medical specialists vote with their feet and take themselves and their talents to a jurisdiction that will pay them what they are worth. Who could blame them?

I will finish by saying go raibh míle, míle maith agaibh [*Translation: a thousand, thousand thanks*] to our Health and Social Care workers.

Mr Carroll: A lot of people, health workers in particular, will see today's motion as an admission of guilt from those who have gutted our health service. Three parties from the current Executive — the DUP, Sinn Féin and the UUP — have held the health portfolio for the last decade, and all three have overseen the growing waiting lists, unsafe staffing levels and attacks on health workers' pay.

I will emphasise workers' pay, because we cannot hope to deal with waiting lists unless we pay health workers properly. We need to pay them properly so that we can recruit and retain staff in our health service. We need to pay them properly because they deserve it. They deserve to be able to provide for themselves and their families. They deserve it, because it is their self-sacrifice that has kept our health service afloat in the face of Stormont's negligence. It is

not by accident that there are thousands of vacancies in our health service. Those vacancies exist because successive Health Ministers have cut health workers' pay in real terms and funnelled money away from our health service and into the private sector. I stress and emphasise that the Minister should immediately move to bring private health facilities into public ownership in order to help to tackle the waiting lists.

12.00 noon

I agree with the sentiment of the motion, but the sentiments ring hollow when they come from parties such as the DUP and its Executive colleagues. Health workers, like all public-sector workers, are tired of their performative nonsense. They are tired of listening to politicians who bemoan the skyrocketing health waiting lists while implementing the cuts that fuel the same crisis. People who are languishing on health waiting lists not only want their concerns to be heard but action to be taken to deal with them.

We are under no illusions about the Tory Government. They have no interest in protecting our health service. They have stripped it of resources time and again. Indeed, Tory policy is the greatest threat to public health on these islands. As far as I can see, the problem is that, instead of standing with our communities and challenging that policy, parties here followed the Tories into the mire, time and again. They accepted the Tory logic that there is no money for our health service and implemented some of the most brutal cuts in accordance with that warped logic. Worse still, the parties here accepted the Tories' supposed solutions, which are no solutions at all. While refusing to invest in public services and public-sector workers, they handed record sums to private agency firms and private healthcare facilities that are profiting from the mess that Stormont made. They surrendered domiciliary care to the private sector, which provides 80% of domiciliary care, giving it carte blanche to exploit health workers and to bleed the public purse dry at the same time.

I would love to say that those are things of the past, but, between last night and, probably, later today, the Executive parties will have rammed through another austerity Budget, with no qualms, no scrutiny and no opposition from the so-called official Opposition. Make no mistake: the Budget Bill that is likely to be passed today will add to the waiting lists that the Executive claim that they want to address.

I wonder whether the Executive parties truly believe their own propaganda or are deliberately trying to deceive the public. I will leave it to health workers and others to decide, but they should know this: the conversation is taking place primarily because 170,000 public-sector workers took strike action more than a month ago and demanded a pay rise and investment in our public services. Junior doctors are already prepared to strike over the pitiful sum on offer, and I fully support them. It is unfortunate that those life-saving workers have been forced to take strike action on the picket line, but that is the surest way for their demands to be delivered. If the Executive are intent on cutting services, adding to waiting lists and impoverishing public-sector workers, they must be met with an organised response. That includes workers taking strike action.

Madam Principal Deputy Speaker: It is time for the Minister to respond to the debate. Minister, you will have 15 minutes.

Mr Swann: Thank you, Principal Deputy Speaker. I welcome you to your post and look forward to working with you.

I welcome the opportunity to speak to the motion, not only to address all the many important issues that have been highlighted but to thank colleagues for the positive, collegiate approach that has been taken to the motion and its important topic. I thank Members for their contributions, and I look forward to working with the Health Committee and the Opposition as we tackle the issues together.

I fully agree that it is deplorable that the waiting list targets have not been met since 2014. The people of Northern Ireland are not receiving the care that they deserve on a timely and effective basis. The Opposition Member would not take an intervention when he was talking about 2014 and all the programmes and strategies that were set in place. I wanted to point out to him that the Department of Health has not had a recurrent budget since 2015. We have been working on single-year budgets for the entire time since then, which has not allowed many of the strategies to be fully implemented. It is not that they are sitting there, doing nothing, but that the recurrent funding has not been there to support them.

Over the years, a lot of words have been written and spoken about the state of our waiting lists. I do not intend to repeat all of those, but I agree with many of them. It is a matter of deep worry for me and should bring real inner reflection to all who serve in this place that so many people have been waiting for so long for diagnosis,

treatment and support. As Members have said, those are real people. They are our constituents, our friends, our families and, indeed, our Assembly colleagues.

When someone joins a waiting list, their condition does not stand still — Mrs Erskine addressed that point in her intervention — and additional complications and additional needs come with being on a waiting list that is not fully resourced or supported. It is incumbent on me as Health Minister and, collectively, on us all to ensure that we do everything that we possibly can to address our waiting lists. Fundamental to that is having a clear, time-bound, deliverable action plan. I agree with the Chair of the Committee that it should be fully resourced, with a multi-year budget. In that context, Members will recall that, in June 2021, I published an elective care framework, which detailed a five-year plan that had that dual focus on reducing waiting lists and, at the same time, closing the gap between capacity and demand. That framework, costed at £707 million, contained a range of actions — 55 in total — aimed at reducing waiting lists and improving capacity across our elective care system. It also set out how we would invest in and transform services to allow us to meet the population's demand in future. I made clear that delivering on that plan would require sustained investment to tackle backlogs and increase overall capacity in our health and social care system.

Ms Kimmins: I thank the Minister for giving way. I know that he has a lot to get through, and I take his point about investment. Does the Minister agree that the proposal by my colleague the former Finance Minister, Conor Murphy, of £1 billion as part of a three-year health budget would have gone some way to tackle the situation that we find ourselves in today?

Mr Swann: I thank the Chair of the Committee for her intervention, and I look forward to working with the Committee. The £1 billion that was promised was also in the party manifesto of the proposers of the motion. I have already made it clear that that £1 billion financial gap is also what my Department is highlighting for next year to allow us to stand still. I genuinely look forward to working with all my Executive colleagues on honouring the commitments that they have publicly made.

I also made it clear then that delivering on that plan would require sustained investment to tackle the backlogs and, as I said, increase the capacity in our health and social care system. I was heartened by the fact that the framework

was agreed by all Executive parties and that commitments were made that the necessary resources, as set out in the accompanying funding plan, would be made available.

While there has been some progress, which I will touch on in a moment, no one, including the proposers of this important motion, can have missed the damage that the subsequent further political stalemate and interruption have inflicted. On my last day in office in October 2022, after six months of a non-functioning Executive, I said that patients and staff were being badly let down by the politics of this place. I hope that we will see a renewed focus from the outset on where we move in regard to supporting health.

In the absence of an Executive and, critically, the absence of any budgetary certainty, the framework has since been starved of the political leadership and the funding that it required. Regrettably, as we were halfway through the five-year time frame, my Department announced last year that its targets were no longer within reach. The situation that we face at present is terrible. At the end of September 2023, as has been said, according to the most recent validated figures, 430,000 patients were waiting for a first consultant-led outpatient appointment, 115,000 patients were waiting for inpatient or day-case treatment and just under 190,000 patients were waiting for diagnostic tests. Those are eye-watering figures for a population of our size.

In addition to the backlog of patients waiting, new patients, of course, continue to be added. The gap between demand and capacity inevitably means that waiting lists continue to grow. That said, I want to put it on record that there has been some progress. The fourth interim report on our elective care framework, which was published in January, highlights the start of small but tangible improvements in the waiting list position. As of September 2023, inpatient or day case treatment waiting lists have seen some promising improvements. While they are still at unacceptable levels, there has been decrease of 8.4%, which is just under 11,000 people, in those waiting compared with the same month a year earlier. There has been an improvement in the number of people waiting more than 13 weeks, with 78.6% of patients waiting more than 13 weeks for admission compared with 79.8% on 30 September 2022. Over-52-week waits have also been reduced regionally, although they still remain far too high.

It is important to acknowledge and build on improvements to ensure that any momentum is

not just maintained but increased. Those improvements alone will not address the backlog.

Mrs Dillon: I thank the Minister for giving way. There is an issue, particularly in the Southern Trust, with MRI scans for paediatric patients. I am not aware of whether it is at the same level across the region, but will the Minister look at that issue, because it is serious? I am told that the wait time for a child who needs anaesthetic is 51 weeks. I know a family who have been told that it is 18 months. Those children are in their formative years, and their capacity and development is going backwards, because they are not getting the MRI scans that they badly need.

Mr Swann: The Member will appreciate that I do not have a direct answer today, but I will write to her about that.

Tackling our lengthy waiting lists is undoubtedly a long-term issue that requires sustained and recurrent funding. It requires workforce development and system-wide transformation. Our health and social care system is complex, and waiting lists are just one component, as has been said today when we expanded the debate to include domiciliary care, care homes and GPs. That whole-circle approach to health has to be addressed. As such, our waiting lists cannot be addressed in isolation. Other fundamentals of the system must be considered and addressed simultaneously. That includes dealing with issues such as workforce pay and the pressures and capacity in secondary, primary and community care, and ensuring that we maximise the capacity that we have in the system.

When we see those shocking figures and the appalling waiting times, there is an understandable desire to see them reduced immediately. That requires a whole-system approach and not just piecemeal interventions that can only deliver small improvements in the short term or in isolated areas. That does not mean that there are no short-term measures that can be effective, but the key is achieving the appropriate balance between the short-term effective measures and those longer-term sustainable developments that bring about the optimum effect.

We know that we need to transform our health and social care system to become more effective and efficient, and we know what is required. It includes reform and innovation in such areas as our treatment capacity, outpatient reform, imaging, pathology and workforce, along with the protection of elective

care from unscheduled care demands. That work is already well under way, and elective capacity has been enhanced through the continued development of our elective care centres. I highlight to Members key examples that are already in place: two dedicated day procedure centres at the Lagan Valley and Omagh hospitals; three elective overnight stay centres at Daisy Hill Hospital, the Mater Hospital and South West Acute Hospital; the expansion of 22 post-anaesthetic care unit beds for elective care across all trusts; three speciality centres for cataracts at the Downe Hospital, South Tyrone Hospital and the Mid Ulster Hospital; an orthopaedic hub at Musgrave Park Hospital, including the Duke of Connaught unit, which is a dedicated orthopaedic day procedure centre; two rapid diagnostic centres at Whiteabbey Hospital and South Tyrone Hospital; a regional extracorporeal shock wave lithotripsy centre in Craigavon Area Hospital; service reviews in general surgery, orthopaedics, urology and gynaecology, which will set the direction of travel for improvement; the introduction and the maintenance of our mega-clinics to maximise patient throughput; outpatients' assessments delivered by GP federations in primary care settings; the development of in-house health and social care capacity; and the continued investment in staffing.

The Members who tabled the motion asked me to acknowledge:

"the need to turbocharge investment towards tackling the waiting list backlog".

I not only acknowledge that but stress that investment is fundamental to the whole backlog problem that we face. The initiatives, for which confirmation of sustainable funding would allow further development, include the enhancement of that sustainable workforce capacity through expanding the skills mix and the development of specialist nurse roles and the allied health professionals across a range of specialities.

Other initiatives are the expansion of our preoperative assessment service to improve theatre productivity; building our own diagnostic capacity to reduce the reliance on independent sector capacity; and building capacity and throughput across regional elective care services such as urology, paediatrics and orthopaedics.

12.15 pm

Today's motion asks that I:

"publish an updated action plan to tackle the waiting time crisis within six weeks."

The action plan to tackle waiting lists in the health and social care system already exists. I do not want to waste time replicating what is already clearly set out in the elective care framework, because enough time has already been lost. It is, however, almost three years since the plan was published, and, as with all plans, it is important that it be reviewed to ensure that it takes account of relevant changes in our overall Health and Social Care environment and is updated to reflect those changes. It is for that reason that I have tasked officials with reviewing the framework. That review is ongoing and will be completed by June of this year.

The motion also stresses:

"the value of partnering on a much larger scale with national and independent providers to maximise existing capacity".

That is essential. We must take all measures and use all resources within our means to ensure the effective delivery of services, and that includes the use of our independent sector. That is what we have been doing with the limited additional resources that have been deployed for waiting list initiatives. We need greater investment in this area, and we want to achieve results and the impact on waiting lists that the people of Northern Ireland need and deserve. Maximum efficiency in the use of the independent sector can, however, be achieved only with multi-year contracts or at least contracts for three years from when they are agreed. That will also provide better value for money.

As Members will be aware, as part of the elective care framework, I introduced the Republic of Ireland reimbursement scheme (RoIRS) on 30 June 2021. In June 2022, I announced that the scheme would be extended beyond the planned deadline until an additional £5 million of new funding had been committed. The scheme closed to new applicants on Wednesday 21 September 2022 when that additional £5 million of funding had been exhausted. I assure Members that I will leave no stone unturned as part of my broader consideration of resource investment to reduce waiting lists. I will invest what limited funding there is wherever it will have the greatest possible impact. The task ahead will be much easier, however, if all parties do all that they can to support adequate and multi-year funding settlements.

In the meantime, work is under way to provide further building blocks to tackle waiting lists. That includes plans for service reviews in —

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

Mr Swann: — paediatric orthopaedics.

I thank the Principal Deputy Speaker for her support in bringing the motion before the House. I also thank the Members who tabled the motion and the entire House for its support.

Madam Principal Deputy Speaker: Thank you, Minister.

Cara, you have five minutes to make a winding-up speech on the amendment.

Ms Hunter: Thank you, Madam Principal Deputy Speaker. I thank the Minister for his contribution today, and I hope that I can get through this in five minutes. I thank every Member who has spoken today, and I will touch on some of their contributions and reflections.

I thank Liz Kimmins, who touched on the importance of urgency in making tough decisions. Mr Donnelly mentioned the dramatic increase of 216% and highlighted how our lists worsen without intervention and the issues that that causes. Mr Chambers talked about the pain that our patients endure while waiting to be seen, and Gerry Carroll touched on the importance of paying our workers fairly, which is a view that I wholeheartedly share.

Last week, we debated the vital need for a women's health strategy, and I acknowledge Mrs Diane Dodds's contribution about gynaecology waiting lists. I have spoken with many women in my constituency office, many of whom have awful cramps and heavy bleeding and are bent over in pain, yet they cannot be seen by a specialist. They cannot work, and it has completely ruined their life. As we have talked about before, that can be indicative of endometriosis or, worse, potentially cervical cancer, and they are left with the mental agony of that: the unknown and the uncertainty. Thousands of our constituents are waiting on lists and oftentimes left untreated and unmedicated.

Sinéad McLaughlin touched on the importance of the postcode lottery aspect, as did Mr Robinson, and the issue of regional imbalance. Órlaithí and Deborah touched on the importance of children's mental health, an issue about which, I know, both of them care deeply.

I, too, have talked previously about delays in the Northern Trust for access to CAMHS and the impact that that has on children and families. Waiting lists impact on the whole family.

I am thinking of a mother in my constituency who has a child with special educational needs. The child had a mouth abscess and was left for months without being seen to receive oral healthcare. No one in the house was sleeping. The child was in agony. That is the real, family impact of those waiting lists. I also recall a lovely young woman with cancer whom I met in my constituency office. She had had cancer surgery, and there was an issue with her bowel. She came out of the surgery and was told that the surgeons would go back in and rectify the issue within a matter of weeks, but it was months. She was in agony. She could not sleep either. It is important that we touch on those personal stories here when we are given the opportunity. Ms Eastwood spoke eloquently about the challenges that face cancer patients.

How have we got here? More importantly, what can we do to get out of this situation? That brings me to our amendment. The Minister rightly talked about maximising every opportunity that is given to us. We have seen that cross-border initiatives are extremely positive. Reinstating those cross-border schemes is a real step in the right direction, a positive direction, especially for people in my constituency who are waiting for hip and knee surgery.

We also want to ensure that there is communication and that patients on health waiting lists are told where they are on their list and how long they will potentially have to wait. That issue has been raised with me. That will help them to understand where they are on the list and when they will be seen, because that impacts on their mental health.

I congratulate my East Derry colleague Mr Robinson on his maiden speech. He really touched on the two-tiered approach: those who can pay do, and those who cannot suffer. In 2015, I went to America for surgery. I had had sepsis twice in a short period and was told by a specialist in Altnagelvin Area Hospital that, if I had sepsis a third time, it would not be good. I was also told in the same breath that I could be waiting three or four years for surgery. Thankfully, I have a very good mummy who paid out so that I could go to see family in America and have surgery. Thankfully, my health has been relatively good ever since. That is just my personal story about the uncertainty that is present when you do not know when you

will get the healthcare that you desperately need.

We cannot have the debate without a discussion about this place being up and down. Sometimes, I refer to the Assembly as being like a bouncy castle, it is up and down so often. We cannot deny that that has a direct impact on our constituents who, as we stand here today, are sitting in agony on waiting lists. Minister, if you have any opportunity to utilise cross-border schemes, my party, as a constructive Opposition, will work alongside you in the House to ensure that we deliver for our constituents and essentially alleviate their pain in any way that we can. I thank those who will support the amendment.

Madam Principal Deputy Speaker: I call Deborah Erskine to make the winding-up speech on the motion. Deborah, you have 10 minutes.

Mrs Erskine: I welcome the debate on the motion, which calls for action on waiting lists. As has been said in the Chamber, we are contacted daily by constituents who are sitting on waiting lists in Northern Ireland. Many simply do not know how long they will be on those waiting lists. That is an unsustainable situation. We have to be realistic about the challenges.

It has been pointed out — my friend, the Member for Upper Bann Diane Dodds pointed it out — that, whilst money is important and extra investment is needed, we must also work to increase the training of students and the recruitment and retention of surgeons, doctors and nurses to ensure that there is a sustainable workforce going forward. We are competing with higher pay in the likes of the Republic of Ireland, which Danny Donnelly pointed out in his contribution. That can affect health trusts, such as the Western Trust, in areas like mine that are closer to the border. We have to tackle that issue.

An holistic approach to care must also be in place, as I pointed out in my interventions, not just to drive down waiting lists but to stabilise the system. We need a root-and-branch plan going forward. We need to maximise our existing capacity by, as the Health Minister pointed out, designating more sites as dedicated elective centres; having seven-day theatre schedules and multidisciplinary mega-clinics; and establishing regional diagnostic centres and rapid diagnostic centres.

There will also be the need to make sure that we organise our services in the most appropriate way through our transformation.

That will also take a change of mindset among the public. We must realise that travelling to another site outside our trust area may be needed. It is on all of us to step out of the Chamber and make that point to the communities that we represent. I say that as somebody who comes from a rural area.

A Member: Will the Member give way?

Mrs Erskine: I want to make progress.

Our public transport and roads must reflect the transformation that is needed once we talk about this, so there is a cross-departmental element.

Moving to some of the comments that were made by Members, I thank Diane Dodds, who mentioned the stark waiting-time figures and the postcode lottery. She also mentioned ways in which we could find solutions.

Moving to Colin McGrath's contribution, I hope that I have seen a Damascus road conversion for the SDLP today — I really do — because he talked about plans and strategies that sit in rooms. When they come out of those rooms and get dusted down, I hope that the SDLP will step up and stand by those plans and will not go on picket lines to be parish-pump on health issues. I hope it will act with all of us in the Chamber to implement transformation.

Mr McCrossan: Will the Member give way?

Mrs Erskine: I want to make progress.

I thank Liz Kimmins for her contribution as Health Committee Chair. She said that we cannot keep doing the same thing and expecting different outcomes. I welcome that, as Chair of the Health Committee, she will use her voice to drive forward some of that change. I mentioned Danny Donnelly's contribution, and I thank him for pointing out the differences in pay, which are causing issues. Alan Chambers mentioned the stress and pain of those who continue to be on waiting lists. Addressing that will take further intervention from our health service, as was pointed out. I thank Órlaithí Flynn for her mention of mental health services.

I congratulate Alan Robinson on his maiden speech and ask him to please pass on the good wishes of all in the Chamber to George Robinson. We wish him well in his retirement. I thank Alan and Cara Hunter for sharing their personal stories of being on waiting lists, which are not easy places to be.

I thank Nuala McAllister for raising the issues of equity of service and discharge times, which are also important. She also raised succession planning and how we go forward with consultants and surgeons. It takes a while to train people in our health service, so we need to be realistic and start planning for some of that stuff now.

I thank my colleague Gary Middleton, who paid tribute, as did a number of people in the Chamber, to our dedicated health staff who are at the heart of all this.

Mr McCrossan: Will the Member give way?

Mrs Erskine: I want to move on.

Paula Bradshaw raised important points on investment and timing and on consultants' time. I agree with her that, if we are taking funds and putting them elsewhere to shape our waiting lists, surely that can be invested in Northern Ireland. That is a fundamental point.

I thank Sinéad McLaughlin for raising gynae issues, following our women's health debate, and Sorcha Eastwood for specifically mentioning cancer. We send our good wishes to her family and her husband. She raised a deeply personal thing in the Chamber, and I thank her for that.

Justin McNulty talked about burnout among trust workers, and it is important to note that in this debate.

12.30 pm

Regrettably, in relation to health, Gerry Carroll again let party politics creep in. I agree with him about fair pay for workers, but let us strip politics out of health. If we take away anything from the Chamber today, let it be that we work collectively to deal with the issues. As I said, we will all have to walk out of the Chamber and try to put the message to our communities that we need to change and reshape our health service. I regret the fact that some are party politicking on issues where there are people behind the statistics, as has been stated in the Chamber today.

Mr Carroll: Will the Member give way?

Mrs Erskine: I would like to move on. The Member has had enough time to make his comments today.

Lastly, I thank the Health Minister for coming to the Chamber to respond to the debate. I

welcome his commitment to tackling this issue: he pointed out his elective care framework. I am pleased to see that he reads DUP manifestos: he referred to the £1 billion that we would like to see invested in healthcare. I welcome the fact that he will review the waiting list framework, which was published three years ago. While he said that the review will conclude in, I think, June, my plea is that, from that point on, we see action in relation to that action plan. Certainly, from my point of view and that of my party, there was a collective view in the Chamber today that we want to see action on that. I thank everybody for their comments in the debate today.

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

Main Question, as amended, accordingly agreed to.

Resolved:

That this Assembly believes it is deplorable that none of the formal waiting time targets for health and social care services in Northern Ireland have been met since 2014; notes with concern a recent Northern Ireland Audit Office report that indicated that the number of people currently on health and social care waiting lists is equivalent to 26.3% of our population, more than double the figure in England; further notes regional inequalities within Northern Ireland and the urgent need for same-time access regardless of where anyone lives; acknowledges the need to turbocharge investment towards tackling the waiting list backlog over the remainder of this Assembly term; stresses the value of partnering on a much larger scale with national and independent providers to maximise existing capacity, including the immediate reinstatement of the cross-border healthcare directive; and calls on the Minister of Health to publish an updated action plan to tackle the waiting time crisis within six weeks.

Madam Principal Deputy Speaker: I ask Members to take their ease so that we can change the staff at the top Table.

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

**Speech and Language Therapy:
Criminal Justice System**

Mr Beattie: I beg to move

That this Assembly recognises how speech, language and communication difficulties can be a contributory factor in offending and reoffending within our criminal justice system; applauds the work of speech and language therapists, while recognising the concerns of the Royal College of Speech and Language Therapists in respect of the impact communication difficulties can have on mental health; and calls on the Minister of Justice, in consultation with other Ministers, to examine how speech and language therapists can work with the Youth Justice Agency, and all our prison estate, to support the communication needs of prisoners and to develop training for prison officers to allow them to identify and support prisoners with communication difficulties.

Mr Deputy Speaker (Mr Blair): The Business Committee has agreed to allow up to one hour and 30 minutes for this debate. The proposer of the motion will have 10 minutes to propose and 10 minutes to make a winding-up speech. All other contributors will have five minutes.

Mr Beattie: In opening this debate on speech and language therapy in the criminal justice system, I need to acknowledge two things. First, I thank the Justice Minister for coming along to respond to the debate. I wish her well in her role. I do not envy her, but she will certainly have my support. Secondly, I want to be absolutely clear that this is not an issue solely for the Justice Department. In fact, it covers so many different Departments. It is a Health issue, because it is the Health Department that provides the speech and language therapists to give the outcomes that we require. It is also an Education issue, because if we do not find the trouble early on with our children, that stores up troubles for later on. It is an issue for Economy, because, in our education system, we do not have enough undergraduate places for speech and language training. Of course, it is an issue for Finance, because if we do not get the finance, we do not have the resource and cannot provide the outcomes that we need. I hope that, in the debate, other Members will outline some of those points, because it is important to realise that the issue does not sit only on the shoulders of the Justice Minister. I am talking about the criminal justice system and the youth justice system, and that is where the focus is. However, there is so much to it.

Communication skills are a central plank of social inclusion for a number of reasons. The first is expression. Expressions are used to make ourselves understood. You all know what it is like and the frustration that you feel if you

cannot make yourself understood. Next is comprehension, which is our ability to understand what is being said to us. If we do not understand what is being said to us, it can lead to poor outcomes. The next reason is social communication, which is how to speak to different people in the right way at the right time. I think that we all take that a little bit for granted, but we should not.

Developmental language disorder (DLD) is a lifelong condition that is characterised by significant and persistent impairment in understanding the use of language. That goes back to the point that I am making. When we talk about developmental language disorder, we are talking about something that appears at a very early age in our youth. It is not something that just happens when young people get into the criminal justice system. It happens beforehand, when they are at school. That just expands the point so that people understand.

A study on the youth justice system found that, of 145 young offenders, three in five had DLD. In 2023, a screening of a sample population of Hydebank Wood Secure College found that 75% of those assessed had underlying speech, language and communication difficulties. The South Eastern Health and Social Care Trust conducted that screening, which very much outlines the problem that we face in the youth justice system. It means that many of those young people simply do not understand the terms of their sentence or what is required of them in court orders or under licence. We have young people ending up in the youth justice system finding themselves at its disposal but not understanding it, and because they do not understand it, they end up reoffending. Some 62% of people with DLD reoffended, and 25% who did not have DLD reoffended, so there is a real difference there.

The Royal College of Speech and Language Therapists asked for a three-pronged approach. The first prong is to screen everyone entering the criminal justice system for speech and language difficulties. That is no easy task. It is a huge task, because we have a limited number of speech and language therapists. We have only 28 undergraduate places per year at Ulster University, and 10 of those are provided by the Irish Government, so we are likely to lose those people once they have qualified. That number comes from an application pool of 700. Therefore, there is a need to train people. We cannot do the screening unless we have the people. The screening could, and possibly should, act as a mitigating factor when judges review sentences. However, once an individual enters a prison estate or probation in a

sentence-management plan, they should have a personal development record outlining the very issues that they face.

The second part of the approach is training. The judiciary needs to be trained to understand DLD and other speech and language issues. That could help them to understand the problem when youth offenders go in front of them. Prison officers must be trained from an early stage, as should probation officers, to understand the effects of speech and language difficulties.

Ms Bradshaw: I thank the Member for giving way. With the new Encompass programme that is being rolled out in the trusts, it is hoped that, in future, other statutory bodies will have access to patient records. Does the Member agree with me that the sooner we have that joined-up approach across government, the better, so that, when people enter the judicial system, staff have access to medical records and those assessments are there for them?

Mr Beattie: That is a really good point. It is about that joined-up approach that I am making the point. As I said at the start and will continue to say, this is not just for Justice; it is far wider than Justice. You are right, and thank you for the intervention.

The speech and language difficulties can create challenging behaviour. There may be disruptive, violent or aggressive behaviour; self-harm; poor mental health; segregation; and the increased use of physical restraint and intervention. We need to train to prevent that.

Support is the third element of the three-pronged approach. Direct speech and language therapy and intervention should be provided for those in the criminal justice system, particularly the youth justice system. That is provided by the Department of Health, but there must be a structured intervention combined with the screening and training functions. It is about providing support to transform.

The advantages of having speech and language therapists in the justice system are extremely clear. Speech and language therapists have an increased knowledge and understanding of the barriers to engagement and can help with communication, which helps staff. Speech and language therapists help those with needs to better understand what is happening to them. People fall into the criminal justice system. They may find themselves at someone's disposal and simply not understand it. It is important that we work with them so that they understand what is happening to them.

The other clear advantage is for society. Speech and language therapist interventions can reduce offending by enabling individuals in the criminal justice system to access a wide range of rehabilitation programmes, which empowers change. It is about empowering the young people who find themselves at the wrong end of the law.

I will revert back to the very start. I have repeated time and again, as others have and will, that this is not just for the Justice Department; it really starts from the bottom up.

Ms McLaughlin: I thank the Member for giving way. Does the Member agree that early intervention is critical to outcomes later in life, including predictions about interaction with the justice system? That is particularly important for people with speech and language communication needs. It is another reason why we need to invest in our early years education and childcare.

Mr Beattie: Absolutely. Your point is about prevention. It is always better to prevent than to deal with the aftermath. I am 100% with you on that.

As I come to the end of outlining the motion, I will say that being proactive is important. It is important that Departments share and pool budgets to get the outcome that we want. We can literally save people and money if we act early, before people end up in the criminal justice system. Once people are in the criminal justice system, it is incredibly important that we take action to stop them reoffending so that we can get them out the other end.

Speech and language therapists do not get the credit that they deserve. They are not spoken about as often as they should be. The resources are not there for them to provide the outcomes that we want them to. I hope that, today, we can change that, and that other Departments can look to see what they can do, in a joined-up manner, to move this forward and support our Justice Minister in respect of the youth justice system and criminal justice system. At the end of the day, society will gain if that happens.

Ms Ferguson: I support the motion and thank the Members for bringing it forward.

First, as others have mentioned, this is an opportunity to commend the work of our Royal College of Speech and Language Therapists. We have over 700 committed professionals who work in the field in the North, and they do

the vital work of supporting our most vulnerable children, young people and adults who have speech and language communication delays and difficulties.

12.45 pm

Sinn Féin recognises and very much values the important role that speech and language therapists play not only in our justice system but in our schools, our local communities and our health service. I have been fortunate enough to work closely, particularly in the communities, with our speech and language therapists to support the early years through our Sure Start programmes that provide language-rich environments to support our young people in the development of their communication skills.

Speech and language obviously underpins everything that we all do. Just imagine your life if you struggled to express your needs to others, to express your likes and dislikes, to interact with others, to build relationships, to learn in school and to understand and control your emotions and feelings. Unfortunately, for so many, that is still the case today. We are aware that speech, language and communication needs are often hidden difficulties. Instead of communication difficulties being identified and supported, the person may be seen as someone who struggles to learn, needs to improve their behaviour or is just difficult, does not like socialising and is withdrawn. People with speech, language and communication needs can be misinterpreted, misdiagnosed and missed altogether in our neighbourhoods and communities.

The Department of Health workforce review 2019-2029 reiterated that:

"unsupported, speech, language and communication needs (SLCN) can have long-term implications for educational attainment, employment, social inclusion ... mental health and involvement with the justice system."

In the justice service, we have continuous research that shows a prevalence of up to 60% of young offenders who have low language skills at a poor or very poor level. A lot more needs to be done. Too many of our people with communication needs are being overlooked. A National Institute of Health and Care Research report in February 2021 found that young offenders with undiagnosed language problems are twice as likely to reoffend within a year.

There are huge gaps, but there is also some great work being done by the Royal College of Speech and Language Therapists — for example, The Box, which is a free e-learning package designed to support people working in the justice system, such as the offenders team, the Probation Board, prison staff, the police and other professionals in our court system such as judges, barristers and solicitors. I welcomed the appointment by the Minister of a speech and language therapist in the Prison Service in 2018, but it is not enough.

As a previous Member mentioned — it is pertinent — we need to look for solutions. One key solution is that the speech and language therapy degree that is currently located in the Ulster University in Derry could be expanded. There is a shortage of therapists, and we should call on our Health Minister to work with the Executive to increase places at the Magee campus. As was mentioned, there are 28 commissioned undergraduate SLT places at the Ulster University, but there were over 700 applications in 2023-24. Obviously, there is a clear need, and a lot of young, educated people in the North are keen to invest in the service.

We need to explore alternative routes to pursue a career. Speech and language therapists and the Royal College of Speech and Language Therapists have recommended the exploration of an apprenticeship scheme to train additional SLTs. We all recognise that we must commit to work together to ensure that anyone with communication difficulties or a disability has a right to expect and receive specialist support in our criminal justice system and ensure, most of all, continuity of care.

We should ensure, particularly for young people and adults, screening of their speech, language and communication needs when they come into contact with the criminal justice system; it is imperative. It is also imperative that we provide support to train staff to recognise and support those —

Mr Deputy Speaker (Mr Blair): Will the Member conclude her remarks?

Ms Ferguson: — with needs.

Finally, on tailored programmes and intervention, we need to ensure that our people can benefit from rehabilitation programmes.

Ms Bunting: This is a really interesting topic, and I am grateful to the Members for bringing it forward. At the outset, it may be helpful to contextualise: over 60% of people in prison

have speech, language and communication needs, which is a higher figure than is found among the general population. Some of the issues experienced by individuals in the justice system include difficulty understanding spoken words and using language to communicate; difficulties remembering and recalling information accurately; difficulty understanding commonly used legal vocabulary, such as "liable", "remorse", "reparation", "threatening" or "victim"; difficulties in listening and understanding; difficulty with sequencing information to tell a story; difficulties using abstract language, such as metaphors; difficulties staying on topic; difficulties understanding non-verbal communication and relating to others in socially acceptable ways; and difficulty expressing feelings and emotions appropriately, for example, they may use aggressive behaviour instead of words to express themselves.

Many young people in justice settings who have speech and language communication needs (SLCNs) have grown up with multiple adverse childhood experiences, including deprivation and poverty, trauma, neglect and abuse. Many are care-experienced or looked-after children. Looked-after children have a much higher rate of involvement with the juvenile justice system than those in the general population.

Part of the issue is that the screening processes in prisons are still ineffective. There is no nationally used screening tool for communication needs. Prison staff receive limited training on those vulnerabilities, but we know that the failure to appropriately support people in prison can result in disruptive, aggressive or violent behaviour and increasing self-harm.

In the Budget debate yesterday, I mentioned prisoners having problems with addiction, anxiety, depression and their inability to control their emotions. That does not just go away. A prime example of what I describe can still arise on leaving prison. Until the point at which they are released, their life has been under the control and responsibility of others: then they leave. On exiting the gate, they may be sent to a hostel because they are homeless. That hostel can be far from home: I am talking about Belfast to Londonderry or Newry or vice versa. They may have no family support, but they are supposed to get there, while left to their own devices, via public transport, perhaps with a daily requirement for a prescription in Belfast. They make their way to the pharmacy, something goes awry, the miscommunication cycle starts, and boom: they are tired and alone; they have nothing and nobody; they are

afraid, anxious and frustrated; and their temper is lost. They are back to square one, defeated. It can feel as though we are teeing them up to fail.

Mr McNulty: Will the Member give way?

Ms Bunting: Yes, go ahead.

Mr McNulty: The Member refers to the number of people who are involved with the justice system and in prison. The Member who spoke previously did so as well. To what extent do you feel that their frustration about their lack of support in navigating the uncertain territory that, they feel, they occupy as a consequence of their difficulties and challenges is a contributing factor to their involvement in the justice system?

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

Ms Bunting: Thanks, Mr Deputy Speaker. The Member is absolutely right. That is the point that I am trying to make and will go on to emphasise.

Interventions in justice settings, such as counselling or education programmes, are often verbal. Therefore, they disadvantage those with prior speech, language and communication needs. The knock-on effect is that those schemes are potentially less likely to contribute positively to reducing rates of reoffending if participants' difficulties and needs go undetected or are misinterpreted as general aggression. That is why a joined-up approach is needed, as the proposer mentioned. There is little point in prison staff being equipped to communicate effectively with prisoners with SLCNs when external providers who deliver rehabilitative or educational initiatives lack the knowledge on how to identify and address the needs of that cohort.

Gaps in identifying SLCNs are also exacerbated when sufficient numbers of speech and language therapists are not being trained or in post, as others have mentioned. We have higher rates of SLT vacancies than Scotland and Wales. That limits what can be achieved in rolling out innovative multidisciplinary team-working in other aspects of the system where SLCNs could be addressed. The picture is not all one of gloom, however. Strides have already been made. Recent examples from Maghaberry prison have highlighted a good provision of speech and language therapy there.

A number of issues need concerted action. Training is only one part of the jigsaw. We need a sustained funding uplift for our prisons and the wider criminal justice system to ensure that sufficient numbers of trained allied health professionals are working alongside prison staff and to facilitate adequate and ongoing training for staff in justice settings. *[Interruption.]* Apologies. It is the new placement of the microphones.

It should also be noted that the strategic framework for youth justice for 2022-27 and the five-year action plan, led by the Department of Justice and the Youth Justice Agency, place little emphasis on SLCNs. There is perhaps a need for the Minister of Justice to revise those strategies and the operation of the regional care and justice campus to ensure that there is a focused strategy for breaking down communication and language barriers.

We support the motion and welcome the focus on breaking down barriers to better engagement between those with speech, language and communication needs in our prisons and youth justice populations and those who care for them in justice settings and the many rehabilitative, restorative and educational programmes in which they participate.

Mr Dickson: When individuals, particularly young people, find themselves entangled in the criminal justice system, caught up in a cycle of offending and reoffending, it is driven by a broad spectrum of underlying issues, such as poverty, substance abuse, homelessness, mental health problems and communication problems. A lack of early opportunity from the start of life makes the factors that contribute to criminal behaviour both widespread and deeply ingrained. In addressing those issues, however, we should not overlook the critical aspect that often remains hidden or invisible: the additional needs associated with speech, language and communication challenges. That area is under-assessed and can easily go unnoticed until an individual comes up against the need to use a particular system.

As other Members have indicated, research has consistently shown the prevalence of those challenges in our judicial system, with over 60% of young offenders and 80% of adult inmates affected by speech, language and communication needs. That contrasts starkly with percentages in the general population, highlighting severe disparity and underscoring deeply rooted systemic failures. Let me be clear: people do not arrive in the criminal justice system and develop those issues. Once they are involved in the system, however, such

issues can significantly hinder their rehabilitation, thereby fuelling a cycle of crime. That not only devastates the individual caught in that cycle but has far-reaching consequences for communities and society at large.

The Royal College of Speech and Language Therapists has emphasised the profound implications that communication difficulties can have on an individual's mental health. Without timely and effective intervention, the cycle only worsens, adversely influencing behaviour and drastically limiting the opportunities for positive engagement in society. That underscores the necessity for early intervention, outside and long before anyone interacts with the justice system, as part of a broader cross-departmental strategy that, undoubtedly, could mitigate offending and reoffending rates.

In Northern Ireland, under the leadership of my colleague the Justice Minister, Naomi Long, and in conjunction with the Department of Health, the integration of speech and language therapists into our justice system has already begun. Pivotal steps towards systemic improvement are being made. We are just at the beginning, however. The scope of the challenge demands not only continued but expanded efforts to ensure that all individuals in the justice system who struggle with communication receive the support that they need. Let us therefore be clear about who delivers that in the justice system: it is the Department of Health. It bears the statutory responsibility for the provision of speech and language therapy services and for prioritising and ensuring the allocation of adequate funding and resources. That is not merely an investment in the rehabilitation of individuals but an investment in the safety and well-being of our communities. By improving health outcomes and addressing the communication needs of those in contact with the justice system, we can significantly reduce reoffending rates and facilitate more successful reintegration into society.

Moreover, it is crucial to foster a collaborative approach that involves educators, health providers and justice system professionals in the identification and support of individuals with speech, language and communication challenges. We need to create a cohesive support network that can more effectively address the root causes of criminal behaviour and ensure that individuals receive the holistic care that they require.

1.00 pm

I extend my appreciation to Members for their recognition of the critical role of speech and language therapists in our judicial system. The journey towards a more inclusive and effective approach to rehabilitation and reintegration is long and complex. However, by committing to address the communication needs of individuals in our justice system, we take a significant step forward. Let us continue to work together to enhance our justice system's responsiveness and to ensure that every individual has the opportunity for rehabilitation, recovery and a positive return to society. The focus of today's debate is on Justice, but, in truth, the focus of the debate should be on all Departments from the earliest days of life.

Mr Deputy Speaker (Mr Blair): Thank you, Members. 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 debate will continue after Question Time and a question for urgent oral answer, when the next Member to speak will be Patsy McGlone.

The debate stood suspended.

The sitting was suspended at 1.01 pm.

On resuming (Mr Speaker in the Chair) —

2.00 pm

Oral Answers to Questions

Communities

Flooding: Financial Support for Householders

1. **Ms Kimmins** asked the Minister for Communities whether he will provide financial support for those householders who were impacted by the recent flooding. (AQO 42/22-27)

Mr Lyons (The Minister for Communities):

As the House will be aware, the scheme for emergency financial assistance was introduced by the Executive in 2007. Its purpose is to provide immediate financial support to households that have suffered from flooding. It is not a compensation scheme and does not purport to be one, nor is it intended to replace or displace the assistance that households should receive from their insurers. An immediate payment of £1,000 was made via district councils in order to provide eligible households with assistance to make their homes habitable as quickly as possible.

In the Newry, Mourne and Down District Council area, assistance was provided to 119 households during the flooding event in October 2023. My Department's finance support service is available for people who find themselves in financial crisis, including those who are experiencing financial difficulty as a result of disaster, such as flooding. The service provides financial support through discretionary support, social fund and universal credit contingency fund payments. In addition, householders can contact my Department's Make the Call service to ensure that they get all the money and supports to which they are entitled. Make the Call offers a telephony service and has a team of community outreach officers who work from regional locations across Northern Ireland to conduct home visits and provide face-to-face assistance and support with benefit claim completion.

Ms Kimmins: I thank the Minister for his answer, although it is very disappointing, given that the scheme he referred to is 17 years old, and we are now dealing with much higher costs. A number of families in my constituency are still out of their homes as a result of the

flooding and their inability to get flood cover in their house insurance. Will the Minister review his decision and agree to consider a dedicated financial support scheme, as the Department for the Economy is doing for businesses in phase 2, to enable people to get back into their homes?

Mr Lyons: I have not made a decision. I am simply reiterating the support that is available for householders. I completely understand the frustration that many of the Member's constituents and others feel as a result of the flooding issues in her constituency and others in recent months. Unfortunately, my Department and I can operate only within the available scheme, which does not provide any additional support for the uninsured properties that the Member mentioned. Any changes to the scheme that would require additional financial support would necessitate legislation and Executive approval.

Mr Kingston: What initiatives exist to improve the availability and affordability of flood insurance for people who live in properties that are at risk of flooding?

Mr Lyons: I recognise that that is an issue of concern, especially for people whose homes have flooded in the past, and the difficulty that there can be in securing flood insurance. To that end, Flood Re is a joint initiative between the UK Government and insurers, which will run until 2039. That programme exists to improve, as the Member said, the availability and affordability of flood insurance for people who live in properties in flood risk areas. Every insurer that offers home insurance in the UK pays a levy. That money is used to fund the flood element of the policy and help to keep premiums down. The Member, or, indeed, any constituent, will be able to check online for eligibility, and I encourage those who are affected in that way to do just that.

Mr Brown: Does the Minister agree that a flat-rate £1,000 payment is inadequate to cover household damage from flooding in many cases and that a payment based on actual losses would be preferable?

Mr Lyons: Yes, it is obvious that £1,000 will not, in the vast majority of cases, provide the assistance that is required. That is why everybody should have insurance. The payment is not meant to be a compensation scheme or to take the place of insurance. It is there to ensure that a one-off payment can be made within, hopefully, a short period to help with the initial costs that some people face.

That is why we encourage people to have home insurance, and it is why the programme, a joint initiative between insurers and the UK Government, is in place.

Mr McGrath: Minister, your permanent secretary chaired the response to the floods last November on behalf of the Departments. Many businesses are desperately waiting for their £100,000. That is to come from another Department, but are you aware of when it will happen? They are crying out for that scheme to open.

Mr Lyons: I am not aware of when that will be delivered. As the Member indicated, it is not a responsibility of my Department. If any responsibilities fall under the Department for Communities, I will, of course, look into them and see what can be done.

I again place on record my sympathy with those who have been affected. The flooding may have been on the news for only a few days, but we understand that the impacts last for a long time, and, where possible, we want to help those businesses to get back on their feet as soon as possible.

Sport NI: Reform

2. **Mr Honeyford** asked the Minister for Communities whether he plans to undertake a reform of Sport NI. (AQO 37/22-27)

Mr Lyons: The Sports Council for Northern Ireland — Sport NI — is a statutory body that was set up under the Recreation and Youth Service (Northern Ireland) Order 1986. There are no plans to undertake a reform of Sport NI. However, the 'New Decade, New Approach' document stated:

"There will be a review of Arm's Length Bodies with a view to their rationalisation."

Although Sport NI is one of the Department for Communities' arm's-length bodies (ALBs) that has been identified for review, that has not yet been taken forward.

As the sponsor Department, Communities continues to work in partnership with Sport NI to support the board and the executive team to deliver the necessary changes to the organisation that will allow it to deliver effectively for the sports sector in relation to its core functions and within a proper governance framework.

Over the past three years, Sport NI has issued Exchequer funding of almost £39.4 million and lottery funding of just over £17 million. That funding consisted of grant awards to over 1,900 organisations. This year, Sport NI plans to invest £7.1 million of National Lottery funding across 40 sports governing bodies, with the ambition of boosting that figure to almost £8 million next year.

In addition, in November 2022, my Department and Sport NI published a partnership agreement, following the launch of the Northern Ireland code of good practice on partnerships between Departments and arm's-length bodies. That was the first such agreement between my Department and an arm's-length body and demonstrates the commitment of both bodies to deliver for the sports sector in Northern Ireland.

At the request of Sport NI last May, my Department has agreed to carry out an independent strategic review of the organisation. The aim of that review is to identify and understand the cause of governance and control issues so that they can be addressed and the organisation can be stabilised. My Department has engaged an independent strategic partner to carry out the review, and the draft report of findings is expected before the end of the financial year. I will take time to consider the report's findings and assess what further action by the Department is required. In any event, the findings of the strategic review will assist Sport NI to identify and address a number of governance concerns. It will also help to inform the Department of the approach required for future review work, as set out in the New Decade, New Approach agreement.

Mr Speaker: Minister, you might remind your officials that the two minutes is a limit, not a target.

Mr Honeyford: I thank the Minister for his answer. This is the first opportunity that I have had to wish him well in his new role.

This morning, we had the announcement of the €50 million commitment from the Irish Government for Casement Park, which I really welcome. I look forward to future announcements from the UK Government and to finally seeing Casement Park built. Has the Minister had any engagement with the UK Government or the Shared Island unit in the Taoiseach's office specifically around increasing the funding for the subregional football stadia and grassroots sport in general?

Mr Lyons: First, Mr Speaker, I will endeavour to keep to the two minutes, because I am sure that when you were a Minister, you would never have dared to go over that limit. *[Laughter.]* I will endeavour to do the same.

Mr Speaker: We all have whims.

Mr Lyons: I thank the Member for his warm words of welcome. I have a meeting in the diary to meet the UK Sports Minister very soon, as set out in the Government's Command Paper. I look forward to that meeting and to discussing some of the issues that have been raised, because all of us in the Chamber are aware of the underfunding of sports facilities right across Northern Ireland and all sports. I am looking forward to having that conversation in order to ensure that we get adequate resource from the UK Government's funds so that we can have new sports facilities and improve existing sports facilities in Northern Ireland.

Mr Nesbitt: I wish the Member well as Minister. As he suggested, the relationship between the Department and Sport NI has migrated from being a management statement and financial memorandum to a partnership agreement. Given that there is now a review under way, what does that tell us about the efficacy of those new partnership arrangements?

Mr Lyons: I do not think that anybody in here will be surprised by some of the issues that have affected Sport NI over the past number of years, particularly with regard to budget allocations. It is important that all those issues are addressed, and the review will look into them as well. We need an organisation that is able to deliver the support that is needed to sport and to those grassroots facilities. I look forward to that review, and we will see what further action needs to be taken.

Mr McNulty: There is wonderful news today that €50 million has been agreed from the Shared Island unit for Casement Park. Minister, I know that you are a soccer man, but will you agree to come to the newly built Casement Park for the Ulster final in 2027, supported by Sport NI, of course? I will reciprocate by going to the Euros in 2028. Would that not just be wonderful, Minister?

Mr Lyons: There are, obviously, a number of issues to consider before we get to that stage. The Member will be aware that there are still outstanding issues in the quantum of funding that will be required and the quantum of funding that will be made available. Those are outstanding issues for the Department, and we

look forward to hearing more about them in due course.

Sign Language Legislation

3. **Ms Bradshaw** asked the Minister for Communities for an update on the development of sign language legislation. (AQO 36/22-27)

Mr Lyons: I am committed to ensuring that members of the deaf community have the same rights and opportunities as those in the hearing community and are able to access services in their own language. I am aware that profoundly deaf people consider themselves part of a cultural and linguistic minority group rather than a disability group and that they view their sign language as their language of need. Sign language users, like many other minority language users, cannot necessarily read or understand information on government websites, printed leaflets and various types of literature.

One of the most pressing issues to be addressed in order to ensure accessibility and fuller social integration for the deaf community in Northern Ireland, therefore, is an increase in the supply of professionally trained and appropriately accredited interpreters. In order to address the current need for more British Sign Language (BSL) and Irish Sign Language (ISL) interpreters, my Department is funding Foyle Deaf Association, which is a deaf-led sign language teaching centre in Londonderry, to provide an interpreter training programme to boost capacity. My officials are also exploring options with the Centre for Translation and Interpreting at Queen's University in order to provide an academic route to qualification as an interpreter, further increase capacity and expertise and future-proof a sustainable supply of interpreters.

On legislation specifically, my officials have been engaging with key stakeholders, which include the deaf community and their representatives, to develop the policy to inform the drafting of clauses for legislation. As a result of that consultation, I am pleased to confirm that I intend to seek Executive approval to introduce a sign language Bill to the Assembly at the earliest opportunity.

I also intend to seek the resources to put in place the infrastructure necessary to deliver on the intent of the legislation.

2.15 pm

Ms Bradshaw: Thank you, Minister. I wish you well in your new role.

Minister, you will be aware that people were promised an Act in 2003. That community has been waiting 21 years. I urge you to bring that forward as a high priority among your departmental priorities.

Mr Lyons: I am grateful to the Member. I share her frustration at the time that it has taken to progress this. In the past number of years, we have seen sign language legislation introduced in the rest of the UK, and there is provision in the Republic of Ireland. I believe that the legislation could have a significantly positive and hugely beneficial impact on the deaf community in Northern Ireland, and I look forward to delivering that for those across Northern Ireland who will benefit. It is certainly one of my priorities for my time in office.

Mr Gildernew: I take the opportunity to welcome the Minister to his role, and I look forward to working with him as Chair of the Communities Committee.

Minister, do you agree that deaf people have experienced generations of inequality and social exclusion as a result of underinvestment in those sources? Will you commit — I know that you mentioned it — to ensuring that the Bill that you will lay will include both Irish sign language and British sign language?

Mr Lyons: Yes, I completely agree with the Member that this has affected many people. It has affected their educational attainment and their economic prospects. There are steps that we can take to ensure that we make that provision and improve those outcomes for people. Northern Ireland is, I suppose, unique in having users of British sign language and Irish sign language. That is broken down as roughly 3,500 British sign language users and 1,500 Irish sign language users. Those are separate languages, of course; they are not just visual representations of English and Irish. Yes, provision will be made for both languages in the legislation.

Mr Middleton: I thank the Minister for his announcement today and for his investment in Foyle.

Minister, will lessons be learned from legislation in other parts of the UK to ensure that the legislation that we implement here will be effective?

Mr Lyons: Yes, absolutely. One benefit, if we can call it that, of being a little behind other jurisdictions is that we can learn lessons from their experiences. We can look at what has worked and what additional work is required. For me, it is really important that we listen to the deaf community in Northern Ireland and hear their concerns, and I intend to do that as part of an extensive consultation process.

Mr Butler: I welcome the Minister's announcement today, and I would like to give him the opportunity to commit to achieving the legislation in this mandate. Is the Minister minded to incorporate the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) into the ambitions for the legislation?

Mr Lyons: I will have to come back on the second part of his question, but, yes, my sense is that we have support from all parties around the Chamber. That should make it easier to get the legislation through, and I look forward to support from across the Chamber.

Housing Selection Scheme

4. **Mr Clarke** asked the Minister for Communities what plans his Department has to review the housing selection scheme. (AQO 32/22-27)

Mr Lyons: Implementation of 18 of the 20 proposals to change the housing selection scheme is ongoing. It is being carried out through a four-phase approach by the Housing Executive, with support and oversight from officials in my Department. The aim of the proposals is to make the allocations process fairer, more transparent and, ultimately, to enable it to work better for people in need. Stage 1 was implemented on 31 January 2023. Stage 2, which contains the next five proposals, is almost complete. I will provide an update on that stage in due course.

Mr Clarke: I thank the Minister for his answer. Does the Minister agree that, while people are intimidated from their homes, the system has, in many instances, been abused to make people's points allocations more favourable? In each of those phases, has there been any consideration of reviewing how intimidation points are allocated?

Mr Lyons: Yes, that is absolutely the case: intimidation points are being looked at. That is one of the two points that were not progressed in the previous mandate. The previous Minister

had asked for additional information, and that research is being carried out. Under the current scheme, those who are subject to intimidation receive 200 points. I think that we can all agree that intimidation, whatever form it takes, is unacceptable, as is the impact that it can have on the wider community. I assure you that the immediate personal safety of the applicant will always be addressed first and foremost.

Independent research is being conducted on the matter. It is due to be completed in March, with a view to producing a series of options for the future of those points. I will consider those options, but I have taken on board what the Member and many others have said. I look forward to bringing forward proposals.

Mr Allen: I echo the comments welcoming the Minister to his post. He has many challenges ahead, and I hope that he faces them head on.

The review of the housing selection scheme is vital to delivering housing, but I think that we would all accept that the major challenge is the lack of available housing across the board. What thought have you given, Minister, to leveraging financial transactions capital (FTC) in your Department to deliver more social and affordable housing?

Mr Lyons: Obviously, it is important that we get the housing selection scheme right, but one of the reasons that we have so many difficulties is that we do not have enough housing stock. That is where there are a lot of difficulties and a lot of people waiting. I absolutely believe that we need to address that issue. We can do that in a number of ways. We need to look at the number of empty homes that we have in Northern Ireland and at what we are doing to address that issue. We need to look at the model for the Housing Executive and allow changes to take place so that we can build more houses in Northern Ireland. We need to ensure that we have a greater supply of affordable housing as well for those who are looking to rent or purchase their own home. Of course, we also need to look at opportunities such as FTC to see where that can be used to build more homes. So many of the problems that we face and the delays that people have in getting housing are down to a lack of supply. That is what we need to address.

Mr Durkan: I thank the Minister for his answers and congratulate him on his new post.

The Minister has outlined his intention to make the housing allocation scheme faster and fairer. Obviously, one sure-fire way to do that is to

increase the supply of homes. Can the Minister outline how many homes he intends to deliver over the remainder of the mandate?

Mr Lyons: Unfortunately, I am unable to give those figures, because so much of what we will be able to do will depend on budget. The Member will be aware of the constrained budget environment that we are in, unfortunately. He was right to indicate that, in order to deal with housing in Northern Ireland, we cannot just look at the number of houses that we ourselves intend to build; we need to make it as easy as possible to build houses, make homes as affordable as we can, and look at other ways in which houses can be built, not just directly through money that is available in my Department.

Miss McAllister: I thank the Minister for his responses so far and wish him good luck in his new role.

The Minister will be aware that tackling violence against women and girls requires all Departments to work together. Until the housing allocation scheme is fully implemented, can the Minister commit, in the meantime, to one way to do that: to include domestic violence as a form of intimidation in receiving intimidation points?

Mr Lyons: As I said to the other Members, under the current scheme, those who are subject to intimidation receive 200 points. The intimidation category is very specific and does not include domestic abuse. Under the current scheme, someone who leaves their home as a result of domestic abuse can be allocated points for homelessness, primary social needs or violence or the threat of violence. My independent research is being carried out and is due to be completed. That will help to inform the next stage of works. I have a huge degree of sympathy with what the Member is saying and will look into that issue.

Wind Turbine: Knock Iveagh

5. **Mr Beattie** asked the Minister for Communities for an update on the work of the historic environment division in relation to the location of the wind turbine on Knock Iveagh. (AQO 44/22-27)

Mr Lyons: My Department has a role as a statutory planning consultee on archaeological matters. The historic environment division (HED) continues to provide advice to the planning authority regarding the ancient burial cairn at the summit of Knock Iveagh. The cairn is protected as a scheduled historic monument.

There are several long-running planning matters concerning a wind turbine at that important historic site. These issues remain the responsibility of Armagh City, Banbridge and Craigavon Borough Council as the relevant planning authority.

Over recent years, my Department's officials have also undertaken an enhanced quarterly inspection regime to ensure the appropriate ongoing conservation management of the cairn. My Department will continue to fulfil its statutory responsibilities to ensure that the scheduled monument at Knock Iveagh is appropriately protected under relevant legislation.

Mr Beattie: Thank you, Minister, and best of luck to you in your new role. People know that I have been pushing the issue for some years. We simply cannot allow our historical wealth to be destroyed in this manner. My question is reasonably simple. Are you willing, along with the historic environment division, to meet the Save Knock Iveagh campaign group to discuss bringing that historical site into the care of the Northern Ireland Government?

Mr Lyons: I understand the frustration that many in that area feel as to the process. Over the last number of years, the Department of the Environment was responsible for the planning application that was passed. The historic environment division was not consulted. Had it been, it would have had something to say about that. Planning authority responsibility has now transferred to Armagh City, Banbridge and Craigavon Borough Council, and we are left in a position that is good for nobody.

It would have made no difference to the problem that we face had the monument already been placed under state care. The response of the Department for Communities' historic environment division would not have been any different. However, my Department remains committed to providing any help and advice that it can in relation to the issue. If a meeting with me or my officials would be helpful to discuss what help or advice we can provide, I would, of course, be happy to do that.

Mr Tennyson: I congratulate the Minister on his new position. He has outlined that Armagh City, Banbridge and Craigavon Borough Council is the relevant planning authority, but would he agree that, given that the original decision predated the Planning Act (Northern Ireland) 2011, it is wrong that the financial burden of the decision now falls solely on ratepayers in that borough?

Mr Lyons: I understand the difficulties for the council concerned. It has to take responsibility for a decision that it did not make. The Member will understand that it is not an issue for the Department for Communities directly. As I have said, I am willing for historic environment division to get involved in any way it can to provide help and advice as is necessary. You may want to address some of those issues to the Department for Infrastructure.

Subregional Stadia Programme for Soccer

6. **Ms Sugden** asked the Minister for Communities to detail his plans for implementing the subregional stadia programme for soccer. (AQO 34/22-27)

8. **Mr Buckley** asked the Minister for Communities to detail the Department's timescales for the delivery of the funding for the subregional stadia programme for soccer. (AQO 45/22-27)

Mr Lyons: With the Speaker's permission, I will group questions 6 and 8.

I welcome my colleagues' interest in our local football infrastructure, which is badly in need of investment. The facilities used to play football across Northern Ireland at all levels are, in many cases, in poor condition and no longer fit for purpose. I recognise and share the deep frustration of many that this long-standing Executive commitment has not yet been delivered.

My officials are working closely with clubs at all levels to build strong relationships and understand needs. They are developing proposals in partnership with an advisory working group. I have asked my officials to present me with proposals and options for consideration to take this commitment forward as a matter of priority. Once final proposals are confirmed and approvals secured, I will be able to provide a timescale for the process to apply for funding.

I am committed to delivering this important investment. I recognise the valuable contribution it can deliver for football and wider society.

Ms Sugden: I wish the Minister well in his portfolio. I also wish that he brings some of that money to Coleraine Football Club. We have been asking for this funding for quite a while.

Minister, it seems or it is expected that there will not be enough money. Will you ask the Executive to give more money so that it is not just Coleraine Football Club that benefits from the funding?

Mr Lyons: I know that Coleraine Football Club is looking for funding, as are many other clubs at premiership, championship and grassroots level. I will absolutely go back to the Executive looking for more resource.

Mr Speaker: Mr Buckley, you have one minute.

2.30 pm

Mr Buckley: Thank you, Mr Speaker. The Minister will be aware that Portadown Football Club has been preparing for the redevelopment of Shamrock Park for many years. I was delighted to see that it was shortlisted by his Department to advance its business case. Will the Minister provide clarity on how his Department will ensure that clubs that are spade-ready are prioritised for funding?

Mr Lyons: I am delighted that the funding was made available so that those business cases could be taken forward and that a number of clubs will be in the position of being well advanced ahead of my giving final consideration to the options that will come my way shortly. We look forward to analysing all those cases as they come in. It is important that we look at the level of need, the business cases and everything else to make sure that everything that is necessary is in place.

Mr Speaker: That concludes the period for listed questions. We now move on to topical questions. Mr Stewart has had to withdraw his question because he feels unwell.

Casement Park: Irish Government Funding

T1. **Mr McCrossan** asked the Minister for Communities whether he can find some energy in his response to the fact that today is a positive day insofar as the Irish Government have pledged €50 million for the delivery of Casement Park, which is a solid commitment to the delivery of that project, albeit perhaps the Minister is having a bad day, because he did not seem overly happy or positive in his response to that decision about which Ulster Gaels are very excited today, which is a good day for football fans and for sport across the island. (AQT 21/22-27)

Mr Speaker: That was a great speech —

Mr McCrossan: Thanks very much.

Mr Speaker: — but you needed to get to the question.

Mr Lyons: As I said to the Member's colleague — sorry, I mean the Member's former colleague. *[Laughter.]* As I said to Mr McNulty, there are outstanding issues around the quantum of funding, the total cost and where that funding is to come from. I look forward to further clarity on that.

Mr McCrossan: Thank you, Minister. The £50 million is a fantastic start: it is a springboard. Have you had conversations with the Secretary of State, the British Government or, indeed, your Executive colleagues about finding the rest of the money? Will you commit to doing whatever is in your gift to ensure that Casement is delivered?

Mr Lyons: I have to be honest with the House and say that it will not be in my gift. The matter is outside the control of any one Department and of the Northern Ireland Executive. I have explained to the Member the difficulties that exist. There is uncertainty around cost and funding, but I can commit to providing that information to the House as soon as I can.

Social Housing: Retrofitting Strategy

T2. **Ms Armstrong** asked the Minister for Communities, after welcoming him to the Department, which is, in her opinion, the best Department, to state whether he plans, during the mandate, to deliver a national strategy on retrofitting, which will take a community-based area approach to include options for social housing. (AQT 22/22-27)

Mr Lyons: As I have indicated in my previous answers, we need to see improvement in our housing not just in the number of houses in Northern Ireland but in the quality of some of our housing. I do not think that there is one MLA who is in touch with constituents who does not get justified complaints and concerns from them. As I said, and it may be a frequent refrain from me, we are living in a tight budgetary environment. That is why we also need to look at alternative funding measures.

Ms Armstrong: I thank the Minister for his answer, and I really look forward to that. Recently, I met Bayview Contracts, which is a fantastic company in Newry that has been

delivering retrofitting in the South of Ireland. It was interesting to me that you talked about external funding, Minister. One of the routes to that external funding is to make a decision on whether we go for a building energy rating (BER) or an energy performance certificate (EPC). Has the Minister had any chance during his short tenure at the Department for Communities to think about that?

Mr Lyons: The short answer is no, but I am certainly happy to find out more.

Equality Impact Assessments

T3. **Miss McAllister** asked the Minister for Communities whether he will commit to equality impact assessments before more cuts are made to services for the most vulnerable in our society, given that he might be aware that, last year, many families had their discretionary housing payments removed, with such families, who are often without security of tenancy, being placed on waiting lists, thus exacerbating the housing crisis in our constituencies. (AQT 23/22-27)

Mr Lyons: I will say at the outset that my job is to protect the most vulnerable in society, and there are many ways in which I can do that in this portfolio. I have also committed to looking at where we spend our resource and to making sure that we spend every pound that we have in the way that makes the greatest impact on people in Northern Ireland. I was not aware of the exact figure that you quoted to me, but I am more than happy to look at it and come back to you.

Miss McAllister: In that case, Minister, may I be cheeky and ask whether you will consider reversing the decision that was made, subject to a business case made to the Department of Finance? It is the most vulnerable in society who continue to be affected.

Mr Lyons: I will, of course, look at that. If the Member would like to meet me, I will be happy to offer a meeting to discuss that.

Musical Instruments for Bands: Update

T4. **Mr K Buchanan** asked the Minister for Communities for an update on the Arts Council's musical instruments for bands programme, which, when launched in October, experienced very high demand for funding. (AQT 24/22-27)

Mr Lyons: Yes, I can provide that because Cheryl Brownlee has already been asking me that question. I can confirm to the Member that there were a total of 475 applications to the Arts Council of Northern Ireland's 2023-24 musical instruments programme. A total of 296 of those applications met the programme's eligibility conditions, and, of those, 43 were successful.

Mr K Buchanan: Thank you for that answer, Minister. On the basis of the numbers that you have just provided, can you provide assurance to those who were unsuccessful because of high demand and due to the limited budget that the budget and the process for getting the funding will be looked at accordingly? It is one of the most difficult processes for any funding stream.

Mr Lyons: I will make a couple of points. First, it was clearly and massively oversubscribed, and that necessitates looking at it again to see whether we are able to provide more funding. It would be a fantastic programme to which to allocate more funding. I also note what the Member said about how complicated the application process was. Often, it is volunteers who are filling out the forms. They have huge pressures on their time, and they are maybe not used to filling in applications such as that. Many of them, maybe, filled them in for the first time. I helped many people to fill in the forms, and other MLAs will have done the same. It is important that, when people are applying for funding, we make it as straightforward and as simple as possible. If the Member has concerns, I encourage him to send those to me, and I will certainly look at how we can make application processes in the future as simple as they can be not just for the Arts Council but for the other bodies under the remit of the Department.

Mr Speaker: Mr Stewart has withdrawn his question, and Ms Ní Chuilín is not in her place.

Housing: North Antrim

T7. **Mr Frew** asked the Minister for Communities, given that housing is very important, to outline his priorities for housing during his time in office and to state how those priorities will impact positively in the North Antrim constituency. (AQT 27/22-27)

Mr Lyons: First, housing is a priority. No one can come into this Department and say that it is not. As I have outlined, there are things that we can do to improve housing in Northern Ireland. Housing has a hugely important impact on the lives of people. If someone has a warm home to

live in, it gives them huge advantages moving forward. It is about having a safe place to live in. Too many children are growing up without the security of a home. Far too many people are in temporary accommodation, being moved from place to place every few weeks or every few months. Too many people have to move away from where they are living as well.

As I have outlined, I want to make sure that we look at empty homes in Northern Ireland. Scotland and Wales have taken initiatives to ensure that they can tackle the high number of empty homes that existed there, some with considerable success. We also need to look at the funding model for the Housing Executive. Importantly — this will require a cross-departmental approach — we need to look at planning. We need to look at where and how we build our houses and to make sure that we have the infrastructure in place so that we can make housing as affordable as possible and allow people to get on the housing ladder. Those are some of the things that I hope to tackle during my time in office.

Mr Frew: I thank the Minister for his answer. He will know, having lived through it, the issues around contracts with the Housing Executive last summer. Can the Minister assure the House that he will do everything in his power to resolve those, so that, when contracts end and new contracts start, there is not a massive gap that impacts not only on the maintenance of houses but on housing allocation?

Mr Lyons: Yes, I absolutely can.

Faith-based Organisations: Funding

T8. **Mrs Dodds** asked the Minister for Communities, who will be aware of the difficulty in funding faith-based organisations, whether he plans to address that issue and, if so, how quickly, given that he will know that many churches in the Upper Bann constituency provide not just spiritual support but practical support to their communities, with the 'House of Good' report, commissioned by the National Churches Trust, indicating that for every £10 spent, there was a return of £37.50. (AQT 28/22-27)

Mr Lyons: I am grateful to the Member for her question. I absolutely agree with what she has said about the impact that church and faith-based organisations can have across Northern Ireland. I am sure that we all see that in our constituencies. Whatever background we come from and whatever faith we might have, if any, we can see the impact that they have,

especially among children and young people. I have been approached by a number of people in recent years who have said how difficult it is for some faith-based groups to get funding. Quite simply, I do not believe that anyone should be discriminated against on the basis of their faith or religion.

Mrs Dodds: Thank you, Minister. I look forward to working with you to realise how we can address the issue. I think of, for example, the Emmanuel Church in Lurgan and the counselling services that it provides. Those services are very important, and I invite the Minister to come down and discuss the matter with them.

Mr Lyons: I would be delighted to join the Member in her constituency and engage with those faith-based organisations. I hope that, by doing so, I can highlight some of the work that they have done. They are often the unsung heroes who contribute hugely to people's lives across Northern Ireland.

Regeneration Powers: Transfer to Councils

T9. **Mr Blair** asked the Minister for Communities, after associating himself with the comments wishing the Minister good luck in his new post, whether, at long last, we are any closer to seeing the transfer of local regeneration powers to the councils. (AQT 29/22-27)

Mr Lyons: That is a cross-cutting issue. Therefore, it is one for the Executive.

Mr Blair: On something more specific, 10 years after the formation of the so-called super-councils, are there any plans to review the structures and mechanisms around them, which may, for example, be blocking the bringing forward of local development plans this far down the line?

Mr Lyons: Mr Speaker, hopefully you will forgive me for not being over the detail of the exact issue that the Member raises. There are a number of issues waiting for me on the local government group in my Department that I will be taking on, but I will have to come back to the Member in writing on local development plans.

Rate Support Grant

T10. **Mr Delargy** asked the Minister for Communities, after welcoming him and wishing him well in his role, whether he plans to

reinstate the rate support grant, given that he knows how important it has been to councils, particularly in the least-well-off areas. (AQT 30/22-27)

Mr Lyons: Yes, the rate support grant is a statutory discretionary payment, but it is not ring-fenced. If further funding becomes available for the current financial year, I will consider the funding for councils in the context of my Department's overall budget priorities. As the Member will be aware, the Budget for 2024-25 has not yet been agreed by the Executive. Therefore, I am unable, at this stage, to confirm any funding for councils for the next financial year.

Mr Delargy: Will the Minister be placing a business case on record for that?

Mr Lyons: It is a discretionary amount. All of the decisions on the rate support grant will be entirely dependent on the Budget allocations that are provided to me and the decisions that come from that.

Mr Speaker: That concludes Question Time. I commend you, Minister, for getting through all of the topical questions. You are to be congratulated for that.

2.45 pm

Question for Urgent Oral Answer

Health

Strike Action: Junior Doctors

Mr Speaker: Colin McGrath has given notice of a question for urgent oral answer to the Minister of Health. I remind Members that if they wish to ask a supplementary question, they should rise continually in their place. The Member who tabled the question will be called automatically to ask a supplementary question.

Mr McGrath asked the Minister of Health to outline what steps he is taking to prevent the strike action that was announced by junior doctors on 19 February 2024.

Mr Swann (The Minister of Health): I am acutely aware of the pressures faced by doctors and the concerns raised about pay. I have been clear that resolving the ongoing pay dispute is my immediate priority, and that is why I have tasked my officials to move to immediately implement the Review Body on Doctors' and Dentists' Remuneration (DDRB) recommendations for 2023-24 pay for all doctors employed in health and social care.

For junior doctors, that will bring an average pay increase of 9.07% in 2023-24, with those in their first year receiving a 10.68% uplift. That is not an insubstantial pay award when viewed across the public and, indeed, private sectors, and will be backdated to April 2023. The award will bring junior doctor basic pay above the level in Wales and closer to the rate in England. As Members will be aware, there is a different contract in place for junior doctors in England, so precise like-for-like salary comparisons are not possible. Basic pay, however, is not the whole picture when estimating take-home pay for junior doctors: all junior doctors receive further allowances, ranging from an additional 20% to 100% of basic pay, depending on their rota.

My Department has also engaged with the BMA to discuss the way forward on outstanding issues. That includes a commitment to further engagement on pay, and this will, of course, be better informed when there is greater clarity on the outcome of the current industrial action being taken by doctors in England. However, my Department is committed to ongoing engagement. Extra funding has been secured for public-sector pay for this year alone. The

agreement on the allocation of £550.6 million to my Department for pay awards and other pressures allows my Department to continue to move forward in its negotiations with unions, and we remain hopeful that a satisfactory solution for all parties can be reached.

It must be recognised that the funding will have to be shared across all the different sections of the workforce. The reality is that implementing the recommendations of the independent pay review bodies to mirror the 2023-24 pay settlements in England is at the very limit of what can be afforded at this point. As Members, we should also be very mindful of the impact that the significant disruption of further industrial action will have on a wide range of our core health and social care services, not least on elective activity. The debate this morning clearly illustrated the need to ensure that no opportunity for capacity is wasted, and that is why I again appeal to the BMA to recognise the financial limitations in which all Departments are operating and to acknowledge that further action at this time, before a final outcome on pay has even been reached, would be highly damaging.

Mr McGrath: Some 97% of junior doctors balloted voted for the strike action. They have suffered 16 years of pay erosion, which has resulted in a 30% loss of pay. Just this week, junior doctors in Scotland were awarded a 12% pay rise. Is the Minister assured that the Department of Finance has given him the correct amount of money to enable him to bring a resolution to the issue this year and into the future?

Mr Swann: I thank the Member for his supplementary. I will deal with the last point first. I do not have any allocation for next year, never mind honouring the pay commitments that I am making this year. Of the £660-odd million that was given out by the Finance Minister this year, I received £550.6 million for those pay awards and other pressures, and that allows my Department to move forward.

Mr Carroll: Minister, only a matter of weeks ago, your party colleagues stood at picket lines to support fair pay for striking health workers. Will we have the absurdity of your party colleagues joining junior doctors on the picket lines on 6 and 7 March while your Department implements the real-term pay cut, or has your party abandoned fair pay for health workers now that it is in the Government?

Mr Swann: I appreciate the political points that the Members has tried to score on this issue. I

can assure him of my commitment to all our health and social care workers.

That is why I have moved to implement DDRB, which has moved the junior doctors to where they are now. I also continue to engage with all my Agenda for Change (AFC) unions to make sure that I get a proper recompense to them, as supported by Executive colleagues.

Ms Kimmins: We continue to lose junior doctors to other jurisdictions that can offer better pay rates. In addition to pay, if we want to try to retain the staff whom we currently have, what steps is the Minister taking to address the significant burnout that many junior doctors experience on a daily basis?

Mr Swann: The Member raises a valid point. I am keen to continue that engagement with BMA across its central committee and across all other disciplines to make sure that we, as a health service, recognise the pressures that staff are under. That pressure is because not just of the financial situation that we are currently in but workload pressure. We recognise how much we ask of those in our workforce and how much we depend on them. It is about how we engage in all aspects of those negotiations. That is why I am content to continue that engagement with BMA.

Mr Buckley: While I fully understand the level of hurt and anger that there is among junior doctors, who have faced a real-terms pay cut, we have had a year of continued strike action across our health service. I ask you this sincerely, Minister: how impactful has the year-long strike action been on patient health outcomes in Northern Ireland?

Mr Swann: I will be honest. It has been impactful on waiting lists. That is why I encourage junior doctors not to take that industrial action in March. I am aware that the ballot was taken while this place was not sitting. That is the point that the Member needs to reflect on: two years have been missed. The DDRB and Agenda for Change pay awards could have been implemented during the past two years, rather than being left until this late stage.

Mr Donnelly: Minister, I am very aware of the vital role that junior doctors play in the health service. Pay decline has been a long-standing issue, but it is not the only issue that affects them and not the only one that informs their industrial dispute. Since the announcement yesterday, has there been contact with the BMA in order to have ongoing negotiations to resolve

the situation? A strike would have a huge effect on the delivery of care right across the system and would be felt for quite a long time afterwards.

Mr Swann: My officials continue to engage with the BMA. I have a call out to meet the chair of the BMA council next week, and that will be scheduled for discussion when we meet. I have always had a good working relationship with all the healthcare sector unions. Our workforce is at the core of what we do. I have always been, and I continue to be, open to engaging with them, but there has to be a two-way street.

Mr Chambers: I thank the Minister for his responses thus far. I agree that our junior doctors are an essential component of the local service. Despite no dedicated funding being immediately available to the Minister, is he considering contract negotiations, and, if so, what would those look like?

Mr Swann: I thank the Member for that valid point. I am very keen to discuss a new contract for our trainee junior doctors. Their contract was last updated in 2002. It no longer reflects the way in which a modern health and social care system works. The current contract gives a trainee junior doctor a basic salary, with an additional supplementary payment for out-of-hours work and the frequency of weekends that are worked. That supplements the ranges that I mentioned by anything from an additional 30% to an additional 100%. That is added to their basic salary as a multiplier of their pay point, which has resulted in a lower basic salary and a higher variable supplement. That has led to a large variation in pay. I have already received evidence from trainees and employers that indicates that that system of payment does not adequately reflect the work that is undertaken. The contract was changed in England to recognise that. It introduced a higher basic pay and a lower variable rate, which has provided trainees and junior doctors with a more stable income. I would like to review that in any contract negotiations.

Mr Allister: It seems that others prioritise funding for Casement Park over even health. If the Minister had even a fraction of the cash that is to be splashed on the A5 and Casement Park, could he more than generously meet the junior doctors' claims? Given the haemorrhaging of junior doctors away from Northern Ireland, are there other incentives, as well as extra pay, that he could provide to them to ensure that we retain those whom we train?

Mr Swann: The Member's last point is valid. As I said in my answer to Mr Chambers about looking at the contract, it is about getting a balance between their basic pay and the supplements they get and realigning that, similar to the way it is done in England. A considerable piece of work has to be done on that. The last contract review was in 2002, which is over 22 years ago. Some of our junior doctors would not have been about at that time. Something can be done on the contract.

As regards the spend of other moneys, I will always make bids for areas in which I think the money can be spent. I received £550.6 million in regard to those pressure points to honour the 2023-24 pay awards, which I am moving to do.

Mrs Dillon: I thank the Minister for his answers so far, particularly on reviewing the contract. That is a really important point. As well as pay, can you look at the conditions that some junior doctors are working in and, in some cases, living under in some of our trust facilities and hospitals? They are expected to work, sleep and live there, yet the conditions are absolutely disgraceful. There is a capital element to that as well. Can you give us some reassurance on that?

Mr Swann: I thank the Member for her valid point. Since I have come back into office, I have had the same conversations with some of our consultants who have travelled to other hospitals to provide support and been put into the inadequate, substandard accommodation that has been used by our junior doctors. We have a duty of care to provide comfort to our junior doctors and other health service workers who have to work weekends and night shifts and all the rest of it.

I think that it was raised in yesterday's debate that junior doctors are concerned about the fact that they cannot leave behind personal possessions — coats, handbags, purses, wallets and all the rest of it — because they are in fear of them being stolen when they are on the wards providing a duty of care. That has been raised with the trust. I would like officials to further engage with the BMA and junior doctors on those ongoing issues. It is not just about pay. There is so much more that we can talk about to support them.

Mrs Dodds: Thank you, Minister. We are all aware that we had a debate this morning on the impact of waiting lists on people. I know that it is early days, but does the Minister have a sense of what the industrial action will mean for

patients in the coming days, should it go ahead if pay negotiations are not successful?

Mr Swann: I thank the Member. In this morning's debate, we spoke about the support that we need to give to our all our healthcare workers, including junior doctors. In my initial answer, I acknowledged that further action at this time will be highly damaging, because it will mean not just the removal of the junior doctor workforce from our wards, A&Es and GP practices but their posts having to be backfilled by consultants and other doctors, who will have to be moved away from their service. That is why I, again, ask the BMA to recognise the financial limitations that Departments are operating under and acknowledge that further action at this time, before a final outcome on pay has even been reached, will be highly damaging.

Mr O'Toole: Minister, thank you for coming here today and for answering those questions. There was a report on BBC Northern Ireland in the last day or two about the epidemic of what is called "quiet quitting" among junior doctors. Does your Department collect information on the destination of junior doctors when they leave? I ask that because we know that there is an epidemic of people leaving, whether they are going to the South of Ireland, across the water, to Australia or simply out of the profession. We are losing people at an epidemic rate. Does the Minister's Department collect that information? If so, will the Department use it to better design a long-term strategy for keeping and recruiting junior doctors?

Mr Swann: I thank the Member. Before I left the last time, I commenced a piece of work on not just recruitment but retention across all health and social care workforces and all structures, so not just junior doctors but nurses, AHPs and other professions. I do not have updated detail specifically on junior doctors. The retention piece was high-profile work that my Department undertook.

Mr Speaker: That concludes business on the question for urgent oral answer. Before we resume the debate, we will make a change at the top Table, so take your ease for a moment. The next Member to speak will be Patsy McGlone.

3.00 pm

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

Private Members' Business

Speech and Language Therapy: Criminal Justice System

Debate resumed on motion:

That this Assembly recognises how speech, language and communication difficulties can be a contributory factor in offending and reoffending within our criminal justice system; applauds the work of speech and language therapists, while recognising the concerns of the Royal College of Speech and Language Therapists in respect of the impact communication difficulties can have on mental health; and calls on the Minister of Justice, in consultation with other Ministers, to examine how speech and language therapists can work with the Youth Justice Agency, and all our prison estate, to support the communication needs of prisoners and to develop training for prison officers to allow them to identify and support prisoners with communication difficulties. — [Mr Beattie.]

Mr McGlone: I welcome the motion and the opportunity to debate this issue. The SDLP believes that speech and language therapy is a cost-effective and important service that can transform lives and empower individuals. If unaddressed, however, speech, language and communication needs can have a long-term impact on an individual's education, employment, social inclusion and mobility with mental health and, as reflected in the motion, involvement with the justice system. At least 30,000 people in the North live with long-term communication difficulties, and that figure is likely to continue to rise, unfortunately. A large percentage of people with learning disabilities have communication difficulties too, along with around a third of stroke victims and a fifth of people with brain injuries.

In the criminal justice system, research by the Royal College of Speech and Language Therapists (RCSLT) has indicated that up to 60% of young people who offend in Northern Ireland have low language skills. The RCSLT's screening of a sample of residents at Hydebank Wood College found that 75% of the women and 100% of the men assessed had speech, language and communication difficulties. Studies have repeatedly shown that speech and language therapy results in better language and education outcomes and can be particularly effective with young offenders. Furthermore, it has been demonstrated in the United States that an institution with full-time speech and

language therapy provision can have a reoffending rate of less than half the national average. Better communication benefits the criminal justice system too. It enables the provision of specialist support to help to reduce antisocial and offending behaviours.

The SDLP is happy to support the motion. However, we would like to see resources made available to support interventions at much earlier points in people's lives. For a variety of reasons — in particular, in areas of deprivation — too many children are ill-prepared for learning by the time they reach school age. In its response to the recent independent review of education in Northern Ireland, the RCSLT highlighted the need for the development of multidisciplinary speech teams, with classroom teachers supported by a range of other specialists in all schools, colleges and other educational institutions. It argued persuasively that early years settings and primary schools should have greater access to play therapists, speech and language therapists and educational psychologists. I am sure that all of us know that from our experiences within our constituency offices. The Education Minister should restart the Healthy Happy Minds scheme, for example, but even in terms of the focus of the motion, there will need to be more investment in the speech and language therapy workforce. The Department of Health's workforce review report on speech and language therapy in 2019 recommended:

"The number of commissioned undergraduate SLT places at Ulster University needs to be increased on a phased basis to 40 places by 2024."

That was after a decrease in numbers from 32 places in 2009 to 23 places in 2018. Last year, that figure had risen at Ulster University to 38 places available, just short of the target. The number of applicants for places has more than doubled at the same time, from 261 people applying in 2019 to 543 last year. The current number of applicants for 2024 is 643. The demand and the need for places is there. The Department of Health has more than a significant role to play, in collaboration with the Department of Justice where it affects the justice system.

We need to produce more qualified speech and language therapists, not just to meet the increasing demand in the sectors that are already provided for but, as is indicated in the text of the motion, to expand provision into other sectors where it can have a real and beneficial impact on people's lives.

Ms Flynn: I am pleased to support the motion, which calls for enhanced support and training in our justice system to help support people with speech, language and communication difficulties. I am glad to see that the motion commends speech and language therapists for the great work that they do in prisons to support adults with those difficulties. Despite the statistic that shows the prevalence of those vulnerabilities — a couple of Members mentioned that more than 60% of the prison population are affected — and the growing number of people who come forward with complex mental and physical health needs, prison staff receive limited training about those vulnerabilities, including about speech, language and communication needs. Unless they are identified and the people with them are properly supported, those needs will act as a barrier to people receiving appropriate referrals, assessments and treatment programmes.

Speech and language therapists working across the prison estate can help to support the identification of those needs, provide people with a proper diagnosis and train the workforce on the important links between mental health, speech, language, communication and swallowing needs, as well as on how to respond to those needs. I fully endorse calls made in previous reports into these issues to support prevention and early identification of mental health problems and to train the whole prison workforce to understand the links between speech, language, communication and mental health.

Mental health difficulties alone can create communication problems for people. Even if someone does not have an existing speech, language or communication difficulty, a chronic or acute mental health episode can impair their ability to communicate with other people. Specific mental health conditions can have associated communication and swallowing difficulties. Those conditions include depression, schizophrenia, dementia and psychosis. There are also many people in prison with a primary mental health diagnosis who might also have dementia, a brain injury or other long-term conditions. That indicates, again, that there is a greater need for critical speech and language therapy support in that environment. Speech and language therapists can enable people with mental health disorders to develop the skills that they need in order to access information about their condition and give them the ability to express themselves more effectively. Crucially, they can support the wider prison staff and multidisciplinary teams to communicate effectively with people who are battling those issues.

Due to the high prevalence of speech, language and communication needs and other complex needs in the prison population, it is important that the entire prison workforce is able to recognise those vulnerabilities and is equipped to deal with them when they arise. In 2019, our Audit Office published a report that was specifically about mental health in the prison system. That report is relevant to today's motion about speech and language therapists. It outlines how, back then, organisations across all stages of the justice system faced significant pressures as a result of the growing mental health needs among the general population. Just as the health system has found it challenging to respond to that huge growth, our justice system is now coming into contact with that increasing number of people who have not been able to access the key health and social care services that they need.

I hope that the motion will help support the Minister. It is for not just the Department of Justice but the Department of Education. In the past, the Minister of Justice was supportive of different pilots and programmes for mental health, justice and health — there were pilots for custody suites and multi-agency triage teams — so I know that the will and the want is there, but she will need support from colleagues, particularly in the Department of Health, to take forward the detail in the motion.

Mr Bradley: I thank the Members who tabled the motion. Screening and assessing young people to determine their speech, language and communication needs is vital in order to assist inmates who have a high prevalence of language and communication disorders and could end up being more vulnerable in the prison system. Speech therapists are important members of the legal workforce, and, through the prevention, early detection, assessment and treatment of communication disorders, they improve the health, well-being and participation of people who are, or are at risk of being, in contact with the judicial system.

It is vital to support young people to develop their own strategies to facilitate communication, to aid working with others and to make treatment, education and information more accessible. Training in the workforce could help identify who might need support with speech, language and communication and understand how it might have an impact on them. Difficulty in language development has been associated with a higher risk of someone getting involved in criminal activities. A high percentage of young people who have committed infractions

have some kind of language or communication difficulty.

In general, the prison population is growing along with its health and communication needs. The impact of any communication disorder that affects an individual's ability to understand, detect or apply language and speech effectively can lead to a variety of conflicts. We would support a training needs analysis or audit among not just prison staff but the wider justice workforce in Northern Ireland. Prison officers and staff are often unaware how best to engage and support a person with complex needs. That needs to change.

We recognise that that support calls for earlier interventions and speech, language and communication needs (SLCN) screening, particularly in youth justice settings. It is important to note, however, that gaps in identification remain across all age groups. We also need to challenge any perception that addressing the challenges is solely in the gift of health professionals. It also involves those in education and justice. Speech and language therapists will have a role to play. The Member opposite spoke about the value of having trained speech and language therapists, about the high number of applicants for training and about the small number of available university places. Greater use of university places would be an advantage, and I agree that Ulster University would be ideally placed for that, not just at Magee but in Coleraine and Belfast.

We need to build capacity among all stakeholders who interact with young people and adults with SLCN. We need to support those people on their journey through the judicial system. Any sense of a silo mentality must be removed. Is there merit in evaluating the potential for national accreditation in some areas?

It is vital that we support a whole-system approach to tackling SLCN. In many ways, the motion addresses the symptom rather than the cause. We need to ensure that fewer of our young people enter the criminal justice system with unmet communication and language needs. That will include tackling many socio-economic drivers, such as deprivation, poverty, educational underachievement and adverse childhood experiences. I support the motion.

Miss McAllister: I thank the Members who tabled the motion. A lot has been said, particularly about people who are part of the criminal justice system. I want to focus my attention on society as a whole. We all know that people do not suddenly develop a speech

and language communication need when they enter the criminal justice system. If they have entered the criminal justice system, particularly as a youth offender, society has already failed them.

I will talk about a number of points on which we could focus here and in the Executive. Tackling poverty is one step to ensuring that those in society who are most vulnerable are assisted in the best way possible. We all know about the advantages of Sure Start and the schemes that it runs in our communities. We need to see the expansion of Sure Start facilities, however, because not all communities that are in dire need can avail themselves of all its services.

The reason why I highlight that is this: not only does Sure Start bring much to meet community needs but it has people from professional backgrounds, such as health visitors and those who have previously been midwives. I point that out because it is often health visitors and midwives who help families to assess the needs of their child, on the basis of the individual. We cannot take a general approach; we need to take an individual approach to the child from an early age. Sure Start services can often point families to where people are best placed to meet the needs.

3.15 pm

We also need to look at other issues, such as audiology waiting times. We know that a lot of people who have speech and language communication needs also have hearing difficulties. I must point out that my child has been on an audiology waiting list. I got a phone call last week, and I forgot when we first entered the list. It was when he was three; he is now five. If we have children who have speech and language needs and are awaiting audiology appointments for 18 months to two years, they are already being failed, especially in the first 1,000 days of their life, when their minds are like little sponges and they are learning to communicate properly.

ADHD diagnosis waiting times are drastically long, and the burdens are placed instead on our schools to deal with children who have complex needs and on parents and families who are not able to understand what can best help their child.

We cannot overestimate how valuable reading and listening skills are in our young people. We all know how important it is to read to our children every night before they go to bed. That is not just because of a bond; it is about

identifying communications needs, because families can highlight when it is that their children might need additional support.

It is not just about one Department. I have mentioned Health and Education, but, of course, the motion is relevant to the Justice Minister, because it speaks about the people who have entered the criminal justice system. I have said before that, once they have entered the criminal justice system, particularly as a youth offender, society has already failed them. I have confidence in my colleague, the Minister of Justice, Naomi Long, in developing the appropriate ways of meeting needs for all the people in the criminal justice system. In order to do that, we need to ensure that we fund it adequately and properly.

I have no doubt that, in the next few months and years, we will see more done to meet training and development needs for everyone in the criminal justice system so that they can reach their full potential. I remember that, when I studied law as an undergraduate at the University of Ulster, there was — I do not know whether Members have learned about it — a module on street law, which gave people the opportunity to go into the criminal justice system for themselves and work with offenders on developing their understanding of the community and its needs. It was an absolutely amazing experience, and I recommend it to undergraduates who are studying law as something that they can take on to understand the needs of people so that, when they enter the system, those who represent them, such as legal professionals in particular, can communicate with them in a way that they understand.

I thank the Members again for tabling the motion. I emphasise that it is not just about a justice approach; it is also about education and health. If people are already entering the criminal justice system, society as a whole needs to look at the reasons why we have failed them.

Mr Butler: My name is on the motion, but I was not minded to speak on it, because my leader and Mike Nesbitt, who will make the winding-up speech, are passionate about it. However, I have listened to the debate with great interest — I thank every Member who has participated in it — and it would be remiss of me, given my experience as a former prison officer and my interest in children and young people, not to speak in the debate.

On the purpose of the motion, I will start with the analogy of separating the ideas of putting

fires out and stopping fires starting. The motion deals specifically with putting fires out as opposed to prevention. People have spoken eloquently and rightly in the debate, and they have intertwined that with the need to get upstream to stop our young people falling into difficulties with the criminal justice system. One quantifiable element of that is the barriers that some young people find in their inability to communicate effectively or, indeed, be understood. We are talking today about those who, unfortunately, are known to the criminal justice system. That being the case, I want to strip out a number of areas that explain why the debate is so important.

I will start with prison staff, and, as a former prison officer, I make no excuse for that. I will paint a picture, and I will do it every time for the people who work in our prisons. It is probably the most difficult job that I have ever done, and being an MLA is a difficult job that brings pressures every day, including expectation and so on. I want Members to picture this, because this is what it is like to work in a prison. You work in a combative, highly charged environment where there are lots of pressures on you, including from a system that demands that you are there to protect and look after the people in the prisons. There are the complex characters who are navigating a difficult point in their lives. It is difficult work being a prison officer, and that is compounded, at times, by the system. One of the biggest pressures on staff is staff numbers, which have been reduced since I was a prison officer in the late 1990s. The impact of that is a failure to effectively rehabilitate inmates.

Mr Frew: Will the Member give way?

Mr Butler: Absolutely.

Mr Frew: Having been to look round some of our prisons, I agree with everything that the Member says. There are also issues with the built form, with the tiny corridors and the doors opening out. Those can all lead to massive problems for the staff.

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

Mr Butler: Thank you very much; I appreciate that.

I thank the Member for his intervention. The reality is that, if you work there, it impacts on you too. Some of the prisons are old and archaic. They are not therapeutic environments, and it is the same for the staff. That is why it is

important that, particularly on committal, the prison population, whether young offenders or prisoners, is assessed across the ambit of conditions, one of which is speech and language. That will open so many doors.

I have an example of where there was a failure. I cannot remember what year it started, but, in Hydebank Wood, an initiative was started by, I think, Governor Treacy a number of years back. It involved early identification of ADHD, then awareness for young people, awareness for the staff and support. It was fantastic and was a game changer, but, unfortunately, probably due to budgets — it was nobody's intention — the project was pulled even though it was having a measurable effect. If we are serious about making conditions better for the people who find themselves there, we will do it on committal. We will do it at the earliest chance that we get, namely when people come in. It is not just about speech and language, although that is the issue that we are talking about today.

Why else do we do it? We do it for the staff. We also, obviously, do it for the young offender or, indeed, the prisoner. It is easy to understand the piece, and people have talked about rehabilitation being the answer to reoffending, but I will paint another picture for you. One of the saddest things that I witnessed when I worked in the prison was the families who visited the people who were in prison, particularly the kids. There is an unfortunate trend — not often, but it is not unusual — where kids follow their parents into the system. If we can get the communication barriers lifted, not just for the system but within the families, what change can we bring to a family to prevent that familial, cyclical process? What does that not do for the family structure?

Finally, what is the societal benefit? The Minister will know well that prisons and the criminal justice system are some of the hardest places in which to generate money and investment, because, sometimes, society may not look kindly on those who find themselves in prison. However, if there is a root-and-branch approach to this, we take the opportunity that this gives — the motion gives us the early genesis of it — and we take rehabilitation seriously and see this as a fundamental seed in reversing the trend of ever-growing prison numbers, it is perhaps something that we can all rally behind.

I want to leave you with something. It is twofold. There are two things that we are trying to do here, and we will have many more discussions about what we can do for young people and rightly so. However, for the people who are

already known to the criminal justice system, the fire has, unfortunately, already started. It is our job to put that fire out.

Mr Donnelly: I thank the UUP Members for tabling the motion. For many years, I worked with speech and language professionals in the healthcare system, and it is right that we begin by applauding the hard work of the speech and language therapists in the vital role that they play, particularly in relation to children and young people.

Speech and language therapy should be seen as an early intervention that is intended to save money and resources in relation to other services. Early detection of need and early intervention is essential in ensuring that our children and young people receive the support that is necessary for them to be able to communicate their feelings. The risks from lack of intervention are clear. Up to 60% of young people in the youth justice estate were found to have communication difficulties, and 46% of those were in the "poor" or "very poor" range. We have discussed a lot of figures on this and seem to be centring on the same shocking figures. Eighty per cent of young unemployed men have an unidentified speech, language or communication need. Investment in speech and language therapy as an urgent early intervention would save money on other services by assisting rehabilitation in prisons and therefore reducing reoffending. As my colleague Stewart Dickson pointed out, that is already ongoing.

Recently, the independent review of education emphasised the importance of speech and language therapy. It highlighted that the commissioning of speech and language therapy services has not maintained pace with need and that, therefore, not all children are receiving the services that they need. It is essential that vacancy rates in each trust's service are addressed urgently. As we heard earlier, we have substantial vacancies across the health and social care system. As other Members pointed out, speech and language therapy appears to be quite a sought-after career, although the number of university places seems to limit that option.

Childcare is another important part of the debate that should not be underestimated. More needs to be done to connect the importance of speech and language therapy to the development of a childcare strategy, which we discussed last week. In the debate on the development of a childcare strategy, my colleagues Kate Nicholl and Nick Mathison highlighted the work that we have done as a

party through our policy document on childcare, 'Children First'. In that document is a commitment for child-centred care, particularly that providers should work with speech and language therapists and other education and health professionals to provide an integrated support system for children who need such additional support to ensure that every child has the same standard of life, health and education. I welcome the proposal in the motion for a cross-departmental approach to the issue, given the overlap between Health, Education and Justice, in particular. I encourage Minister Givan to consider the importance of early intervention in speech and language therapy to the early learning childcare strategy that he intends to bring to the Executive.

I also want to highlight the links between communication difficulties and mental health challenges, as Órlaithí Flynn highlighted. That concern is rightly mentioned in the motion. Its timing is appropriate, given that we marked Children's Mental Health Week earlier in February. For many children, speech, language and communication needs can impact on their ability to learn in school, make friends and join in the more sociable parts of the school day. That is exacerbated when children get older and move through the school system. Research has indicated that 45% of young people who are referred for mental health services also have communication difficulties, while 81% of children with emotional and behavioural disorders have significant language deficits that are often undefined. Proper investment in speech and language therapy can reduce many of those difficulties and therefore avoid the problems in the justice system that are often seen in later life.

Ms Hunter: I am mindful that the subject of the motion falls under the Department of Justice, but, as my party's education spokesperson, I welcome the opportunity to speak.

I am mindful of the huge challenges that our children with speech, language and communication difficulties face. I am also mindful of the strong association between children's early language development and their educational outcomes, as well as their behaviour and choices later in life. Good spoken language is central to children's literacy and numeracy skills, their academic achievement, self-confidence and positive life outcomes. Sadly, evidence indicates that children from the most deprived backgrounds are most likely to have speech, language and communication needs. We know that, sadly, one in 10 children in the North experiences poverty. That is extremely worrying, as it is an

unmet need that impacts on children in classrooms each and every day.

I want to thank the Royal College of Speech and Language Therapists and all those therapists out there who are wonderful at what they do. A number of months ago, I attended one of their events and had the opportunity to really look at what they do every day in our schools. We must address the gaps in the provision and services that are required to support early language development. We must help to reduce educational inequalities and support accomplishment. I have no doubt that that will help to contribute to well-being in our young people well into adulthood.

I welcome Mr Butler's point about ADHD and supporting young people who have either received that diagnosis or await one. Currently, in the Northern Trust, there are absolutely no ADHD support services. That is an ongoing issue. I have spoken to young people and parents. It is deeply frustrating, because, often, so many of those young people are labelled as problematic and difficult to work with and, sometimes, they can internalise that and feel shame when there is no need to. That is where speech and language therapists, support networks and counsellors come in handy in building up our young people.

3.30 pm

Moving on, what brings me to the motion on prisoners is that a speech or language difficulty can often make people feel embarrassed, overlooked, unheard or misunderstood. I can imagine how frustrating that must be, so I welcome that the issue is being discussed.

There is an urgent need to invest in and commission more speech and language therapists in our prison services, and we must reform how we plan to meet the needs not only of children with speech difficulties but those who are in the criminal justice system. We must address and get support into our Sure Start facilities across our health service for our adults who are in the justice sector and our young people who are in the education sector. I ask the Justice Minister to tell us in her summary a little bit more about how her Department will assist prisoners who are struggling with speech and language difficulties; whether she can provide training for prison officers and what that might look like; what steps have been taken in her Department to tackle the issue; and how long training would take to implement. I welcome that the issue is being discussed.

Mr Deputy Speaker (Mr Blair): I thank the Member for that. I call on the Minister of Justice to respond. Minister, you will have up to 15 minutes.

Mrs Long (The Minister of Justice): I officially welcome you, Mr Deputy Speaker, to your new role. This is the first time that I have faced you across the Chamber like this, and I hope that you will be gentle.

I am grateful to the Members for Upper Bann, Lagan Valley and Strangford for tabling this important motion. I welcome the opportunity to respond. I thank all the Members who contributed to and participated in the debate, because it is important. While I am responding to the motion as Minister of Justice, it is important to explain at the outset, particularly to newer Members, that statutory responsibility for the adequate provision of speech and language therapy, including for children in the justice system, rests with the Department of Health, as with all healthcare provision in the justice sector.

I will outline shortly the important work that speech and language therapists perform in the justice system, but the reality is that people arrive in the justice system with pre-existing, often complex and sometimes undiagnosed needs. Like Robbie Butler, I am constantly impressed by the work of prison officers in engaging with and challenging behaviours amongst the prison population. However, the best solution is, ultimately, more investment in early intervention, which is where it would achieve the greatest impact via early years, education and community provision. A number of Members highlighted that, including Patsy McGlone, Órlaithí Flynn and Nuala McAllister.

There is recognition across government and society that the most effective route to positive outcomes in adult life is to provide early help and support to individuals, families and communities by intervening early before problems become entrenched. That is also critical to reducing interaction with the justice system, which, regrettably and too often, becomes a provider of last resort for those who have fallen through the gaps in other services in the community. As the financial pressures increase, so do the gaps, and, more and more, the Department's already overstretched resources, whether in probation, prisons, youth justice or policing, are under pressure to plug those gaps. That is not a sustainable model for justice delivery, and it needs to be addressed.

I want to work with my Executive colleagues to deliver a coherent approach to early

intervention with the aim of creating a long-term, whole-systems approach in collaboration with other Departments, criminal justice agencies and the voluntary and community sector. With that in mind, the aim of my Department and its agencies, non-departmental public bodies (NDPBs) and other partners, particularly those in the voluntary and community sector, is to align activities, support rehabilitation, improve outcomes for those in our care and, ultimately, build a safer Northern Ireland through a long-term reduction in offending behaviour. Evidence shows that it is only by working with those who offend that we can make communities safer and reduce future harm to victims. However, the criminal justice system on its own cannot provide the knowledge, expertise or access to the services that are needed in order to truly reduce offending alone.

As my colleague Stewart Dickson highlighted, a range of socio-economic factors have been shown to have an impact on offending. Those include poverty and social deprivation; mental health issues; substance misuse; homelessness; and a lack of educational attainment and employment opportunities. As an illustration of what that looks like in practical terms, on 1 February 2024, some 54% — 1,001 people — of our prison population had a history of self-harm. Some 50% — 34 people — had an addiction, and 37% — 693 people — had a mental health issue. Those challenges are often linked to language and communication deficits, as Danny Donnelly highlighted in his contribution. Reducing offending and addressing reoffending means not only tackling those issues but creating positive connections with supportive families and communities so that they can become enablers of change.

In the broad category of people who have offended, there are particular groups with additional needs, members of which require further support in order to address their offending behaviour and successfully reintegrate into the community. Children are one such example. Their offending behaviour is often a manifestation of underlying issues, whether those be problems in the family home, disengagement from the education system, poverty or social exclusion. That is why early intervention is so important as a preventative measure rather than only a rehabilitative measure. Likewise, women who have offended tend to have a history of domestic and sexual violence. A gender-responsive approach to reoffending is necessary to support them properly.

Making real inroads into reducing offending behaviour requires effective partnership working between Departments and statutory agencies. One such area is through the provision of speech and language therapy. As Ciara Ferguson noted, speech, language and communication needs are often called invisible or hidden disabilities. They are not always obvious. As a result, their significance can frequently be overlooked, whether that is in prison or the wider community.

In February 2021, I had the pleasure as Minister of meeting the head of the Royal College of Speech and Language Therapists in Northern Ireland to hear at first hand the important work that its members undertake in the justice system and the opportunities to develop it further. Individuals in the justice system are more likely to have significant speech, language and communication needs compared with the general population. The concentration of people who have demonstrated offending behaviour in the prison system reflects the links between speech and language difficulties and offending behaviour, as Maurice Bradley acknowledged. Indeed, that was supported further by a speech and language communication screening carried out by a learning disability nurse of 20 young people residing in Woodlands Juvenile Justice Centre in late 2019. It showed that approximately 50% of those young people identified as having difficulties that would require input from speech and language therapists. More recently, the screening of young men in Hydebank Wood Secure College in 2023 identified that up to 75% had speech, learning and communication needs. Such needs often manifest in the individual, whether they are young or old, in a complex range of ways. Those were outlined in great detail by Joanne Bunting, so I will not repeat them all.

The implications for a person with a speech, language and communications need in the criminal justice system can be profound. Unidentified speech and language needs can prevent individuals from fully accessing rehabilitation programmes and employment and from building relationships, all of which can perpetuate the cycle of offending. In the Northern Ireland Prison Service, speech and language therapists play an important role. Since 2008, the Department of Health has had responsibility for healthcare services in prisons. My colleague Paula Bradshaw made a valuable point regarding the need for appropriate information-sharing between the Departments of Health and Justice, which does not always take place, particularly when it comes to more sensitive issues around learning difficulties,

acquired brain injuries and how we can handle those behavioural issues. Those services are commissioned by the strategic planning and performance group in the Department of Health, in conjunction with the Public Health Agency, and provided by the South Eastern Health and Social Care Trust.

In acknowledgement of the impact that speech, language and communication needs can have on a person as they go through the system, the Department of Health has increased the provision of speech and language therapists in prisons over the past four years. In real terms, that means that there are now three therapists working across the three prison establishments, in contrast to there previously being just one therapist in Hydebank Wood Secure College. Recurrent funding for those three posts has also now been agreed, which is vital, as it allows the service to be developed and for the trust to make future plans. As currently delivered, the role of the service is to screen for speech, language and communication difficulties and to provide ongoing treatment and support to those who require it on an individual basis via group sessions or the provision of communication tips sheets, which individuals can use when communicating with others when the language therapists are not present.

Mr Butler: Will the Minister give way?

Mrs Long: I will give way briefly.

Mr Butler: The Minister has made a really good contribution, but her last statement concerns me a little bit. Many people who have a speech and language difficulty do not even know that that is the case, which impacts their ability to trigger that support. I suggested that we could look at having some type of assessment on committal, as that would mean that nobody falls through the sieve.

Mrs Long: That is what I described. The service screens for speech and language needs; that is what the service does.

In addition, speech and language therapists can provide education and support for healthcare and prison staff, as well as prison officers themselves — the people who are working daily with individuals who have communication needs. There have been examples of excellent collaborative working between the trusts and the Prison Service, which has resulted in speech and language therapy representation at prisoner safety and support meetings. Therapists also provide input when required

around those held in our care and supervision units to highlight patients who have speech, language and communication difficulties and advise on how best to support them.

Another of the important roles that the speech and language therapists provide in the justice system is through registered intermediaries. Communication in legal settings, which was referenced by my colleague Nuala McAllister, is often complex, so the Department recruits, trains and currently maintains a panel of 35 registered intermediaries who are communication specialists from a wide range of backgrounds, including speech and language therapists and social workers. Registered intermediaries can assist vulnerable victims, witnesses, suspects and defendants with significant communication deficits to communicate their answers more effectively during police interviews and when giving evidence at trial. The Department provides a registered intermediary on request of the PSNI, PPS or defence counsel, and approximately 1,300 requests are received each year, with about 80% received from the police. The scheme currently operates in respect of criminal cases being heard in all Crown Courts, Magistrates' Courts and youth courts. On occasion, registered intermediaries will assist prisoners who are participating in court proceedings by video link from a prison establishment.

I am sure that, when we consider young people in contact with the justice system, we all agree that this cohort requires a specific focus in order to support them to turn away from offending behaviour at the earliest opportunity. The Youth Justice Agency works with children in custody and community settings, and, last year, this involved working with over 2,400 children and young people. Of these, 110 individuals spent time in a custodial environment. Woodlands juvenile justice centre is the only custodial facility for children in Northern Ireland. The Youth Justice Agency has worked closely with the South Eastern Health and Social Care Trust to develop shared therapeutic and mental health services that operate across both Woodlands and Lakewood, Northern Ireland's regional secure care centre for children. This service, Acorn, is co-funded by the Youth Justice Agency and the Department of Health and consists of a multidisciplinary team that covers a number of professional disciplines, including psychology, psychiatry, occupational therapy and mental health nursing. There are plans in train to expand the team to include speech and language therapists. That will be implemented if and when funding can be made available.

The Youth Justice Agency also carries out extensive work in community settings with children who have offended, to assist those children to avoid further offending. The agency also advocates on their behalf with relevant statutory services such as health-related services, including speech and language, to help the child to address their offending behaviour and reach their full potential. Ultimately, decisions on clinical priorities for health-related services are a matter for the health and social care trusts and primary care services. However, the Youth Justice Agency's staff, many of whom are professionally qualified as social workers and youth workers, will advocate on behalf of a child where they believe that it is necessary. In spite of the challenging financial landscape, the agency recognises the impact that the prevalence of mental health issues has on youth offending behaviour. Unfortunately, children who have offended often struggle to consistently access mainstream child and adolescent mental health services (CAMHS).

To address this, the agency has worked closely with health and social care colleagues to trial a bespoke co-located CAMHS service in the Southern Trust and Western Trust areas. The results have been very positive. The initial trials show significantly improved levels of engagement. Pre-trial, 14% of children known to the Youth Justice Agency exited CAMHS with their aims achieved. This has risen to 88% during the first full year of the trial. We would like to identify funding to extend the trial across Northern Ireland beyond those two trust areas, but there is an issue with budget constraints. Developing and implementing a similar bespoke provision in community settings for other social care services, which are the statutory responsibility of the trusts, is not something to which I can commit, but we will continue to advocate for the young people whom we work with to receive the speech and language therapy and other services that they need to help to address their offending behaviour.

In conclusion, I am grateful to the Members who brought the issue before us today and who participated in the debate. While support is being provided through the registered intermediary scheme in prisons, further work is necessary to ensure that timely access is provided in the youth justice system. Greater collaboration is needed with the Department of Health on a number of key issues to improve health outcomes for those in contact with the justice system. To that end, I have already raised informally with the Health Minister my intention to seek an early meeting to facilitate a

discussion on how we can build on previous collaboration together and with other Ministers, including the Minister of Education, the Minister for the Economy and the Minister for Communities, to bring about more positive outcomes for adults and children who are engaged in the justice system.

They may, for now, be apart from our society, but they remain, at all times, a part of our society.

3.45 pm

Mr Deputy Speaker (Mr Blair): I call Mike Nesbitt to make a winding-up speech. I advise the Member that he has up to 10 minutes.

Mr Nesbitt: I thank every Member and the Minister for contributing to this important debate. I also thank those Members who welcomed the issue being brought to our attention. Thanks also to the Royal College of Speech and Language Therapists who defined the issue in three ways: it is our ability to make ourselves understood; it is our ability to understand what is being said to us; and it is also learning how to speak to different people in the right way at the right time.

I should declare that, for most of my adult life, I was making a living as a broadcast journalist. Every day, I was able to practice that in trying to make myself understood, trying to understand what an interviewee was saying to me — unless they were a politician, of course — and knowing that different people will react better, depending on the way that you approach them: hard cop, soft cop and that sort of thing. That is what this is about. It is scary enough for a young person, when a police officer comes knocking on their door or figuratively feels their collar, when they know why the officer is doing that, but we are talking about young people who do not necessarily even understand why the police have taken an interest in them. They do not realise that they may have broken the law and may be in serious trouble.

I listened carefully to the comments from Members and I think I have broken it down into four categories. First, being understood, and Mr Beattie opened the debate by talking about how not being understood results in poor outcomes, frustration and not understanding what is happening to you. Joanne Dobson, who I wish well in her new role as Chair of the Justice Committee — I beg your pardon, Joanne Bunting. That is a blast from the past. I am sorry about that.

Some Members: *[Laughter.]*

Mr Nesbitt: As Joanne Bunting put it, these frustrations can end up with people becoming violent. They are so frustrated about their inability to articulate what they want to say. The debate pointed out that this is a cross-cutting issue. Mr Beattie said that it is not just for the Department of Justice, it is for the Department of Health, the Department of Education, the Department for the Economy and the Department of Finance. It is an excellent example of the need for an outcomes-based, accountable Programme for Government, which is all about cross-cutting priorities. I make no apology for repeating what I said last night. That Programme for Government must move on from just looking at the inputs and outputs of what we do and focus on the outcomes. Are we actually achieving better results? If we think about the last Programme for Government, which, sadly, never made it beyond the draft stage, we might recall that one of the high-end outcomes was to give children and young people the best possible start in life. This plays exactly into that.

Stewart Dickson and Nuala McAllister said that these issues do not develop in prison. These young people who go to prison already have these problems. Therefore, we owe it to them to have a regime that is fit for purpose and will allow us to do our best for them. Mr Dickson developed the role of the Department of Health. Patsy McGlone talked about the role of education and early years, the requirement for multidisciplinary teams and the return of the Healthy Happy Minds scheme.

Mr Donnelly, talking from personal experience, also talked about early interventions and the need to embed this in the childcare strategy, which is something that we have already debated since we returned. I very much take his point. My emphasis in that debate was on the economically inactive — in other words, getting the parents back into the workplace — but Mr Donnelly referred to the other side of the coin, which is using childcare to give children the best possible start in life. That cross-cutting theme was also mentioned by Órlaithí Flynn and Maurice Bradley, who, interestingly, asked whether the motion addresses the symptoms or the underlying cause, but there are many causes. Nuala McAllister pointed out many of them, including poverty and a failure to look after the vulnerable in the best possible way, and she called for the Sure Start scheme to be expanded. She also talked about the implications of having a long wait for an audiology department appointment or an

assessment for ADHD. Those are all complex issues at which we have to look.

Members also focused on youth. Mr Beattie talked about the high percentage of young people who go into Hydebank with language issues. Patsy McGlone referred to that as well. Ciara Ferguson talked about the need for young people to grow up in a language-rich environment in which they will learn to express their issues. She also suggested that the problem with many children is that they are misdiagnosed and are felt to be outsiders or "problem children", when they are just children who need help. Mr Dickson thought that perhaps the problem is under-diagnosis rather than misdiagnosis of the issues, and he said that it was potentially about poverty, mental health, deprivation and substance abuse: a lot of problems that again emphasise the fact that this is a cross-cutting issue. In a similar vein, Cara Hunter talked about people from deprived backgrounds being the most likely to present with speech, language and communication issues.

I move on to the asks that came from the Royal College of Speech and Language Therapists. One ask was for a screening of everybody entering the criminal justice system, and Paula Bradshaw very thoughtfully pointed out that the Department of Health holds assessments and called for information sharing. I understand that that is a very difficult thing to achieve in the modern age, what with GDPR, but that does not mean that it is something that we should not tackle just because it is difficult. If it is the right thing to do, we should do it.

The question of training was raised, and Mr Butler spoke from lived experience. He talked about the impact on prison officers, who potentially do not understand exactly how to deal with the issue. Mr Bradley talked about the need for training to help officers understand who needs help. In fact, he called for a training needs analysis across the criminal justice system. There is also the issue of support. Screening, training and support, especially in the youth justice system, are needed.

I thank the Minister for her contribution. She pointed out that there were pre-existing, complex and often undiagnosed needs and that we need early help and interventions, as many Members pointed out. She told us that there has been an increase from one to three therapists and then outlined the role that they play in our prisons and the progress that has been made on a multidisciplinary team. She also pointed out that it is a statutory duty of the

Department of Health to provide services in the criminal justice system.

I finish by once again making the argument, and the Minister makes the same argument, that this has to be a cross-cutting initiative in a Programme for Government that is outcomes-based and accountable. In other words, it is about outcomes, and if we are not delivering the outcomes, the Executive must sit down and say, "Let us do it differently. Let us try something else. We must keep going until we get the solution that works for the people whom we are here to serve". Once again, I thank all Members, and I commend the motion to the House.

Question put and agreed to.

Resolved:

That this Assembly recognises how speech, language and communication difficulties can be a contributory factor in offending and reoffending within our criminal justice system; applauds the work of speech and language therapists, while recognising the concerns of the Royal College of Speech and Language Therapists in respect of the impact communication difficulties can have on mental health; and calls on the Minister of Justice, in consultation with other Ministers, to examine how speech and language therapists can work with the Youth Justice Agency, and all our prison estate, to support the communication needs of prisoners and to develop training for prison officers to allow them to identify and support prisoners with communication difficulties.

Mr Deputy Speaker (Mr Blair): Members can take their ease while we change the top Table.

(Mr Speaker in the Chair)

Executive Committee Business

Budget Bill: Further Consideration Stage

Mr Speaker: I call the Minister of Finance, Dr Caoimhe Archibald, to move the Further Consideration Stage of the Budget Bill.

Moved. — [Dr Archibald (The Minister of Finance).]

Mr Speaker: As no amendments have been tabled, there is no opportunity to discuss the Budget Bill now. Members will, of course, be able to have a full debate at Final Stage, which is the next item of business in today's Order Paper. The Further Consideration Stage of the Bill is, therefore, concluded.

Budget Bill: Final Stage

Mr Speaker: I call the Minister of Finance to move the Final Stage of the Budget Bill.

Dr Archibald (The Minister of Finance): I beg to move

That the Budget Bill [NIA 01/22-27] do now pass.

Mr Speaker: The Business Committee has agreed that there will be no time limit on the debate.

Dr Archibald: Today's Final Stage debate concludes the financial legislative process for this Budget Bill in the Assembly. We have found ourselves in a very exceptional situation so late in the financial year. I stress again to Members that I do not take lightly what I have asked the Assembly to do in considering the Budget Bill in such a short period. I assure you that this will not in any way be regarded as establishing a precedent.

The importance and significance of ensuring that the Bill is passed cannot be overestimated. It enables us to keep delivering public services and prevent Departments running out of money. Money and financial packages have dominated the agenda since the Executive returned. Along with my Executive colleagues, I have been determined to take swift action to address the challenges that we face.

The Executive have acted to prioritise public-sector pay, with an allocation of £688 million for public-sector workers. That is really important for our health workers, teachers, police, transport workers and civil servants. It will enable negotiations with trade unions to take place. I want to see those concluding as quickly as possible to ensure that fair pay is delivered for workers.

The Vote on Account in the Bill will allow services to continue beyond 1 April and allow the Executive and the Assembly to consider the Budget for 2024-25.

The debate on the Bill's Second Stage yesterday was useful and informative. I thank all Members for the contributions that they have brought to the process. I express my gratitude once again to the Finance Committee, which worked with us to grant accelerated passage for the Bill.

This is the final stage of our financial legislative process for 2023-24. I now look forward to hearing any final thoughts from Members on this important piece of legislation.

Mr O'Toole (The Chairperson of the Committee for Finance): I speak first as Chair of the Committee for Finance. After that, with your permission, Mr Speaker, I will speak as leader of the Opposition. Once again, I thank the Minister for her comments. As Chair of the Finance Committee and leader of the Opposition, I sincerely congratulate her on her stamina in getting through the Second Stage of the Bill, but I warn her that, if I and others have anything to do with it, future finance Bills will be even longer and more taxing, so this is good preparation. I congratulate her on her stamina, particularly yesterday, when she had an issue with a frog in the throat, which can affect us all.

Much like in the Second Stage debate yesterday, Committee members made a number of insightful and considered points about the nature of the Budget process. Indeed, I think that all members of the Finance Committee had the opportunity to speak yesterday, including the Deputy Chair, Diane Forsythe, about the nature of the Budget process and the timing difficulties that we are dealing with. The Committee acknowledged those, but it also made it clear that this must be an exceptional process; it cannot be a precedent. I welcome the fact that the Minister confirmed that in her remarks and that she has done so again today. We intend to follow through in that regard.

Officials reassured the Committee during yesterday's meetings that this process would not set a precedent. However, as those of us who have served on the Finance Committee know only too well, the Budget process has too often been compromised.

The Committee must not be put in that position again. There must be appropriate time set aside for proper scrutiny of Budgets going forward. That applies to all Statutory Committees.

4.00 pm

It is worth restating that this Budget process has compromised guidance set down in Standing Order 42 around "appropriate consultation" with the Committee and greatly reduced the timescale between Bill stages. Again, paragraph 20 of strand one of the Belfast/Good Friday Agreement on Committee scrutiny of the Bill has not been honoured, nor has paragraph 64(1) of the NI Act 1998, which puts the process in paragraph 20 into law.

Members have also voiced concern about 65% of the current Budget Vote on Account being in clauses 7 to 11 of the Bill. While the amount is not without precedent — it has happened before — it is much more than the normal 45% and suggests that the Executive do not expect to agree a Budget for 2024-25 any time soon. Officials have assured the Finance Committee that Members will see the spring Supplementary Estimates before the end of March, but assurances on a Budget (No. 2) Bill before the summer recess have not been as strongly stated as they were even last week. The Committee's expectation is that it will be given its proper place in the Budget process, and the Minister is the person to make that happen. She is a former Committee Chair, so I know that she takes seriously the scrutiny role that Committees have. The Committee has faith in the Minister to deal fairly with the Committee and honour its statutory role.

I will now end my comments as Chair of the Finance Committee. I do not have a hat to take on or off, as I said yesterday, but I will now speak as leader of the Opposition. In one or two areas, I may be somewhat less diplomatic and caveated than I was as Chair of the Finance Committee. Nevertheless, I reiterate that I congratulate Caoimhe Archibald, the new Finance Minister, who is a well-qualified and talented politician and appointee as Minister. I wish her well in all sincerity, notwithstanding our role as official Opposition, as a scrutiny and accountability mechanism.

I hope and believe that, in this place, whatever our politics, wherever we stand on the left/right spectrum and wherever we are on the constitutional position, we all want to do our jobs as legislators and scrutinisers better. In that context, we have to acknowledge that it cannot get much worse than what we have done around budgeting here over the past decade. For five of the past seven years, there has been no Assembly, so Budgets have been passed in an unforgivable, chaotic rush through Westminster, often with minimal debate. For a number of years, of course, there was only one party representing Northern Ireland that took its seats and outlined its position in Parliament. It was not a position that, I am afraid, was shared by everybody in the Chamber or in our society. That was clearly suboptimal. When we came back in 2020, we had two and a bit years of extremely rushed and chaotic Budget-making, which often happened with minimal information being available; the granting of accelerated passage; minimal and compromised scrutiny; and one-year Budgets without a multi-year Budget process or coherent Programme for Governments to judge them against.

As I have said many times in the Chamber, including yesterday, a Budget Bill, which is what, I assume, we will authorise today, is only as good as the strategic document that it refers to. That is the Budget statement. The Budget statement is, by law, supposed to be presented to the Assembly in draft form before the end of the financial year. I am concerned, from some of what has been said by officials and the Minister, that that deadline will slip and we will not see a draft Budget. I would like to see a draft multi-year Budget before the end of the financial year, but I recognise that that is an extremely tight timeline. If we are not going to see that, I would like the Minister to confirm what we will see before the end of the financial year. If it is not going to be a single-year Budget, can she confirm that, at some point in the months to come, we will get a multi-year Budget that is, ideally, tied to the outcomes in a Programme for Government, because that is what we should all want to see?

Over the last couple of days, we have talked about the vast range of priorities and, I think we can all agree, focused on a small number of urgent priorities. The number-one priority is paying public-sector workers. I commend the Minister for taking that seriously, opening negotiations that relate to the workforces under her direct remit and moving forward with that. Clearly, that is an urgent and imminent priority. In addition to that, we need a rescue plan for public services.

We supported and added our name to the motion in the name of Executive parties, but we also amended it. We agree with them that the UK Government — an austerity-obsessed Tory Government who have inflicted hardship, particularly on the most vulnerable, over the last decade and a half and then compounded their austerity obsession with the most preposterous economic folly of Brexit, the biggest act of economic self-harm that any modern nation has inflicted on itself — have placed us in an unenviable position. Therefore, we support the Executive parties when they say that London needs not only to reflect its acknowledgement that this place has not been funded at need but to properly backdate that funding.

We support the Minister in the discussions that she is having on the fiscal formula. We want the best, and we will lend our constructive opposition to acknowledging that. The *quid pro quo* from our perspective, not just for us as an Opposition but for the people of the North, is that they get a detailed, costed plan so that they understand what the Executive are prioritising and how they are spending money raised locally and money, even if it is not enough, that is disbursed from London.

The Finance Minister and I would agree — others in the Chamber would not — that we should have more powers in this place. She should have more powers to raise more funding in the long term. Also in the long term, we should have a completely different constitutional arrangement that better enables us to meet the potential of all our people, but that is still some way off.

In the meantime, the job of the Executive — all the parties in it — is to produce a costed, meaningful, targeted plan, with a timeline, for rescuing public services. Why else do we stand for election? Leave aside all the arguments that we have had over Brexit, the protocol and some of the stuff that we deal with around identity. Think about the people who have had immense stress over the past couple of years dealing with coming out of an historic and hugely traumatic pandemic, then dealing with a cost-of-living crisis that has made it difficult for them to put food on the table, put petrol in their car or pay for public transport. Now, they are dealing with a health service that is in chaos and crisis.

I do not mean to simply list a litany of things in order to be destructive; I list them to be constructive. We have all spent time listing issues with our public services and the state of this place. I say that to reiterate my basic point, which is that we need a costed public service rescue plan that is attached to a multi-year

Programme for Government and a multi-year Budget. That is not too much to ask; in fact, it is the bare minimum that the people of Northern Ireland need and deserve. We, as a constructive Opposition, will ask for that. We will not throw snowballs or tear lumps out of anyone; we will simply ask, "What's the plan? How's it going to be paid for? What are the targets? When are they going to be delivered?". We will not be unreasonable, irrational or unfair. We will ask those simple questions on behalf of the people whom we represent. That, we think, could be a positive step forward.

I have a couple of points in relation to the fiscal framework. As I said, the Minister is right. She is dealing with a chaotic, austerity-obsessed Tory Government right at the fag end of a long and, frankly, chaotic time in power, so she has our support in dealing with them and getting the best possible deal for this place. I will register again that there is a slight concern that we could have been in a slightly better place, to put it diplomatically, around parties in the Executive not contradicting themselves and one another over what was already in black and white in a letter that went from the Executive to the UK Government. The agreement around revenue raising was down there. The promises from the UK Government should have been put down in black and white and been clear, upfront and nailed down as we restored the Assembly and Executive.

Mr Tennyson: Will the Member give way?

Mr O'Toole: I will give way, yes, of course.

Mr Tennyson: Does the Member agree that there was no good reason for the Assembly and Executive to be held to ransom? Is he now saying that having the financial package in writing and agreed by all parties should have been a precondition for restoring the Executive?

Mr O'Toole: I am not saying that. I am grateful to the Member for inviting me to contradict policy, but that is not what I have ever said. What I said was that the Executive parties, including the Member's party, could have pressed for more detail from the UK Government. That did not ever have to be —.

Mr Tennyson: *[Inaudible.]*

Mr O'Toole: You did, but it was not written down, and you did not say publicly —.

Mr Tennyson: We asked for it.

Mr O'Toole: You asked for it, but you clearly did not get it. That is all that I am saying to the Member. Through the Chair, all that I am saying is that you might have asked for it, but it was not achieved. It was not delivered, and it was not written down in black and white. The Member can carp at me all he likes about what his party did or did not ask for, but the simple truth is that it was not nailed down in black and white.

That should not, by the way, have been a deal-breaker. We should never have been out of the Assembly in the first place. There was no justification for bringing down governance here, and, from our perspective, there never will be — ever. However, that does not mean that, when parties are involved in discussions and a financial package is on the table, they should not say to the UK officials and Ministers who are in the room in Hillsborough, "Put it on the table. Publish it". People were walking out of Hillsborough Castle and briefing the media with a piece of paper in their hands about what was being offered. There was no reason for that information not to be in the public domain so that there would at least be a bit of clarity. I actually commend the leader of the Ulster Unionist Party, who, in fairness, was pretty consistent about saying that those details should have been put in the public domain. We have dealt with that over the last couple of weeks, however, and it need not get in the way of where we go.

As I said, we need the Finance Minister to be able to engage with the Treasury on the fiscal framework. We in the Finance Committee will do our job to scrutinise that. I am sure that Mr Tennyson, a colleague on the Finance Committee, will join me in supporting a costed, timelined and targeted plan for public service recovery, and I am sure that his colleagues in the Executive will also do that.

I have a couple of slightly more techie academic points about how we do fiscal policy here. We tabled what, I admit, was a relatively tangential amendment to the Budget Bill that would give the Fiscal Council more power in law to report on public service improvement. This may not have been the moment to debate that and get it into law, but we think that it is time for us to debate that. As Chair of the Finance Committee, I intend for the Committee to have those discussions, and I also —.

Dr Aiken: Will the Member give way?

Mr O'Toole: I will give way briefly.

Dr Aiken: Thank you very much. The Member makes a good point.

I will direct myself through the Chair so that I do not get misquoted again. The Minister's remarks would be a good opportunity for her to give a strong commitment to bring the Fiscal Council into a legislative framework as rapidly as possible, as has been indicated from her briefs and some of the things that her Department has said.

Mr O'Toole: I agree with the Member. It would be helpful to have the Minister's view on when the Fiscal Council will be put into law and whether she will commit to supporting the Fiscal Council having a remit not just to report on public finances but to report on a statutory basis on delivery against key targets in the Programme for Government.

The process has been deeply suboptimal. As the Opposition, we will record the fact that we do not support all of the Bill, but we will not stand in its way. We will not be destructive; we will be constructive. I recognise that there are particular challenges for the officials in moving the process forward at pace.

This has been said so many times — I have said it many times, and I have been an MLA for only four years — but we cannot do this again. We really cannot. That is why we also need to focus on Assembly reform to ensure that we do not collapse again. I reiterate my point that, once we have delivered the Budget Bill, which, I am sure, will pass, we need to have a costed and timelined plan for public service recovery. I urge the Minister to give us some reassurance about when we will, hopefully, see a multi-year Budget rather than a single-year one and whether that will be before or after the end of the financial year and to give us her view on the role of the Fiscal Council.

With that, Mr Speaker, I conclude my remarks. I am sure that is some relief.

Ms Egan (The Deputy Chairperson of the Committee for The Executive Office): With your permission, Mr Speaker, I will reserve my maiden speech, so today, I will speak solely as Deputy Chair of the Executive Office Committee. I do not plan to reiterate the concerns that have been expressed over the past two days about scrutiny of the Bill; I have only to acknowledge those concerns and look forward to a more focused look at next year's Budget.

The Committee is just getting to know a small yet complex Department, but it is already clear

that the Executive Office has huge responsibilities and limited resources.

The Department has responsibilities for strategies to support victims and survivors of the conflict; to support victims and survivors of historical institutional abuse, mother and baby homes and Magdalene laundries; to support the integration of refugees into our society; to find ways of building relationships between communities of different political, cultural or religious outlooks; and to protect people in our communities from paramilitary influence.

4.15 pm

The Department also has the important task of finding ways to end violence against women and girls. At its meeting last week, the Committee asked officials whether a budget would be assigned to the strategy for the prevention of violence against women and girls, and the Finance Minister announced yesterday that £2 million has been allocated to it. The Committee will look into how that will be spent and whether it will be enough for the aspirations of the strategy. Following the approval and publication of the final strategic framework, the Committee will carefully consider the actions aimed at eradicating violence against women and girls, the associated costs and the resources needed.

The Department leads on Together: Building a United Community (T:BUC), a broad, multi-faceted strategy that reflects the commitment to improve community relations and continue the journey towards a more united and shared society. The Committee expects to be involved in the decision on the allocation of funds to activities such as T:BUC camps for young people, Urban Villages redevelopment programmes, planned interventions to divert young people during times of tension, and the many funded good relations programmes across Northern Ireland. That will require detailed information in advance, time to hear evidence, opportunities to engage with the people who are most affected by the actions and space for deliberation to offer support and guidance to the Department while decisions are being made.

The Committee needs to hear in good time how much the Department's commitments will cost and how its money is to be spent. We will need to consider the financial aspects of the establishment of the Irish language commissioner, the commissioner for the Ulster-Scots and the Ulster-British tradition and the office of identity and cultural expression. Those

are new structures that will call on the Department's resources and take their place in ongoing budgets.

The Minister of Finance told us yesterday that £4 million has been allocated for the truth recovery programme. Is that enough? We do not know, because the Committee has not seen the figures. Some £1.4 million has been provided for actions related to historical institutional abuse. Is that an adequate amount? Again, we do not know; the Committee has not seen the sums. Some £3 million has been made available for the Homes for Ukraine scheme. How was that figure calculated? We have not had the opportunity to see the working out. What about the figures allocated to people who are seeking asylum, to the integration of refugees and to support people who have come here from other countries? I could go on.

All those things require a careful allocation of limited resources that is subject to detailed and effective scrutiny. They are far too important to be rushed. They require careful consideration. That is what our Committees are here to do, what the public expect us to do and what the Committee intends to do.

Miss Brogan: I thank the Minister for bringing forward the Budget Bill and for her engagement with Members during yesterday's debate. As has been said, the Bill will give effect to the allocations that were announced last week, including the £688 million that has been provided for public-sector pay. Our public-sector workers have waited long enough for a fair pay rise, so it is vital that we pass the Bill today to send workers the message that we have their backs.

In yesterday's debate, Members mentioned the lack of scrutiny of the Bill. As legislators, of course we want to have the chance to scrutinise legislation to the fullest extent, but, as officials outlined to the Finance Committee, this is a highly unusual situation and these are exceptional circumstances. The simple fact is that the Bill has to progress this week to ensure that Departments do not run out of money. When we asked officials at the Committee, they confirmed that if Departments were to run out of money, benefits would not be paid to sick and disabled people and front-line services would potentially collapse. Given the circumstances, it would be reckless not to proceed with the Bill.

As many Members outlined at Second Stage, Tory underfunding over many years has caused deep and lasting damage to our public services. We are in a bizarre situation in which the

Secretary of State has admitted publicly that we are underfunded, yet he thinks that it is acceptable to ask struggling families to make up the shortfall with unfair charges rather than ask the British Government to come up with the money that they owe us.

We need a new fiscal framework in which we are funded on the basis of our relative need. There was much discussion yesterday about the proposed fiscal floor. I look forward to working with colleagues on the Finance Committee to examine how that will work and to scrutinise the Fiscal Council's assessment of our relative need. Our current fiscal framework relies far too heavily on the British Government to properly fund the block grant. If we want to talk about fiscal sustainability, we need to ensure that we have more say over our own budgets.

I again thank the Finance Minister for bringing the Budget Bill to the Floor, and I urge all Members to support the Bill at Final Stage.

Ms Forsythe: I thank the Minister for all her work on the Bill and all Members who contributed to the debate. Finances available through the Budget are critical to how our government is run, to the public services that can be provided and to the policies, strategies and transformations that can be effectively delivered. It is essential that we continue to make the case for the agreement of an effective funding model for Northern Ireland. Our chronic underfunding has led to the challenges that we face today.

Representations have been made to the Treasury. Long-standing issues need to be addressed, and we need a fair and sustainable funding package. On the Budget Bill, I again make the point that this is not where we want to be. We have not had time to scrutinise as we would have liked, and I trust that, in future, we will enjoy a much more appropriate level of scrutiny of Budgets. This has to be an exception, not the norm. We need to move forward on the clear footing that priority will be given to developing a Programme for Government, underpinned by a comprehensive Budget that we will be afforded the opportunity to scrutinise appropriately and that will set us up for moving into multi-year budgeting.

Today, however, the DUP will support the Budget Bill to enable our Departments to function in the next six weeks until the end of the 2023-24 financial year and to commence 2024-25 with a 65% Vote on Account. We do so on the understanding that the Bill does not define the future direction of our public

spending, that the new 2024-25 Budget will be a priority as soon as is practicably possible, and that we will continue to call on the Treasury to fund Northern Ireland fairly and on a sustainable basis, with the issue of resolving public pay on a recurring basis being a key priority.

Mr Tennyson: I rise on behalf of the Alliance Party to support the Bill at Final Stage. As I spoke at some length at Second Stage, Mr Speaker, you will be relieved to know that I intend to keep my remarks relatively brief.

As has been well rehearsed by many Members in the course of the Bill's passage, the circumstances in which we have considered the Bill have been far from ideal. Short of the Minister coming to the Chamber with a time machine, however, allowing the Bill to proceed provides the best and only means by which we can safeguard continued delivery of public services and make progress on public-sector pay negotiations for 2023-24.

It is worth emphasising again that some of the Members who have decried the lack of time for scrutiny and exalted the role of MLAs are the same Members who prevented us from sitting in the Chamber and doing that job for the past two years and so bear the responsibility for walking us to the position in which we now find ourselves. I trust that those Members, having had an apparent epiphany about the importance of this place, will join my party's call for reform of the institutions to remove the ability of any single party to hold the process to ransom and to guarantee the political stability necessary to underpin good governance and robust scrutiny, recognising that we simply cannot have financial sustainability without that political sustainability.

Mr O'Toole: Will the Member give way?

Mr Tennyson: Of course.

Mr O'Toole: Does the Member agree that it is important that we get commitments first from people who are in the Government now, whether the First Minister or the deputy First Minister, that they will see out what is left of the mandate and that they are serious about making a reform programme a priority for the Executive?

Mr Tennyson: Absolutely. I concur with the Member that the First Minister and deputy First Minister in particular must be committed to seeing out the end of this term, in the interest of our public finances and public service delivery.

My party would go further than that in that we believe that there needs to be a process between all the parties and the two Governments that are co-guarantors of the Good Friday Agreement in order to properly complete a root and branch review of the institutions. It has been suggested that the issue could be batted to the Assembly and Executive Review Committee, which is toothless and has not delivered, so none of us should be prepared to accept that answer from the First Minister or deputy First Minister. The issue is directly related to our finances, because many of the challenges that we now have in scrutiny and our ability to do long-term planning and public service transformation stem from the fact that we have stop-start devolution and hokey-cokey government. That needs to end, so I absolutely concur with the Member.

Some have, rightly, criticised the financial package tabled by the UK Government, and, as I set out clearly in my remarks yesterday, there are indeed huge shortcomings in many areas. To be clear, they are shortcomings that the Alliance Party has highlighted at every opportunity, in the House and outside it, through negotiations with the Government, correspondence with the Government and in the media. However, we come to the table not just with a list of problems and unfunded asks, as others have done. We have set out clear solutions to the challenges that we face. We recognise that the additional £1 billion allocated by the Executive in 2023-24 provides significant relief for front-line services and provides space and time for further engagement with Treasury on the substantive issues. I trust that, as we now have an Executive in place, we will have a stronger collegiate position with which to progress in that regard. To be clear, the alternative strategy of "no, nay, never" would have left us with no Assembly, no Executive and no additional funding for public services and hard-working public servants.

We must be clear that a very small minority of Members have either misunderstood or wilfully sought to misrepresent the purpose and scope of the Bill. We must be absolutely clear that the Bill is not about setting out our future ambitions or strategic allocations for the time ahead; it is simply a Bill to give legislative cover so that Departments can continue to draw down cash, to deliver services without interruption and to make progress on public-sector pay in the short time that is left of this financial year.

In closing, as the Bill completes its final legislative hurdle today, we must ensure, as others have said, that this is the last time any Budget Bill is passed in this fashion. As we look

to 2024-25, the Budget for that year must progress at pace, and I concur with other Members' remarks in that regard. We must then swiftly move to multi-annual Budgets, and I hope that those Budget processes will be more coherent and will be aligned with the Programme for Government and the priorities of the Executive and the Assembly, as well as being informed by levels of engagement, consultation and scrutiny that the people whom we represent rightly deserve and expect.

Mr Donnelly: I will keep my comments brief, as many of the critical points about health have already been made by my party colleague Nuala McAllister and other members of the Health Committee.

The Alliance Party supports the Bill since, without it, our Departments and public bodies will struggle to maintain basic public services. The difficult financial situation that we face today is primarily a consequence of the instability of the Assembly, and, like my colleague Eóin Tennyson did, and for the second time today, I must stress the need for reform to ensure political stability and to prevent one party from walking away and pulling down these institutions for several years.

Last year, we saw the particular difficulties faced by Departments, not least by the Department of Health, when a punitive Budget was set by the Secretary of State in the absence of local accountability or scrutiny. Political instability also prevents us from having long-term planning, which is how we will be able to deliver on the urgent transformation of our health and social care system and reduce our waiting lists, as we discussed in previous debates. A multi-year Budget is needed to enable the Department and the health service to plan ahead and to deliver that urgent transformation. That cannot be done through comparative annual Budgets.

Public-sector pay must be a priority for the Department and the Executive, and I welcome that Minister Swann has indicated that that will be one of his priorities. The junior doctor strike was announced yesterday, and it is important that we do not simply wait for the conclusion of Westminster pay negotiations with the doctors in England. Pay here is a devolved issue, and we, rightly, should seek to resolve the issue here in Northern Ireland without waiting to see what happens elsewhere. As I mentioned in the debate on waiting lists, different circumstances exist here compared to the rest of the UK, not least the alternative option of working in the Republic, which is often better paid than jobs here. If we want to attract more people to work

in our health service, it is essential that those issues are resolved.

To conclude, I welcome the passing of the Bill, but I recognise that this is only a very early stage in the hard work ahead of us to deliver more sustainable politics and more effective public services. I look forward to working with all Members of the House, particularly with members of the Health Committee.

Mr Carroll: Last night, I conveyed the absolute absurdity and recklessness involved in ramming through a Budget Bill without a modicum of scrutiny. The Executive are hiding behind a false sense of propriety while denying people inside and outside the Chamber the opportunity to assess the Bill properly. They claim to follow the letter of the law while disregarding the concerns and views of those affected by the Bill.

Nurses, teachers, doctors, classroom assistants, bus drivers and all those who were forced to strike recently will be affected by what is in the Bill. It is the Executive who will have to answer for the Budget to come and its impact on those whom I have mentioned and others.

4.30 pm

In waving through the Bill today, the Minister and her colleagues have talked up the money set aside for public-sector pay. I am here to state on the record that they are pulling the wool over people's eyes. Trade unions have already expressed concern that the money on offer is probably not enough to address their demands. Unfortunately for Ministers, it is for those public-sector workers to decide whether the funding will cut it at all. Anything less than a pay offer in line with inflation will be a real-terms pay cut. Given the fact that parties here have effectively cut people's wages for the better part of a decade, the Executive have some way to go to make up for the money that has been lost. Just days ago, the Minister expressed regrets to the Finance Committee that the money is not enough to meet the full estimated pay costs. Which is it? Is the money there for public-sector pay, or is it not? I fear and workers will certainly fear that the Minister is following that age-old Stormont tradition of speaking out of both sides of her mouth.

The lack of scrutiny of the Bill may well suit the Executive's short-term agendas, but it is our public services and communities that are likely to suffer in the long run. We will keep the receipts. When the proposed cuts come — it is likely that they will — we will point the finger at

everybody who endorsed the Budget Bill. Alongside the trade union movement, we will call on all those 170,000 public-sector workers who took strike action to take on those who did the bidding of the Tories once again. The full scope and impact of the Budget is yet to be seen, but, to my mind, there is no question that people will lose out as a result of it, and the only question is this: by how much?

I should also mention that the Bill comes without any guarantee that the Tories will stump up the £3.3 billion as promised. Not only did the Executive not nail that down but they opened the door to the threat of things such as raised rates, higher tuition fees and prescription charges. The Tories played them like a fiddle. They now expect the Executive to do their bidding once more, but I have hope, not necessarily in the Executive or their Tory bedfellows but in the power of working-class communities to organise and push back against attempts to impoverish them further once again. We are here to offer real opposition to the Executive as a socialist opposition. I will oppose the Bill today, and we will do all in our power to build opposition to this Administration on the streets and communities in the period ahead.

Mr McCrossan: As I said yesterday — I will not rehash the many comments that I made — this is not the appropriate way to do business in the House. I hope that this is the last time that we have to deal with the important budgetary process in this way.

That said, the financial situation that this place faces has slightly shifted since yesterday, with the substantial cash injection and commitment from the Irish Government, which, I am sure that Members will agree, is to be much welcomed. It is the largest commitment from the Irish Government for such projects. It will alleviate pressure on Departments, particularly the Department for Infrastructure, and will be welcomed, hopefully, by the Minister of Finance, who, I know, gave a joint statement earlier with her colleague in the South, Michael McGrath.

I am sure that many people will be glad to see such a substantial investment and commitment from the Irish Government. There is €600 million for the A5, which, as many Members will know, I have spoken of passionately for many years. That brings the project a step closer. That substantial financial commitment will come as a considerable relief not just to the Minister of Finance but to many of my constituents and to the people of Derry and Donegal.

As I have said on many occasions, that road does not discriminate: it claims lives every year. Many people have left home one morning to go to work, take children to school or do some local business and have never returned home to their family. Unfortunately, 70 such incidents have happened since 1998. Seventy people lost their lives, and 70 families were left with pain and devastation. No money or price can be put on a loss of human life. Colleagues in my constituency and neighbouring constituencies know too well the devastation and pain that has been caused.

Today's announcement is greatly welcomed, but there is much more to be done. I hope that the Minister of Finance and her colleague Minister O'Dowd at the Department for Infrastructure will work collectively and proactively to ensure that the other funding is found for the A5, so that we can avoid any further delay, because delays cost lives. Ensuring that the project is delivered as soon as possible is in everyone's interest.

Further to the announcements today, there has been a €50 million cash injection for Casement Park. It has been featuring strongly in the news over recent weeks and months. I would have hoped and wished that the Minister for Communities would have been a bit more excited about it today. He looked a bit glum, to be honest. A lot of people — Ulster Gaels and people associated with all forms of sport in Northern Ireland — will be excited by that announcement, because it is a tremendous opportunity. Sport unites people, brings people together and creates a sense of community. It is important that we ensure that whatever needs to be done to bring about the funding to deliver Casement is done. That includes the Minister of Finance, the First Minister and deputy First Minister and the Minister for Communities knocking down the door of Number 10 and that of the Secretary of State to ensure that the commitments that have been made loosely in the press are followed through to ensure that Casement will be delivered.

There is much wrong with our infrastructure, and we face many challenges. We need money to deliver on them, and only if we work collectively with one vision to ensure that that happens will it happen. I am more positive today, many Members will be glad to know, because an €800 million cash injection is a huge commitment to this place. It certainly will take and alleviate pressure from Departments and Ministers, and it has been welcomed across the board. I thank our colleagues in the South for that vote of confidence. Obviously, they have done it at a time when we are

extremely positive about the institutions returning. Let us look to the future with some positivity, work together, deliver the A5 and Casement Park and deliver for our people.

Dr Archibald: I want to say a word of appreciation and thanks to Members who have expressed their views again in today's debate. I have listened with interest. While some have opinions that differ from mine, it is still useful to me as Finance Minister to hear all those views. I will address as many of the Members' remarks as I can to answer their points.

First, I turn to some of the points that were made by the Chair of the Committee and leader of the Opposition. I made the commitment yesterday to him and to Dr Aiken to introduce a Bill to put the Fiscal Council on a statutory footing and to provide the legislative framework to underpin its work. A draft policy document that set out the legislative framework for the Bill was developed, and it was approved by the former Finance Minister in August 2022. Now that the Executive have been restored, I will need to give fresh consideration to that, with a view to bringing a policy document to the Executive for their agreement to progress that important work. Thankfully, significant preparatory work was undertaken. The former Finance Minister circulated the draft document to his then caretaker ministerial colleagues and the NIO to seek initial views. A number of comments were received, and those can be —

Dr Aiken: Will the Minister give way?

Dr Archibald: Yes, go ahead.

Dr Aiken: We have here the Chair, Deputy Chair and members of the Finance Committee. We could give a commitment, if you bring it forward — I am not putting words in the mouth of the Chair — that we might expedite that to make it happen quickly.

Mr O'Toole: *[Interruption.]*

Dr Archibald: I will let you sort that out. *[Laughter.]* Comments were received from ministerial colleagues, and those can be referred to in any future Executive paper. In addition, officials engaged with the Office of the Legislative Counsel (OLC), which agreed to begin the work at risk to develop the legislation, given that it was an NDNA commitment. A draft of possible clauses and schedules has been compiled, and the OLC and officials continue to have discussions on those.

Although much work on that has already been undertaken on an informal basis with the OLC, more time is required to be ready to introduce the Bill, given that the Fiscal Council's Bill team was, in the Executive's absence, reprioritised to the Department's response to the COVID inquiry. My Department is seeking to reallocate resources to the Bill team to progress that work as urgently and speedily as possible. The legislative programme has to be managed across the Executive as a whole, and the drafting of legislation needs to be at a significant state of readiness to be prioritised in the 2024 legislative programme.

The leader of the Opposition also asked about seeing a multi-year Budget before the start of the financial year. I covered the timescale for Budget 2024-25 yesterday. He is, of course, correct that, in normal circumstances, it would be unacceptable not to have a Budget in place before the start of the financial year, but, as has been well covered, we are not in normal circumstances this year. The Executive returned only at the start of the month. It is important that new Ministers are provided time to scrutinise their Departmental budgets before articulating their funding requirements. It is also important that the Executive can consider those fully before reaching decisions. The slight delay is intended to facilitate that.

A multi-year Budget is outside the Executive's control. Section 64 of the Northern Ireland Act 1998, which the Member quoted, also requires me to lay before the Assembly, at least 14 days before laying a draft Budget, a statement specifying the amount of funding for that year notified by the Secretary of State. As 2024-25 is the last year of the current spending review, the Secretary of State cannot tell me how much funding will be provided in the following two years. Without that confirmation, I cannot lay a Budget for the years beyond the end of 2024-25. As I have rehearsed on a number of occasions, however, I am determined to have the discussion with Treasury about the fiscal framework to address the underfunding and put our public finances on a sustainable footing. Multi-year Budgets will be part of that discussion.

A number of Members referred to the process. I have set it out clearly that I agree that the process that we have had to put in place to pass the Budget Bill is not ideal. I welcome Members' support for what we are trying to achieve: keep Departments being able to deliver public services and pay to public-sector workers. I assure Mr Carroll that I want to get that money to public-sector workers as quickly as possible. I allocated as much money as we

could to public-sector pay awards. I was able to obtain flexibility to allocate over £100 million to public-sector pay on top of what was provided in the financial package. It will, of course, be for trade unions and employers to negotiate pay awards, and I will respect that process.

Mr Frew: I thank the Minister for giving way, I really do. She has explained the process that we are in and the reasons why we are in it as regards the limited time that she and her officials have had to work on the Budget. She has talked about the work on the 2024-25 Budget, which could go on well towards the summer recess. Then, of course, you have monitoring rounds. We know that the Budget rounds usually take nearly a full year; so will she assure the House that the work on the 2025-26 Budget will be on schedule?

Dr Archibald: I thank the Member for his intervention. I assure him that my intention will be to get things back on track.

I will address Mr McCrossan's comments. I found myself, unusually, in agreement with nearly everything that he said, including that this is not the way to do business. I have been clear about that. I also welcome the announcement by the Irish Government today of the allocation of €800 million to a number of important projects. I am happy to give a commitment on working with Ministers across the Executive to deliver on the A5 and Casement Park.

With that, Mr Speaker, I draw my remarks to a close, and I thank you for your patience. The Budget Bill is crucial legislation that provides Departments with the power to continue to deliver vital front-line services to all our citizens through the final weeks of the financial year and the beginning of 2024-25. I commend the Budget Bill to the Assembly, and I ask Members to agree its Final Stage.

4.45 pm

Mr Speaker: Before we proceed to the Question, I advise Members that, as this is the Budget Bill, cross-community support is required.

There is a problem with the Division Bell, so can the Whips please get the word out to Members?

Question put.

The Assembly divided:

Ayes 63; Noes 2.

AYES

NATIONALIST:

Dr Archibald, Mr Baker, Miss Brogan, Mr Delargy, Mrs Dillon, Ms Dolan, Ms Ennis, Ms Ferguson, Ms Flynn, Mr Gildernew, Mr Kearney, Mr Kelly, Ms Kimmins, Mr McAleer, Mr McGuigan, Mrs Mason, Ms Á Murphy, Mr O'Dowd, Mrs O'Neill, Miss Reilly, Mr Sheehan, Ms Sheerin.

UNIONIST:

Dr Aiken, Mr Beattie, Mr Bradley, Mr Brett, Mr Brooks, Ms Brownlee, Mr K Buchanan, Mr T Buchanan, Mr Buckley, Ms Bunting, Mr Butler, Mrs Cameron, Mr Chambers, Mr Clarke, Mr Dunne, Mr Easton, Mr Elliott, Mrs Erskine, Ms Forsythe, Mr Frew, Mr Givan, Mr Harvey, Mrs Little-Pengelly, Mr Lyons, Mr Middleton.

OTHER:

Ms Armstrong, Mr Blair, Ms Bradshaw, Mr Brown, Mr Dickson, Mr Donnelly, Ms Eastwood, Ms Egan, Mr Honeyford, Mrs Long, Miss McAllister, Mr McReynolds, Mr Mathison, Mr Muir, Ms Nicholl, Mr Tennyson.

Tellers for the Ayes: Mrs Mason and Ms Á Murphy.

NOES

NATIONALIST:

Ms Hunter.

OTHER:

Mr Carroll.

Tellers for the Noes: Mr Carroll and Ms Hunter.

Total Votes 65 Total Ayes 63 [96.9%]

Nationalist Votes 23 Nationalist Ayes 22 [95.7%]

Unionist Votes 25 Unionist Ayes 25 [100.0%]

Other Votes 17 Other Ayes 16 [94.1%]

The following Members voted in both Lobbies and are therefore not counted in the result: Mr Durkan, Mr McCrossan, Mr McGlone, Mr McGrath, Ms McLaughlin, Mr O'Toole.

Question accordingly agreed to.

Resolved (with cross-community support):

That the Budget Bill [NIA 01/22-27] do now pass.

Mr Speaker: Members, we now move to the Adjournment debate. Will those of you who are leaving do so quietly? We will take our ease for a moment while we change the top Table.

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

Motion made:

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

Adjournment

A4 Enniskillen Southern Bypass

Mr Deputy Speaker (Dr Aiken): In conjunction with the Business Committee, I have given leave to Deborah Erskine to raise the matter of immediate progression on the A4 Enniskillen southern bypass. Deborah, you have 15 minutes.

Mrs Erskine: I thank the Minister for coming to the Chamber for this debate on the A4 southern bypass, which is timely, given the announcement last night in a written ministerial statement from the Finance Minister on the provision of Executive funding to move forward that much-needed infrastructure project. That announcement is welcome, not least because of the soaring costs of the project. I thank the Finance Minister and, indeed, all Executive colleagues. My DUP Executive colleagues will be glad that I will not be torturing them any more about securing some funding for the project.

I will speak in the debate in my capacity as DUP MLA for Fermanagh and South Tyrone rather than as Chair of the Infrastructure Committee. I see some Infrastructure Committee members in the Chamber, and I am sure that they will join me in welcoming last night's announcement.

The A4 southern bypass is much needed for Fermanagh, as I said. It is a key infrastructure project that will stop congestion in the town and will, of course, create construction jobs, as a result of the announcement. As I said, I welcome the investment that has already been put into the project and the approval to provide £16.2 million of capital funding across 2024-25 and 2025-26. It has to be said, though, that, in the summer, I was dismayed that the £15 million that was previously committed to the project as part of the new deal funding was withdrawn and paused. However, I am glad that that now forms part of the financial package that accompanied the restoration of the Executive. What will also be great news for the local councils involved in the Mid South West growth deal is the commitment from the Executive that £12.5 million of the growth deal can be released early.

Since becoming an MLA in 2021, I have continued to raise the issue of the Enniskillen A4 southern bypass. The Infrastructure Minister will be aware that, in January 2022, site clearance and fencing works commenced. NIE diversionary works happened in summer 2022.

I recognise that the Minister committed funding before he previously left office. As a local representative, I did not want to see public funds go to waste after work had already taken place, so it is important that the scheme progress without any further delay.

It is a project that everybody in my constituency wants to see delivered. I spoke to one man recently who said that he was told by a DFI Roads official that, believe it or not, 47 years ago, there were supposed to have been plans drawn up for a bypass in Enniskillen. I hope, Minister, that we will not see another project take 47 years to be delivered. It has certainly been a long-running issue in the constituency, and it is important that we see infrastructure projects progress as quickly as they possibly can.

The west can often feel like a poor relation when it comes to investment and commitments to seeing the economy grow and to creating better communities. I hope that the commitment to the A4 Enniskillen southern bypass shows that there is a seriousness to deliver in the west and level up our communities. I will use my voice to keep championing our beautiful, lovely, resilient Fermanagh and South Tyrone. I want to quash the myth that there is an attitude of forgetting about the constituency. I must admit that I am greedy when it comes to Fermanagh and South Tyrone, and I will not just stop now that funding has been delivered for this project in my constituency. We need more investment.

Another matter to raise is the need to ensure that Fermanagh is on the map in the all-island rail review. Right now, Fermanagh is the only county in Northern Ireland not included, and that is simply not good enough. With such strategic road investment, we must match up other key infrastructure projects.

Although I welcome last night's news of investment funding, the hard work starts now, and we must progress at pace. I noticed in the Finance Minister's statement that procurement can now go ahead. I therefore ask the Infrastructure Minister to detail the timescales for delivery and to ensure that there are no further delays to the project.

I thank other Members who will speak on the topic, which relates to Fermanagh and South Tyrone, and I thank the Infrastructure Minister for coming to the Chamber. I am sure that we can all agree that we look forward to the day that we are cutting the ribbon and driving on the A4 Enniskillen southern bypass.

Mr Deputy Speaker (Dr Aiken): Members, if they so wish, will have up to seven minutes in which to speak.

Ms Dolan: Go raibh maith agat [*Translation: Thank you*] to my constituency colleague Deborah Erskine for requesting the Adjournment debate and to you, Minister, for facilitating it.

This is a topic that my constituents and I feel very strongly about. The Enniskillen bypass is an extremely important project. I am like a child at Christmas at the news that the Executive have agreed to provide £16.2 million of capital funding across 2024-25 and 2025-26 to see it delivered. Since I first ran to become an MLA in 2017, this has been one of my priorities. Although the project long predates that, I am proud to say that, any time that Sinn Féin had the chance, we invested in progressing the issue. I therefore thank the Finance Minister, Dr Caoimhe Archibald, for making this next step possible. It highlights Sinn Féin's commitment to its priority of tackling regional inequalities and driving balanced and sustainable growth across the island.

My constituency is one of the areas most deprived of modern, decent roads. To help drive regional balance, we need to invest in the right infrastructure. Enniskillen town centre can act as a bottleneck, where local traffic mixes with passing and strategically important traffic, resulting in delays for both. The bypass will be a huge economic driver for Enniskillen and crucial to helping unlock the area's full potential.

The proposed Enniskillen bypass would provide a new transport link to the southern side of the town, improving the connection between the A4 Dublin Road and the A4 Sligo Road and offering the following benefits: reduced traffic congestion in Enniskillen; provision of a transport link across the A4 from the Dublin Road to the Sligo Road; facilitation of more efficient movement of traffic in and around Enniskillen; and reduction in noise and air pollution in the town itself. That is to name but a few of the benefits.

5.15 pm

Transport cannot resolve all of Fermanagh's economic difficulties. The Enniskillen bypass is not a magic bullet that will cure all the ills currently affecting the constituency, but it will be a massive help and a significant boost to the area, particularly in light of the recent shock announcement from BT that 300 people with responsibilities and aspirations may lose their

jobs. Fermanagh has been neglected for too long, so this is hugely positive news. I look forward to continuing to work with the Executive and the Infrastructure Minister to see the timely completion of this vital scheme.

Mr Brown: I thank the Member for Fermanagh and South Tyrone for bringing this debate to the Chamber, the subject matter of which is important to the well-being of many in her constituency and to the sustainable development of Enniskillen town and the wider area. I welcomed the Minister of Finance's statement, yesterday, announcing the release of £16.2 million as part of the wider financial package, which will allow a further £12.5 million to be drawn down from the Mid South West growth deal and enable this project to move to the procurement stage.

Indeed, this is a very good day for roads across the North. As my party's infrastructure spokesperson, I take this opportunity to welcome the positive announcement from the Irish Government this afternoon regarding the A5 and Narrow Water bridge, amongst other important projects. That €800 million investment is a further positive step towards realising the huge potential of the €3.5 billion Shared Island Fund to build North/South connectivity, which will crucially also alleviate pressure on the already stretched capital budgets of the Executive.

It is worth noting that the Enniskillen southern bypass has been in the works for a significant time. It was first formally proposed in the 'Expanding the Strategic Road Improvement Programme 2015' in 2006, with planning starting two years after that in 2008 and the preferred route being announced in 2015. As the Member for Fermanagh and South Tyrone laid out, however, it was talked about well before her or I were around. To date, £2 million-worth of advance site works have taken place, so this funding to enable the procurement and construction phases to begin is the final positive step for this important roads project.

The proposed scheme has strong cross-party support. My colleague in the Enniskillen district electoral area (DEA), Councillor Eddie Roofe, has been working closely with other local parties and stakeholders to push the plans forward. At just 3 kilometres, this is a relatively minor works project, but it will have a huge impact on traffic flow and addressing congestion in Enniskillen town. That will pay considerable dividends in terms of air pollution, ease of access to the town centre and reducing traffic, which is particularly important for the safety of schoolchildren and pedestrians. The

reduction of vehicular travel may also open up the opportunity for smaller-scale complementary infrastructure schemes in Enniskillen town, such as cycle lanes, one-way systems and pedestrian zones, which can promote active travel and enhance the vibrancy of a town centre.

Given the rural nature of the area, the continued reliance of the local population on cars and the absence of viable public transport options — I lament Fermanagh's exclusion from the all-island rail review — schemes such as this are vital for securing the growth and the well-being of rural communities. This road will also be vital, as upgrades to the A32 Omagh to Enniskillen road are, for ensuring that there is timely and safe access to emergency services at the South West Acute Hospital (SWAH).

There was great concern across the local area when funding for this project was put on hold as a result of these institutions being suspended for two years. This announcement by the Minister is a welcome statement of what this place can deliver when it is functioning. I only hope that the Minister for Infrastructure and the Minister of Finance are paying similar attention to the need to finally deliver the long-awaited Ballynahinch bypass, which is right on the edge of my constituency. I also wish to put on record the long-term aspiration and need for an eastern bypass around the county town of Downpatrick.

Mr Deputy Speaker (Dr Aiken): Thank you. I gave you some latitude there.

Mr Elliott: I welcome the discussion this evening and thank Deborah Erskine for securing the Adjournment debate. I will not talk about Downpatrick or Ballynahinch, but it is good to see the Minister for Infrastructure in the Chamber and to have heard the announcement, yesterday evening, of this long-awaited scheme in Enniskillen.

I remember being on site on a number of occasions many years ago with, as it was then, the Department for Regional Development's Roads Service — it was not called the Department for Infrastructure — to talk about the project. It goes quite close to the old, iconic Weir's bridge that goes across the River Erne. If Members want to see a photograph or a painting of that, they should visit Fermanagh unionist hall, where there is still a big mural of the old Weir's bridge on the wall. It looks really well.

The project is a welcome boost. It will certainly be a welcome boost for someone who has sat in traffic queues on the Belfast Road or the Irvinestown Road on a Friday evening behind scores of caravans, caravanettes and camper vans waiting to get into the town.

Some caveats need to be in place. We should not forget about the town centre. I hope that having less traffic going through the town centre will mean more availability for parking and encourage more people to stop in the town of Enniskillen to do some shopping or go for a coffee or some food when they are travelling through. The second issue concerns landowners. I am sure that we will hear from the Minister that they have all been sorted at this stage, but a few issues may still have to be resolved. I ask that that is done in a fair and reasonable manner and that landowners are given the accommodation works that they require. The third issue is visibility. Lough Erne is a key tourist area — you are going into the upper lough there — and I want to be assured that any enhancement works will look reasonably aesthetically pleasing to general visitors to the area and locals alike. Finally, I want to be assured that any local people who need accommodation works and noise barriers will get them, because that is important. The works will create a lot more noise and traffic, and there are a number of residents in that area. I hope that they will be accommodated.

I suppose that I am marking the Minister's cards. I hope that he takes recognition of the issues. In general, however, this is a welcome development, and I thank the Executive for bringing it forward.

Mr Durkan: I thank Deborah Erskine for securing this Adjournment debate. My constituency is a bit further from Fermanagh than that of most of the other contributors, but I echo the sentiments that they have expressed and welcome the Finance Minister's eleventh-hour announcement last night of £16.2 million of capital funding to secure this vital transport link for Enniskillen and Fermanagh. The provision will help to reduce pollution and congestion, revitalise the town centre, enhance journey times and improve safety for all road users. For too long, Fermanagh has been very much the forgotten county — well, one of the forgotten counties — for transport infrastructure. The project has been in the pipeline for decades due to the lack not so much of available funding but, in our view, of political will, which failed to launch it.

Recognising the transformational opportunity that the Enniskillen southern bypass offered,

my former colleague, the former Infrastructure Minister Nichola Mallon, demonstrated her determination to deliver fairness for Fermanagh. In 2021, she announced her intention to proceed with the project, allocating £2 million to kick-start it and advance site works. She made it clear, however, that the progression of the project would depend on future funding. That funding did not materialise. The caretaker Minister, whoever that was, was not able to provide it, but, fortunately, the Minister whom we have now has been able to source it, so credit where it is due. He said that it remained a priority and has demonstrated that it was and is. I am sure that any Minister would rather cut ribbons on roads than cut spending on them. I welcome the agreement to release the funding, which will enable works to proceed and prevent increased associated costs should works be delayed any longer.

The most recent Stormont stalemate — I cannot get through any speech without mentioning it — also denied us progress on the Enniskillen bypass, not to mention so many other flagship projects, leaving us at the mercy of the Tory Government. The anger in the community, which my DUP colleague has expressed, over the decision to reallocate the previous multimillion-pound funding commitment to account for the overspend in the 2022-23 Budget is still palpable. I hope that news that the project has now been steered back on course will help to alleviate that frustration.

The community in Enniskillen and wider Fermanagh has been deprived of the modern, sustainable and suitable road infrastructure that is integral to driving regional balance and future prosperity. By improving the connection between the A4 Dublin Road and the A4 Sligo Road, the Enniskillen bypass is the first building block of the many required to enhance travel links in that rural and, in parts, socially isolated county. The SDLP will ensure that focus remains on providing a long-term plan for the infrastructural future of Fermanagh and on ensuring that it does not miss out on the once in a lifetime opportunity afforded by the all-island strategic rail plans. I have tabled a motion for debate on that in the near future.

The focus on active travel and inclusion of a cycle path alongside the bypass is of particular note, and it will prove vital in tackling the climate emergency by encouraging people to leave their car at home and opt for a greener means of travel where possible and practical.

I look forward to seeing the project progress at pace, and I hope that the stop-start approach to

it that we have seen for so long has been put behind us once and for all.

Mr Gildernew: Mr Deputy Speaker, I take this opportunity to welcome you to your role.

I am absolutely delighted at the announcement on the bypass. It is much-needed, long fought for and will be of tremendous benefit to the town of Enniskillen and the whole surrounding area in our constituency. Tackling the bottleneck at that section of the road will allow business to benefit from improved opportunities and improved access to our shops; allow people to enjoy improved journey times; and, hopefully, attract people into the town of Enniskillen as well as facilitate their journey through it.

It has been estimated that the scheme will improve average journey times by approximately 50% and take 40% of the traffic out of Enniskillen town centre, which is hugely welcome. I agree with Mark that the cycleway and footpath are a key element. It is crucial that we make sure that the infrastructure is there for people to travel and walk safely in our towns and, indeed, between our towns and villages.

On Patrick's remarks, I know that we have had boundary reviews recently, but I did not know that it stretched as far as Downpatrick. *[Laughter.]* Having battled my way through Ballynahinch on many an occasion in a past life, I have to say that I recognise his concern about that issue.

It is also clear that this vital scheme will cut air pollution and congestion in the town of Enniskillen. It is important to say that Enniskillen is a unique town. It is one of very few island towns, and that creates its own difficulties, but it also creates opportunities. However, air quality is a key issue that the scheme will certainly help with. It has been estimated that up to 800 deaths in the Six Counties can be attributed to air pollution, so it is a significant issue, and it is hugely welcome that the scheme will help with that.

One of Sinn Féin's key priorities is to tackle regional inequalities and drive balanced and sustainable growth across the island. In order to do that, we need the right type of infrastructure that allows us to achieve that regional balance and connectivity and that allows local hubs to flourish and areas to maximise their potential, and there is huge potential there. That balance involves equal access to opportunities and services, including vital services such as health, broadband and, of course, investment in our road network. Enniskillen town and the people

and businesses that make that town deserve to benefit from the type of investment that would allow their local community and economy to truly thrive.

5.30 pm

I could not let the debate pass without mentioning the vexed and vital issue of the A5, which also affects our constituency. That is another key piece of infrastructure, and all the additional pieces will drive us forward into what I believe will be a very bright future. Those are vital parts of that jigsaw.

The Enniskillen bypass will certainly contribute to the goal of allowing all our local communities to thrive, and, therefore, I welcome that. I also welcome the opportunity to take part in the debate.

Mr Deputy Speaker (Dr Aiken): I call the Minister. Minister, you have 10 minutes.

Mr O'Dowd (The Minister for Infrastructure): Thank you, a LeasCheann Comhairle. I also congratulate you on your appointment to your role.

I thank Deborah Erskine MLA for initiating the debate on the Enniskillen southern bypass scheme. I add my thanks to my Executive colleagues and will take this opportunity to recognise their commitment to the project, as demonstrated by yesterday's announcement to provide the necessary funding. It is also important to note that that was one of the first decisions of the newly reformed Executive, so it shows an intent to tackle regional inequality.

The £16.2 million capital funding that the Executive agreed, alongside the approved early release of £12.5 million from the Mid South West city and growth deal, provides security for the delivery of this critical infrastructure project. That is welcome news for the Department as well as for local businesses and communities in Enniskillen, which are supportive of this much-needed project.

The £2.1 million bypass will provide a new transport link to the southern side of the town, improving connectivity between the A4 Dublin Road and the A4 Sligo Road. As a number of Members mentioned, the transport link will also provide 3.5 kilometres of active travel for walking and cycling, extending along the Dublin and Derrylin roads to connect the existing non-motorised user infrastructure. The scheme will also alleviate traffic congestion in Enniskillen town centre, which will reduce delays and

improve average journey times by approximately 50%, and it will bring much-needed improvement to road safety. It will also bring benefits to the town centre environment by improving air quality and reducing noise levels. That will create a unique opportunity to enhance active travel and placemaking measures in the town centre, with reduced levels of through traffic. That is an exciting opportunity for Enniskillen, which is a very picturesque town in a beautiful setting that is ideally set for active travel. That measure will involve consultation with local businesses, communities and elected representatives on the best way to bring it forward, but Enniskillen is ideally placed for such a scheme.

While the construction of major roads projects can significantly impact on the climate, I am pleased to advise that this scheme will show an overall reduction in carbon emissions in the long term and will have a beneficial impact on the climate. In fact, the environmental impact assessment shows that the combined emissions for the proposed scheme after opening, including the adjacent road network, will lead to an overall reduction in emissions of -4.7% when compared with not having the scheme. Consequently, the scheme has a carbon payback period of 28.8 years for the carbon emissions in construction.

My Department has considered ways in which the building of this important infrastructure can be mitigated through landscaping opportunities throughout the site, as mentioned by Tom Elliott, who has just come back. A landscaping plan has been developed, and we have already been working proactively alongside Ulster Wildlife to ensure that a significant amount of native tree planting, hedgerow and wildflower planting has been incorporated into the design. As an example, look at the A6. That is a longer stretch of road, but 1.2 million trees are planted along it, which will have huge beneficial impacts on biodiversity in that area. It is amazing that, even though we are building a road — roads bring not only opportunities but challenges for the environment — we can do things to improve the local environment. That is a really exciting part of the project.

Funding for the scheme will now allow procurement to commence — Deborah asked about this — in April 2024, and the ability for the Department to meet that timescale means that the seasonal windows for earthworks, as well as works over and in the water, can be progressed to the most advantageous time frames. Again, environmental concerns have been raised about the time frame for constructing the road. If procurement goes

ahead in April 2024, we hope that construction will start in spring/summer 2025, with around a two-year time frame for building. Thankfully, to date, there have been no legal challenges to the project. As far as I am aware, it is overwhelmingly supported in the local community. I hope that, at this stage, we do not run into any legal difficulties. If we do not, construction can start within that time frame and be delivered quite quickly.

As I have said, this is a significant milestone for an important project. As Mark Durkan said, Ministers would much prefer to be cutting ribbons than cutting budgets, so this is an easy one for me. I doubt that I will have very many easy debates in the Chamber, but this is certainly one.

I will turn to Members' comments. I have already covered some of the issues that they raised. I note that a Chamber debate on the all-Ireland rail review is upcoming. I also note Fermanagh's absence from that review. I will pursue that matter and engage on it in the time ahead.

Jemma Dolan mentioned the disparity in the treatment of rural roads. I hope to be able to announce a dedicated funding programme for rural roads. Rural communities are often left behind when it comes to infrastructure, and I would like to see rural roads being treated in a more equitable manner.

Patrick Brown chanced his arm greatly by mentioning Ballynahinch and Downpatrick. I am sure that he can bring forward a debate on those measures, or, if he writes to me, I will be more than happy to engage with him.

Mr Brown: I have a question in already.

Mr O'Dowd: He has a question in already.

We now know where we will have the tea and coffee after we cut the ribbon on the bridge. We will have it in the Fermanagh unionist hall so that we can look at Weir's bridge. *[Laughter.]* In all seriousness, this project has taken into consideration the town centre. We worked in collaboration with the local council. There is an opportunity now for the local council, ourselves and other agencies to see how the town centre can benefit from this project commercially, business-wise and even through the living environment. I believe that it will make a positive change, but we cannot just take that for granted: it has to be moved forward. On the land ownership issue, all the land that we require has been vested. I believe that I am

correct in saying that. The land issues have been resolved.

I think that I have covered everybody's general comments. It is a good start that I am able to stand here and, as a result of a collective decision by the Executive, announce that funding is available for a project. All lights are green, and construction work will start in early summer 2025.

Mr Deputy Speaker (Dr Aiken): Thank you very much indeed, Minister, and thank you, Deborah, for bringing this Adjournment debate to the Assembly.

Adjourned at 5.37 pm.