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Northern Ireland Assembly

Tuesday 21 May 2024

The Assembly met at 10.30 am (Mr Deputy Speaker [Mr Blair] in the Chair).

Members observed two minutes' silence.

Members' Statements

Mr Deputy Speaker (Mr Blair): Members who wish to make a statement should rise in their place. Those who are called to make a statement will have up to three minutes in which to do so. I remind Members that interventions are not permitted, and I will not take any points of order on this or any other matter until the item of business is finished.

Early Years Sector

Mr Gildernew: My statement is on a meeting that I attended, as did Deborah Erskine, after leaving here yesterday. The meeting was with a group of early years providers from Armagh and Dungannon, just outside the Moy. These groups provide early years education at preschool level and inject huge value into our communities. Groups such as Panda Cross Community Playgroup in Cabragh, Killeeshil, and Rainbow Playgroup in Eglish, which my children had the privilege and benefit of attending, have, over many years, provided that additional start for many young children. These groups are largely community based and voluntarily run and have to do additional fundraising.

Last night's meeting was a positive and, indeed, inspiring experience, because of the staff's passion for what they do. However, they flagged up difficulties and challenges that they are facing at present, including cost-of-living pressures. In common with many other providers, they are struggling with the basics, such as the cost of heating and lighting. They are also struggling to deal with the huge numbers of children with additional needs who are coming through the system and the fact that there are very few pathways for them to refer those children on to services for their health needs. They are dealing with children in our part of the constituency who have additional language needs too. Those are all challenges.

The early years sector is regulated by Health and Education, but it does not receive the same support that is given to some other settings in those areas. That is something that we need to look at very carefully. The sector also struggles with recruitment and retention. New staff who are trained up to a very high and skilled level can potentially move on to other jobs because of burnout or to other statutory sectors where the terms and conditions may be better.

This morning, I ask Members to think about the value that those groups bring to our communities. They are asking that their sector is stabilised, sustained and secured. I want to add my voice and say that there is huge merit in us doing that.

Mental Health Facility: Omagh

Mr T Buchanan: Mental health was once branded the Cinderella of the health service. In the Western Health and Social Care Trust area, mental health is still the Cinderella of the health service. A proposal for a new acute mental health facility in Omagh was first put forward in 2010 as part of a three-pronged approach with the development of the local enhanced hospital and primary care complex, which opened in 2017. At that time, however, the construction of the acute mental health facility was pushed back into the second phase of the development.

In 2022, the Department of Health prioritised two other mental health facilities and, to date, unfortunately, the development of the vital facility in the Western Trust area has not commenced and is continually being delayed because of funding restraints. At that stage, the Western Trust was asked to refresh its existing business case for the proposed acute mental health facility and doing so required considerable resources. The business case development group had to be reformed in order to update its proposals.

For many years, the community in Omagh and the surrounding areas has been calling for the completion of the new, enhanced 26-bed unit. The Western Trust has the largest number of mental health admissions of all the trusts in Northern Ireland. The figures for 2022-23

showed that there were 1,542 mental health admissions, which was almost double that of the next highest trust area, with 821 admissions. The statistics are stark, and they show the reality of how badly the acute mental health facility in Omagh is needed, especially given that the Western Trust catchment area covers the largest geographical area of all the trusts across Northern Ireland.

Mental health is a real part of our overall health and well-being, and it impacts on how we think and act daily. Yet, the infrastructure to support mental health remains inadequate, and many people in the Western Trust area cannot access the support that they need. Given the fallout from the Omagh bomb, there are many people in West Tyrone who, today, are still looking to use a mental health facility that is not available for them in the Western Trust area.

The need for that mental health facility is greater than ever. The people of the Western Trust area deserve to have access to such care, which will, ultimately, have a life-changing and positive impact on their life. I call on the Minister of Health to, again, consider the establishment of the facility in Omagh as a priority and to see that it is delivered for the people in the Western Trust area.

Carer's Allowance: Overpayments

Ms Mulholland: I want to talk about a deeply concerning issue that is having an impact on thousands of unpaid carers in our community. Unpaid carers dedicate time and energy to caring for sick or disabled loved ones, often at great personal and financial sacrifice. They receive a small additional income each week while retaining their carer's allowance payments. It amounts to £151 and not a single penny more, unlike other tapered benefits. The rules that govern the payment are opaque and complex and make it exceptionally difficult and challenging for carers to stay within the limits, especially when their earnings fluctuate or they are new to the caring role.

Recent figures, which were obtained by way of an FOI request, revealed that more than £9 million of carer's allowance overpayments had been referred to the Department for Communities debt management branch since 2021 as a result of breaches of the earning rules, which many carers struggle to navigate. Between 2021-22 and 2023-24, a staggering 6,514 carer's allowance overpayments were referred. The average value of those overpayments was £1,413, which is over a third of the annual amount received. Legal proceedings have been initiated in three of those cases, which highlights the extreme measures that are being taken to recover the overpayments.

For many carers, the overpayments represent a significant financial burden and often push them further into hardship. Whilst the Carer Poverty Commission indicates that one in four carers were living in poverty last year, the rate of poverty amongst those in receipt of this benefit is 46%. That is nearly one in two recipients of carer's allowance living in poverty.

I have been in contact with Carers NI. It has not only shone a light on the issue but worked tirelessly to support those impacted. An individual it supports ended up with a debt of over £4,000 by inadvertently going over the earnings threshold by a few pounds a week. I repeat: a few pounds a week. That person is really struggling to pay back the money and has been left in a state of constant fear and worry. They have to cut back on food to get by and are

"so scared they will lose their house".

Yesterday, we asked DFC if it uses an IT system that is similar to the one used in Great Britain, which automatically identifies carers who have exceeded the weekly earnings cap. We did not get a clear answer. We need clarity. If we have the same system, why do officials not act on such cases more promptly? If we do not have it, what systems are in place for the Department to identify cases earlier?

We need to understand how we got into this mess and, more importantly, what will be done to resolve the issues now and prevent them happening to carers in future. We have to improve our systems and interventions in order to support our unpaid carers and prevent the financial hardship that is caused. Unpaid carers are the unsung heroes of our society. Whilst it is difficult to quantify their exact contribution, a recent report put the economic value of unpaid carers in Northern Ireland at approximately £5·8 billion. That is 85% of our recent Health budget.

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

Ms Mulholland: They deserve our support and a system that works for them, not against them.

Oxford College: Study Group

Mr Nesbitt: In 2018, I had the pleasure of being a guest of Oxford College, which is part of Emory University in Atlanta, Georgia. The

occasion was a debate involving Colum Eastwood, the leader of the SDLP, Patricia O'Lynn of the Alliance Party and me. We were speaking to students after a screening of the remarkable film 'John Hume in America', which documents Mr Hume's remarkable efforts over a number of decades to engage American opinion in this place. Of course, those efforts resulted in huge American influence in bringing about the Belfast/Good Friday Agreement in 1998, the engagement of President Clinton and the chairmanship of Senator George Mitchell. I am delighted to say that a study group from Oxford College is with us today. It was a delight to meet the students earlier this morning, and I wish them well as they prepare to return to the United States.

Irish Passports

Mr Durkan: Summer is upon us and, with it, the annual stampede for passports. We know that, as citizens of Northern Ireland, we have the unique privilege and birthright of dual citizenship that allows us to identify as British, Irish or both. However, for many who wish to avail themselves of an Irish passport, that right has become increasingly difficult to attain. They face additional barriers that do not exist for Irish citizens resident in the South or, indeed, for those seeking a UK passport here. Not only is the disparity between the passport application process for people from here and that for people in the rest of Ireland discriminatory, but it perpetuates inequality. The stringent criteria, additional costs and barriers represent unnecessary hurdles for those wishing to assert the right to Irish nationality.

At present, the passport office does not deem electoral ID a sufficient form of photographic identification, despite accepting the public services card for those resident in the South. That creates an imbalance and an anomaly that forces Northern Ireland applicants into the ludicrous situation of having to apply for a UK passport or a driver's licence, resulting in unnecessary delay and considerable additional expense. The difficulty for single parents — mostly mothers, of course — who apply on behalf of their children is of particular concern, and I have raised it with the Tánaiste in Dublin and the Finance Minister here. That vulnerable cohort is required to complete an affidavit, even for renewals, a policy that does not apply to Irish citizens in the South. Again, there is a financial cost attached to that unless the absent, maybe even abusive, ex signs the application; sadly, that, too, sometimes comes at a price.

Year on year, I and others have called for a Northern-based passport office, and those calls were echoed last week in the Chamber. The Dublin Government argue that the lack of traffic on the MLA portal negates the need for that provision, whereas I argue that that is not a reflection of low demand but, rather, a clear indication of the suboptimal service provided on that portal.

10.45 am

It is unacceptable that citizenship rights are subject to arbitrary restrictions based on geographical location rather than being universally accessible to all Irish citizens on the island. The current process sets citizens from the North at a disadvantage, and that must be rectified urgently.

School Transfer Process

Mr Delargy: No child should be left not knowing what school they will go to in September. At the weekend, I was contacted by dozens of families and schools across Derry whose children are in that exact situation.

We all know how unfair the transfer system is, as it judges children at the age of 10 or 11. As a former primary 7 teacher, I know at first hand how many children are impacted and how families are left feeling worried and unsure of the next steps. Receiving the news from the Education Authority (EA) on a Saturday is not acceptable, as they have to wait until Tuesday before they can appeal that process. Last summer and the summer before, I highlighted that to the EA, but, seemingly, nothing has changed.

Our children should be looking forward to a new phase in their education: to going to big school; to making new friends; to meeting new people; and to starting new subjects. They should not be left without a school to go to or with a school that is miles from their home, miles from their friends and, in some circumstances, miles from their brothers and sisters. We can work together to change that. The EA can make simple changes to make the process simpler for schools, families and, most importantly, children. Making the process work is not a difficult thing to do. We can take steps today to ensure that the same issues do not arise next year.

Job Losses: Enniskillen

Mrs Erskine: I rise again to speak about job losses in my constituency. Last Tuesday, 300 workers were told that the BT/EE site will close in October. That is devastating news for the entire constituency, but it is felt most acutely by that global company's employees and their families and friends. As time moves towards October, there can be no doubt that the closure of the site will have an impact on businesses on the high street in Enniskillen and in rural towns and villages across Fermanagh and South Tyrone. That concerns me greatly.

Whilst my fight since February has been to retain those jobs, I have always been keen to ensure that my constituency gets a fair share of investment and jobs. I make that plea again today. We urgently need to see a plan for jobs and investment that holds fast to the idea of regional balance that was set out by Minister Murphy and that, I hope, the interim Economy Minister will also work towards.

I pay tribute to the work of Invest NI, which has kept in touch with me and engaged with the BT/EE group to try to save the jobs. The chief executive continues to engage with me to find a way forward in supporting the people in Fermanagh and South Tyrone who have lost their jobs and to create options for them. That includes a number of people who did not sign up to the voluntary scheme and who need to find out what their options are. It will not be easy for the 300 people who have lost their jobs. However, we are resolute people in Fermanagh and South Tyrone, and I know that our fight will now turn towards creating jobs and drawing down investment in our area.

I pay tribute to all in the community who stood side by side in the fight to retain jobs, and there was political support across the spectrum in that fight. I will continue my fight for the area. I call on the Economy Minister to bring forward urgently a plan for my area and a plan for economic regional balance.

Violence Against Women and Girls

Ms Egan: Again, I rise to talk again about the absolutely unacceptable levels of violence against women and girls in Northern Ireland, and I make a respectful plea to the First Minister and deputy First Minister to prioritise the issue.

It has been over 100 days since the return of the Assembly and Executive, and all parties have committed to making the issue their priority. Some elected representatives were told that a strategic framework and action would be ready by last year. One hundred days later, we have still not had it signed off by the Executive. With 98% of women in Northern Ireland experiencing at least one form of violence, abuse or harassment in their lifetime, how many more stories do we need to hear?

Women are being murdered in their homes. They are being abused and harassed. They are suffering, while we are the only part of these islands that does not have a strategic framework or action plan to deal with the issue. Last week, on the Executive Office Committee, we heard from local women's centres, Women's Aid, Nexus, the Rural Women's Network, the Women's Resource and Development Agency and Rape Crisis. The community and voluntary sector is picking up the pieces where the Executive are failing to deliver. The sector is doing the grassroots work on the ground, supporting women, but it needs help, support and, crucially, fully funded services to support vulnerable women and girls.

We cannot have any more delays. Since 2020, 19 women have been killed in Northern Ireland. We owe it to victims and survivors to fight for a better Northern Ireland so that more people can have the help that they need from front-line services and we can fund measures to prevent this, allowing women and girls to lead fulfilling lives free from harm and abuse. I call, please, for the funding needed to deliver the strategic framework to end violence against women and girls and for urgent sign-off by the Executive.

Drug and Substance Abuse

Mr McCrossan: I would like to shine a light on a critical issue plaguing communities across Northern Ireland: the devastating impact of drugs on families and young people. The scourge of drug abuse not only affects the individual but ripples out, affecting families, friends and communities in each of our constituencies. For many families, the nightmare of drug addiction is a harsh reality. Parents watch helplessly as their children and young people spiral into the dark abyss of substance abuse that tears families apart and leaves a trail of destruction in its wake. The emotional and psychological toll on families is immeasurable as they grapple with feelings of guilt, sometimes shame, fear, despair and just dread of what lies ahead.

Young people with their future ahead of them are particularly vulnerable to the lure of drugs. The seductive promise of escape and euphoria can lead them down a path of addiction, robbing them of their potential and their

ambitions. We lose countless lives to this terrible situation. It happens too often, and the number is rising each year in Northern Ireland. Young people, instead of realising their dreams, find themselves trapped in a cycle of dependency with repercussions that extend far beyond them.

Our communities bear witness to the social decay caused by drug and substance abuse and to the struggle of young people, with some getting into trouble with the criminal justice system. The healthcare system is under serious strain as a result of addiction-related illnesses, and, to be honest, there are not the facilities or services to meet the needs of those in desperate need. Families, towns and schools often — too often — mourn the loss of promising young talent to drug abuse.

The fabric of our society is torn by drug abuse, leaving scars that will take generations to heal.

However, all is not lost. In Strabane and Omagh, we have seen the loss of countless young people's lives over the past number of years. We have seen devastation. I have attended the funerals, and I have helped and supported the families. Last year, the death of young Rory Carlin in Strabane shone a bright light on the serious challenge that exists in our community. His family, in the face of adversity, came out and called for greater awareness, support and services for the young people across our communities who are battling with drug and substance abuse or addiction. The need for that support is desperate. Inside a year, they have raised almost £100,000, which will go towards supporting young people who are struggling and, hopefully, enhancing services.

The House and the Minister — he is here and is aware of the issue — need to do more to support young people. We need services in place to support those in need. We need respite services to support those in need, and we need an intervention immediately.

Enhanced Flood Support Scheme: Delays

Ms Forsythe: This morning, I was horrified to hear on the news that almost 100 businesses that were affected by the extreme flooding last October and November are still waiting, over six months on, on their payments from a Department for the Economy compensation scheme. Last October and November, following extreme weather, south Down, Newry and Portadown suffered devastation to infrastructure and many businesses. Those businesses were destroyed — their stock and furniture and people's livelihoods. Hearts were broken throughout families in the community.

The financial response was always slow, and all local representatives called for urgent support. In late 2023, £15 million of support was announced, with some £7,500 paid to businesses before Christmas. The Economy Minister announced the release of a further £10 million in February 2024, giving much hope to many, but, today, on 21 May 2024, we hear that payments still have not reached businesses that have suffered significant loss.

The failure to get the money, as promised, to those who have suffered is unacceptable and needs to be explained. It cannot be delayed any further. Those businesses have suffered extreme losses. Many have closed because they cannot afford to meet the bills associated with their lost stock. Many have run up debt to stay open, in the hope of receiving the promised relief soon. People deserve to get that which they have been promised and get it promptly.

I was aware of some delays and submitted a question for written answer to the Minister last week. If there were problems with the scheme, why did the Minister not intervene and why did we have to learn of the scale of the issue through the media? The failure to deliver dramatically affects those suffering and the confidence of our communities and of the entire population of Northern Ireland, because they lose faith in our Government's delivery on financial promises that were made. My question for written answer asked the Minister how much of the £10 million from the enhanced flood support scheme has been paid out. Following the media reports today, it certainly seems that it is well below what has been promised. I want urgent clarity on that. I also ask the Minister whether the full £10 million cost associated with the compensation claims that was announced by her predecessor in February 2024 has been accrued as expenditure by the Department for the Economy in the 2023-24 financial year, with the intention to spend it.

The floods devastated our communities. The infrastructure failures are still visible and unresolved, with no report from DFI on the responses or lessons learned. Roads in my constituency are still partially closed seven months on, following landslides in Rostrevor, and the promised repairs needed because of the devastation in Ballinran have not been completed. The failure of the Department for the Economy to deliver the money promised to

businesses in a timely manner is a disgrace, and the Minister needs to make it a priority today. Payments need to be made, and we need to see improvements when it comes to any future schemes.

Childcare: Bespoke Model for Northern Ireland

Ms Nicholl: Last week, in my constituency of South Belfast, we received the sad news that Play Den is closing. Yet another childcare provider has been forced to close due to the lack of a childcare strategy and a lack of investment in childcare. I have made numerous statements in the House about childcare, the fact that it is crucial economic and social infrastructure and how it is so important that we invest in it accordingly.

We are hearing murmurings that some movement on that may be coming soon, so I take the opportunity to reiterate the need for a bespoke model for Northern Ireland. When we look across the water, we see that the free-hours model is not working. That model is purely based on parental employment, but we need to look at it as child development. We need to ensure that we have a subsidy that invests in providers, with stipulations that it will improve quality, affordability and flexibility for all children.

I wanted to raise, yet again, the fact that parents and families and providers are on their knees.

The cross-departmental task and finish group, which was vaunted as looking at interim support and identifying how people could be helped in advance of the childcare strategy being developed, has only met twice. I got a response to a question for written answer saying that it has only met twice since its inception. That does not instil confidence that this is being dealt with with the required urgency. We look forward to an announcement from the Minister soon, and I hope that that announcement focuses on a bespoke model for Northern Ireland that really puts child development at the centre.

11.00 am

Balmoral Show

Mr Buckley: I congratulate the organisers of and participants in the 155th Balmoral Show — Northern Ireland's largest agri-food event. Any Member who attended would have been blown away not only by the producers and the livestock that was on show but by those who supply our agri-food sector across the board. Over 100,000 people descended on the show this year over four days. That is testament to the hard yards put in by those who organised such a terrific event. I put on record my thanks to the Royal Ulster Agricultural Society and its president, Mr John Henning, who put on a stellar show for us all.

Whether livestock or food, this is a time for the industry to come together, talk to one another and share concerns and successes. That was evident at this year's show. Quite often, the Balmoral Show is a litmus test for the feelings and thoughts of our rural and agricultural community. Whilst we can reflect on a successful show, we have to be aware of the challenges that our farmers face at present. If any Member took the time to have those conversations, they will have found that there is a lot of concern out there. There is concern about financial viability; concern over the rise in TB among livestock; concern regarding an ammonia strategy that has a long-term impact on the viability and advancement of our hugely successful agri-food sector, particularly the poultry industry; and concern about fair prices. All those issues, and many more, are bubbling away, facing our farming community.

Whilst we can get out and support farmers at the Balmoral Show, which showcases what Northern Ireland has to offer, there is a real need — I say this to Members across the board, from all political parties — for us to look at farming not as a problem but as part of the solution. Our farming communities go to the very heart of this society. They feel very vulnerable at the moment. They feel that political voices — not only here in the Northern Ireland Assembly but in London and Brussels — have forgotten about them. We need to recommit ourselves, not only in the Chamber but in legislation and in our actions outside the Chamber. We need to reconnect, refocus and support the proud tradition of farming and our agri-food sector.

Executive Committee Business

Tobacco and Vapes Bill: Legislative Consent Motion

Mr Swann (The Minister of Health): I beg to move

That this Assembly endorses the principle of the UK Tobacco and Vapes Bill extending to Northern Ireland insofar as the provisions of that Bill relate to matters falling within the legislative competence of the Northern Ireland Assembly.

Mr Deputy Speaker (Mr Blair): The Business Committee has agreed that there should be no time limit on the debate.

Mr Swann: In October 2023, the UK Government announced their intention to create a smoke-free generation in England by stopping children who turned 15 this year, or younger, from ever legally being sold cigarettes. They proposed that the consultation be UK-wide, with a view to aligning our policy approaches where doing so would improve outcomes, and allowing for collective action to tackle the harm caused by tobacco use and youth vaping.

A UK-wide consultation concluded in December 2023. Following that consultation, Health Ministers in Scotland and Wales agreed in principle to those countries being included in a UK-wide Bill, subject to the necessary legislative consents. The return of our Assembly allowed a brief opportunity for a review of Northern Ireland's position on the matter. I subsequently indicated to the UK Government my support for the inclusion of Northern Ireland, subject to the necessary consent from the Northern Ireland Executive and Assembly. On 21 February, the First Minister and the deputy First Minister agreed in principle to the progression of a legislative consent motion (LCM) and to a legislative consent memorandum concerning Northern Ireland's inclusion in the Tobacco and Vapes Bill.

The Bill was introduced in the House of Commons on 20 March. My Department provided oral and written briefings on the Bill to the Committee for Health, and it agreed to support the motion at its meeting on 18 April. I thank my Executive colleagues and the Committee for Health for their support and timely response.

It may be helpful to Members if I now summarise the provisions of the Tobacco and Vapes Bill. The current legal age for the sale of tobacco is 18. The Westminster Bill will make it an offence for anyone born on or after 1 January 2009 to be sold tobacco products. The measures are in line with the recommendations made in the Khan review of England's smoke-free ambition, which was published in 2022.

I make it clear from the outset that there is no intention to criminalise smoking. Existing adult smokers will not be stopped from buying or smoking cigarettes, although I urge them to seek the help of local cessation services to help them quit, owing to the very harmful impacts of any amount of tobacco smoke on health.

The policy intention is therefore to stop people from ever starting to smoke, thus preventing a lifetime of addiction. The impact will be that children currently aged 15 and under, who are not currently legally permitted to be sold tobacco, will not be able to be sold tobacco legally when they turn 18 and beyond. The onus will be on the seller, and any offences will be committed by the seller and not the individual who makes the purchase, unless the purchaser is doing so on behalf of someone who is under the legal age of sale, which is so-called proxy purchasing.

The Bill will make the necessary age-related changes to existing compulsory retail signage and proxy purchasing offences. The key provisions on e-cigarettes, or vapes, are regulation-making powers, which will allow for a number of measures to be put in place. Those include restrictions on vape flavours and packaging and bans on point-of-sale displays for all nicotine products and vapes. There are already similar measures in place for tobacco products.

The current e-cigarette manufacturer notification system operating in GB will also be able to be extended to include other nicotine products and non-nicotine vapes, and those provisions may also be extended to Northern Ireland with our consent. Currently, manufacturers that access the Northern Ireland market are required to notify nicotine-containing e-cigarettes on the EU common entry gate (EU-CEG) system, but there are no EU requirements for non-nicotine vapes or other nicotine products.

In addition, the age restrictions that currently apply to nicotine vapes will be able to be extended to include non-nicotine vapes through Northern Ireland regulations, and we will be able to address current loopholes in the free

distribution to children of non-nicotine vapes and nicotine products. It is intended that Parts 4 and 5 of the Bill, which deal with product standards, such as flavours, packaging and manufacturing notifications, will be addressed through UK-wide regulations made by the Secretary of State for Health and Social Care. They may relate to public health issues or consumer protection, so Northern Ireland's inclusion in those regulations will be subject to our consent.

The Secretary of State has committed to further consultation on regulatory proposals for product standards for vapes, such as flavour restrictions, and there will be ongoing engagement with the devolved Administrations to ensure an agreed, evidence-based approach to such regulations.

Regulations on provisions about point-of-sale display, free distribution of vapes and age-of-sale restrictions on non-nicotine vapes will be made locally by my Department and will be subject to the draft affirmative resolution procedure in the Assembly. We have agreed to a Committee for Health request to engage with it and also with the Youth Assembly on subsequent regulations.

On a technical point, and for the record, I bring to the House's attention an amendment that I requested to the powers in clause 53, which the Westminster Bill's scrutiny Committee has accepted. On the advice of the Department of Justice's offences and penalties experts and the Office of the Legislative Counsel (OLC), I have requested that the penalty for any such offence created by regulations align with those for the age-of-sale offence. That is to be a fine not exceeding the statutory maximum. That, in turn, allows for the use of a fixed penalty notice in relation to offences created through subsequent regulations.

I will summarise the results of the UK-wide public consultation that was held late last year. The results were published on 29 January. There is particularly strong support for the measures from the people in Northern Ireland. The consultation received 27,025 responses from individuals, 1,221 of which were from Northern Ireland, which equates to 4·5% of the total responses. That represents a high response rate in relation to the Northern Ireland population. Some 62·5% of UK respondents reported that they were in favour of the smoke-free generation proposal, with the highest support coming from Northern Ireland, at 79%. Similarly, support was much higher in Northern Ireland for the other proposals, which included 75·6% supporting a restriction on vape flavours; 85·3% supporting a restriction on the display of vapes; and 66% supportive of prohibiting the use of all imagery, colouring and branding.

Whilst the Bill contains provisions that clearly fall within the competence of the Assembly, as they address public health or consumer protection matters, bringing forward our own primary legislation could pose a number of risks. Therefore, Northern Ireland's inclusion in the Bill offers the most expedient way of bringing forward these measures. If we were to progress through our own primary legislation, there would be opportunity costs, as we would have to redirect resources to such legislation. It is also unlikely that we would be able to bring the measures forward at the same pace as the rest of the United Kingdom, and that would put Northern Ireland's population at a disadvantage in these important public health measures.

Given the overwhelming public support in Northern Ireland for the measures, it is my duty to seek the same provisions as those offered in the other devolved Administrations. I believe that we would face considerable public criticism if we were to reject this opportunity. It is also expected that there will be strong opposition to the Bill from the tobacco industry and that legal challenges are possible. I believe that they would be better dealt with by a UK Government on behalf of all the UK.

I turn now to why I believe we need these measures. I am sure that Members are well aware of the harms caused by tobacco and of the growing concern over vaping, especially by young people. Those harms are the reasons why the legislation is so important for Northern Ireland. I will recap on some of the key facts on tobacco. Tobacco use is the number-one cause of preventable illness and premature death. Each year, more than 2,000 people in Northern Ireland die from smoking-attributable conditions, as smoking increases the risk of more than 50 serious health conditions. For example, it accounts for 70% of lung cancer cases and over one in four of all cancer deaths. Tobacco use also increases, substantially, the risk of cardiovascular disease, heart attacks and strokes, and it increases the risk of premature birth and low birth weight. It is also of great concern that people with serious mental health conditions die 10 or 20 years earlier, and the biggest single factor in that is smoking.

Smoking is also a major cause of health inequality. Smoking rates in Northern Ireland's most-deprived areas are typically more than two and a half times higher than those in the least-deprived areas, and, subsequently, children of those smokers are more likely to

smoke. Those inequalities manifest themselves in health outcomes, with the incidence of lung cancer in the most-deprived areas being two and a half times higher than that in the least-deprived areas. Therefore, smoking-attributable death rates in our deprived areas are double those in the least-deprived areas. My Department has a long-standing strategic aim of achieving a tobacco-free society. The generational approach to eliminating tobacco use that is proposed in the Bill offers a groundbreaking means by which to address this key public health threat for young people and future generations.

I have listened to some argue that this is nanny statism, suggesting that the smoke-free generation proposals will deprive people of freedom of choice and that the decision to smoke or not smoke should be a personal choice. Sadly, smoking has little to do with personal choice. It results from an addiction to nicotine that usually starts at a young age. It is an addiction that is notoriously hard to overcome, and it has deadly consequences.

11.15 am

Smoking kills up to two thirds of smokers and, as I outlined, increases the risk of multiple serious health conditions. Three quarters of smokers say that they would never start if they had the choice again. I heard the Chief Medical Officer in England recount his observations of a smoker who had undergone limb amputations as a result of smoking and was crying as they lit yet another cigarette. That is how addictive smoking is. I can think of no better law than one that would prevent that misery for our future generations.

Smoking does not just impact on smokers; it impacts on non-smokers exposed to second-hand smoke and on families dealing with the illness and death of loved ones. Unfortunately, it also has implications for us all as taxpayers and users of health services. Members are all too aware of the financial pressures that our health service faces. In 2019-2020, Northern Ireland hospitals spent £218 million treating smoke-attributable conditions. The same year, there were 38,617 smoking-attributable hospital admissions. Every penny spent on treating tobacco-related illness is avoidable. The harsh reality is that that is money that our hospitals could use to address other pressures.

Once the Bill passes into law, the age-of-sale changes will not be commenced until January 2027. If the Assembly agrees to Northern Ireland's inclusion in the Bill, we will use that lead time to engage with councils on enforcement functions and will continue to work closely with the UK Government on the development of guidance for retailers.

I want to say a few words regarding our growing concern about the detrimental impact of vaping, particularly on young people. Vaping rates among young people here continue to rise, and recent Young Persons' Behaviour and Attitudes Survey data shows that current e-cigarette use rose from 5·7% in 2019 to 9·2% in 2020. However, among year 12 pupils, the growth in current use has been particularly concerning, with reported current use rising from 11·7% in 2019 to 23·6% in 2022.

While-cigarettes may have a role to play in helping some people to stop smoking, the long-term harms of continued use are still unknown. The Institute of Public Health in Ireland took forward a rapid review of evidence on behalf of its Department and found strong, high-quality evidence of an association between e-cigarette use and subsequent tobacco cigarette use based on longitudinal data. The reviews included found that those who had used e-cigarettes in their lifetime had over three times the risk of tobacco cigarette use at follow-up. Those results support a conclusion that there is a gateway effect of those products. That substantiates my view and that of our Chief Medical Officer (CMO) that robust measures to address the appeal of those products to children are justified.

The World Health Organization points to nicotine's deleterious impact on brain development, potentially leading to learning and anxiety disorders. The UK Government Command Paper relating to these proposals also includes the fact that there are high health risks associated with the other ingredients in vapes. The long-term health harms of inhaling colours and flavours are yet unknown, but they are certainly unlikely to be beneficial.

In addition, there are growing concerns about the social and educational harms of vaping, with increasing numbers of post-primary schoolchildren at risk of disciplinary action, including suspensions, as schools attempt to deal with the number of children vaping on school premises.

I turn now to the regulatory impact assessments that have been carried out. The smoke-free generation measures will result in some cost to retailers in lost profits, training costs and additionality. However, on a whole-economy basis, those are outweighed by the social benefits. The UK Government have published a UK-wide impact assessment, and the net

present value for the Bill is estimated at £18·6 billion over 30 years. In other words, there will be a net benefit of £18·6 billion over the next 30 years to the UK economy, and that takes account of the healthcare and societal costs associated with smoking tobacco. Secondary legislation relating to vapes would be subject to further detailed impact assessments.

Members may want to note that further restrictions on tobacco and e-cigarettes may come with some additional enforcement and communication costs. However, several of the measures are not new. For example, enforcement measures are already in place on the age of sale for tobacco and nicotine vapes. We will, of course, engage with enforcement authorities and the Public Health Agency (PHA) on those matters.

Regarding human rights and an equality impact assessment (EQIA), the Department of Health and Social Care in England has confirmed that the Bill is compatible with the convention of rights. The UK screening exercise concluded that there is no evidence to suggest that a smoke-free generation policy will have a significant negative impact on people who live in rural areas or those with protected characteristics. In recognition of our local equality obligations, my Department has also completed screening exercises that will be published shortly and which have reached the same conclusions.

I have received correspondence from Members, councillors and parents seeking additional measures to set smoke-free targets and to allow us to tackle the problems of youth vaping. While we have made good progress in reducing youth smoking rates in Northern Ireland, there is no room for complacency. Every year, approximately 127,000 new smokers are recruited across the United Kingdom. The UK Government Bill offers us a key opportunity to address the issues and to address them quickly. I ask Members to support the motion.

Ms Kimmins (The Chairperson of the Committee for Health): I welcome the opportunity to confirm the Health Committee's support for the motion that the Minister of Health has brought to the House. The harmful impact of smoking on health is well known and cannot be overstated. As the Health Minister outlined, around 2,200 people die from smoke-related illnesses each year in the North. Many more people live with the debilitating effects of smoke-related illnesses, such as heart disease, stroke and diabetes, as well as many other life-limiting conditions. The avoidable illnesses, diseases and deaths that smoking causes are unacceptable in this day and age. We also know that tobacco use is a leading cause of health inequalities, with smoking prevalence rates higher among people who live in areas of social and economic deprivation. The Department's 2023 review of the most recent tobacco control strategy reported that inequalities in smoking prevalence also persisted among other groups, particularly those with mental ill health.

The Committee welcomes the extension of the Tobacco and Vapes Bill, as the measures in it will unquestionably provide significant health benefits here, particularly for our young people. As the Minister outlined, by prohibiting the sale of tobacco products to people born on or after 1 January 2009, the Tobacco and Vapes Bill will introduce measures to stop people ever starting smoking and becoming addicted to tobacco products. The Committee wholeheartedly endorses the measure. It will surely go a considerable way towards realising the ambition of achieving a smoke-free generation in the future. However, the Committee acknowledges that the legislation is not a silver bullet. Whilst it contains provisions that will protect future generations, it does not contain measures that target the current generation of smokers. The Health Committee therefore looks forward to engaging with the Department of Health in its development of a new tobacco strategy, which must contain specific measures that will support existing smokers to quit. In particular, it must contain measures that target the groups in which smoking rates are highest.

As the Minister outlined, the Tobacco and Vapes Bill will also introduce measures aimed at tackling increased rates of youth vaping, including measures to reduce the appeal and availability of vapes to children. When we consulted Youth Assembly Members on the Bill, they told us that they were also concerned about the increasing rates of vaping amongst their peers. They told us that they were particularly concerned about the unknown impacts of vaping on health and the evident impact that disposable vapes have on our environment.

The concerns that the Youth Assembly expressed were supported by the Institute of Public Health, which also provided evidence on the Bill to the Health Committee. The institute advised the Committee that it had carried out an evidence review to support the Department of Health in responding to concerns about youth vaping. That review found strong, high-quality evidence of an association between vaping and subsequent cigarette use, supporting the idea of those products having a gateway effect. The

review also found evidence to support the association between vaping and physical and mental ill health and other substance use.

The Committee shares the concerns expressed by the Youth Assembly and the Institute of Public Health about vaping. We are particularly concerned about the obvious targeting of the youth market with flavouring and packaging that is appealing to young people. The Committee notes that the Bill contains regulation-making powers that will make provisions in respect of point-of-sale displays, restriction of product flavours and packaging and age-of-sale requirements for non-nicotine vapes. The Committee therefore requests that the Minister and his officials engage with the Health Committee at the earliest opportunity on the development of the local regulations for which the Minister of Health has responsibility and the broader regulations for which the Secretary of State has responsibility.

I welcome the confirmation from the Department that the £100 fixed penalty notice for the underage sale of tobacco and vaping products outlined in the legislation will not apply here and that the fixed penalty notice here will be £250. The Committee requested, in recognition of the particular concerns that the Youth Assembly raised in relation to vaping, that the Minister and his officials make meaningful efforts to engage with our young people and, in particular, the Youth Assembly on the future regulation of vapes and vaping products. The Health Committee shares the concerns articulated by the Youth Assembly on the potential harms caused by vaping products and recognises the lack of available research on the subject. We request that the Department supports research into developing an evidence base to widen our understanding of the impacts of vaping products on health.

I thank the members of the Youth Assembly who met the Committee on the LCM. I and other Committee members were impressed by their ability to convey their opinions and give their real-life experiences of smoking and vaping. I look forward to engaging with them more over the next number of years. I thank the Institute of Public Health for its engagement with the Committee on research in the area and for providing further briefing papers in advance of the debate. I also thank the departmental officials for their briefings and responses throughout the Committee's consideration of the LCM.

I confirm the Committee's support for the Minister's motion, which asks the Assembly to support the extension of the Tobacco and Vapes Bill. The Committee agrees with the Minister that the measures in the Bill offer a huge public health opportunity that cannot be missed and that will go a considerable way towards the ambition of creating a smoke-free generation. That is an ambition that the Health Committee fully endorses and supports.

I will now make a few remarks in my capacity as Sinn Féin's health spokesperson. My party also fully supports the LCM, having recently met various organisations, including Cancer Research, Asthma + Lung UK, Cancer Focus, Chest, Heart and Stroke and the British Heart Foundation, all of which endorse this very important legislation and the role that it can play in improving the health of our communities, particularly in reducing the prevalence of preventable cancers and other medical conditions. However, we acknowledge that that will take time and that we must do more in the interim to support smokers to quit and raise greater awareness of the serious implications for our health from smoking. That will undoubtedly be impacted by the challenges facing public health campaigns as a result of funding difficulties. However, we must acknowledge the long-term impact of not providing education and support to smokers and those who may take up smoking.

I also want to hear more about what progress has been made with the Minister's counterparts in the South of Ireland in an effort to align policies around tobacco use and vaping. Coming from a border area, I know that it is important that the LCM does not open up opportunities for a black market for these products, which would inevitably have a counterproductive effect.

I look forward to seeing the LCM progress — hopefully, we will get answers to the queries raised — to ensure that the legislation will deliver for the people here and make a significant impact on improving health in our communities for future generations.

Mr McGrath: The LCM that we are debating and being asked to support is part of our collective effort to create a smoke-free society, and it is welcome. The SDLP will support the motion, because, if we are serious about establishing a smoke-free society, this is an important step towards that.

I know that it is not easy legislation for some people. I know that many hold genuine concerns over the restriction of cigarettes and, indeed, vaping. There were similar views when the ban on smoking indoors was introduced in 2006. I hope that we noted that the sky did not

fall in then, and it will be the same on this occasion.

11.30 am

Mr Durkan: I thank the Member for giving way. Does the Member accept that some of the concerns about the legislation and the LCM are to do with their workability and the difficulty with that? The Minister and the Chair of the Committee outlined some of the evidence that was received, and the Minister suggested that there would be opposition from the tobacco industry. Has the Committee — or anyone — heard of opposition from anywhere else? Have opinions been sought from Retail NI, for example, on workability and how the implications will affect shopworkers in particular?

Mr McGrath: I thank my colleague for those remarks. They highlight, again, the complexities with this and the fact that the Bill is probably one of those that is easier on paper than it will be in action. It will cause significant issues on the high street. It will cause problems, even flashpoints, at points of sale. Thankfully, the rigorous consultation, which was implemented across the UK and to which the Minister suggested that people in the North made significant contributions, showed that an overwhelming majority, nearly 80%, wanted to see the ban. When we get that sort of feedback from people, it is incumbent upon us to act.

The dangers posed by direct and indirect smoking have been well known for some time. The industry has thrived on and been the source of addiction, which is a key driver of health inequalities. We cannot underscore that enough. It is really obvious. The facts and figures absolutely show that there is inequality when it comes to the socio-economic backgrounds of those who smoke, and we therefore know exactly what the impact is on those people's health. It is really important that we do all that we can to remove the scourge of the impact of smoking. It has been the cause of untold numbers of deaths around the world as a result of cancer, cardiovascular disease, stroke and, indeed, diabetes. Here in Northern Ireland, over 2,300 people lose their lives as the result of smoking-related illnesses each year.

I make these comments as a former smoker. I know how hard it is to quit. It is incredibly difficult to give up smoking, but I did so because I wanted to enjoy a long and full life. I wanted to be able to go for a run and not have to stop halfway to try to catch my breath. I wanted to be able to go out to eat a meal and enjoy the taste of the food. This is for anybody who has never smoked: smoking robs you of that. You cannot taste the food that you eat, nor do you have the full range of your sense of smell. You are not able to smell the smells around you. When you give up smoking, within a very short period, those are some of the things that come back to you quite quickly. Fundamentally, however, I did not want to die of a smoking-related illness that I knew that I could have helped to prevent. What would all of that have been for? Simply to line the pockets of some tobacco corporation in an industry that made £10 billion in revenue last year. I know that the health benefits that I have enjoyed for the past 20-plus years since I stopped smoking far outweigh any pleasure that I got from smoking.

When it comes to vaping, the issues are somewhat more complex. E-cigarettes appeared only in the past decade or so, and the research into the health impacts of vapes is somewhat sketchy. We know that many of them contain nicotine, however. While they may help to reduce the number of cigarettes smoked, they still contain an addictive compound. It is in dealing with the e-cigarette side that I have a few concerns about the motion, and I ask the Minister to comment on those in his winding-up speech. First, if we want people to successfully transition from smoking, one of the easiest ways is for them to "step down" by moving to vapes. The problem is that, if we make it socially unacceptable to vape — it becomes stigmatised; you go into a shop where the products have no packaging, and there is nothing to attract a person who smokes to them — I fear that it may actually prevent us from getting people off smoking. At the same time, I appreciate that we cannot have an industry that abuses that and makes vaping very attractive to children and young people.

The second concern, which my colleague mentioned earlier, is around the workability of the Bill and its enforceability. How do the Government expect this to be enforced? Will every person, regardless of age, now be asked to produce identification? If we fast-forward 30 or 40 years, will we be in a scenario where a 16-year-old working in a shop has to ask a 70-year-old to produce ID to tell them whether they are 70 or 71? There could be some problems there, and, as I said, it could create a flashpoint at the point of sale.

I acknowledge and thank the Youth Assembly for the role that its members played in the Committee's consideration of the Bill when we met them. Fundamentally, given that there is that age restriction in the Bill, those young people will be the generation most impacted by

it, and it was an excellent opportunity to go along, listen to their views and be assured that their views were considerable. They were almost unanimous in saying that they agree with the outworkings of the Bill. In some instances, they wanted to see restrictions going further than those in the Bill. It was an excellent example of youth participation in decision-making in this Building, which is something that I want to acknowledge and welcome.

I remind Members that we cannot debate this legislative consent motion as if it is some sort of panacea that will deliver the best possible health outcomes. Rather, it has to be seen as one of a suite of options for how we improve the health of our society. I know that the Minister is here today to fulfil his duty as Health Minister, but there are other issues, such as encouraging active travel, ensuring nitrate-free school meals and establishing greener and cleaner spaces for communities, that all Executive Ministers must live up to. I hope that some of those other initiatives can be brought forward so that we can try to improve the overall health of our society.

In conclusion, we know that the enjoyability of smoking or vaping is outweighed by the health benefits of not doing so. For that reason, I am content to support the motion.

Mrs Dodds: I offer my support and that of my party for the extension of the Tobacco and Vapes Bill to Northern Ireland. It is important that we are part of the UK-wide legislation. All of us in the Chamber today will unite around the aim of having a smoke-free society in Northern Ireland, but, as the Member who spoke previously just illustrated, it is vital that the legislation that is brought forward to tackle what is a very great harm in society is properly assessed and is fair, deliverable and workable.

We all know the harm that is caused by smoking. The report published by the Northern Ireland Audit Office in January this year reiterated that smoking is the main cause of illness and early death in Northern Ireland, contributing to around 2,200 deaths each year and one in four of all deaths from cancer. Those are very stark statistics for us to reflect upon. Research also suggests that the life expectancy of each smoker is shortened for each cigarette smoked. Smoking also affects others, whether it is an unborn child or those who inhale second-hand smoke through passive smoking.

Yesterday, it was a delight to welcome to the Assembly Cathy Brokenshire, who is visiting us in Northern Ireland. Cathy is the wife of the late James Brokenshire, who died from lung cancer despite never having smoked in his life. I look forward to the autumn, when we will bring an event to the Assembly to discuss the harms of smoking, lung cancer and, indeed, passive smoking. It was a real honour to be able to facilitate that visit yesterday.

Smoking also results in high costs to the health and social services sector. We are indebted to around 600 smoking cessation specialist services that provide their services free of charge to people across Northern Ireland, because it is a difficult addiction to break. We need to help people to do so and work in that particular area.

The Bill as drafted has significant challenges. I hope that, as it progresses through Parliament, some of the issues will be dealt with in the scrutiny of the Bill. Our parliamentary team will work to try to use their influence in relation to that. As I have previously said, a generational smoking ban is well intentioned, but its success will ultimately rely on implementation and enforcement arrangements that can work and that do not unduly restrict the rights of retailers and consumers. There are some doubts at the moment as to whether the Bill as drafted meets those requirements. Concerns have been raised by retailers and shopkeepers that they could be criminalised under the new smoking ban and unfairly deemed to have permitted sales to those covered by this generational problem. Given that the overwhelming majority of cigarettes are bought from local shops, we need to be clear on enforcement, and we need to make sure that we do not criminalise the retailer. I am glad to hear that some work has been done on clause 53 of the Bill, because I think that that is very important.

Age verification is another issue that will have to be looked at. As Colin McGrath said, if the Bill is successful, we need to understand how we will work out in years to come whether a person is 29 or 30, or that 30-year-old is asking a 29-year-old to buy cigarettes for them. That is really important, because legislation is only useful if it is workable, and we need to work out that conundrum. We also need to remember that asking for proof of age is one of the greatest triggers for violence and abuse of retailers. Often, young people work in local shops, and they will have to take that abuse. We really need to work on that element of the Bill.

The other element of the Bill that gives us some concern is the issue around vapes. This is a new industry, and it needs to be regulated. That is very important. So far, the Bill does not really lend itself to a great deal in that respect. We

need to know the content, we need to know the flavours, and we need to know how this will come forward. We do not want, in 20 years' time, to be talking about the harms of vaping in the same way that we talk about the harms of tobacco. That is very important. It is also particularly important that we get some sense of those regulations. I suspect that they are some way down the line, so we will be passing something that deals with smoking but does not really deal with vaping, in the hope that those regulations will come forward.

In closing, I ask the Minister whether he and his officials have considered the applicability of the Bill in Northern Ireland, given the fact that the Windsor framework has stopped legislation on Rwanda and on aspects of the Northern Ireland Troubles (Legacy and Reconciliation) Act 2023. It is important that we are honest with people in Northern Ireland and that we understand that as well.

I pay tribute to the Youth Assembly for its conversations around the Bill. It is really important that the voice of young people is heard in all these things. It is really concerning that some schools that I visit report such an increase in vaping among young people.

Our young people have to deal with those harms. It was brilliant to hear their voices and understand that. I look forward to working with them as we move forward.

I confirm our support for Northern Ireland's inclusion in the Bill. I would like to hear the Minister address in his response some of the issues that are pertinent to the working of the Bill.

11.45 am

Miss McAllister: I am happy to support the LCM to create a smoke-free generation by ensuring that no one born on or after 1 January 2009 will be able to buy tobacco in their lifetime. It will bring Northern Ireland into line with the rest of the UK, and Northern Ireland will become a world leader on the issue. The fact that the Health Minister engaged with the UK Government to ensure that Northern Ireland was included in the legislation must be welcomed. Ultimately, it is a public health measure designed to protect the population from the harmful effects of smoking. Like many MLAs, I have engaged with Cancer Research UK and Cancer Focus NI. They both highlight the fact that tobacco is the biggest cause of cancer and death in Northern Ireland, with one person dying every three hours as a result of tobacco use and around 1,500 tobacco-related cancer deaths each year in NI.

Beyond the undeniable human impact, there is an economic impact on the health sector. I agree with the Minister and other Members that spending over £200 million a year to treat smoking-related conditions is not acceptable. On a day when we will discuss the impact of financial pressures on the Department of Health, that cannot be overlooked. It is also important to note the socio-economic aspect. As other Members have highlighted, the NI Audit Office (NIAO) has stated that the rate of deaths per 100,000 as a result of smoking-related illnesses is 98% higher in the most deprived areas of Northern Ireland. As a representative for North Belfast, one of the most economically deprived constituencies in the country, I am particularly keen to ensure that my constituents are protected from the harm that cigarettes cause.

I am glad to see the cross-departmental approach that is being taken to tackling the harms of smoking and tobacco. I thank my colleague Andrew Muir, the Minister of Agriculture, Environment and Rural Affairs, for taking decisive action by announcing a ban on disposable vapes.

For the legislation under discussion today to be successful, there also needs to be robust enforcement by relevant agencies. I thank the Minister for his interaction with the UK Government to ensure that the fixed penalty notice is set at £250. We are yet to see whether that will be enough, however. It will take time, and enforcement is important.

I will touch on the issue of vapes. The evidence is not clear as to the harmful effects of vaping, but let us be honest: there is no evidence to suggest that it is medically, ethically or socially acceptable for children to buy or use vapes, especially children dressed in a school uniform. There is no excuse for any shop or retail worker accepting or allowing the selling of vapes to children. I respect the fact that the onus will be on the seller. We need to ensure that we have appropriate advertising and appropriate engagement with the retail sector. Hopefully, the Minister can touch on that in his response.

I will also focus a little on the role of councils. We are all aware of the many constituents who come to us about the sale of vapes or cigarettes to under-18s. It takes councils a number of weeks to ensure that enforcement action is taken against those who sell vapes or cigarettes to under-18s. With the legislation coming into effect, we will need to ensure that

there is greater support for councils to take action.

I look forward to hearing from the Minister about the issues that I have raised. The legislation to ensure that we have a smoke-free generation is a positive step for Northern Ireland towards being a world leader. I look forward to working again with young people from across Northern Ireland and to hearing their voices when it comes to the regulations taking effect. I also thank Cancer Research UK for its engagement with the Committee and individual MLAs on the matter.

Mr Chambers: I and my party very much welcome today's LCM. As has been said, tobacco is the largest cause of cancer in Northern Ireland and accounts for over 2,000 deaths locally every year. It is a fact that nothing would have a bigger impact on reducing the number of preventable deaths across the United Kingdom than ending smoking. It is also a huge contributing factor to the persistently high levels of health inequality in Northern Ireland.

The vast majority of people who smoke become addicted to smoking as a child. Therefore, it is clear that, if we as a society are to truly tackle the problem, we need to focus most efforts on limiting the number of young people taking up smoking in the first place. Whilst I acknowledge the initiatives and measures already in place, as well as applauding the huge beneficial work being achieved by our smoking cessation teams, it is clear, regrettably, that children and young people continue to start smoking. It has been more widely accepted over recent years, and I heard our local Chief Medical Officer recently state that tobacco is the only consumer product that kills up to two thirds of its users.

We need to do something different, and, this time, we need to be even more ambitious. That is why I welcome the UK Government's consultation on a smoke-free generation and their decision to include Northern Ireland in that. The timing of the restoration of the institutions in early February was apt, as it came just in time for the Minister and his officials to move swiftly to work with the UK Government to secure Northern Ireland's inclusion in the Bill. I congratulate the Minister and his team on achieving that. Today's LCM is a key stage in the process. From the previous public consultation, it is clear that what the UK Bill and today's LCM will do has strong public support here; in fact, it is even greater than the UK average.

In addition, it is clear that the proposals have clear public health and clinician support. I am, however, aware of some dispute about how the Bill sits alongside the Windsor framework. On that point, I will follow the advice of the local Departmental Solicitor's Office (DSO), the UK Government's legal teams and the UK Government, all of which are clear that this provides for an age restriction, not a ban. I can understand why the tobacco and vaping industries have a vested interest in trying to spin that line. Ultimately, it should come as a surprise to no one that the Bill will be challenged in whatever way possible. Despite that, the Bill is the right thing to do, and today's LCM is the right thing to do. I therefore fully support today's motion and again pay tribute to all the departmental staff and organisations that have been so critical in getting us to this point.

Mr Donnelly: I thank the Minister of Health for his work on the LCM, which I welcome the opportunity to support today. As the Chair of the Health Committee said, the Committee has considered it in detail. I thank departmental officials for their helpful updates and for answering our questions on the matter.

Smoking is the largest preventable cause of illness and premature death. It is also a key factor in health inequalities and life expectancy, often coinciding with social deprivation. For the purpose of this debate, what is particularly concerning is that, according to the health survey Northern Ireland 2022-23, approximately two thirds of adult smokers take up smoking before the age of 18 and over 80% before the age of 20. If we can prevent people below those ages from taking up smoking, there will be a huge reduction in lifelong smokers.

We have seen a concerning increase in the use of vapes over the last decade. Although vaping can be an effective tool to help smokers quit smoking, given that it is less harmful than smoking tobacco, it is associated with some short-term effects, including headaches, coughs and nausea, and the long-term effects are not yet known in detail. Disposable vapes are a concern not just because of the aforementioned health risks but because of their low prices and appealing packaging and flavours, which appear to be directly marketed at young people. Vaping products that contain nicotine are highly addictive and will create lifelong vapers, so the Bill's provisions to restrict the sale of vapes will, hopefully, reduce the attraction and the sale of vapes to young people.

I echo the Chair of the Health Committee's comments in thanking the Youth Assembly Members for their engagement with the

Committee on the issue. I found their opinions and life experience very informative and useful to us. Like other Members, I look forward to working with them further.

The Bill offers an ambitious opportunity to create a smoke-free generation across the UK and in Northern Ireland, and we must do what we can to deliver that. As other Members have mentioned, the Bill is not perfect. There are procedural issues that need to be resolved over how it will work in the long term, including how the proof of age will be required in subsequent decades, as people born after 2009 move into middle age and beyond, and, more locally, how councils can be supported around enforcement with respect to vapes.

As a liberal party, we need to balance the competing rights and obligations in society and are not convinced that bans are always the answer, but it should be said that the Bill is not intended to ban smoking for anyone who can smoke today. Instead, the intention is to prevent anyone born in or after 2009 from ever being able to smoke. If it succeeds, it will fundamentally change our society for the better, preventing suffering from lots of smoking-related diseases that have been mentioned, saving thousands of lives and removing many of the associated pressures and costs to our health service. As a former smoker, I am familiar with how hard it is to quit smoking. As a nurse, on many occasions, I have seen people with smoking-related conditions that have had a huge impact on the quality and length of their life.

For those reasons, I am content to support the LCM, but I encourage the Minister to continue his engagement with UK Government colleagues to ensure that the Bill delivers as intended and, most importantly, is concluded before the end of the parliamentary term, which approaches quickly.

Mr Allister: I certainly agree that proceeding with the legislative consent motion is the most expedient way to address the issue. I also share in the consensus that the essence of the Bill is desirable. Smoking is an indisputable killer in our society, and, therefore, that which we can do to diminish the death toll from smoking we should do. That is my starting point in all this.

Vaping is a largely unregulated industry, and I am not sure, unless the regulations under the Bill come up to spec, that it will be greatly regulated by those provisions. It is, undoubtedly, the gateway to smoking, and, therefore, if we are going to deal with smoking, we need to deal with vaping. I trust that, going forward, that is how it will be.

I want to look, however, at an aspect that has been glossed over to this point and was briefly mentioned by Mrs Dodds and Mr Chambers: whether, if we assent to a national Act of Parliament to deal with this issue, that Act of Parliament will be permitted to be applied in Northern Ireland because of the overriding effect of the Northern Ireland protocol. Or are we headed down the road of further subjugation of democratic will by EU diktat?

As the Minister knows, under article 5(4) of the protocol, a series of some 300 laws and areas of law set forth in annex 2 to the EU protocol are made applicable to Northern Ireland. One of those laws, as the Minister knows — he set it out in an answer to me: AQW 6192/22-27 — is one of the more than 60 areas of EU law that bind his Department, namely the tobacco products directive.

Whether we like it or not, that sets the legal parameters for Northern Ireland because of the protocol's hideous imposition of laws that we cannot change.

12.00 noon

Article 24 of the tobacco products directive states:

> *"Member States"*

— for this purpose, we are regarded, sadly, as a member state —

> *"may not ... prohibit or restrict the placing on the market of tobacco or related products".*

The defining legal question is this: is a generational ban a restriction on placing tobacco on the market? There may be some guidance on that from what has happened in other countries. Back in 2022, Denmark, which is an EU member state, proposed a generational ban that is similar to this measure on those who were born after 2010, yet it withdrew the proposal because of conflict with the very EU law that also binds us. In an answer that was given in the Danish Parliament on 6 April 2022, the Ministry of Health said:

> *"The ministry ... therefore considers that a ban on the sale of tobacco and nicotine products to people born in 2010 or later would require an amendment of the European Tobacco Products Directive".*

They did not proceed, because they believed, on their legal advice, that it was not possible to have a generational ban, because article 24 of the binding tobacco products directive, which equally applies to us, prohibits restriction of the marketing of tobacco.

Mr Donnelly: Will the Member give way?

Mr Allister: Certainly.

Mr Donnelly: If I understand the Member correctly, he is suggesting that Brexit may prevent the LCM being applied to Northern Ireland. Is that correct?

Mr Allister: That is absolutely wrong. If we had got Brexit, we would not have this problem. We got the protocol instead, which keeps us subjugated to the EU and under its laws. The Member has not been listening, or, if he has been listening, he has not understood. Article 5(4) of his beloved protocol subjects Northern Ireland to this foreign law that we cannot change. That foreign law says that you cannot restrict the marketing of tobacco. It is the Alliance Party's protocol, which it demanded rigorous implementation of, that creates this dilemma. That is the legal reality.

It comes much closer to home, because the Irish Republic also contemplated a generational ban. Just last week, it indicated that it would not proceed but would instead increase the age limit for the sale of tobacco products from 18 to 21. It reported that it could not proceed with the generational ban because of the same EU directive, yet Mr Chambers tells us, "Oh, the government lawyers and the DSO are content that it is not a problem". Those are the same government lawyers who told us that the legacy Bill was not going to be a problem and that the migration issue was not a problem, yet we have seen, not once but twice, what happened in the High Court, when two Acts of the sovereign Parliament of the United Kingdom were struck down. Why? Because they did not comply with overriding EU law, subjugating the right of Parliament to legislate in Northern Ireland. It may well be that the Danes are right and that the Dublin lawyers are right that, because of our subjugation to foreign law, you cannot proceed in Northern Ireland with this Bill. I have no doubt that there will be legal challenge and that we will, ultimately, get an answer to it. If that answer is negative and that, yet again, a life-saving provision of the United Kingdom Parliament is prohibited from applying in Northern Ireland because of the supremacy of iniquitous EU law, I hope that those who are the cheerleaders for EU law will recognise what they have done.

Mr McGrath: Will the Member give way?

Mr Allister: Yes.

Mr McGrath: Given that the Member has made a point that has been addressed by the Minister and which he has said may be tested at some point in the future, and that we are dealing with an issue that will save thousands and thousands of lives in the future, does he not feel that the length of time that he is taking to spin it for his personal political outcomes is a bit reckless and just a little bit tired, old and sick?

Mr Allister: The Member may be uncomfortable to hear what the legal outcome of his embracing and advocacy of a protocol actually is. If it turns out — I trust that it will not — that EU law trumps this Bill, and if it turns out that the lives that could be saved cannot be saved because of EU law, I trust that the Member will come to the House and acknowledge how wrong he was, both in supporting the protocol and in swiping away the legal realities that flow from it.

I have to express surprise that the Committee, in dealing with this legislative consent motion, does not seem, from what I can read in its minutes, to have ever addressed this issue. I would have thought that it would have taken legal advice on the matter, and it really is surprising that it did not. In the House today, I raise the flag of warning. No doubt, there will be vested interests in the tobacco industry that are willing to exploit this; of course there will. There may well be issues, arising from our subjugation to EU law, where EU law, prima facie, seems to say that you cannot do in a member state, which, sadly, we are still regarded as under the protocol, what this Bill seeks to do. If that is so, it will be an appalling situation, not just constitutionally but from a public health angle. If that happens, I trust that there will be enough honesty in the House to face up to the cause.

Mr Carroll: I am not sure that the approach laid out in the LCM is necessarily the correct one to tackle vaping and smoking. I say that because it is an initiative that was initially taken by a Tory Government that have underfunded health over the past 14 years and, in this place, for decades. They see enforcement and outlawing as a possible quick and easy way to make some headway on this important issue. The party that has underfunded health tells us that this is a measure that is being taken for health

reasons. It is forcing charities to take up the slack to raise awareness of smoking and vaping and the associated health problems.

The Minister outlined some of the obvious health problems and complications associated with vaping. These are real and are not disputed by me or anybody else in this House. However, some of those same problems exist with tobacco, alcohol and prescription drugs, and I do not think that anybody who is serious about tackling addiction and substance abuse would advocate for a prohibition model there. Prohibition did not, and does not, work with alcohol, and I am not sure that it will work with vaping. The reason why people vape, smoke or use any other drugs will not be tackled by a ban. We need to tackle the underlying issues of alienation, low pay, poverty and deprivation, which, obviously, are not mentioned in the Bill.

I am concerned about the Bill and its LCM leading to an unregulated underground market for vapes and similar products. That could put people at greater risk of taking products that are not ordered or checked in any way as people, be they paramilitaries or criminal gangs, seek to fill the void when the ban comes in. A better way to tackle the issue would be a properly funded public health approach and a campaign that talks aggressively about the dangers of smoking.

There are serious questions about the legislation allowing for enforcement. The Minister mentioned powers for councils, which have not been detailed, as far as I am aware. Also, a serious problem in our society is the incredibly high rate of stop-and-search of young people. I remain unconvinced that the LCM will not lead to more harassment and stop-and-search of young people, racial minorities and others.

Members talked about the Youth Assembly, but it was split on aspects of the Bill, such as the age restriction for the sale of tobacco. It is important to emphasise that. It is also worth mentioning that this Tory Government cut the NHS programmes specifically designed to stop people smoking, so I do not think that they have much interest in encouraging people not to smoke. In Britain, there has been an uptick among pregnant women not giving up smoking precisely because those programmes were cut.

There are holes in the Bill. I remain unconvinced that it will do what it says that it will do, and I would like the Minister to address some of the issues that I raised.

Mr Deputy Speaker (Mr Blair): I call on the Minister of Health to make a winding-up speech.

Mr Swann: I thank all Members who contributed to the debate. I thank those who said that they will support the LCM. I am not sure of Mr Carroll's position. He raised questions, but I do not think that he indicated whether he supports the LCM.

I thank the Committee for its timely engagement on the LCM with officials and the Youth Assembly. That has proven to be helpful. Like others, I extend my thanks to the Youth Assembly for its extremely helpful contribution to this discussion. It is clear from that engagement that vaping is a key concern for young people. I am pleased that most Youth Assembly members were supportive of the Bill's proposals in that regard. As I said in my opening comments — this was reinforced by the Chair of the Committee — we will engage further with the Youth Assembly on these issues as our regulations are developed.

I turn now to the specific issues raised. The Chair of the Committee raised the issue of engagement with the Republic of Ireland. I think that Mr Allister touched on that as well. There are regular informal meetings between tobacco control officials in my Department and their equivalents in the Irish Republic. There have been regular updates on those developments, including on consultations in the United Kingdom and the Republic of Ireland on smoking and vaping. There have been discussions with the Chief Medical Officer in the Republic of Ireland and direct engagements with the policy team there. Further engagement involved policy colleagues from England, Scotland, Wales and Northern Ireland.

Stephen Donnelly, the Minister for Health, and Colm Burke, Minister of State with responsibility for Public Health, Wellbeing and the National Drugs Strategy, announced on 14 May that the Irish Cabinet had approved a proposal for legislation that would increase the age of sale of tobacco to 21. We are aware that the adoption of Tobacco 21 in the Republic of Ireland will create cross-border divergence. In time, however, it will still mean that no one on the island under the age of 21 will be able legally to buy cigarettes. Tobacco 21 and the smoke-free generation measures aim to achieve the same end, acting on the same population group over the same period. Beyond the age of 21, therefore, the chances of becoming a regular smoker are significantly reduced, but a smoke-free generation approach

is expected to continue to provide beneficial reductions in smoking initiation.

12.15 pm

The Chair also mentioned that the tobacco industry has lobbied intensively against a number of progressive tobacco-control measures by raising fears of the black market and criminal activity, to which the Institute of Public Health referred in its recent report for the Health Committee. Evaluations of the impact of those measures, however, repeatedly conclude that they do not contribute to increased rates of out-of-country purchases of illicit tobacco or cross-border purchases of tobacco and tobacco products.

We are aware of the continued threat of illicit tobacco and the potential for it to dilute the effectiveness of legislative measures, but it is addiction to nicotine that drives the demand for illicit tobacco and vapes. With reduced addiction, we expect reduced demand. When the smoking age was increased from 16 to 18, the number of illicit cigarettes consumed fell by 25% and the smoking rates among 16- and 17-year-olds dropped by almost a third.

Mr McGrath and Mr Durkan raised the issue of how shopkeepers and retailers will have to deal with the outworkings of the Bill. Members will be aware that assaulting a shopworker will be made a separate offence in England and Wales as part of a Government response to a wave of retail crime. Our Justice Minister has indicated that assaulting a retail worker can already be prosecuted under existing laws here that are designed to protect any member of the public from harm. She indicated, however, that she will give further consideration to including protections for those workers in the proposed sentencing Bill. Therefore, additional work is being done in that area.

Mrs Dodds raised an issue about ensuring that the legislation was fair, deliverable and workable in bringing forward the regulations. I can confirm the powers that the Bill will introduce. It will provide powers to introduce a ban on the free distribution of nicotine products. Those powers will sit with my Department but will be subject to the draft affirmative procedure. The powers to regulate retail displays of nicotine products and non-nicotine vapes will also sit with my Department and will be subject to the draft affirmative procedure. When it comes to product standards and issues relating to e-cigarettes and nicotine products, the Secretary of State will bring forward UK-wide regulations, but that will be done with the consent of devolved Governments. Part 5 of the Bill provides the Secretary of State with UK-wide regulation-making powers on the potential extension of e-cigarette notifications, which would also have to be brought before the Assembly.

Mrs Dodds also mentioned the visit of Cathy Brokenshire, which was timely. Many in the House had great respect for James Brokenshire when he was Secretary of State for Northern Ireland. I thank Dame Arlene Foster for setting up the visit. Not only did Arlene and Cathy engage with party representatives but they met my Chief Medical Officer and deputy Chief Medical Officer on this issue. I look forward to further publicity and awareness events later in the year. I thank the Member for raising that.

She also mentioned that the legislation will move through the House of Commons and the House of Lords. She may not be aware of this, but, yesterday, I met Minister Andrea Leadsom, the sponsoring Minister for the Bill. She indicated that she will meet the DUP Westminster team later today to work through some of the issues that the Member raised. I look forward to the positive outworkings of that.

Mrs Dodds, along with other Members, raised the suggestion that retailers will be burdened with having to regularly distinguish between 39- and 40-year-olds when dealing with identification. That point does not take account of the already declining smoking rates among young people, which we hope, when combined with the Bill's measures, will result in a further decline in smoking prevalence among young people. While retailers may need to ID the cohort of smokers that are close to the legal-age boundary, it is expected that the number of smokers below the legal age of sale will continue to decline as a result of the legislation.

Miss McAllister: Will the Minister give way?

Mr Swann: I will.

Miss McAllister: I thank the Minister for focusing on the issue of the onus being on the retailer. Does he accept that there are retailers — often small retailers — who willingly and knowingly sell tobacco products to children, including those in school uniform, and that enforcement is key to making sure that that does not happen?

Mr Swann: The Member raised that in her contribution. I will come to that.

Working through the debate, I think that Mr McGrath mentioned cessation services. The

tobacco strategy that has been talked about — the Committee Chair talked about it — is supported by the comprehensive action plan, which includes educational initiatives in schools. There is also, however, a stop smoking and vaping pilot service in schools in the south eastern area. The PHA is exploring models for supporting smoking cessation in disadvantaged communities, and there is continued investment in smoking cessation services. There is also an intention to further develop hospital inpatient smoking cessation support services.

Our CMO has been clear that e-cigarettes should only ever be used as a short-term measure, and only to assist smokers who choose to use them in their efforts to quit, recognising that other licensed and effective quality-controlled nicotine replacement products are available, free of charge, through the Northern Ireland smoking cessation services, so it is not always necessary to resort to vapes for that purpose.

Mrs Dodds spoke about the powers of the Secretary of State. There are provisions relating to vape and nicotine product standards that mirror the existing provisions in relation to tobacco that are set out in the Westminster Children and Families Act 2014. Those provisions allow for UK-wide regulations, with the consent, again, of devolved Administrations. As I said in my opening comments, I believe that there is a practical benefit to retaining as much consistency as possible in product rules, as a single regulation regime across the UK helps to ensure a coherent and operable enforcement regime in relation to those products.

Something was raised by Mrs Dodds, Mr Chambers and Mr Allister, whom I thank for his support and for rightly using his political mandate to raise his concerns in relation to the outworkings of the Bill. He referred to the EU tobacco products directive, which is listed under annex 2 of the Northern Ireland protocol. Article 5(4) of the protocol states:

> *"Union law listed in Annex 2 ... shall also apply ... in ... Northern Ireland",*

but the tobacco products directive is concerned with the manufacture, presentation and sale of tobacco and nicotine-containing products. It includes restrictions such as limitations on the nicotine content of e-cigarettes, requirements for the manufacturers to report on ingredients in tobacco products and e-cigarettes, and a requirement for the provision of information to customers, including health warnings on packaging. Potential EU barriers were considered, in conjunction with the UK Government, during the development of the Tobacco and Vapes Bill. We remain unaware of any barriers presented by the Windsor framework to the measures set out in the Bill being applied in Northern Ireland. I specifically raised that with Minister Leadsom yesterday, and she provided me with the reassurance that the work of her and my departmental officials and the legal advice that she has received indicates that that will not be an impediment.

Mr Allister: Will the Minister give way?

Mr Swann: I will.

Mr Allister: The Windsor framework impediment is the unaltered protocol of 5(4) and the application of the tobacco products directive, which applies to the sale of tobacco. Is the Minister not concerned about the examples of the Danish Government and the Irish Government? From what I read in the Irish press, the Irish Government say that their preliminary legal advice suggests that Ireland cannot pursue a smoke-free generation policy, as has been suggested in other jurisdictions, due to the EU single market rules and the tobacco products directive. Here are two EU member states — we are in the same pickle — that have said that they cannot do it. Does that not concern the Minister?

Mr Swann: It does concern me, as the Member knows, and that is why I raised that specific issue when I met Minister Leadsom yesterday. Our understanding, however, is that it is for the UK Government to ensure that Northern Ireland complies with the Windsor framework. Since this is a UK Government Bill, it will ultimately be for the UK Government to determine whether there are any barriers to our inclusion and to deal with any challenges in relation to that. I emphasise that we have been assured by the UK Government that no such barriers exist, but I recognise the Member's concerns and the position that he holds. I thank him for his support for the intent and the content of the LCM. I sincerely hope, for the sake of public health but also because of the Member's concerns, that it does not become an issue as a result of the Windsor framework and the protocol.

I will move on to the issue that Nuala McAllister raised about enforcement. As we know, age-of-sale restrictions already exist in Northern Ireland, and enforcement of them falls to our councils. The Department actively engages via the PHA and funds tobacco control officers to

carry out test purchasing activity and to engage with retailers to support compliance with tobacco legislation. We envisage those arrangements continuing. We will engage again with councils in the coming weeks to seek their views on any additional operational challenges from the new regime. Council enforcement officers are represented on the tobacco strategy steering group, and we are aware of their support for the measures. Detailed discussions on enforcement will be arranged with them in the coming weeks. We are confident, however, that we can work together to ensure effective and efficient enforcement.

I have covered most of the specific concerns that Members raised. We know that countries around the world are considering ways in which to address further the harms of tobacco use and the growing use of vapes among young people. It is critical that Northern Ireland not be left behind on such significant public health initiatives. As Members will be aware, a key element of the reform of our health service is enabling people to stay well for longer. The Bill offers a huge opportunity to do just that.

In 2006, we introduced legislation banning smoking in indoor public places and workplaces. At the time, such legislation was not without its challenges, but it is now heralded as being one of the most important pieces of public health legislation of our time. The Bill offers us a similar opportunity to take bold action to protect our children and grandchildren from the misery that tobacco use brings and to protect them from new forms of nicotine addiction.

I thank my officials for their work on the LCM and also for their engagement during the lack of a functioning Assembly. I thank Members for their acknowledgement of that work. I commend the motion to the House.

Question put and agreed to.

Resolved:

That this Assembly endorses the principle of the UK Tobacco and Vapes Bill extending to Northern Ireland insofar as the provisions of that Bill relate to matters falling within the legislative competence of the Northern Ireland Assembly.

Private Members' Business

Veterinary Medicines

Mr Elliott: I beg to move

That this Assembly notes the House of Lords Windsor Framework Sub-Committee's inquiry into veterinary medicines and the Windsor framework; acknowledges the deep concern of the agri-food industry that the number of veterinary products estimated to be at risk in Northern Ireland could be up to 51%; further notes that the absence of adequate access to veterinary medicines risks competitiveness and could lead to increased vulnerability to disease outbreaks, reduced capacity to treat and prevent illnesses and compromise animal welfare standards; recognises that this not only poses a threat to individual animals but has broader implications for public health; and calls on the Minister of Agriculture, Environment and Rural Affairs to bring forward proposals to the UK Government and European Union authorities that would positively resolve this matter.

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

12.30 pm

Mr Elliott: I welcome the Minister to the Chamber. The issue is broadly a matter between the European Union and the United Kingdom Government, but it is important that our Department of Agriculture, Environment and Rural Affairs and our Minister take a proactive role in trying to, at least, encourage and put forward proposals that will help to resolve the matter.

Following the UK's exit from the European Union, the whole of the United Kingdom remained aligned with European Union rules on veterinary medicines. However, under the Windsor framework and EU regulations, new rules were applied to Northern Ireland that would seriously restrict the level and number of veterinary medicines available in Northern Ireland. That number, obviously, has some contradictions. The UK Veterinary Medicines

Directorate has said that 51% of veterinary medicines will not be available, and the British Agriculture Bureau has stated that 85% of products authorised in Northern Ireland are registered in Great Britain and has suggested therefore that 85% of products would no longer be compliant with European Union rules. That is a massive amount of veterinary products that would no longer be available, no matter how you look at it. That is extremely critical to Northern Ireland.

A European Commission notice that was published in December 2022 extended the existing grace period for veterinary medicines until 31 December 2025, following which, EU rules will apply in full unless an alternative solution is reached. In January of this year, the House of Lords European Affairs Committee's Windsor Framework Sub-Committee launched an inquiry into veterinary medicines and the Windsor framework. The Sub-Committee's inquiry examined the consequences of the outworking of the regulation and what impact it would potentially have on the agri-food industry in Northern Ireland. There was consensus among the inquiry witnesses that the full application of the EU rules at the end of the grace period may seriously restrict the range of veterinary medicines available and the availability of products in different pack sizes. Further, there are particular concerns about the ability to import certain medicines, such as botulism vaccines, which are fundamental to controlling disease in Northern Ireland.

Witnesses to the inquiry outlined the serious economic effects for their respective industries, primarily food, farming and agri-food, but also show animals, such as horses and pets. As a number of witnesses pointed out, the rural economy is an essential part of the social fabric of Northern Ireland, and anything that affects the economic viability of that industry may have serious social, as well as economic, consequences.

Industry experts were also keen to stress the link between animal and human health, particularly for food-producing animals. Serious concerns were raised from witnesses that the loss of veterinary medicines may have consequences for public health in Northern Ireland and on the island of Ireland. While I have no major issue with the Government's decision to establish a veterinary medicines working group, there are questions as to what more it can or will do beyond the House of Lords inquiry, as its key objectives include establishing a shared understanding of issues facing the supply and availability of veterinary medicines to Northern Ireland following the end of the grace period, which is 31 December 2025, and reviewing evidence with a view to providing a recommendation to the UK Government on solutions to safeguard the supply of veterinary medicines.

Most of those issues have been part of the inquiry. It is vital that the working group does not add to the delay in finding a resolution to the matter, as time is not on our side. I note that the Government have indicated in the Command Paper:

> *"While ... an agreed outcome with the European Union ... remains our clear priority ... we will if necessary deploy all available flexibilities to safeguard and sustain the supply of veterinary medicines in Northern Ireland."*

I am interested to know what the "available flexibilities" are. Do they go as far as what is contained in the amendment, which is to introduce legislation to ensure that there is no divergence between Northern Ireland and GB? I do not know whether legislation to do that is possible. If it is, what would be the result for the trade of products into the EU from Northern Ireland when those products have been potentially treated with veterinary medicines not licensed by the EU?

Witnesses to the inquiry expressed their concern at the current pace of progress and emphasised the urgent need to find a solution well in advance of the end of the grace period, particularly given the upcoming European Union and UK elections. Witnesses stressed that commercial decisions, which could have ramifications for the supply of veterinary medicines to Northern Ireland for years to come, are being taken now. As I highlighted, it is vital that the working group does not slow up progress to a resolution. It would be helpful if the UK Government were to seek an extension to the current grace period to allow time to put in place any agreement that may be found and to allow the industry time to prepare for such changes.

Questions have been raised as to whether a solution for veterinary medicines, comparable to that reached between the UK and EU on human medicines in the Windsor framework of February/March 2023, can be found. The risk, as the EU sees it, is that the UK has left the European Union and is no longer applying the European veterinary medicines regulations; therefore, there is a future risk of veterinary medicines that no longer align with the European Union veterinary medicines regulations entering Northern Ireland and being

used in food-producing animals and that food then moving around the single market. In that context, the British Agriculture Bureau said that a similar solution to that implemented for human medicines could be considered: that is, that medicines with a valid marketing authorisation in GB can be supplied to Northern Ireland. The bureau added that any solution must also respect Northern Ireland's place in the UK single market.

The United Kingdom left the European Union on 31 January 2020 and moved into a transition period for human medicine use in Northern Ireland, which ended on 31 December 2020, with the UK and EU agreeing the Trade and Cooperation Agreement on 24 December 2020. A series of actions was taken by the UK and EU to help deliver a positive resolution to the human medicine impasse. On 16 December 2021, the UK Government introduced regulations to establish the Northern Ireland MHRA (Medicines and Healthcare products Regulatory Agency) authorised route, which helps to ensure that people in Northern Ireland can continue to access the medicines that they need. That regulatory approach is based on an existing EU directive. It ensures that patients in Northern Ireland can access prescription-only medicines at the same time as patients in Great Britain. All those medicinal products have met the authorised stringent requirements for safety and quality. Doctors, pharmacists and patients in Northern Ireland do not need to do anything differently to prescribe or access medicines through that route. It is a legal measure to help support supply chains into Northern Ireland where required. Surely, with common sense on all sides, a similar resolution can be found for animal medicines.

The Ulster Unionist Party was the only political party to make written representation to the Lords inquiry, and, like others, our responses provided options and offered alternatives to resolve the matter. Indeed, unlike other reports, a number of potential resolutions to this problem have been identified. Protecting Northern Ireland's supply of veterinary medicines is critical to the agricultural industry in Northern Ireland. Therefore, I commend the motion.

Mr Deputy Speaker (Mr Blair): I call William Irwin to move the amendment.

Mr Irwin: I beg to move the following amendment:

Leave out all after "health" and insert:

"welcomes the establishment of a veterinary medicines working group to urgently advise the UK Government on proposals that would positively resolve this issue for farmers, industry and animal owners; and calls on the UK Government to ensure continued supply of veterinary medicines in Northern Ireland beyond 2025 by pursuing an agreement with the EU on a long-term basis and, if necessary, by introducing legislation to prevent regulatory divergence between Great Britain and Northern Ireland."

Mr Deputy Speaker (Mr Blair): The Member has 10 minutes to propose and five minutes to make a winding-up speech. All other Members who are called to speak will have five minutes.

Mr Irwin: I welcome the opportunity to speak in support of the amendment. The amendment seeks to put further meat on the bone on the action by those in the British Government who have direct responsibility for resolving the issue and, in the longer term, preventing the uncertainty that continually manifests itself in this important matter. The current arrangements amount to a grace period and will exist until 2025. It is vital that, within the available time frame, all opportunities are grasped to find a durable solution to the issue. The prospect of Northern Ireland losing access to vital veterinary medicines that are in Great Britain would have a huge and detrimental impact on our agriculture industry, with many negative knock-on impacts on animal health, disease control and animal welfare.

The DUP, in its negotiations with the Government, prioritised the threat to the supply of veterinary medicines. The 'Safeguarding the Union' Command Paper included the commitment by the British Government to establish a veterinary medicines working group, whose task it is to study, report and advise the Government on solutions to effectively address the issue. As a lifelong farmer, I know all too well about the importance of access to high-quality veterinary medicines. It is, literally, a lifeline for sick animals. Farmers only want to do the best that they can for their animals, given the importance of animals and their livestock to their farm businesses. Work that the House of Lords Windsor Framework Sub-Committee inquiry has undertaken to date estimates that around 35% of medicines that are currently available would be at risk. That includes important medicines such as the botulism vaccine. The potential scenario where such medicine would be unavailable is not an outcome that our industry can tolerate, and there is a real sense that the British Government need to fix it.

The 'Safeguarding the Union' Command Paper explicitly recognises the importance of the continued supply of veterinary medicines. The document refers specifically to the fact that a grace period is in place. The Government are committed to a long-term solution that guarantees the free flow of trade between Great Britain and Northern Ireland. The amendment seeks to reiterate the commitment to action as issued by the British Government to urgently find a durable solution to the matter, whilst, of course, space will be given to find a long-term agreement with the EU on the supply of medicines. It is also worth highlighting that the Government are on record stating that they will shortly set out plans to introduce legislation in order to avoid new regulatory divergence between Great Britain and Northern Ireland on veterinary medicines. Now is the time to see those —.

Mr Allister: Will the Member give way?

Mr Irwin: I will, yes.

Mr Allister: Can the Member shed any light on the oft-repeated promise of the Government to bring in legislation on issues such as this? When is that going to happen? If the DUP did that deal with the Government, surely it knows when. What assurance is there that any such legislation will not fall foul in the way that other legislation has of the supremacy of EU law?

Mr Irwin: We have been assured by the British Government that that will happen in the next few months. I am not going to give you an exact time frame, but I am assured that it will happen before the autumn.

The can cannot be kicked down the road on the issue indefinitely. I sense a prioritising of the issue. The various advisory groups and officials who have been tasked to work on the issue should redouble their efforts to ensure that the solution that is arrived at is robust and meets the needs of our industry in Northern Ireland.

The motion and amendment seek to consolidate the message that progress must be made swiftly by the UK and the EU in the window of time that is available in order to provide certainty for our agri-food industry. Veterinary practices and suppliers must be replaced by a durable solution. That is a message that all parties can get behind. I trust that that will be the case in the House today.

12.45 pm

Mr McAleer: I support the motion. The North faces serious and exceptional challenges with regard to post-Brexit trade, and there are serious concerns about the future of veterinary medicines. Before Christmas 2022, an extension to the current grace period for importing veterinary medicines, which was due to end on 31 December 2022, was granted until the end of December 2025. That eliminated, at that stage, the risk of the discontinuation of supply of over 50% of products. Thankfully, the extension was deemed necessary by the European Union, although it has stated that it will be the last extension granted. Veterinary products available in the market in the North must comply with EU regulatory requirements by the start of 2026.

The EU-UK Joint Committee is a key instrument for agriculture and agri-food trade, and we have always appreciated the significant role that it has played in adopting solutions to lead us on a more sustainable path that promotes food security and protection for rural communities. An EU-UK veterinary agreement would be helpful, but the British Government are opposed to it. Last year, the Veterinary Medicines Directorate indicated that supply to the North of over 50% of medicines was at risk of being discontinued. Recent information from the Department for Environment, Food and Rural Affairs (DEFRA) shows that that figure has reduced to approximately 35%. The risk of the supply of medicines being discontinued has been reduced due to some supply lines being amended, meaning that supply can be re-routed through the South rather than Britain. I encourage the continuation of negotiations to further reduce the number of medicines whose supply to the North is discontinued.

The agri-food sector is a vital indigenous industry. There are over 20,000 small family farms in the North. A report produced recently by Rural Support, a charity based in Cookstown, highlighted an increase in family farm referrals, with the main concern being financial issues resulting in an impact on mental health. It is vital that there is no additional risk to the viability of small farms as a result of a reduction of access to veterinary medicines. Our food and drink industry is recognised as world-class. For example, the North won the world's best food destination at the 2018 international travel and tourism awards. It is vital that the UK Government and the EU continue to work together to get a solution on veterinary medicines before the grace period ends in 2025.

The protocol is an international treaty between the EU and the British Government that

recognises the special status of this island and stops a hard border emerging in Ireland. That safeguards jobs and the all-island economy. Importantly, it also safeguards our food-processing industry. Taking the dairy industry as an example, Members will know that a third of the milk that is produced in the North, which amounts to 800 million litres, is exported to the South for processing. It is vital that we remain aligned across the island to protect that really important industry. It is vital that the UK Government continue to work with the EU to get a solution on veterinary medicines and ensure that there is no impact on food production or food processing from a lack of access to those medicines.

I encourage the AERA Minister to work with the Economy Minister to take advantage of the opportunities provided under dual market access, particularly in the granting of protected geographical indication (PGI) status for Irish grass-fed beef.

Mr Tennyson: Much water has passed under the bridge since the EU referendum in 2016. Indeed, the story of much of the past eight years has been about trying to find the means by which Northern Ireland can live with the outworkings of Brexit. In navigating the myriad of challenges thrown up by leaving the EU, the fact remains that Northern Ireland will need special arrangements to manage our unique circumstances. That truth is inescapable whether we are talking about the backstop, the protocol, the Windsor framework or this latest iteration. That is why Alliance has consistently sought flexibilities and solutions that are specific to Northern Ireland, that are consistent with international law, that protect the Good Friday Agreement and that maintain our dual market access.

Today is not about rehashing or relitigating the arguments of the referendum; it is about charting a course towards a bespoke and mutually agreed solution on veterinary medicines. I welcome the Ulster Unionist Party's motion, which gives us an opportunity to debate that aim. The starting point for the debate is to acknowledge that there is an issue. Recent reports suggest that a significant proportion of veterinary medicines used in Northern Ireland may no longer be available when the grace period expires in December 2025. In reality, we know that the deadline is much sooner, as many pharmaceutical companies plan for production, regulatory changes and logistics at least 18 months in advance.

Failure to adequately address the issue has the potential to cause difficulty for animal health, agriculture and our wider economy, owing to additional cost, a reduction in competition and increased bureaucracy. Crucially, however, solutions exist. It may well be the case, as others have said, that a further extension to the grace period is required to allow meaningful engagement between the UK Government and the European Union on the options available to us. The aspiration must, of course, be a comprehensive UK-EU veterinary medicines agreement. In the absence of that, enhanced collaboration between the UK and EU on the regulation and supply of veterinary medicines could offer some interim relief. That could be overseen by a UK-EU technical group. Mutual recognition agreements already in place between EU countries and countries such as Australia, Canada, New Zealand and Switzerland aim to promote greater harmonisation of regulation, and they provide learnings that could be instructive to us in solving our issues.

The motion calls on the AERA Minister to bring forward a proposed solution. There is a missed opportunity in that, because we know broadly what the solution is, and we, as an Assembly, need to call on the UK Government to pursue that solution on a mutual basis with the EU. I am, however, grateful for the constructive role that the AERA Minister has played in his engagement with the veterinary medicines working group. Reaching that solution will require efforts to build trust and confidence that would be aided further by enhanced efforts towards wider UK-EU alignment. That is why, as far back as January 2021, Alliance was the first party to call for a comprehensive sanitary and phytosanitary (SPS) veterinary agreement. Hopefully, we will see further progress in that direction under a new UK Government.

We know that, where the UK and EU engage in good faith, uphold the rule of law and collaborate, solutions and flexibilities are forthcoming. If the past eight years have taught us anything, it is that the folly of threatening unilateral action or pursuing an insular and isolationist approach will only leave us worse off and delay progress. To embark on such a course would cause not only further challenges to our economy but issues with our access to the single market. That is why we have a slight concern about the DUP amendment. Whilst there is much in it that we can agree with, it appears to hint at unilateral action, which is not a solution and would only compound the challenges that we face.

Mr Buckley: I thank the Member for giving way, and I appreciate the constructive way in which the Alliance Party is looking at the motion and the amendment. I assure him that, whilst that may be a concern of the Alliance Party, it is certainly not the intention of the amendment. The amendment's focus is on trying to ensure that the UK Government, with the EU, focus on tangible solutions. We recognise that single market access is crucial for veterinary medicines in the wider scheme of things.

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

Mr Tennyson: I welcome that clarification from the Member. It is helpful. I welcome his constructive tone as well. It is unusual for the Member and me to engage in constructive debate in the Chamber, so that makes a change. His point also begs this question: had the UK Government engaged in good faith rather than entertaining the fantasies of the UK Internal Market Bill and other retrograde actions, would we be in a better place on these issues today?

I hope that we can learn the lessons of the past eight years, with their circular arguments around Brexit, and unite on the crux of the motion, which is the urgent need for a legal, sustainable and mutually agreed solution on veterinary medicines.

Mr McGlone: If you permit me, Mr Deputy Speaker, I will start with a quote from a historical figure, Napoleon Bonaparte:

"In politics, stupidity is not a handicap."

Here we are today, however, debating another unadvertised consequence of Brexit, which was one of the greatest self-inflicted stupidities in modern history.

I will go back to the regulation of veterinary medicines. The Veterinary Medicines Directorate, sponsored by DEFRA, regulates veterinary medicines in the UK. According to a recent review, we are more closely aligned to EU regulations on veterinary medicines than we were before, so the issue, at present, is not a divergence in regulations. The problem is a result of the failure in negotiations between the EU and a Tory party that was tearing itself apart. Both sides have since stated that they continue to work for a long-term, sustainable solution. However, they may have different destinations in mind, and that could leave us stranded in the middle.

On the DUP amendment, I have a concern about legislation that could lead, maybe inadvertently, to obstacles in cross-border trade, which Declan McAleer referred to. That is a very important matter on this island, given the all-island nature of the economy in regard, in particular, to agri-food business.

Following the publication of the Northern Ireland protocol, a grace period was initially put in place for the use of veterinary medicines from Britain to achieve that solution. That has now, as we heard, been extended to the end of 2025. That is the point by which a long-term solution must be in place. Otherwise, the loss of the only licensed salmonella vaccine for cattle and the most widely used salmonella vaccine for poultry risks causing a public health emergency. We simply cannot have that.

There are two main issues that may affect the supply of veterinary medicines if an alternative agreement is not found by the end of 2025. Veterinary medicines stored in warehouses in Britain will have to go through another quality check before coming here. That also includes veterinary medicines manufactured and checked already in the EU that are being transported through Britain. Secondly, the marketing authorisation holder location will have to be in the EU or Northern Ireland. Those issues have the potential to affect the number and variety of veterinary medicines available here, as the increased costs involved — this is a major issue too — may prove prohibitive to manufacturers. There are also a smaller number of veterinary medicines imported from countries such as the USA and Australia under special import licences that will not be allowed to be used here at the end of that grace period.

As was the case with the issues around human medicines, there are potential solutions. Those solutions will require compromise from either the EU, the British Government or, more likely, both. While we will support the motion from the Ulster Unionists, I am not entirely convinced that it is realistic for the sponsors of the motion to expect the Minister to interject in any negotiations with proposals of his own. However, I expect that the Minister will have had conversations with both sides about the potential impact on the supply of veterinary medicines here if an agreement is not reached. The Minister will be able to confirm that later.

Most of the veterinary medicines at risk of being discontinued here are licensed in other EU member states by the relevant licensing authority so that they meet EU standards. Among the potential solutions are a bonded warehouse for storing veterinary medicines in

transit to the North; acceptance by the EU of quality testing in warehouses in Britain and of the current market authorisation holder addresses; and the introduction of a grandfather rule to allow for the continuation of the supply of veterinary medicines that were available pre-Brexit. That would also mean that only newly licensed products would require a marketing authorisation holder address in the EU.

There is still time for the issues to be resolved. The danger is that both sides may think that playing hardball will get them a better deal. I would venture that, in this instance, where there is such a serious risk to public health, conciliation needs to be the priority at this point rather than playing silly political games. Meanwhile, that deadline inches closer, as does the risk to animal and human health not just in the North but across the entire island of Ireland. I suggest that that is the message that the Minister should take to the British Government and the EU. Agus sin é, a Leas-Cheann Comhairle. Sin mo chuidse. *[Translation: That is it, Mr Deputy Speaker. That is all I have to say.]*

Mr Deputy Speaker (Mr Blair): The Business Committee has agreed to meet at 1.00 pm today. I propose, therefore, by leave of the Assembly, to suspend the sitting until 2.00 pm. The debate will continue after the scheduled question for urgent oral answer, when the next Member to be called will be Áine Murphy.

The debate stood suspended.

The sitting was suspended at 12.59 pm.

On resuming (Madam Deputy Speaker [Ms Ní Chuilín] in the Chair) —

2.00 pm

Oral Answers to Questions

Health

Madam Principal Deputy Speaker: Questions 2 and 7 have been withdrawn.

GPs: Financial Support

1. **Mrs Mason** asked the Minister of Health to outline what financial support is provided to GPs to address increasing demand in services. (AQO 467/22-27)

Mr Swann (The Minister of Health): I have already indicated that, as Minister, one of my immediate priority areas, subject to available resources, is enhancing primary care. I was pleased to announce recently that the 2024-25 general medical services (GMS) contract has been agreed. A key aim of the new contract is to provide GPs with greater certainty over their income throughout the year, as well as reducing the administrative burdens and associated costs to practices. To support that, the 2024-25 contract brings the quality and outcomes framework (QOF) and specified enhanced services into the core contract and under the clinical care domain of a new contract assurance framework. The associated funding is incorporated into the core contract. In addition, funding that is provided for clinical waste will also be repurposed into core GMS funding. As a result of those actions, a total of £38·9 million will be made available for repurposing. Of that, £5 million will be dedicated to GP indemnity as an interim measure, pending identification of the long-term model for future provision.

Mrs Mason: The Minister will be aware that GPs in rural areas, such as South Down, where there is no emergency department, are very often the lifeline for their community. Does he plan on giving the like of those surgeries any extra support to deal with the workforce shortages that they are dealing with now so that they can provide a full service to their large rural communities?

Mr Swann: The Member makes a vital point with regard to how I would like to increase those multidisciplinary team (MDT) programmes. Over the past number of years,

my Department has made significant additional investment to build capacity in primary care through initiatives such as the primary care MDT model and our general practice pharmacist programme. Those programmes represent recurrent additional investment. We also previously made available significant funding to enable GPs to improve their telephone systems and accessibility. Work is ongoing with regard to how we support the wider multidisciplinary teams but also invest in general practice.

Mr Allister: The Northern Ireland Audit Office report, 'Access to General Practice', stated that, in 2022-23, 5·4% of health and social care spend went on primary GP care. How does that percentage compare with the percentage of the work done across the health service?

Mr Swann: We fully recognise that the majority of those initial assessments are done at primary care level. The 5·4% represents a figure of £375 million which was quoted in the report for investment in primary care. It is not fully comprehensive, as it focuses on the elements of funding that are allocated directly to GP practices and federations. It does not include elements of spend that are allocated to other health and social care bodies. That includes trusts that are invested in primary care and a significant proportion of spend in our primary care MDT model, as well as investment in the primary care elective programme and work on No More Silos. Investment in the general practice pharmacy scheme is also captured in that money.

While recognising demand for an increase in the level of funding allocated to general practice and social care, my Department also recognises the necessity of viewing the health and social care system as a whole. Any decision to redirect money from one part of the system to another part results in those pressures. I assure Members that my Department recognises the pivotal role that general practice plays in our health and social care system and continuity in the provision of healthcare that they provide as that first point of contact.

Mr McGrath: You are the Health Minister on behalf of a four-party Executive. Are you all equally prioritising the need for rural health services to be delivered and for MDTs to be delivered? Are you receiving the support that you need from the Department of Finance?

Mr Swann: I thank the Member for his question. I cannot speak on behalf of other Ministers and parties, but I can assure him that my party and I are absolutely prioritising health, as he would expect.

On investment in MDTs in the further roll-out, he will not be aware, but I will inform the House, that I have put in a bid for money from the transformation pot so that we can recruit further health and social care staff, because, as we heard in the debate in the House last week, MDTs were originally included in the transformation funding. Unfortunately, owing to re-profiling, it now forms part of my Department's baseline figure. There is a commitment that we maintain the MDT model and also that we invest not only in staff but in finance to ensure that we can roll it out across Northern Ireland.

Mrs Erskine: I sound as though I need a GP at the moment. The Minister referred to telephone services. One of the recurring themes that we hear is constituents needing to get through to their GP on the telephone. In the previous mandate, the Minister announced £1·7 million for telephone service improvements. I have not been able to find out exactly where that money has gone. Can he provide a breakdown of the GP federations to which that £1·7 million went?

Mr Swann: I am sure that the Member will appreciate that, for such a specific question, I do not have that level of detail in front of me, but I will get it to her in writing.

Madam Principal Deputy Speaker: Question 2 has been withdrawn.

Hernia Repair Operations: NHSCT

3. **Mr K Buchanan** asked the Minister of Health how many hernia repair operations have been carried out in the Northern Health and Social Care Trust (NHSCT) in the past 12 months. (AQO 469/22-27)

Mr Swann: I thank the Member for his question. The various waiting times for hernia repair operations depend on several factors. Those include the type of hernia that patients may have and the severity of their condition, as well as their personal circumstances.

My officials have been advised that 576 hernia repair operations were carried out in the Northern Health and Social Care Trust in the past 12 months. Given the reduced waiting list initiative funding that has been allocated in quarter 1, trusts have had to prioritise that funding for red-flag and absolute-time-critical patients. In my previous request for funding in

the recent Budget exercise to deliver additional waiting list initiatives, it had been my Department's intention to target £4 million this year at supporting approximately 800 hernia patients who have been waiting for the longest period. Unfortunately, the Budget allocation provided no targeted resource.

Mr K Buchanan: Thanks for your answer, Minister. Can you advise me on the part that the private sector plays, or played, in achieving those numbers? If an individual is referred to the private sector by the trust, and the private sector is not fit to deal with that person, who then goes back to the trust, where is that person on the list?

Mr Swann: That would be for the trust to answer. If the Member wants to write to me about a specific case, I will follow up on it. Waiting list initiatives are using private resource to support the core health and social care services that we deliver. The Member asked about the number of hernia operations performed in the Northern Trust. We used waiting list initiative money to engage with the private care sector to provide that specific support and do that work. The Member may wish to contact me about a specific case.

Respite Care

4. **Mr T Buchanan** asked the Minister of Health to outline what respite care is available for young people with complex needs and severe learning difficulties who are being cared for at home full-time. (AQO 470/22-27)

Mr Swann: I thank the Member for his question. Short-break, or respite, care provides valuable opportunities for children and young people with complex needs to spend time away from their parents and primary carers, while also allowing parents and primary carers to have a break from their caring responsibilities.

Across Northern Ireland, respite care for young people with complex needs and severe learning difficulties is delivered by the five health and social care trusts in partnership with the community and voluntary sector (CVS). Access to, and the frequency of, short breaks is dependent on individually assessed need.

Short-break provision in Northern Ireland for young people with complex needs and severe learning difficulties who are being cared for at home may comprise overnight periods of care in a short-break residential unit; day or overnight periods of care with an approved carer; support or care services provided to the young person in their home that enables the family to do other tasks; befriending services; community activities; and day trips.

Short breaks and respite services are also provided across the five trusts by the Northern Ireland Children's Hospice for all children with a life-limiting condition. My departmental officials continue to work with the Northern Ireland Children's Hospice to plan for a more sustainable future, because it is acknowledged that regional availability of respite for young people with a disability is a pressure across our trusts. There has been a reported increase in the number of children and young people with a disability and an increase in the demand for access to short breaks and respite services. My Department continues to work with each of the trusts to closely monitor regional service provision for young people and adults.

Mr T Buchanan: Thank you, Minister, for your response. Avalon House in Omagh was used for respite care for those young people. During COVID, that was closed and made into a full-time facility for a few patients, leaving young people in Omagh who have a disability or a learning difficulty and their families with no place to go for respite care. What message will I take back today to those families, whom I have met, about the provision of such care in the Omagh area, where they have nothing at this time?

Mr Swann: The Member raises a point about the repurposing of a number of our facilities to look after young people who need more-intense, long-term care. I recognise that having a reduced number of facilities and a reduced workforce has meant that our ability to provide placements for those young people was actually an ask for political representatives from the area. There has been that displacement, unfortunately, while we build up our capacity elsewhere.

With regard to planning for the future, I initiated a task and finish group, which has been established by my Department, to finalise the adult learning disability services model and the children with disabilities framework. Further to that, the Department has established a children's services reform process to reform our children's services while we look at where additional facilities and provision can be made. As I said in my initial answer, we are seeing increased demand and pressure in that area and increased acuity among the young people whom we support. We are trying to fit the facilities that we have, supported by the staff that we have at this time, to the young people affected to meet their higher needs. It is

unfortunate that other parents and families are losing out on respite services, and I do not want to see that continuing.

Miss McAllister: Elaine, in my constituency, has a son with severe learning difficulties and autism. Recently, she posted photographs on Twitter showing the consequences of one of her son's violent outbursts that illustrate how he and she have been failed. What does the Minister say to Elaine and others like her who desperately need emergency respite provision?

Mr Swann: As I said, we are seeing pressures in respite provision because we have a reduced number of facilities and staff and a higher level of acuity and more intense cases. I have not seen the message from the individual to whom the Member refers, but we recognise that there is more to be done. I am challenging our trusts on the provision across all areas so that we can improve not just long-term respite facilities but short-break provision.

To gain a better understanding of that provision across the region, as I said, my Department has developed a monitoring framework to capture monthly data. The children with disabilities framework is also being finalised by my Department in response to the increasing challenges that are faced by families of children with disabilities and the corresponding difficulties experienced by trusts in meeting the rising demand and the increased complexity of need.

Mr McNulty: Will the Minister join me in praising the wonderful, compassionate care available in respite facilities, such as Carrickore and Oaklands in my constituency of Newry and Armagh, and recognising what an important lifeline they are for families? Has he given consideration to a regional unit to accommodate the greater demand? Families are often left out on a limb due to scheduled respite being unavailable because of complex cases.

Mr Swann: I thank the Member. I do not know directly the facilities that he speaks of, but I can be assured that, if the Member is praising them, they and the service that they provide are worthy of praise.

Rather than the establishment of a larger regional facility to look after the more complex cases, I would prefer to have more localised facilities, so that families can remain closely in contact with those who are seeking respite and not have to travel further distances. I would rather that we were able to invest in, repurpose and upgrade some of the facilities that we currently have and to add capacity to them, instead of bearing the additional cost of rebuilding a regional facility.

I take the Member's word in relation to the facility that he mentioned at the start of his question.

2.15 pm

Ms Hunter: I, too, am working on two cases at the moment to do with respite care. Parents of children with complex special needs face significant struggles and cannot find adequate provision at this time. Will the Minister commit to commissioning an independent evaluation of the effectiveness of direct payments, which are given to carers of children and young people with complex needs, often as a poor alternative to adequate respite provision?

Mr Swann: I am not sure that in all cases those additional payments are considered as a poor alternative. Some families value those payments and make full use of them. If the Member has specific concerns about anyone who is receiving those direct payments, I am happy to engage further with her in that area. As I said in previous answers, we are seeing a mismatch in demand as well as the increasing complexity of cases. Prior to the Member making it, I have not heard a call, nor have I been asked, to initiate an independent review of those payment processes, but I will take that under consideration.

GPs: Indemnity Costs

5. **Mr Dunne** asked the Minister of Health for his assessment of the impact that the provision of dedicated funding for general practitioners' indemnity costs will have on GP services. (AQO 471/22-27)

Mr Swann: As I said earlier, I was pleased to recently give my approval to the 2024-25 general medical services contract, because I believe that the contract is an important step towards achieving greater stability across general practice. It makes significant progress, including the provision of dedicated funding for indemnity costs.

A key aim of the new contract arrangements is to provide GPs with greater certainty about their income throughout the year. The specific provision of £5 million of funding towards indemnity costs is part of the overall basket of measures designed to support the ongoing sustainability of primary care. In the context of a

very disappointing Budget settlement for my Department, I believe that that ring-fenced allocation will make an important contribution towards supporting GPs with their clinical negligence indemnity costs.

It is important to be aware that the issues impacting on the sustainability of general practice are much broader than simply indemnity provision. We need to acknowledge that general practice faces a range of issues that are complex and will require a sustained long-term response. The provision of support for indemnity costs as part of the 2024-25 general medical services contract is just one of a range of measures that are being implemented to secure the ongoing sustainability of general practice locally. I believe that, as an Assembly, we need to work together to ensure that we get the funding that we need for Health and Social Care so that we can ensure the long-term sustainability of provision for those whom we serve.

Mr Dunne: I thank the Minister for his answer. I recognise the significant challenges that GPs face across the country, and I welcome progress on that funding. What more can be done, however, to improve GP services, given that many sick and elderly people, including in my constituency, continue to have to queue, often early in the morning, just to get a telephone appointment with their GP?

Mr Swann: The Member's question was about indemnity costs for GP services. As I said in my answer to question 1 on the revision of the GMS contract, as a result of those actions, an additional £38·9 million will be made available for repurposing, £5 million of which went to indemnity. The remaining £33·9 million has been added to core global sum payments made to practices. Funding will go towards investing in multidisciplinary teams and the ask from GPs about supporting indemnity. There is also the matter of replacing QOF in the contract assurance framework. That will now remove a lot of the administrative burden that GPs raised concerns about. We can move that forward so that they can progress. They were raising concerns that they were spending more time on administration, and this will enable them to have more time to see patients.

Ms Bradshaw: I will pick up the point on the administrative burden. Minister, to what degree are you engaging with community pharmacists alongside GPs to see how they can work together better so that more patients can get access to care and treatment?

Mr Swann: The Member makes a valid point that is often raised here, which is that no part of our health and social care service works in isolation. It is about how all the parts come together to work. I recently announced an overarching framework, agreed between Community Pharmacy Northern Ireland and my Department, for how we can look to expand the services that can be provided in community pharmacy. There is a financial ask along with that that I am unable to meet at this minute in time, but I have always recognised how, even in some of the most challenging times during the pandemic, we were able to utilise and leverage the skill set and professionalism in community pharmacy to support primary care. We should not see primary care as being just GPs but take a more holistic approach across Northern Ireland.

Mr McGlone: Minister, is the financial assistance offered per GP for indemnity on a par with that offered to GPs in the UK?

Mr Swann: I think that the Member is referring to the state-backed indemnity scheme that was initiated in GB. We were not able to replicate that directly in Northern Ireland, but, if we want to move to the enhanced package, which could be an indemnity scheme, I believe that our GPs can join that state-backed scheme. It supports GPs across England and Wales. As I said in a previous debate, I met Andrea Leadsom, the Minister responsible for primary care, yesterday, and I raised with her my belief that Northern Ireland GPs should be able to access the state-backed indemnity scheme. We will see how that moves forward and what the next steps will be. The £5 million that we have put into indemnity payments for GPs represents the first time that that has been done in Northern Ireland on that scale. It is an example of the commitment that I and my Department have to general practice.

Waiting Lists

6. **Mr Chambers** asked the Minister of Health what the impact will be on waiting times following the decision of the Executive to allocate the £34 million already committed by the United Kingdom Government prior to the restoration of the Executive compared to his targeted bid for waiting list initiative spend in 2024-25 of £215 million. (AQO 472/22-27)

13. **Mr McGlone** asked the Minister of Health for his assessment of the impact that the budget allocation will have on waiting lists. (AQO 479/22-27)

Mr Swann: Madam Principal Deputy Speaker, with your permission, I will take questions 6 and 13 together.

The £34 million that has been earmarked for waiting lists, which comes directly from the UK Government and has been long announced, does not cover even half of what is required to maintain the number of red-flag cancer patients and time-critical patients. My officials are working with trusts to examine whether it is possible to displace other hospital services to fund the remaining investment needed. That in itself will cause significant damage and disruption to our services. If we are unable to do so fully, that will lead to longer waiting times and reduce the care available to red-flag and time-critical patients, which would be deplorable.

This is a missed opportunity to improve waiting lists, where significant progress could have been made. No additional funding for tackling our waiting lists has been provided by the Executive. Had I been allocated the funding that I bid for, there would have been an initial focus on the people waiting for more than three years. Over 28,000 patients waiting more than three years for treatment would have been treated, and over 57,000 patients waiting for more than three years for a first outpatient appointment would have had an appointment. Instead, unfortunately, our waiting lists will continue to grow, which stands in stark contrast to other supposed commitments that tacking them would be a priority.

Mr Chambers: I thank the Minister for his response. I find it, frankly, shocking that, despite all the commitments that were made before and after the restoration of the Assembly and the Executive, when push came to shove, not a penny extra was allocated to target waiting lists. Will the Minister provide a snapshot of the numbers that could have been achievable had his bid been fully allocated?

Mr Swann: I thank the Member for that point. My officials recently advised the Health Committee that these are the figures from the work on the original bid that we made. That bid included funding for 6,000 patients waiting over four years for a dermatology outpatient assessment; 4,400 patients waiting for knee and hip replacements and other orthopaedic procedures; 4,200 patients waiting over three years for gynaecology outpatient assessments; 1,100 patients, many of whom are children, waiting over four years for tonsillectomies; 2,800 patients waiting for cataract procedures; and 2,100 patients waiting over three years for a rheumatology outpatient assessment. Twenty thousand patients could have been seen at mega clinics across a number of specialities. That is a snapshot, and many more patients could have been seen for other procedures.

Mr McGlone: Question 7, please.

Madam Principal Deputy Speaker: We are on question 13, Patsy: it is grouped with question 6.

Mr McGlone: Gabh mo leithscéal, ceist uimhir a trí deag. *[Translation: Excuse me, question 13.]*

Madam Principal Deputy Speaker: You have to ask a supplementary, Patsy. I will move on.

Mr Swann: Take your time, Patsy.

Madam Principal Deputy Speaker: Tá tú maith go leor, a Patsy. *[Translation: You are all right, Patsy.]*

Mrs Dodds: Minister, my understanding is that the health service got almost 50% of the allocation of additional money. In the first debate in this Assembly mandate, you promised us an update on the elective care plan. A few weeks ago, you promised me that, within two weeks, you would deliver the plan for the reconfiguration of hospital services. As of this morning, we have no paper from the Department of Health on the Budget for discussion tomorrow. Minister, we would like to see a plan to deal with the issues within the resources that you have.

Mr Swann: They are working their way across my desk. The Member will be aware that I have not accepted the Budget allocation that I was given because, although it is over 50%, it is a decrease of 2·3% on what we finished last year at when it is compared with where we were financially, including the allocation for pay increases and pressures. That work is being done. It has needed a recalibration, given what we as a Department were expecting in financial support against what we have received.

Ms Egan: Minister, can you please outline how you will use the money allocated to you to tackle waiting lists? Will you be proactive and look for efficiencies across your Department?

Mr Swann: I can absolutely assure the Member that I have done so. As I said in an earlier answer to Mrs Dodds, I have an updated assessment of where we are on the elective care framework. I first published that framework

in June 2021, and, with an ambitious investment of £570 million, it would have tackled waiting lists over a five-year period. Unfortunately, that finance was not there in the two years that the Assembly did not sit, and, at this minute in time, no additional moneys are earmarked for that in this financial year. We have continued to work on where we are with the elective care framework, looking at our day-case procedure units, our overnight elective care centres, our rapid diagnostic centres and our post-anaesthetic care unit beds to determine how we utilise the resource that we have in making further use of that estate.

On the financial outlook, I have engaged a Getting It Right First Time (GIRFT) report and brought in professionals from England to look at our back office and management spending across trusts. They are in place. Our trusts have been asked to look at the impact that their budget allocation will have — which procedures will they have to cease? — and to come forward with that information by the end of this month.

Madam Principal Deputy Speaker: Sorry, Jonathan. The Minister has run the clock down, and I cannot call you to ask question 8.

Mr Swann: Apologies.

Madam Principal Deputy Speaker: Yes, you look really sorry, Minister.

That ends the period for listed questions. We will now move on to 15 minutes of topical questions. A question for urgent oral answer has been selected on the subject of the infected blood inquiry, and it will be taken after Question Time.

2.30 pm

Junior Doctors’ Strike

T1. **Mr McGrath** asked the Minister of Health, in light of the fact that, tomorrow, junior doctors across the North will strike, causing disruption to services and delays to the delivery of healthcare to patients, to state whether his Department has done absolutely everything that it can and the Executive have done everything that they can to prevent the strike and, if they have, to outline why the strike is still taking place. (AQT 311/22-27)

Mr Swann: I thank the Member for his point. I believe that my Department has done everything that it can within the limits that we are under. I met junior doctors this morning and made it clear, with regard to the challenge of them coming forward with additional pay asks, that I do not have the financial capability to meet them. The Member should look at the concerns that the Fiscal Council raised in its recent report about the potential for further industrial action because most of the additional moneys that were provided to the Executive in February for restoration went towards pay commitments that had been made for 2023-24. I was straight with the junior doctors this morning, as I am with the House, in saying that I do not have the financial capability or flexibility to provide additional moneys. I am concerned about how I will be able to honour further pay recommendations that may be made this year by the Review Body on Doctors' and Dentists' Remuneration (DDRB) but also Agenda for Change.

Mr McGrath: Will the Minister confirm that negotiations will continue and that he will work with his Executive colleagues to find a solution so that our junior doctors can get the pay that they deserve to be able to do the work that they need to do in the health service?

Mr Swann: Absolutely. I had a good conversation with our junior doctor committee this morning. It was about recognition: I recognise the strains and stresses that they are under and the remit that they have to seek further pay settlements with regard to industrial action. However, they acknowledged the challenging position that I am in with the budget allocation that I have. While we continue to talk and negotiate, we continue to engage at all levels. The issue is the subject of a debate that will take place later this afternoon.

Social Work Bursary

T2. **Mr Gildernew** asked the Minister of Health to outline whether he is looking at the anomaly that exists for social work students who travel to England to study and therefore do not qualify for the bursary that is available here, which puts them at a disadvantage compared with their counterparts in England and here. (AQT 312/22-27)

Mr Swann: It has been looked at. The issue of the bursaries and supports that we provide for students who study in Northern Ireland has been raised before. Unfortunately and not just because of financial restraints, any Northern Ireland student who decides to study outside Northern Ireland is not able to access those. That is something that I would like to be able look at, but, again, it is about investing in the

workforce and students who are here under our current remits.

Mr Gildernew: There is pressure on social work vacancies and the pressure that that places on teams. It is not a case of people deciding to leave; it is often a case of people not securing a place here and leaving to study in an attempt to become social workers and potentially come back here to work. Will the Minister consider how those students can be supported or how much it would cost to meet those bursaries?

Mr Swann: The Member identifies and is fully cognisant of the pressures on our social care workforce. I have a bid going into the transformation programme that sits with the Executive with regard to additional places for MDTs. That is for another 40 social work training places in Northern Ireland. I would like to make sure that we get that support from the Executive but also that we have the financial package to support the students during their studies.
My concern — I think that the Member will realise that it is a genuine concern — would be that, if we extended that provision to social work students, there could then be a duty to extend financial support to any student who went to study across the water. I will not rule it out. I am keen to explore it, but I am far more open to increasing our social work training places here at home rather than having the unfortunate situation where people have to study social work across the water with the potential for coming back here.

Special Educational Needs: Crisis

T3. **Mrs Mason** asked the Minister of Health for his assessment of the crisis that is facing children with special educational needs. (AQT 313/22-27)

Mr Swann: We have had engagement and joint working across the Department of Health and the Department of Education on how to support children and to make sure that the child is at the centre of that support. I would be keen for the Member to raise any specifics about a case or example. I would be happy to engage with the Member about that or to follow up a supplementary question.

Mrs Mason: The Minister will be aware that children with special educational needs and their families are filled with fear and anxiety about getting their child a school place this September. Will the Minister outline the work being done in his Department and with the Department of Education to ensure that children are statemented adequately and have access to the allied health professionals that they require?

Mr Swann: I have engaged with the Education Minister about that final point. It is about how we make sure that those allied health professionals, who have the best skills, are there to support our young people as they go through education. I do not think that I am breaking confidentiality by saying that, through the transformation funding available from the Executive and the financial package, there is a joint ask from my Department, Education and Justice to allow us to increase the number of training places for speech and language therapists. We realise that there is a deficit in that support across education and early years provision. We need to support that as well. There is cross-working and cross-determination to make sure that we meet the needs of our young people by supporting the allied health professionals to whom they need access.

ADHD Medication: Shortages

T4. **Ms Bradshaw** asked the Minister of Health to state what his Department is doing in response to the national patient safety alert that was issued last week by the Medicines and Healthcare products Regulatory Agency (MHRA) to warn of impending shortages in the four groups of medicine used for the treatment of ADHD. (AQT 314/22-27)

Mr Swann: I thank the Member for her point. Whilst supply disruptions of some ADHD treatments have now been resolved, my Department is, like her, aware of ongoing supply disruptions that involve various strengths and preparations of other ADHD treatments across the UK, caused by a combination of manufacturing issues and the increase in global demand for such products. As the Department of Health and Social Care (DHSC) leads on the maintenance of medicine supply chains to the UK, my Department has been working closely with it, other devolved Governments and the MHRA to ensure that the impacts of the shortages are mitigated and that patients continue to get the medical supplies that they need. Nationally and locally tried-and-tested mitigations are in place to deal with medicine shortages. During the period of supply disruption of medicines and treatments, communications were issued to healthcare professionals across Health and Social Care settings that provided advice on the appropriate actions to take to manage patients affected by the disruption. It is anticipated that issues

currently affecting ADHD treatment will be resolved at various dates between this month and September.

Ms Bradshaw: I thank you, Minister, for your answer. I am concerned that families are worried because they cannot get through to their GPs. Obviously, ADHD is a condition that can cause great anxiety. In what ways can your Department or the Public Health Agency improve direct communications to patients, as opposed to relying on GPs to convey the message?

Mr Swann: I thank the Member. This issue was raised in the media last week, and it received some coverage at that point. The direct communication comes from the medical professional who has prescribed the medication, rather than my Department. We do not hold that level of detail on who the patients are.

The national patient safety alert was issued by the Department and was reflective of messaging that was agreed across the United Kingdom. Supply disruptions were initially expected to be resolved at various stages last year, but there have been ongoing challenges with certain prescriptions and medications. We are hopeful that those disruptions will work their way through the system between May and September. Unfortunately, there are challenges with supply chains not just in Northern Ireland but across the United Kingdom and globally.

GP Appointments: North Down

T5. **Ms Egan** asked the Minister of Health to outline the action that his Department is taking to ensure that GPs are resourced fully so that everyone in North Down who needs an appointment can get one. (AQT 315/22-27)

Mr Swann: I thank the Member for her question. I will cover more than just North Down, if I may. At the start of questions for oral answer, I provided answers that were about the work that we have done on the GMS contract and being able to repurpose £5 million of that for the indemnity that GPs have accessed; for the move away from the QOF to the quality assurance and improvement framework (QAIF), which should free up more time; and for the further investment that I and, I think, all of us want in our multidisciplinary teams, which should see access to primary care move more quickly. It is about long-term investment, however, rather than a quick fix.

Ms Egan: Thank you Minister. At the Priory and Springhill surgeries in my constituency, as well as at others, patients queue from first thing in the morning, only to be told that they cannot get a GP appointment. Patients phone as soon as the phone lines open and are told that, in a matter of minutes, all appointments have gone. What do you say to those who need a GP appointment?

Mr Swann: I say to the Member that, if she has a direct complaint to make against Priory and Springhill surgeries, I will provide her with details of where she can make a complaint. She will be aware that the contract held by those practices is the initial route of access.

My Department has established a GP access working group to explore issues relating to access to services and to oversee work to improve patients' experience. The group's membership includes representatives from general practice and service users. Work is ongoing to develop guidance for practices on managing patient demand and optimising workflow to maximise efficiency. The group is also considering how technology can be and is being utilised to help develop improvements to the process of accessing services for patients and practices alike. One such workshop is planned for this year. I hope, however, that the Member has raised those concerns directly with the practices rather than coming here to air them initially.

Adult Neuromuscular Outpatient Care Service

T6. **Mr Donnelly** asked the Minister of Health to state what is being done to maintain the adult neuromuscular outpatient care service to ensure continued, uninterrupted provision of risdiplam and the associated required services for eligible patients. (AQT 316/22-27)

Mr Swann: I thank the Member for his detailed question about risdiplam. I will need to get back to him in writing about that, because I do not have information in front of me about that specific medication. I hope that the Member accepts that. I will revert to him in writing. Does he have a supplementary question in which he wants to expand on his initial question?

Mr Donnelly: Thank you for your answer, Minister. I look forward to that communication. I tabled a two-day question for priority written answer last week, and it has still not been answered. What is the Minister doing to reassure patients and to communicate with them about that service?

Mr Swann: I will follow up on the Member's question for priority written answer, because I am sure that it has been asked not for any headline-grabbing opportunity but owing to a real concern that has been raised with him. I assure the House and the Member that I will follow up on that.

Madam Principal Deputy Speaker: Question 7 was withdrawn after the deadline.

I call Alan Chambers. You have one minute.

Health Budget: Shortfall

T8. **Mr Chambers** asked the Minister of Health, with just a week to go before the Assembly is asked to agree the Budget, for an update on his engagement with the UK Government and ministerial colleagues on the shortfall in Health spend for this year. (AQT 318/22-27)

Mr Swann: I thank the Member for his question. He may be aware that, when I was in Westminster yesterday, I engaged, as I have said on a number of occasions, with Ministers from the Department of Health and Social Care and with the shadow Secretary of State for Health and Social Care, Wes Streeting. I highlighted the concerns and pressures that we face in the Department of Health in Northern Ireland, especially with the budgetary process.

He can be assured that I continue to raise my concerns with Executive colleagues about what I see as a financial shortfall in the allocation provided to the Department of Health as we go into the Budget process next week.

2.45 pm

Madam Principal Deputy Speaker: That ends Question Time.

Question for Urgent Oral Answer

Health

Madam Principal Deputy Speaker: Mrs Diane Dodds has given notice of an urgent oral question 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.

Infected Blood Inquiry

Mrs Dodds asked the Minister of Health to outline the measures that he will take following the publication of the infected blood inquiry report on Monday 20 May 2024.

Mr Swann (The Minister of Health): Principal Deputy Speaker, with your indulgence, I have a substantial answer to the Member's question because I had hoped to bring a fuller statement to the Assembly to follow up on the announcement on compensation, which was made just a few hours ago.

Supporting victims of contaminated blood has always been one of my top priorities since first becoming Health Minister in 2020. I have met, on many occasions, those from that community, and I am aware of the life-changing impacts and financial hardship that people have endured as a result of receiving a devastating diagnosis following treatment with contaminated blood used by the NHS. The anguish and trauma that they have endured over many decades is inconceivable. The health service's use of contaminated blood in the 1970s and 1980s resulted in untold suffering and loss, and I reiterate my Department's apology and my apology to all those in the infected and/or affected community in Northern Ireland. They were failed by the system that should have been there to help them. For that, I am deeply sorry.

While I welcome the publication of the final report from the infected blood inquiry, I also recognise that it is a poignant time for so many. The publication of the final report will be a watershed for victims, many of whom have given evidence to the inquiry. It will, no doubt, have been a traumatic experience, opening up old wounds and bringing back painful memories that they would prefer to forget. Those victims are to be applauded for their courage and

dignity in coming forward to tell their stories. It is with deep regret that we cannot undo the actions of the past. However, it is incumbent on those of us in government and in the health service to ensure that it never happens again.

I am grateful to Sir Brian Langstaff and his team for their thorough work to produce a comprehensive report, which was published in seven volumes that were released yesterday, comprising 2,500 pages and 12 recommendations, including 50 individual recommendations. The detailed recommendations of the final report are wide-ranging, cutting across a range of areas in my Department, including quality, safety, improvement and workforce policy, as well as the culture and working practices of the wider Executive, Civil Service and the health and social care system. Addressing the recommendations will require a collective effort and coordination of communications in collaboration with the infected and affected community.

I want to carefully consider the details in the report and its recommendations published yesterday. Therefore, I am not yet in a position to respond in detail. I am, however, committed to working with my ministerial colleagues, on a four-nations basis as well as across the Northern Ireland Executive, to respond, because I do not doubt that the work of the inquiry and its recommendations will help to inform and shape the delivery of healthcare in Northern Ireland in the future.

Mrs Dodds: Thank you, Madam Deputy Principal Speaker. Sorry, I probably got that all wrong again.

Minister, most people will acknowledge that you have said that people were failed by the system and that you are sorry and hope that it will never happen again. However, we have to take concrete steps to make sure that it does not happen again. One of those concrete steps is a statutory duty of candour. I have asked you about that in Committee, and it came up during the hyponatraemia inquiry in relation to the case of Claire Roberts. Will the Minister outline to the House where we are with the statutory duty of candour? Can we expect to see legislation on that in the near future?

Mr Swann: I thank the Member for that point. In the report that was published yesterday, Sir Brian included a wide-ranging recommendation that a statutory duty of candour be placed on government and Executives. There are other recommendations regarding the duty of candour, and, as the Member said, it has been referred to in other inquiry reports. The Member will be aware that we are looking at an overarching outcomes quality framework and how to bring together all the outstanding recommendations from all the inquiries — I think that I mentioned that when I was in front of the Committee. The recommendations from Sir Brian, yesterday, strengthen that position on where we want to go, as a Department, on making sure that we get this right.

It is also important to say that, before I left office when I was previously Health Minister, I had written to my counterparts in England, Scotland and Wales about bringing forward a duty of candour on a UK-wide basis to make sure that we were working to the same level and standards across all four health services. Sir Brian's recommendation, from yesterday, goes a step further regarding that duty of candour, because it includes government. The failings, especially around the infected blood, were shown to be from not just the health service but across government. Those wider failings were acknowledged yesterday in what was a very moving outworking, when Sir Brian presented his report, in Central Hall, to many, including people who had been infected, people who had been affected and people who had lost loved ones.

Ms Kimmins: I share the sentiments of others and send out our solidarity to all the families who have been impacted. One of the people affected is Nigel Hamilton, chair of Haemophilia NI. We met him recently with the Health Committee. He lost his brother Simon in December. The inquiry report will be healing, but we have a long road to go.

The Minister may or may not be able to answer my question today, given what he has just said. The British Government have said that they expect payments to be made in the next 90 days. Is there any indication of how that will look for people here in the North who are affected as much as anyone in Britain? Will it affect anyone who is already engaging with the compensation scheme?

Mr Swann: I thank the Chair for her comments. I spoke with Nigel yesterday regarding the event. Simon's voice was used in some of the video evidence that was given to the inquiry and, yesterday, when the findings of the report were being presented. Northern Ireland has a number of advocates and champions for that group, but those two brothers have borne a heavy workload, along with many others, such as Conan McIlwrath and Paul from Londonderry, who have undertaken work on behalf of the group. Many, many others were

involved, but I do not want to leave anyone out, so I will not name anyone else.

We were not given sight of the announcement on payments that was made today in Westminster. The representatives and I met Minister Glen, on 3 May this year, regarding what the compensation package might look like. He did not give us any detail at that stage, so we were listening to the statement as he made it today. I hope that I will have received it in writing by the time I return from responding to this question for urgent oral answer.

I can reassure the Chair that we were able to process the previous payment of £100,000 through the Business Services Organisation (BSO), because there is a payment process there. I have already explored the situation. Once I have received that money from Westminster, we can, by direction, transfer it to BSO. We will make those payments in the same time frame as the rest of the UK. When we met Minister Glen, at the start of this month, one of the commitments made was that there would be no postcode differential in how those who had been infected and affected would be treated or supported through the compensation package, because we believe — I believe — that they have already been failed by the state. To delay that because of where someone lives would be a further failure.

Mr Donnelly: The Minister will be aware of the many inquiries into patient safety failings in Northern Ireland. We have already mentioned the hyponatraemia inquiry and we also had the neurology inquiry. How are the findings and recommendations of all those inquiries being knitted together and progressed in Northern Ireland?

Mr Swann: The Member makes a valid point about those other inquiries and their recommendations. As I said in my answer to Mrs Dodds, there is a need for an overarching quality framework. I think that the Committee has scheduled — or it may have already received — a presentation on what that looks like. The Member will get the opportunity then to have a look at how we will bring all the recommendations together, rather than looking at individual recommendations from individual inquiries. Unfortunately, there is a commonality across many of the recommendations, so it makes sense that we bring those forward in a single set of actions.

Mr Chambers: I welcome the fact that the Minister was in London in person yesterday for the publication of the inquiry report. I suspect that that was appreciated by the local individuals and families affected. It is a scandal that should never have happened, and the tone and content of the report rightly highlighted the multiple failings. Will the Minister join me in, once again, calling on anyone who feels that they may have been impacted to come forward and speak to health professionals? They suffered a great wrong, and it is only right that they should receive the compensation that they are entitled to.

Mr Swann: The Member makes a valid point. I wish to use this question for urgent oral answer to urge people who think that they have been infected or affected to come forward to their GP or look for the additional support that is out there. The payments will be made to those who are already on our schemes. It is important that those who feel that they have been infected or affected also take the step of making themselves known to their GPs and coming forward through the health service.

Mr McGrath: We remember all those who were impacted by this scandal. I think of my constituent Brian who passed away a few weeks ago.

Meaningful counselling and specialist psychological support is of real importance to those impacted, and it is referenced in the report. Do you envisage making any of those services available to people who were impacted here?

Mr Swann: As part of the support that has been provided by the Belfast Trust, through the specific contaminated blood unit, that has been asked about and explored. If there is a further need, I am open to it. I understand that that support is available currently. Given his comments, I will follow up with the Member on whether it needs to be expanded or looked at again.

Mrs Erskine: I have listened intently to what the Minister has said. It is important that we do not throw some of these elements, like the duty of candour and one thing or another, into process. It is important that we act on the issues that have come out of these inquiries — in particular, the cultural issues. How does the Minister intend to resolve those cultural issues, which are deeply embedded and particularly so in Northern Ireland given our small healthcare system?

Mr Swann: I thank the Member for her point. Looking at a number of the inquiries that we have had, I think that that culture needs to be

challenged. I refer to Sir Brian's comments yesterday. It was a very powerful experience to hear him go through his rationale and reasons and, especially, to hear him identify the people who have been failed by the system. He also said what Governments need to do, not just the Westminster Government but our Government in Northern Ireland. He talked about a duty of candour and how Governments should take on that duty of candour in how they address their culture. All the devolved Administrations and Westminster should look at that as we work our way through these recommendations. I do not say this lightly: we must make sure that we can provide reassurance to anyone who looks to the Government or the health service in Northern Ireland. Those people should be able to trust and believe in the advice, guidance and support that they are given.

Ms Bradshaw: I concur with the good wishes that the Minister offered to the campaigners over the years.

Minister, what reassurance can you give to people who engage with the Northern Ireland Blood Transfusion Service and those who may be going in for an operation etc that this sort of thing would not happen today?

3.00 pm

Mr Swann: Anyone who listened to Sir Brian's comments yesterday about where the failings were will know that the British Government did not act quickly enough on the heat treatment of blood products and did not pool plasma donations, rather than having a wider complement. I took from his report yesterday that there is a belief now that the supply of blood for our Blood Transfusion Service here in Northern Ireland is safe, particularly given the investment that we have made in it. I hope that no one takes it away from this that, in receiving a blood transfusion in Northern Ireland or having an operation, those risks remain. We have put quality standards in place for the treatment of blood that is donated prior to it being given in donations or transfusions to those who need it.

Ms McLaughlin: I commend the work of Brian Langstaff, the chair of the inquiry. He has done a tremendous job. He has gathered evidence over the past six years and presented a thorough report and recommendations. He has been a real champion of the victims of the blood scandal.

Minister, will individuals have a right of appeal against the compensation that they are awarded?

Mr Swann: Again, I thank the Member. As I said, we had no notification that the statement was being made; rightly, the Minister wanted the families to be the first to hear it. I understand that there is an early action for an interim payment of £210,000 to those who were infected with HIV and/or hepatitis C and are currently registered with the financial support schemes. The new compensation scheme that was recommended by Sir Brian in his second report will award compensation across five heads of loss: an injury impact award; a social impact award; an autonomy award; a care award; and a financial loss award. I am not aware of the exact details of delivery or whether there will be a right of appeal, but, as soon as I am, I will make sure that details are circulated to all Members.

Mr Carroll: I offer my solidarity to all of the victims as well.

Minister, one thing that is clear from the inquiry is that senior civil servants in Britain destroyed documents relating to patients and former patients to cover their tracks in the scandal. Does the Minister know whether any of the patient records that were cancelled or destroyed in Britain related to patients here or whether any documents that were destroyed here related to former patients here?

Mr Swann: I do not have that detail.

Madam Principal Deputy Speaker: Members should take their ease while we change the top Table.

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

Private Members' Business

Veterinary Medicines

Debate resumed on amendment to motion:

That this Assembly notes the House of Lords Windsor Framework Sub-Committee's inquiry into veterinary medicines and the Windsor framework; acknowledges the deep concern of the agri-food industry that the number of veterinary products estimated to be at risk in Northern Ireland could be up to 51%; further notes that the absence of adequate access to veterinary medicines risks competitiveness and could lead to increased vulnerability to disease outbreaks, reduced capacity to treat and prevent illnesses and compromise animal welfare standards; recognises that this not only poses a threat to individual animals but has broader implications for public health; and calls on the Minister of Agriculture, Environment and Rural Affairs to bring forward proposals to the UK Government and European Union authorities that would positively resolve this matter.

Which amendment was:

Leave out all after "health" and insert:

"welcomes the establishment of a veterinary medicines working group to urgently advise the UK Government on proposals that would positively resolve this issue for farmers, industry and animal owners; and calls on the UK Government to ensure continued supply of veterinary medicines in Northern Ireland beyond 2025 by pursuing an agreement with the EU on a long-term basis and, if necessary, by introducing legislation to prevent regulatory divergence between Great Britain and Northern Ireland."

Ms Á Murphy: It is vital that negotiations between the British Government and the EU continue at pace to resolve the matter of the restriction of veterinary medicines to the North. I welcome the work already done to reduce the risk of some veterinary medicines being discontinued. However, there remains real concern about the ability to import certain vaccines that are fundamental to controlling disease in the North.

We note the comments of the chief executive of the NI Pork and Bacon Forum, Deirdre McIvor, on how the pig sector has reduced the use of antibiotics by over 75% in the last eight years and how limiting access to veterinary medicine flies in the face of responsible use of antibiotics and the "One Health" approach that the sector has successfully adopted. The grace period is due to end in December 2025, and Sinn Féin wants to see a prompt solution found by the EU-UK Joint Committee to ensure continued access to a full range of veterinary medicines.

Disease protection is vital to our food chain. The agri-food sector in the North is a major source of economic prosperity and is recognised for its quality, safety, knowledge-driven approach and transparency in its supply chain. The AERA Minister must also work with the Economy Minister to increase the opportunities for farmers and, indeed, food producers to maximise dual market access, particularly given the all-island protected geographical indication (PGI) status for grass-fed cattle.

As we are aware, the greenhouse gas emissions from grass-fed systems are lower than those from indoor systems due to minimal inputs, so it is important that we make the best of the opportunities. Thriving rural communities with a growing population, jobs and housing are an essential part of the social fabric of the North. Agricultural businesses are most pronounced in those rural areas. Almost half of businesses in rural areas are engaged in agriculture, forestry and fishing. Agriculture plays a huge role in employment in those areas. Anything that impacts on the economic viability of our agri-food sector could have serious social and economic consequences. The crucial issue of veterinary medicines must be resolved between the British Government and the EU as soon as possible.

Mr Buckley: I thank Tom Elliott for tabling the motion. Often, we reflect in this place on how pressing and important private Members' motions can be, although I do not believe anybody in the House today can escape the crucial nature of this motion and the time bomb that is about to explode. It is my earnest hope that the House can cast aside party political points and Remain and Leave arguments. The debate is about not only the security of the supply of animal medicines but, perhaps more importantly, sending a united message to London and Brussels that the issue must be addressed for the long term.

Make no mistake: as we speak in the Chamber today, pharmaceutical companies are forward planning. If things are not resolved, we know for a fact that Northern Ireland could see a complete withdrawal of 50% of vital animal

medicines. It is as serious as that, and, if not addressed, it will have devastating impacts on our agri-food industry, veterinary practices and animal welfare in Northern Ireland.

The recent inquiry by the House of Lords Windsor Framework Sub-Committee into veterinary medicines and the Windsor framework has highlighted an existential crisis that could severely impact the supply of veterinary medicines to Northern Ireland due to the Northern Ireland protocol. About 85% of veterinary medicine products authorised in Northern Ireland are registered to a GB address. EU regulation 2019/6 on veterinary medicinal products, coupled with the additional requirement for products moving from Great Britain to Northern Ireland to undergo batch testing, imposes an unnecessary cost and burden on manufacturers. As a result, we could, as I said, face the alarming prospect of losing access to more than 51% of our veterinary medicines. That potential reduction in the range of veterinary medicines — up to 35% of the current supply — poses significant risks. That will not only affect the availability of different pack sizes but jeopardise the importation of specific products such as vaccines.

The economic consequences for our agri-food industry are severe, as the inability to sell agri-food products to GB due to reputational risk can damage consumer confidence. Moreover, the issue extends beyond economic ramifications. The absence of adequate access to veterinary medicines could lead to increased vulnerability to disease outbreaks, reduce capacity to treat and prevent illnesses and compromise animal welfare standards. That scenario threatens not only individual animals but public health at large.

Our concern is not limited to farm animals. Show animals, such as horses, and companion animals — pets — are also likely to be at risk. The loss of vaccines against many equine diseases and of essential pain management products could be devastating. The British Veterinary Association (BVA) has warned that the loss of the sole vaccine for poultry against salmonella could lead to serious public health emergencies.

I welcome the establishment of the veterinary medicine working group, and it would be churlish of the House not to recognise its composition and far-reaching expertise. The group will urgently advise the UK Government on proposals to resolve the issues for farmers, industry and animal owners.

Our goal should be to find a pragmatic agreement with the EU that respects Northern Ireland's place in the UK internal market for veterinary medicines while maintaining our valuable trade routes. Let us collectively call on the European Union to engage productively with the UK Government. By doing so, we can ensure the continued supply of veterinary medicines, protect our animals' health and welfare and sustain the economic viability of our agri-food industry.

Ms Egan: I rise to address this crucial issue, which should have been resolved a long time ago. Alliance welcomes the motion and the opportunity for a discussion that focuses on animal welfare, farming and food security. As we approach the midpoint of 2024, it is seriously concerning that we are no clearer on what will happen at the end of 2025, with no tangible movement or actions evident on the issue. There will inevitably be too little time to make any of the necessary changes before we hit the end of the grace period. Whilst the extension of the grace period was welcome, we must now establish a long-term solution through a veterinary medicine agreement. Such an agreement is necessary to provide much-needed certainty and stability for our industries, ensuring the smooth functioning of our operations and trade activities.

Our farming communities are vital to Northern Ireland's societal framework and economic sustainability. Farmers, veterinarians and industry representatives have repeatedly raised the issue of veterinary medicines and expressed concern about the potential impact of this. A significant number of veterinary medicines are at risk — we know that — and we undoubtedly face a potentially devastating situation that will seriously affect animal welfare. Given that Northern Ireland supplies meat and dairy products around the world, the discontinuation of veterinary medicines will significantly impact on our food supply chain. A vital element of the food supply chain is protecting our animals from diseases. Diseases such as botulism and pneumonia, for instance, are emerging and increasing in number but require vaccines from outside the UK. Inability to protect our animals from those diseases will not only affect our economy but have implications for human health as well as for the health of the animals.

A point that is not emphasised as often as it should be is that this will affect veterinary medicines for not only farm animals but domestic animals such as pet dogs and cats. People in Northern Ireland cherish their pets as integral members of their family, and this should

be deeply concerning for many across our community.

The Minister of Agriculture, Environment and Rural Affairs, Andrew Muir, has been diligently addressing the issue since he took office and will persist in advocating for our agri-food sector and the health and well-being of all animals.

Establishing a long-term, sustainable solution to support the supply of veterinary medicines between Great Britain and Northern Ireland is crucial and must not be delayed any longer.

3.15 pm

Mr Allister: Given the undeniable seriousness of the issue and the potentially devastating consequences for our entire agri-food industry and more, it is a huge disappointment to me that, when the DUP had the leverage, it squandered it and instead returned to the House without the issue having been resolved. Mr Buckley referred to it as a "time bomb". The opportunity to insist on the defusing of that time bomb was before you gave up your leverage, and it is a disappointment that other things mattered more than our farming community. Those who present themselves as the friends of farmers let down the farmers when sacrificing that issue. What did they get? They got what may turn out to be a talking shop — who knows? — and the promise of legislation on the never-never. For that, we continue to live under the cloud and the threat of devastation arising from the withdrawal of veterinary medicines.

As far as the EU side is concerned, it is a nonsense, because, throughout the grace periods since we left the EU, has a single threat been posed by the veterinary medicines that we are using to the EU's single market or to animal health? No, yet the EU says that we cannot continue to use the very medicines that are not causing a problem. That is a typical EU triumph of dogma over reality, with a punitive tinge that is often there when it comes to how the EU deals with matters. It knows, as we know, that pharmaceutical companies are now forward-planning and deciding what they will and will not produce for where, yet the EU hangs back and has refused to arrive at an arrangement to solve a problem that is not a problem for the EU but that is a mammoth problem for Northern Ireland and its agri-food industry. Within that, I find echoes of the most punitive and belligerent of responses. That does not surprise me, because we have had them before from the EU.

So here we are. Our traditional path for accessing medicines is from GB — 85% come from there — and not one of them has inflicted any damage or hurt anywhere in the EU on animals or on health, yet, despite that proven track record of non-damage, the EU belligerently refuses to do the decent thing. It could have done it when it made concessions on human medicines, but it held out and refused, quite deliberately, to deal with the issue. That speaks not to the EU's goodwill or benevolence but to the belligerence in its attitude to Northern Ireland. All the more shame why. That, of course, is the root of the problem. All the more shame that Northern Ireland was betrayed under the protocol and left subject to EU law, the veterinary medicines division of the European Medicines Agency (EMA) and all the rest of it. We are now paying the price: a price that is there only to extract pain and discomfort and to serve no animal health purpose at all. That is the approach of the EU. Shame on the EU, although it is no surprise.

Mr Deputy Speaker (Mr Blair): I call the Minister of Agriculture, Environment and Rural Affairs to respond. The Minister will have up to 15 minutes.

Mr Muir (The Minister of Agriculture, Environment and Rural Affairs): Thank you, Mr Deputy Speaker. I thank Mr Elliott for starting the debate and for his constructive comments. I am very aware of the concerns about this area, which are raised regularly with me and are very much on my agenda and on the agenda of many people here in Northern Ireland.

I commend the work that was done in the absence of the Assembly by many groups that kept the issue of veterinary medicines supply to Northern Ireland on the agenda. They were key in ensuring a further three-year grace period until 31 December 2025.

I will set out a bit of context to highlight where we are and outline the complications of the situation for Northern Ireland. Up to the point of the UK leaving the EU, the UK veterinary medicines regulations were aligned with the European Union veterinary medicines legislation. However, new EU legislation was introduced, Regulation (EU) 2019/6 of the European Parliament and of the Council of 11 December 2018 on veterinary medicinal products, which has applied in the EU since 28 January 2022. That repealed directive 2001/82/EC, which applied to the UK. That made an almost immediate divergence between the UK and the EU on the issue and between Northern Ireland and Great Britain as it repealed and replaced directive 2001/82/EC, which was listed in annex 2 of the Windsor

framework. Northern Ireland is required to comply with the European veterinary medicines regulation 2019/6, which has many areas that could be potential risks to the continued full and comprehensive supply of veterinary medicines to Northern Ireland.

Members mentioned the various issues that may occur with veterinary medicines supply and have raised that veterinary medicines to Northern Ireland could potentially be impacted in some way through changes in pack size, frequency of supply or, indeed, removal from the market. Many of the products that are supplied could face some degree of reduced availability and frequency of supply, fewer variations of products and increased costs through the supply chain. However, as ever, as Minister, I am solutions focused.

Although I am Minister of Agriculture, Environment and Rural Affairs, I currently have no control over this area, as the movement of veterinary medicines between Great Britain and Northern Ireland is now subject to the direction and control of the Secretary of State, as provided for in regulation 3 of the Windsor Framework (Implementation) Regulations 2024. I have met groups and developed an understanding of the issues threatening our supply of veterinary medicines. I understand the issues and recognise the many concerns. Those same concerns have been raised by fellow Members today. We are all in agreement in the House that solutions need to be found. I consider it important that we focus on resolutions, and a mutually agreed solution is what I am focused on. I am not losing sight of the potential problems, but we really need to talk about and understand how we can mitigate this and come to a real-world, actual, durable solution.

In an increasingly interconnected and competitive marketplace, where consumers demand transparency and accountability, our ability to uphold the highest standards of animal welfare is not merely a moral imperative but a strategic imperative. I believe that it is a sign for us all to work together to find a solution. I will take every opportunity to put forward my preferred solution.

In that vein, I volunteered to take part in the UK Government's Windsor framework working group on veterinary medicines, which was established as part of the Command Paper 'Safeguarding the Union' and is chaired by Minister Baker, Minister with responsibility for the Windsor framework in the Cabinet Office, and Lord Douglas-Miller, Minister for Biosecurity, Animal Health and Welfare in the Department for Environment, Food and Rural Affairs. I was due to meet Minister Baker at 3.00 pm in my office, and I cancelled that meeting to come here to respond to the motion. I think that it is important to respond to the motion, but I will seek to reschedule the meeting with Minister Baker so that I can continue that engagement because that is important.

As a member of the Windsor framework veterinary medicines working group, I have actively participated in meetings, discussions and consultations, sharing insights, contributing expertise and working collaboratively to develop solutions to promote the continued supply of veterinary medicines to Northern Ireland. So far, the veterinary medicines working group has met twice, with a third meeting scheduled for 5 June 2024.

Decisions are, ultimately, for the UK Government and European Commission to agree on. The solution to this situation must respect the international treaties that have been agreed between the UK and EU, and unilateral actions should not be an option. The recommendation to introduce legislation to prevent regulatory divergence between Great Britain and Northern Ireland would leave Northern Ireland outside the EU regulatory regime. The impact would be upon the movement of animals and animal products, risking many more issues than it would solve. I would not support breaching an international agreement.

I want to reiterate that Northern Ireland faces a potential problem in access to veterinary medicines, with the possibility that many veterinary products that are supplied to Northern Ireland could be affected in some way, whether it be with regard to pack size, frequency of supply, or, indeed, removal of supply.

Mr Elliott: I thank the Minister for giving way. I appreciate that he has missed his meeting with Minister Baker, which is obviously important as well. I am trying to get a handle, if he can give us any idea, on what stage the negotiations are at between the UK Government and European Union on the veterinary medicines issue. Does the Minister have any insight?

Mr Muir: Participation in the veterinary medicines working group requires the signing of a non-disclosure agreement, because some of the matters that are discussed are commercial and legal and are, therefore, confidential, as the Member probably understands. We have discussed some of the flexibilities that are

available in current law. As regards engagement with the EU, I cannot speak on behalf of the UK Government, but my understanding is that it has not been significant on that issue. I hope that it can be stepped up. I could have provided Members with a greater update from a meeting with Steve Baker. I will raise the issue when I meet him. I will seek an update from him and write to the Member and the Committee on the issue, if that is helpful.

I want us all to work together to find a solution on practical, implemental actions to address the issue. It is absolutely key that we address it. I am committed to doing everything in my control to ensure that we provide as much certainty and stability as possible. The interconnectedness of animal health, environmental health and human health cannot be overstated; a reality that underscores the urgency of finding a solution to the issue.

Mr Buckley: I thank the Minister for giving way and for the recognition that he places on the huge vulnerability that Northern Ireland faces from the lack of veterinary medicines. Is it his assessment that the working group that has been established has the capacity and capability to progress the debate towards a solution?

Mr Muir: I will happily engage with the working group, but the fundamental reality is this: in order to get a solution to the issue, it needs to be commonly and mutually agreed between the UK and EU. Within the current flexibilities, I do not have the confidence that we could get a solution without actually getting an agreement between the UK and EU. That is what fundamentally underpins the way forward. It is about engagement and trust. Any discussion about unilateral action will massively undermine that. We need to engage the UK Government and EU around that. I engage in the working group because I am focused on solutions, and other people are part of that as well. We need to get a solution. It may be that, as part of that, because of the timescales around it, we need to argue for an extension of the grace period.

I will be honest with you all: I think that I am looking towards a change of Government in the UK to be able to get solutions on that, because the response that I have received from the current Government and their attitude towards alignment between the UK and EU have not been positive. One of the key solutions to this is alignment between the UK and EU. I will do all that I can to get a solution on it. Whilst it does not sit within my power and responsibilities, I recognise that it is a concern, and I will engage with any Government who will speak to me to be able to get a solution.

I will also say, on engagement with the EU, that the current protocol from the Foreign, Commonwealth and Development Office massively inhibits my engagement directly with the European Union. I encourage the Foreign, Commonwealth and Development Office to reflect on that. Currently, my engagement with the EU is through the UK Government. It would be much more beneficial to have direct engagement with the EU so that we can engage and find solutions on the issue. I understand that we must adopt a multifaceted approach; one that encompasses short-term mitigation strategies and long-term solutions. We must seize this moment as an opportunity, a chance to re-evaluate existing frameworks, chart a course towards a more resilient, sustainable future and strengthen collaboration across borders.

3.30 pm

Crucially, I will support the response that is underpinned by the principles of inclusivity, stakeholder engagement and respect for the law and by the voices of our farmers, vets and industry experts. Only by working together in partnership and solidarity can we hope to overcome the challenges that lie ahead. The negotiations on any agreements should seek to build trust and partnerships and maintain trust in relationships so that Northern Ireland is able to ensure the health and welfare of its animals and the health of the public. Doing nothing is not an option. Waiting until the last minute for a negotiated outcome would be just as bad, as many decisions are being made now by manufacturers, suppliers and wholesalers.

The House of Lords Windsor Framework Sub-Committee inquiry recommends a sanitary and phytosanitary agreement, otherwise known as SPS — we are very good at acronyms. An SPS agreement between the UK and the EU would not offer a complete solution to the issue, but it would set out measures to ensure food safety and protect the health of animals. It would also reduce a lot of the friction experienced to date. My ministerial policy and preference is to have an SPS agreement between the UK and the EU. I support that approach, because it would simplify so many of the issues that we face. It would reduce friction and aid trade between the UK and across the EU and lay the groundwork for alignment and mutual recognition of the veterinary medicine regimes in the UK and the EU.

I have said this before, and I will say it again: my personal preference is to have a negotiated veterinary medicine agreement between the UK and the EU. That would be a direct, long-term solution to the issue. As Minister of Agriculture, Environment and Rural Affairs, I am committed to advocating for the interests of Northern Ireland in the development of such an agreement, working collaboratively with the UK Government and the EU on ensuring that the health and welfare of our animals are protected.

In closing, I reiterate that, at our next meeting with the UK Government — I meet Steve Baker once a month; it is important that we have that established relationship — I will reflect some of the comments that have been made here. If the motion is agreed to, I will write to the UK Government to outline my proposals and share a copy of that letter with the Committee. If Members can unite around the position that I have outlined — a mutually agreed veterinary medicines agreement between the UK and the EU — it will allow the House to speak with one voice and be united on the issue. Hopefully, Members can look to that as the direction in which to go forward.

Mr Deputy Speaker (Mr Blair): Mr Buchanan, you have up to five minutes in which to wind up on the amendment.

Mr T Buchanan: Thank you, Mr Deputy Speaker. I thank the Member for bringing the motion to the House. The recent inquiry by the Windsor Framework Sub-Committee not only shone a light on the crisis facing the supply of veterinary medicines to Northern Ireland but demonstrated the significant distance that still has to be travelled if a permanent and durable solution is to be found. Losing access to key veterinary medicines from Great Britain would decimate our agri-food industry and result in dire consequences for animal health and welfare and the control of disease right across Northern Ireland.

There has been collective concern in the House today about the future availability of veterinary medicines. We know that many companies store products in GB for onward supply to veterinary practices and wholesalers in Northern Ireland. Current supply chains, which have been built up over many years, would be uprooted if the import requirements levied by the EU were applied to movements from the rest of the United Kingdom.

The grace period has been mentioned by many contributors today. While the extension of the grace period to 31 December 2025 is welcome, it is not enough to simply kick the can down the road. Regulation of medicines is complex, and adapting to a new process requires a long lead-in time. Therefore, it is completely understandable that pharmaceutical companies are looking to make decisions now, rather than waiting for the cliff edge. That makes the need to find a permanent and lasting solution even more pressing. Therefore, a pragmatic agreement with the EU that respects Northern Ireland's place in the UK internal market for veterinary medicines and prevents trade diversion and added costs for businesses and customers must be found. That is essential.

We must be clear that the current derogation must not be viewed as a staging post to the unacceptable foisting of the full rigours of EU regulation 2019/6 on our rural and business communities. Any conditionality that was explicit or implicit in the latest grace period around agreeing to an action plan towards full implementation of the EU's demands should be severed by the Government.

We have had quite a bit of support in the Chamber, and I want to touch on some of those comments. The proposer of the motion mentioned that the UK Government regulations that were introduced in 2021 for human medicines left doctors with no need to do anything different. Therefore, a similar resolution could and should be found for veterinary medicines. I am sure that it would be quite simple to find a similar resolution for veterinary medicines.

William Irwin said that the Government must make swift progress on a durable solution. That is what we need : we need a durable solution, and it must be achieved swiftly by the Government. Declan McAleer spoke about small rural farms in Northern Ireland and the mental health issues that are associated with running some small farms. It is vital that, in future, no more pressure is put on small farm holdings when it comes to accessing veterinary medicines. We know about the pressures that are being faced by small farmers. His colleague spoke about the agriculture industry being the social fabric of Northern Ireland and said that it needs to be protected. The agriculture industry is, of course, the social fabric of Northern Ireland.

Patsy McGlone said that there was still time for the issues to be resolved. He mentioned, however, two caveats: the danger of a carve-up between the UK and the EU; and the risk to animal and human health. Jonny Buckley said that we should send a united message to London and Brussels that the issue must be

resolved. We must send a united message from the House.

Mr Allister said that although no medicines had ever caused any problems —

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

Mr T Buchanan: — the EU insisted on blocking them from coming into Northern Ireland.

Mr Deputy Speaker (Mr Blair): Mr Buchanan, time is up.

Mr T Buchanan: I commend the amendment to the House.

Mr Deputy Speaker (Mr Blair): Thank you. I call Robbie Butler to conclude and make his winding-up speech on the debate. Mr Butler, you have up to 10 minutes. *[Interruption.] [Laughter.]*

Mr Butler: I hope that you will not take those five seconds off my time, Mr Deputy Speaker. I am lucky that it was not my phone. I will just make sure that mine is on silent.

Before I begin, I want to recognise something that happened in the Chamber in relation to the motion. We saw a rare moment of genuine cross-party cooperation between the Members for Upper Bann. I know that I am a nice, touchy-feely sort of politician who loves to see a genuine reaching across, but I enjoyed that exchange between Eóin Tennyson and Jonny Buckley. They not only agreed on the matter but smiled at each other. It was a remarkable moment, and I wanted to recognise that.

Mr Tennyson: Savour it. *[Laughter.]*

Mr Butler: I will savour it, because I am sure that, over the next couple of years, we will lock horns on many issues. That is the truth: we will lock horns on many issues, but it is really good to have a moment in the Chamber where, during the response from the Minister, we saw great crossovers and a recognition of the pressures that are being faced by veterinary practitioners, medicine providers, farmers and the agri-food industry. There seems to have been a cross-party realisation of the moment that we find ourselves in. We can smile about it and have a bit of fun, but this is a critical issue. To neglect the seriousness of the motion would be to fail to recognise that the very foundations of our agri-food industry could be seriously affected and, possibly, crumble.

I am not declaring an interest per se, but I have a huge interest in the issue from a busman's perspective. For many years, I was a butcher in a number of shops in Lisburn. One of the things that I enjoyed about that job, apart from serving the fine customers of Lagan Valley and further afield, was the fact that I knew that the produce that I was working with, whether it was beef, lamb, pork or poultry, was world class and top quality. That does not happen by accident but through decades of hard work by our farm workers and producers, who ensure the integrity of the products that Northern Ireland is famous for. That is why the motion is about slightly more than just what is happening in the political moment.

As a number of Members have pointed, up to 51% of our veterinary products in Northern Ireland are at risk. That is a staggering figure, and it poses a significant threat to our agriculture sector, which is the lifeblood of our economy. The Minister has recognised that and, to his credit, given firm commitments. I know that many in the agriculture sector are grateful for that.

Veterinary medicines are not merely products that sit on a shelf but essential tools that ensure the health and productivity of our livestock. They support our farmers and safeguard our food supply chain. The absence of adequate access to those medicines jeopardises our competitiveness on a number of levels. Northern Ireland's produce is not like that of anywhere else in the world. Without the necessary veterinary products, our ability to prevent and treat illnesses in animals is severely compromised. That vulnerability can lead to devastating disease outbreaks, causing immense economic losses and undermining the tireless efforts of our farming community. Mr Buchanan mentioned the mental health and welfare of our farmers, and they have been under pressure for many years. The Minister and I spoke about that last week, and I know that it is a priority. That is impacted when there is pressure on veterinary medicines.

The Sub-Committee that we are talking about has highlighted the fact that the current situation creates an environment in which Northern Ireland is at a competitive disadvantage compared with other regions. That disparity could result in increased costs and operational challenges for our farmers, who are already working under challenging conditions. The Sub-Committee also emphasised the critical role of veterinary medicines in maintaining high animal welfare

standards. That is critical for Northern Ireland's position in regard to its offering.

Without those essential products, our farmers are unable to manage and treat diseases effectively. That leads to unnecessary suffering by our animals. We are an animal welfare-facing Assembly, and we are animal welfare-facing people here in Northern Ireland. It is not just an ethical issue but one that affects our global reputation and our marketability. Moreover, its implications extend beyond individual farms and animals. Public health, which a number of Members spoke about, is intrinsically linked to animal health. When we fail to control diseases in animals, we potentially open the door to zoonotic diseases, which can have catastrophic consequences for human health. I was a butcher at the time of CJD and mad cow disease, and I remember the fear that that instilled not just across businesses but in our public. The interconnectedness of animal health, food safety and public health underscores the critical need for reliable access to veterinary medicines.

Mr Buckley: I thank the Member for giving way. His comment leads on to an important point. Does the Member agree that this is a time-critical issue? Just as the public understood the debate on human vaccines in relation to the protocol and how that impacted on Northern Ireland, they equally understand and are concerned about veterinary medicines. Does he agree that it would be a dereliction of duty by the UK Government and the European Union to not come forward with a solution quickly?

Mr Butler: I thank the Member for his intervention. I agree with that, because it speaks to the very interconnectedness that I referenced. I will go slightly further and perhaps, through the Chair, speak directly to the Minister on this point: we have had a democratic deficit due to the outcomes of Brexit, which has meant that we have not had a voice. The mess that we are in is probably because we have not had that voice, through the Conservative Government, at the EU. This issue offers us a chance, however, and the Minister, to his credit, has said that he will offer solutions. I agree with the Member that it is time-critical and that we need to address it with haste.

The Sub-Committee further noted that the current regulatory framework under the Windsor framework does not adequately address the issues. There is a clear need for more tailored and region-specific solutions that recognise the unique challenges faced by Northern Ireland. On that point, I will reminisce again about my days as a butcher and take Members back to another moment that I remember: the first introduction and influx of Brazilian beef. The difference between what the offering is here and what we have accepted from other regions is marked. We really do need to face into protecting the quality product that we have, which is underpinned by access to the best medications that are recognised by both jurisdictions.

3.45 pm

The Sub-Committee's inquiry underscores the necessity for proactive measures to ensure the continuous supply of veterinary medicines that mitigate the risk of disease outbreaks and safeguard public health. In light of these concerns, the motion calls on the Minister of Agriculture to give voice and advocacy, and I give credit to Minister Muir in that he is already committed to doing so. That message must be taken to the European Union and, indeed, the Government in London. I hazard that we should not delay to wait on a Labour Government. Whilst that may be the outworking, we do not want to waste any time, and I know that the Minister will not do that. Therefore, it is imperative that we secure a positive resolution to ensure the continuous supply of veterinary medicines to Northern Ireland. Our farmers and our agri-industry deserve the tools that they need to maintain the highest standards of animal welfare and public health. Our agri-food industry, a pillar of our economy, must not be hampered by bureaucratic hurdles that can be overcome with clear, proactive negotiation and cooperation.

I turn very briefly to Members' comments, and please do not be annoyed if I do not give you a wee shout-out, guys. I credit my party colleague Tom Elliott, who put the motion together. Tom really should have declared his interest as a farmer, so I will do that for him, if that is OK. He set up a good motion today, and it is good to see the cross-party support for it. William Irwin declared his own interest and spoke to the amendment and the need to put meat on the bones. Clarification has been given on the amendment, and we will support it. There was concern that we would put ourselves in a position that would work against the industry, and that has been clarified. Declan McAleer talked about extension of the grace period, potentially, if needed, beyond 2025, but he reiterated that the EU needs to be informed and brought along with that. He talked about food security.

Eóin Tennyson, apart from being in agreement with Jonny Buckley, referenced the outworkings

of Brexit. He welcomed the motion, which is great, but he highlighted the challenging time frames and spoke of the potential need for an extension to the grace periods. I think that we will all agree that that should be done only if it is required. We really want to get to the point where we get the certainty and our farmers and agri-food industry know exactly what way they will be facing. To be caught in this vacuum is not useful for anybody. Patsy McGlone reiterated the problems that are a result of the failure of the EU and the Conservative Government, and he referenced what we did with human medicines as a potential solution. He also reiterated that there are other viable alternatives. Jonny Buckley spoke about the time bomb and the time constraints, and it was nice to get a little reminder of that. Jim Allister recognised the scale of the matter and the import of the issue —

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

Mr Butler: — and queried the reliance of the DUP on the promised UK legislation. That is a fair point. We then had a fine wrap-up from the Minister. I commend the motion and the amendment to the House.

Question put, That the amendment be made.

The Assembly divided:

Ayes 27; Noes 41.

AYES

Mr Allen, Mr Allister, Mr Beattie, Mr Brooks, Ms Brownlee, Mr K Buchanan, Mr T Buchanan, Mr Buckley, Ms Bunting, Mr Butler, Mrs Cameron, Mr Chambers, Mr Clarke, Mrs Dodds, Mr Dunne, Mr Elliott, Mrs Erskine, Ms Forsythe, Mr Harvey, Mr Irwin, Mr Kingston, Mr Lyons, Mr Middleton, Mr Nesbitt, Mr Robinson, Mr Stewart, Mr Swann.

Tellers for the Ayes: Mr Harvey and Mr Irwin

NOES

Mr Boylan, Ms Bradshaw, Miss Brogan, Mr Delargy, Mr Dickson, Mr Donnelly, Mr Durkan, Ms Eastwood, Ms Egan, Ms Ennis, Ms Flynn, Mr Gildernew, Miss Hargey, Mr Honeyford, Ms Hunter, Mr Kearney, Ms Kimmins, Mrs Long, Mr McAleer, Miss McAllister, Mr McCrossan, Mr McGlone, Mr McGrath, Mr McGuigan, Mr McHugh, Ms McLaughlin, Mr McMurray, Mr McNulty, Mr McReynolds, Mrs Mason, Mr Mathison, Mr Muir, Ms Mulholland, Ms Á Murphy, Ms Ní Chuilín, Ms Nicholl, Mr O'Dowd, Mrs O'Neill, Mr O'Toole, Ms Sheerin, Mr Tennyson.

Tellers for the Noes: Mr McGlone and Mr McReynolds

Question accordingly negatived.

Main Question put and agreed to.

Resolved:

That this Assembly notes the House of Lords Windsor Framework Sub-Committee's inquiry into veterinary medicines and the Windsor framework; acknowledges the deep concern of the agri-food industry that the number of veterinary products estimated to be at risk in Northern Ireland could be up to 51%; further notes that the absence of adequate access to veterinary medicines risks competitiveness and could lead to increased vulnerability to disease outbreaks, reduced capacity to treat and prevent illnesses and compromise animal welfare standards; recognises that this not only poses a threat to individual animals but has broader implications for public health; and calls on the Minister of Agriculture, Environment and Rural Affairs to bring forward proposals to the UK Government and European Union authorities that would positively resolve this matter.

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

(Madam Deputy Speaker [Ms Ní Chuilín] in the Chair)

Junior Doctors' Pay

Miss McAllister: I beg to move

That this Assembly recognises the valuable work of all staff within Health and Social Care (HSC) Northern Ireland, as well as the unprecedented pressures facing our health and social care system; acknowledges that junior doctors are a vital element of the health system in Northern Ireland; notes that junior doctors in neighbouring jurisdictions currently experience better pay and conditions for less-pressurised workloads than their counterparts in Northern Ireland, causing significant issues for recruitment and retention; further recognises the upcoming strikes are a measure of last resort; and calls on the Minister of Health to urgently and meaningfully engage with the

British Medical Association regarding junior doctors' pay, taking account of agreements reached in Scotland and Wales.

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 to propose and 10 minutes to make a winding-up speech. All other contributors will have five minutes. Please open the debate on the motion.

Miss McAllister: Thank you, Madam Principal Deputy Speaker. I urge the Health Minister to urgently engage personally with the British Medical Association (BMA) junior doctors committee in good faith and with an open mind, not as a box-ticking exercise. While it may be too late to avoid the strike action planned for this week, there is still time to act ahead of the action planned for the start of June.

Secondary care in Northern Ireland is in crisis. The huge waiting lists, growing vacancies in the system and greater remuneration available in other countries are creating an untenable situation for our patients, constituents and health and social care system. Underlying all of that are our healthcare workers: our nurses, our consultants, our auxiliary care workers and our junior doctors, on whom the motion focuses. Junior doctors work in understaffed and under-resourced health systems that face record demands. They work through enormous backlogs of care that were made worse by the pandemic. However, those are not the only pressures that junior doctors face. There are pressures both in the workplace and at home as they try to manage the work-life balance. Many junior doctors have brought that to the conversation about this week's strike and the strike planned for June.

Before I talk about pay and the role of a junior doctor, I will highlight what "junior doctor" actually means, because the title can often mislead. Junior doctors are qualified doctors who are in clinical training. They have completed a medical degree and can have up to nine years of experience working as a hospital doctor. Despite having a "junior" title, their clinical role is anything but. The reality is that, if you have to go to hospital, whether as an inpatient or on a visit to A&E, aside from nurses, you are most likely to be seen by a junior doctor at some stage. Despite playing a vital role in sustaining our health service, our junior doctors are struggling due to the unrealistic expectations put on them.

I now want to talk about pay. The Department of Health confirmed in a statement last week that the vast majority of junior doctors work on rotas that attract an additional almost 50% of their basic pay. Before commenting further on that press statement, I will say that I accept that that 50% in addition to their pay is likely to be the case. However, I will highlight what that means. For a junior doctor to receive a 50% supplementary payment on top of their basic pay, they must do at least 40 to 48 hours per week, including two 12-hour shifts, one set of night shifts and one weekend shift per month. Some junior doctors are on a band 3 wage, and, while they earn a significantly higher pay supplement on top of their basic pay, it comes as a result of working at least 56 hours per week and at the expense of rest periods. That is only if the junior doctors work those noted hours, taking breaks and lunches, which, we know, is not the case. Why? Because they simply cannot leave their patients.

Recently, I visited the children's A&E, where we were seen at 1.00 pm by a junior doctor who had already been on a long shift. The same junior doctor had to transfer shifts and work long past 7.00 pm. We then had a visit from another junior doctor, who had a phone consultation with the junior doctor from the earlier shift to discuss my child's results, because continuity of care is key in diagnosing and seeing the overall picture for any patient or anybody's child. No junior doctor turns down those phone calls, because they understand the importance of that care. On admission, we had another junior doctor come to see us. That doctor had not even had time to take a break to eat that day. Even if they have time to take a break, often there is no facility in which to take it. How do we expect medical professionals to take care of us when they are running on empty?

Ms Eastwood: I thank the Member for giving way. Does she agree that junior doctors, especially those working in such speciality areas as haematology and oncology, are the backbone, frankly, of some our services and deserve our support and value at this time?

Miss McAllister: I agree with the Member, and I note that she has personal experience, with her husband being under the care of many junior doctors. It is vital that their professional livelihood and work-life balance be taken seriously, given that they deal with the most vulnerable in the healthcare system.

I have outlined what it takes to earn that supplemental income. Does the Minister accept that the wages that junior doctors earn are a result of much longer working hours, antisocial hours and unsafe hours? Will the Minister

please confirm how many junior doctors currently work on band 3 rotas? Does he accept that the number of junior doctors working on unsafe and unsocial band 3 rotas skews the average wages that he could quote for junior doctors in Northern Ireland? I hope that the Minister will address those issues.

I want to talk about why we felt the need to bring the matter to the Chamber. Before today, unlike the Minister, I, along with my Alliance colleagues and many colleagues across the Health Committee, have personally engaged extensively with the BMA to understand its reasons for taking strike action. I have touched on the pay issue, but the glaring issue in the process has been the lack of personal engagement with the Minister before today. I appreciate that the Minister is busy and that he has sent officials to meet the BMA and its junior doctors committee on a number of occasions, but the Department of Health has responded to Assembly questions, statements, press and comments in the Committee by stating that the Minister's door always remains open for negotiations. With respect, how can anyone believe that the door was open in the first instance when the Minister neglected to meet the BMA face to face one day before the first strike? For the Department to state a belief, just last week, that it did not accept that the talks have collapsed was, at best, disingenuous and, I can honestly say, at worst, an exercise in gaslighting.

Unfortunately, that is not the only cause of the erosion of trust between the Minister and the Department and the junior doctor workforce. In February, there were issues around implementing the Review Body on Doctors' and Dentists' Remuneration (DDRB) uplift for 2023-24. Back then, junior doctors were told that it would be implemented immediately, but, unfortunately, they learned, as we heard during their visit to the Committee, that it would be implemented in June. I would like to hear from the Minister on that.

I also want to speak about working conditions, although the motion focuses on pay. Two weeks ago, at the Health Committee, we heard from the BMA and junior doctors, who were represented by Fiona Griffin. She highlighted the issues facing junior doctors. That day, you could sense the frustration. In answers to questioning from many members, we learned of further disappointing engagements, such as the engagements with officials around working conditions in which verbal agreements were made, only to be watered down when sent back in writing. You can understand the frustration of junior doctors when they do not feel that they are being listened to in good faith. Furthermore, the Department is sticking to the position that any discussions around pay restoration for junior doctors is a national issue, so we must wait until agreement is found in England and Wales. That is despite the BMA being told by the Secretary of State prior to the restoration of the institutions that he could not engage, because it was a devolved issue. Where exactly do we stand? Both of those statements cannot be true.

That sequence of events left us with no choice but to bring this directly to the Floor. I understand that, in the time between the motion being tabled and today, a number of things have happened. The Minister outlined earlier, at Question Time, that he had met the BMA, and we have had further contact from it. However, we need to be honest, open and genuine, and we need to be willing to discuss pay for junior doctors.

I do not want to pre-empt the Minister's response, but I know what he will probably say. I understand that the Executive face an extremely difficult financial year ahead and that the difficulty is not limited to the Department of Health. However, I reiterate that we will, obviously, need a business case — a proposal — to go forward to the Department of Finance. Why not engage with that first? We need strong leadership. There are plenty of efficiencies to be found in the Department of Health.

4.15 pm

Earlier today, we passed the LCM on the Tobacco and Vapes Bill. I recognise that that is a long-term approach, but it does represent an efficiency that can be made in the health system. The Fiscal Council commissioned the Nuffield Trust report, which found that patients in Northern Ireland stay for longer in hospital compared with patients in England and Wales. That is another example of why making efficiencies and investing in domiciliary care saves money in the long term as does the advancement of day procedure hubs and elective surgery hubs. The efficiency of hospital services are also brought to the attention of me and my colleagues when we meet doctors, nurses or anyone who engages in the hospital system. However, the immediate priority must be for the Minister to regain the confidence of the junior doctor workforce.

Before I finish, I thank the junior doctor committee, notably Fiona and Edwina, and previous committee member Noel, who have been engaging with me over the past few days, despite their heavy work schedules and trying

to achieve an appropriate work-life balance. One of the junior doctors highlighted how they recently put their house up for sale. They will be relocating their family to England because they want to move to a location that respects them and their work.

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

Miss McAllister: I commend this motion to the House and ask the Minister to get on board in a serious and —

Madam Principal Deputy Speaker: Time is up.

Miss McAllister: — respectful way.

Mr Kearney: Labhróidh mé i bhfách leis an rún. Tacaíonn Sinn Féin go huile agus go hiomlán le héilimh na ndochtúirí sóisearacha.

Le blianta beaga anuas, tá pá agus coinníollacha oibre na ndochtúirí seo ag gabháil in olcas. Ní hé amháin gur acmhainní daonna riachtanacha iad na dochtúirí sóisearacha; is iad croílár fheidhmiú an chórais sláinte. Mar sin de, ní mór teacht ar réiteach cuimsitheach ar an chás seo gan a thuilleadh moille agus mar thosaíocht éigeandála.

[Translation: I will speak in favour of the motion. Sinn Féin unreservedly supports the demands of the junior doctors.

For some years now, the pay and working conditions of these doctors have been getting worse. Junior doctors are not merely an essential human resource; they are central to the functioning of our healthcare service. Therefore, a comprehensive solution to this matter must be found without further delay and as a matter of the utmost urgency.]

To cut to the chase, I call on the Department of Health to urgently resolve the junior doctors' pay dispute. It is also critical that the poor working conditions endured by so many of our junior doctors are comprehensively addressed at the same time.

Junior doctors play a vital role in the North's healthcare system, a system that is already suffering with very significant workforce planning stresses and pressures. The planned strikes by our junior doctors this week are a stark reminder of how reliant we are upon those essential workers in our hospital and clinical care settings. Our junior doctors correctly believe that they are undervalued, underpaid and overworked. As a result, they have been forced onto picket lines for fair pay and equal treatment. They are demanding that they are given parity with their counterparts in other regions and that their pay reflects those similar arrangements.

Others are choosing to leave the healthcare system entirely and emigrate to other jurisdictions, where they will be valued for being the highly skilled and highly trained professionals that they are. Failure to deliver fair pay and tolerable working conditions for our doctors will make retention impossible. We are losing highly trained medical professionals to other places and jurisdictions where they are being treated with respect, decency and fairness.

In my meetings with junior doctors, including on their picket lines, I have listened to their experiences of a lack of rest periods and a lack of access to even basic showering and washing facilities. Those are the conditions for younger doctors who regularly work far beyond their rostered shifts, many of whom are rearing young families of their own. Leaving junior doctors to work long shifts — many at night, with inappropriate spaces to take a break, have a rest, get something to eat and get a wash — is putting them in an impossible situation. Junior doctors deserve better.

Just like nurses and other healthcare service staff, junior doctors are absolutely central to the sustainability of our healthcare system. The need for the Department of Health to fully engage with them and find acceptable resolutions to this dispute is non-negotiable. It is time for those doctors to be valued and respected and for them to receive fair pay.

Mr Robinson: The alarm bells rang in this Building earlier today to call us to order, but it is safe to say that alarm bells are ringing about the future of our health service. Yet another day, yet another crisis in health. The mounting pressures that weigh on our health system make me, as the father of a young child and a citizen of this Province, fear for the future.

As we stand on the precipice of junior doctor strikes, we recognise that such action tends to be a last resort. It is a desperate plea for fair pay and acknowledgement of their sacrifices. Junior doctors state that their counterparts in neighbouring jurisdictions enjoy better pay, improved working conditions and manageable workloads. Therefore, it is no wonder that recruitment and retention have become pressing issues here in the Province. We all hoped that the industrial action that was held

earlier this year would have brought matters to a head. There is no question about the vital role that junior doctors play in the health service. I am spooked by the effect that the latest strike action will have on patient outcomes. I fear that the strike will result only in the further loss of those whom we train, such is the frustration among junior doctors. With waiting lists at an all-time high, we need, now more than ever, to retain those whom we train.

The Health Committee recently heard from the chairperson of the BMA's junior doctor committee, who said that there had been no negotiation. She highlighted to the Committee the fact that junior doctors' pay is the lowest in the UK. She said that they were not looking for a pay uplift in one go, and that they would accept an annual uplift with an annual negotiation. We were also told that the DDRB uplift for 2023-24 had not yet been paid, even though the Department had allegedly given a commitment that it would be paid immediately following the restoration of the Assembly. However, it was good to learn that the award will be paid in the June pay run, with the Department now stating that it will be in pay packets next month. I hope that that will be the case. Pay is a central issue of concern, with 72% of junior doctors saying that their current pay makes them more likely to leave Health and Social Care in the Province. The BMA states that staff levels will rise only if we see proper pay rises that make Northern Ireland an attractive place in which to practice medicine. It will be impossible to address waiting lists if we do not have the staff working in the health service.

Although pay is key, so, too, is burnout. At Committee, we were told that coffee and goodwill is currently saving the health service. The Minister, in correspondence with the Committee, said that he will await further clarity on any final settlement in ongoing pay negotiations on the mainland. However, health in Northern Ireland is devolved, so I wonder why we must wait on the outcomes in England, particularly when we see the movement that has occurred in Scotland and Wales. The Minister is on record as saying that below-inflation pay awards are a direct consequence of the austerity policies that have been adopted by the Conservative Government. Each 1% increase in medical pay is currently estimated to cost £6·6 million per annum recurrently. We are all too versed in the financial pressures that face this Administration. The recent Budget announcement, in which Health will receive over half of the total amount allocated to Departments for day-to-day running, has created hope among junior doctors. However, they need more than hope.

There is no question about the vital role that junior doctors play in the health service, but I am spooked by the effect that the latest strike action will have on patient outcomes. I ask the Minister this: what action is being taken to ensure patient safety during the forthcoming strikes? I call on the Minister of Health to keep engaging with the BMA to try to address the concerns of junior doctors, taking inspiration from the agreement that was reached in Scotland and the recent outcome in Wales.

Our junior doctors are valued by everyone in the House, and our citizens should receive the care that they deserve. A balance needs to be struck, but that can be done only with direct engagement by all sides in good faith. I hope, even at this late hour, that, on the back of this debate, the situation can be de-escalated. I very much look forward to hearing the Minister's updated position today.

Mr McGrath: The motion is timely, given that strikes will take place across the North tomorrow. The work that our junior doctors do is nothing short of remarkable. Day after day, they go into our hospitals to care for some of the most vulnerable in our society. Countless expectations are placed on our junior doctors. If there are gaps in the workforce, they are expected to fill them, despite possibly having just worked a full shift. They are running from one case to the next for hours on end. As has been explained, they have detailed how, when they get an opportunity to have a break, they have to, at times, go to their car to take that break because there is nowhere appropriate for them to have it. The practices under which we expect them to work are simply not safe.

That does not even touch on what was expected of them during COVID-19. They simply have nothing left to give, and, ultimately, pay has become the tipping point for them. The question for us has to be this: what are we doing to make this place attractive to junior doctors? Of the 7% of medical students who have said that they will remain here after qualifying, what is it that they are going to stay for? Unsafe working practices, unfair pay and countless expectations. One has only to look at the verbal abuse that junior doctors take on social media for having the audacity to expect to receive a fair day's wage to see what they have to endure. I encourage anyone who says that junior doctors are paid enough to spend a day doing what they do. Walk a mile in their scrubs and then tell me that they are overpaid.

Although the SDLP supports the motion, I have some questions about transparency, given that the proposer of the motion's party supported this year's Budget at the Executive. If her party supports giving the Health Minister less than the budget that he needs to provide the pay uplift that we want to see, it is a bit like putting somebody into a fight with one hand tied behind their back. It is not a fair fight.

Miss McAllister: Will the Member give way?

Mr McGrath: Of course. Yes.

Miss McAllister: Does the Member agree that the Minister would need to put a business case to the Department of Finance but that that has not been the case? There has not been a proposal, an option or anything else put forward for more finance for junior doctors' pay.

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

Mr McGrath: I totally agree with that. If the motion simply stated that the Minister should put forward a business case, I would have no problem with that. The motion, however, goes on to state that junior doctors should be given the pay uplift that they require. It asks that the Minister work with the BMA in a meaningful way, which can only mean that junior doctors get the pay uplift that they need. If a four-party Executive are not going to give the Minister the money that he requires to do that, having this debate is a little bit disingenuous, because it is telling those junior doctors, "We are prepared to come in here and fight for you, but, by the way, there is absolutely no money to provide in order for the Minister to deliver". It is therefore a bit difficult to have that discussion. If we truly believe in and value our junior doctors, we would make the money available so that the Department could pay them.

There are going to be picket lines tomorrow. If any Member of the parties that have supported the Budget goes and stands on those picket lines, having voted for a Budget that does not provide the money to support the pay call that the workers are making, that is also a little bit disingenuous. I hope that those who are on the picket lines tomorrow will ask any of the elected representatives there, "Are you voting for the Budget, and is it going to give us the money that we need to get our pay uplift?". If they are going to vote for the Budget, they are simply trying to curry favour by being on the picket lines.

The SDLP has always been consistent in its message that, if we are serious and responsible about delivering full pay restoration, we need to see a multi-year Budget and delivery of the transformation of our health service, because it is through that transformation that we will see savings made by the Department that it can then invest in the Department, meaning that individuals such as our junior doctors will get the additional money that they need.

To do that, we will also need a Programme for Government.

We are happy to support the motion. We salute our dedicated healthcare staff for all that they do, and we send this message to the Executive: stop playing politics with workers' pay, and let us just get it done.

4.30 pm

Ms Kimmins:

> *"Without the workforce, we will only have empty buildings".*

Those were the stark words of the representatives of the BMA at the Health Committee on 9 May, detailing the serious situation facing our hospital doctors and GP trainees as the result of years of pay erosion and the growth in staff vacancies. As we have heard today, for the first time, junior doctors voted overwhelmingly in March of this year to take strike action, emphasising just how dire the situation on pay and conditions is. That was in March, and we are here again, two months later, with no progress on the issue. Junior doctors are once again taking to the picket lines — this time for 48 hours — demanding action on pay.

Junior doctors work in the most challenging conditions, looking after sick patients and with huge responsibilities, for as little as £12·50 an hour. It does not take a lot of imagination to see why we are losing junior doctors in their droves when they can earn more doing the same job in the South of Ireland, in Britain or overseas. If we are really serious about tackling the crisis in our health service, that cannot be ignored. A survey by the BMA in 2022 showed that just 7% of medical students here intended to stay and work in the North. After two years with little to no change, I doubt that those figures have got any better.

Like others, I have met the junior doctors committee on a number of occasions. They outlined to the Health Committee their

engagements to date with the Minister and his Department. The lack of progress has been disappointing, particularly on moving the pay issue forward. When the Health Committee was told that the suggestion of an increase in pay above the DDRB recommendation as a starting point was given a flat "no", even before the Budget was agreed by the Executive, we were all, it is fair to say, fairly disappointed to hear that. That, ultimately, appears to have closed down any prospect of further negotiations. I am aware that the Minister met the BMA this morning but am not aware of any further progress on that.

There is no doubt that we are all realistic about the financial picture. The Finance Minister continues to challenge the British Treasury on the significant underfunding of public services here. The comments of the Member who spoke previously about the Executive's and our being disingenuous are pretty rich. I do not know what the alternative is to voting for a Budget when we have absolutely no control over how much we have.

We have talked this to death. We want to make progress with full pay restoration, but, in reality, that is not achievable in the here and now. That does not negate our responsibility to progress the issue, find a way forward and give a commitment that we will work towards that.

Miss McAllister: Will the Member give way?

Ms Kimmins: I will, yes.

Miss McAllister: Does the Member agree that the junior doctors are wise to that issue? They understand the budget constraints, which is why they have not asked for 30% immediately but have said that it is the negotiation in good faith that is key.

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

Ms Kimmins: I thank the Member for her intervention. It leads on to my next point and is exactly the point that we need to hear loud and clear. They are realistic in their expectations. They know that full pay restoration of over 30% cannot be delivered right now, but they want a commitment to work towards it, and, until they have that, they cannot move forward in good faith on any of the other non-pay issues. That is not unreasonable, given that they are still waiting for their 2023-24 uplift. I think that they said in Committee that they had been told that they would get it in June but did not know whether that meant June of this year, next year or another year.

Our health service is, no doubt, running on empty. Primary care is in crisis. Secondary care is in crisis. Social care is in crisis. We see colossal waiting lists and a lack of bed capacity. Staff vacancies, including among our junior doctors, are putting patient and staff safety at dire risk. I do not underestimate the challenges faced by the Health Minister, so I do not want to come across as being too critical, but this will only get worse if we do not address the issues that force valuable staff out of the job that they have trained to do, a job that they love and, in many cases, want to stay in but for their feeling, sadly, that they have no option.

Striking is a last resort for all the doctors who are going back to the picket lines tomorrow. They should not be in that position. I urge the Minister to continue engagement with representatives of the striking doctors to reach an agreement urgently, as his colleagues across the water have been able to do. If the matter is not resolved, patients and healthcare staff will suffer as a result, and that will have huge consequences for our health service for a long time.

Mr Donnelly: This is a very important motion and one that I am proud to be a co-signatory to with my Alliance Party colleagues.

Junior doctors are a critical part of our Health and Social Care staff, and it is right that we recognise their contribution to the health service, especially given the unprecedented pressures that we have faced in recent years, which were exacerbated by the COVID-19 pandemic and political instability in this place. Junior doctors work in extremely challenging circumstances, with huge waiting lists — the worst in Europe — increasing vacancies across the system and more favourable working conditions being available in other jurisdictions. Personally, I am very aware of the long hours and the high-pressure nature of the junior house officer (JHO) role. For example, when there is a medical emergency on a hospital ward in the middle of the night, it is generally the JHOs who come running when the alarms go.

It is right that junior doctors are paid appropriately, and it is concerning that, in Northern Ireland, pay is significantly lower than everywhere else in the UK. We have heard that from several Members today. According to the BMA, junior doctors in foundation training are paid a basic salary of £26,713 for a 40-hour week; in contrast, in England, junior doctors

start on a higher salary of £32,398 a year. Of course, there are differences between here and England, not because of devolution but because there are different contracts and different circumstances with out-of-hours working. We have heard about them already today. Nonetheless, it is unacceptable that those differences in pay are as substantial as they are.

The workforce crisis that we face in our health service is a consequence of many issues, but one key issue in particular is the pay erosion that has occurred since 2008. Calculations from the BMA estimated that junior doctors' pay has been eroded by 30·7% since 2008. That makes Northern Ireland a less attractive location to work and train in than other countries.

We also need to acknowledge that, in addition to pay, wider working conditions remain a difficulty for many junior doctors. With many doctors leaving for better pay and conditions, that leads to greater burdens on the remaining staff and to regular understaffing. A BMA survey of junior doctors indicated that many were unable to take regular breaks or get a decent meal during the long shift hours. Some even mentioned having to sleep on the floor during night shifts in between exhausting jobs due to a lack of rest facilities. In that survey, 60% of junior doctors described their morale as "low" or "very low", and 49% described their physical and mental well-being as "low" or "very low". That is clearly concerning. All of this is much worse than before 2020, given the huge and lasting pressures caused by the pandemic, and things will only get worse until action is taken.

Another challenge that is more specific to Northern Ireland is that pay and conditions are more favourable in other jurisdictions. That is particularly the case in the Republic of Ireland, where doctors living in Northern Ireland can work without having to move. We see that even more with other medical professionals, and we have known about consultants for a while. That is why we cannot simply copy and paste the approach of the Westminster Department of Health and Social Care.

The motion rightly recognises that strikes are a measure of last resort when all alternatives have not worked. We should acknowledge that the vast majority of junior doctors have voted for strike action, with 97·6% being in favour from a 63·7% turnout. The position for junior doctors has been extremely frustrating. First, from 2022 to February this year, there was no Executive or Health Minister in place, and, as has been mentioned, the Secretary of State refused to engage on that basis because health is a devolved matter. However, it has also been disappointing that Minister Swann has insisted that we must wait and see the agreement reached in England before concluding an agreement in Northern Ireland. That has not been the case in Scotland and Wales, which have successfully averted strike action through meaningful engagement and a commitment to pay restoration.

As mentioned before by me and other Members, it is essential that the Minister considers the unique circumstances here and the impact of another jurisdiction being so close and having more favourable pay and working conditions. It has been highlighted that it is only through transformation that we can deliver fair pay, but, without staff, there can be no transformation. Without staff, there is no health service.

The Minister needs to engage productively with junior doctors urgently and do what he can to resolve the long-standing issues. Pay is not the sole motivation of many people working in the health sector; instead, they are motivated by a desire to help those in need. However, we must ensure that those who work in the health service are paid appropriately and at a similar level to their colleagues across the UK and Ireland. It is worrying that 72% of our junior doctors are considering leaving the health service. They are the doctors, GPs and consultants of the future, and we cannot afford to lose them. I encourage the Minister to engage productively with them and to work to resolve the unacceptable disparity.

Mr Chambers: First, I pay tribute to all our junior doctors. It has been said many times that they are an integral part of our workforce. While that is true, we must not for one moment underestimate the sheer contribution they make to the health and welfare of patients. It is a simple fact that many of our local hospital services would not be able to function without them. That is why I fully acknowledge that they are a really important part of the workforce and that we need to do all that we can to support and encourage them in their role. Pay and broader terms and conditions are, inevitably, a really important part of that.

Unfortunately, during periods of political stalemate, our junior doctors, just like our Agenda for Change staff and all our other HSC staff, lose out on timely decisions on pay. That is exactly what happened last year, but I welcome the fact that, following the restoration of the Executive, the Minister of Health moved almost immediately to give a commitment that

last year's recommendations from the pay review bodies would be delivered. The implementation of the DDRB recommendations for 2023-24 gave junior doctors an average pay uplift of 9·1% and over 10% for first-year doctors, which compared very favourably with the average 2023-24 CPI inflation rate of 6%.

I note, however, that the BMA junior doctors committee is sticking firmly with the call for full pay restoration. While that is absolutely understandable as a broader objective, we, as MLAs, need to be alert to what it means. Junior doctors are by no means the only group of public-sector workers who have seen a degrading of their real pay terms from 2008; in fact, I struggle to think of any such group that has not. That is what a decade of austerity at a national level does, and it has been made worse by a regular absence of political and budgetary certainty in Northern Ireland. Do those who demand full pay restoration for junior doctors also want to see pay restored to our police officers or teachers? More importantly in the context of today's debate, are they asking for a greater pay award to be allocated to our junior doctors than to their health colleagues? The last thing that the House should be doing is promoting disunity between, for instance, our Agenda for Change staff and junior doctors.

A major pay increase would have unintended but major knock-on implications across the health service and the wider public sector. The reality is that there is no bottomless pit of money. Ironically, the other Executive parties that recently agreed the 2024-25 Budget seem to believe that Health has already got enough, but it does not. By his own admission, the Minister has not even got enough resource cash to keep funding existing cancer and time-critical treatments, yet, on top of joining every other populist call for funding, the proposers of the motion suggest that he somehow magics up the extra cash. My colleague the Chair of the Health Committee suggested that junior doctors may not get all that they are asking for and that forward commitments may satisfy them, but I ask the Minister to tell me how he can give commitments to anyone in the absence of multi-year Budgets.

Mr Carroll: People's lives and the very future of the NHS are at stake if the Government do not pay our junior doctors properly. Junior doctor workers should not be forced to take strike action; they would rather be treating patients. The desperate state of our health service can be judged by the fact that those life-saving workers are being forced on to the picket lines and, in many cases, forced to go abroad to make a living.

4.45 pm

I invite any MLA here to put themselves in the shoes of a junior doctor and then tell us why they should not be given a pay rise or take strike action. Junior doctors in the North have had their pay eroded by some 30·7% since 2008. Not only is their pay less than that of their NHS counterparts but it is less than that of many more doctors across the world. Then we wonder why waiting lists are sky high, emergency departments are rammed and doctors are leaving the NHS in droves. They have long hours, crippling work conditions and pay that is barely above minimum wage. Like all health workers, junior doctors are overworked, undervalued and need to be given a real pay rise if the NHS is to survive. As has been said, 75% of the North's junior doctors are, because of pay and other issues, already considering leaving the North.

Junior doctors are also leaving because Stormont cares little about workers' living standards, patients' health or the health service. If the Executive cared, the money would be found in short order. Tory economic policy kills. It kills the working-class people whose health outcomes are diminished through poverty and alienation. It kills people who are languishing on waiting lists. It kills people in overcrowded and under-resourced emergency departments. It kills the desire of too many workers to stay in the NHS.

Hopefully, we are all in agreement that the Tories have underfunded public services, with catastrophic consequences, but it is that exact policy that the Executive are following. Striking junior doctors can attest to that fact. Across the Chamber, parties claimed that they would sort workers' pay and the health service when the Executive were restored. I ask — I am sure that junior doctors are also asking — this: what is the hold-up? People are right to aspire to have a Government who do more than implement Tory cuts. Junior doctors are right to strike for pay and for the protection of the health service. They will not be fooled by the excuses and hand-wringing of the Executive or the proposers of the motion. The junior doctors' strike, like that of the education support workers, shines a glaring spotlight on the duplicity of this Government — a Government who speak out against Tory policy whilst implementing it through Stormont; applaud the efforts of public-sector workers whilst cutting their pay; bring motions to the Floor of the Assembly to call for the policies and services that they refuse to implement; and underfund the health service, yet give hundreds of millions of pounds each year to the private healthcare sector.

The Executive's refusal to explicitly support the junior doctors' strike is unsurprising, given Stormont's long-term neglect of those workers. Crucially, the strike poses a serious question: if the Government cannot deliver for health workers, patients and the health service, what is the alternative? We desperately need an alternative. We can no longer accept the erosion of pay, forced migration of health workers, compromised patient safety and the decline and gradual privatisation of the health service. In my view, the alternative will be shaped through strikes like that of the junior doctors tomorrow. It is workers who keep society afloat. Workers have the solution to the problems that we face. They have the power to shape the future. That may start with their pay demands, but it should not end there. My message to them is that they should keep up the fight and continue to demand a National Health Service that delivers on its aim of providing free and accessible healthcare for all.

Victory to the junior doctors, victory to the strike and victory to the NHS.

Mr McNulty: The health service depends on junior doctors. They make enormous sacrifices and hold enormous responsibility, and their pay and working conditions should reflect that. Junior doctors hold our lives in their hands. They sacrifice so much of their own lives and health to safeguard ours. They deserve so much more than their current pay and working conditions.

We hear a lot about patient safety. There is a major emphasis on it. It acts to give carte blanche to and justification for the reduction or removal of vital services. What consideration has been given to the safety and welfare of overworked junior doctors, or to how their burnout impacts on overall patient safety? There is anecdotal evidence of a trend of a mass exodus of junior doctors and other healthcare staff from hospitals in the North, particularly those in outer areas, such as Altnagelvin Area Hospital, Daisy Hill Hospital and the South West Acute Hospital, to hospitals and health settings in the Republic, where an additional 20-minute commute can result in a doubling of income overnight. How does that interact with the Department's repeated assertion that the inability of trusts to recruit and retain medical staff or specialists at so-called peripheral hospitals is necessitating service reconfiguration and withdrawal?

Calls for courage from elected officials with respect to administration and reform of the health service are well documented, but would it be more appropriate to characterise those demands as calls for conditional courage? In other words, is it appropriate to define the scope of health service reform as being focused entirely upon the reconfiguration and withdrawal of hospital services? The goodwill of professionals who have dedicated their lives to taking care of others should not be taken advantage of as a means of sustaining the health service. That goodwill rightly enjoys all our respect and admiration, but it is crucial to recognise that it is not infinite and should not be taken for granted. Surely it is more appropriate to recognise that a major contributing factor to staffing shortfalls at hospitals is the atrocious pay and conditions for our health service workers. Surely it would be more appropriate to tackle the crux of the issue, rather than its outworkings. In other words, should we not treat the disease that is ailing our health service as opposed to the symptoms?

Pay junior doctors what they deserve. Fair pay now.

Madam Principal Deputy Speaker: The next person to speak is the Minister of Health, Robin Swann. Minister, you have 15 minutes.

Mr Swann (The Minister of Health): Thank you very much, Madam Principal Deputy Speaker. I am grateful to the Alliance Party for bringing this issue to the Floor of the Assembly today, because I want to acknowledge the vital contribution of our junior doctors to the health service, their commitment and expertise and the long hours that their jobs have long involved. It has always been a tough and demanding job, and the current extreme pressures on our hospitals have, undoubtedly, significantly exacerbated that.

I fully understand the frustration behind the latest phase of industrial action, and I respect the mandate that the BMA junior doctors committee has received from its members. However, I deeply regret the decision to strike again, because it will cause serious disruption to patient care at a time of already significant and prolonged stresses on the service. Therefore, I again question what the industrial action can hope to achieve in a Northern Ireland context. This is a national dispute that will only be resolved at a national level. For reasons that I will set out, it is beyond the Executive's remit and the resources that have been provided to us to provide a unilateral solution.

I begin by correcting a factual inaccuracy in today's motion, because, as things stand, no agreement has been reached in Wales on junior doctors' pay. Indeed, the 5% pay

increase for 2023-24 that has been implemented in Wales was lower than the corresponding uplift in Northern Ireland. Wales has not yet matched the 2023-24 recommendations of the DDRB, the national review pay body for doctors in Northern Ireland. While that situation may yet be updated, that is the current factual position. I am sure that Members will want to correct the record in that regard, because I know that a number of them mentioned Wales.

Let me assure the Assembly that, as far as I and my Department are concerned, my Department's negotiations with the BMA junior doctors committee have not closed down. The talks have not collapsed. Indeed, there are important issues of real substance to be progressed. Our doors remain open. I had a very open and amicable engagement with members of the junior doctors committee earlier today, and I reiterated that point to them. On taking up office, I met the BMA central committee on the matter.

Officials from the Department have met the BMA junior doctors committee on a number of occasions and will continue to do so. While the negotiations are, quite properly, led on my Department's side by our workforce negotiating team, I remain across the detail and will continue to do all in my power to facilitate progress. That has been detailed in my letters to the junior doctors committee in which I set out my Department's position and offered independent arbitration in the talks. To date, that offer, which I made again this morning, has not been taken up.

What I will not do is make promises that cannot be fulfilled. Populist gestures might be good for headlines and photo opportunities on picket lines or, indeed, in social media videos, but they do not help to resolve the situation. The reality is that, at the heart of what is a national dispute, there is a demand for pay restoration for what would be a landmark pay settlement that reverses the below-inflation increases from over the past decade and more. I am sure that many in the House have sympathy with that cause, but it must be remembered that public-sector pay restraint has been a core element of UK Government policy for 10 years and more. It has been a centrepiece of austerity and, inevitably, has impacted on all public-sector pay awards in Northern Ireland over time. It was reflected in public-sector pay policy, which the Department of Finance actually set and, indeed, in pay awards that were given by previous Northern Ireland Health Ministers, some of whom are still in the House today, and by Ministers in other Departments.

All our public-sector workers were impacted by pay restraint, so pay restoration spans our entire public sector. I want to set that in context. If we had that mythical, magical money tree to shake and if I were able to commit to the BMA's request for a 32% uplift for our junior doctors, even over a longer term, that would require a further £52 million per annum before any other pay awards were considered. Amending the public-sector pay policy, which was adopted UK wide for all our employed doctors and dentists, would require an additional sum of over £210 million each year before pay awards. I do not believe that the House would want me to make an exception just for junior doctors in that regard.

I could not turn to nurses, paramedics, social workers and social care workers and say, "Sorry, this special pay uplift is not for you". If we gave that tree another shake, we could maybe dislodge another £1 billion, which Agenda for Change staff would seek to restore their pay levels. Likewise, other Ministers would not relish delivering the same message to teachers, police officers, civil servants, public transport workers and all the other workers in key services. That, in a nutshell, is why pay restoration is not just a cross-cutting issue for the Executive but an issue that they cannot resolve, given their limited fiscal headroom and current acute budgetary pressures. Therefore, we must realise those hard realities.

Members have asked about business cases. I advise the House that I have written to the Finance Minister to propose a comprehensive independent review of public-sector pay in Northern Ireland that will look at a range of issues, including comparisons with neighbouring jurisdictions and recruitment and retention considerations. I have asked that that include not just the estimated costs of full pay restoration but the potential cost to public services, if pay erosion is not addressed. Therefore, I fully accept that that is an important issue, but I stress again that the responsibility rests with those whose policies created the situation, namely, the Westminster Government.

That is not to say that progress in other areas cannot be made between my Department and the BMA junior doctors committee. Some of those issues have been raised here today, and real progress has been made since the Executive returned. When the ballot for industrial action was launched, junior doctors, like those in the rest of the health service, had received no pay award for 2023-24. We have put that right, implementing in full the recommendations of the pay review body — the

independent DDRB. That award will be paid in the June pay run, landing in pay packets next month.

The reason for that timeline is that I had to wait to receive that money from the Department of Finance, which had to wait to receive it from Westminster as part of the restoration package. It was not the case that we, the Department of Finance or, indeed, the Business Services Organisation (BSO), as the paying authority, were sitting on that money and not moving. It is a fact that we moved as quickly as we could once we received it.

It is misleading to look solely at basic pay rates when making comparisons with other jurisdictions. Junior doctors in England have a different contract that involves a higher basic pay rate than that in Northern Ireland, but they have lower additional payments, such as banding allowances, which are paid as an additional percentage of basic pay and which vary according to the rota that an individual doctor works. Again, that is why my Department and I are putting so much emphasis on that contract renegotiation with the junior doctors committee in Northern Ireland. It was indicated at the meeting that we had this morning that that would be a first for Northern Ireland.

5.00 pm

We have delivered a new contract for our GPs under the GMS, which we talked about during Question Time. It has stepped outside the bounds of what would normally have been done. I firmly believe that, by engaging with our junior doctors committee, my departmental officials can do that again for Northern Ireland to address the other issues that have been raised today. I recognise that the junior doctors committee's mandate is on pay. This morning, I asked the committee whether we could look at a dual-track approach, looking at the contract while continuing the conversations about pay. The vast majority of our doctors work in rotas, which attracts that conversation and that additional payment that was mentioned earlier. That is the construct of the current Northern Ireland contract, and we are willing to engage on it. Comparisons with Scotland have been made, but those are complicated by a different income tax rate there. As always, it is not about the headline but about the take-home pay.

I will conclude with two points. First, I urge the BMA junior doctors committee to continue to engage, notwithstanding the wholly unacceptable Budget settlement for Health. There are real issues of substance to discuss and make progress on. My Department is clear that implementing the DDRB-recommended package will not bring an end to pay discussions with the BMA. For example, a set moment is ongoing in the junior doctors' dispute in England that could result in further funding becoming available to Northern Ireland through a Barnett consequential. It would, of course, be a matter for the Executive to decide how such funding would be allocated. My argument and my position are that, if funding comes through a settlement in England, it should be allocated to my Department so that we can recognise our junior doctors and implement the funding for them here. I would look for support from the other Executive parties to secure that. Secondly, ahead of national DDRB recommendations for 2024-25, discussions on contract reform and non-pay terms and conditions can still be progressed. That is the route to making real improvements in the working conditions that were recognised and talked about today in what I firmly believe is an out-of-date contract.

With respect to Members, I conclude by emphasising that the Budget that the Assembly is poised to endorse next week will make progress on pay much more difficult, not just for junior doctors but for all health service workers. It is not me who says that; it is the Northern Ireland Fiscal Council, which referred to that in its last report on pay awards and the pressures that they will bring. It is not uncommon for some in the House to brush aside concerns about budget cuts with bland and grand pronouncements about efficiency savings, but the budget that the Executive are handing Health for this year places even more severe limits on what can be done on junior doctors' pay. Do not take my word on that; in a statement issued on Thursday 25 April 2024, the BMA said that the allocation:

> *"is simply not enough to sustain a health service that is struggling to function effectively".*

Yet here we are. The party that tabled the motion and proclaimed to the world how much it supports junior doctors actually supports the Budget. You could not make it up.

Mr Carroll: I thank the Minister for giving way. Does he agree with me and disagree with the Chair of the Health Committee in saying that it is not simply the case that the Minister of Finance's only option is to present that Budget but that she can present a new, improved Budget that includes pay for junior doctors, education workers and others?

Mr Swann: As the conversations with the BMA are ongoing and have not concluded, I think that there is an opportunity for the Executive to look again at the Budget that has been presented. I recognise the welcome work that the Minister of Finance has completed recently on the fiscal framework and the fact that she is in Westminster today to engage further. I do not know why we would shackle ourselves to a Budget that was previously presented when there is still an opportunity for more money to come forward before we have to take an Executive decision.

Ms Kimmins: Will the Minister give way? On the back of that, it is important that I correct the previous Member who spoke. It is not up to the Finance Minister to decide how the Department of Education spends its budget or how the Department of Health spends its budget. She makes the allocations on a very limited Budget. However, the Minister noted the developments on the fiscal framework, and that is welcome. I congratulate my colleague Caoimhe Archibald for going over to the British Treasury and fulfilling the commitment to ask for more money. That is what is needed, and it is why we are in this situation.

Mr Swann: The Chair of the Committee will know that I have recognised that this job is tough, but being Finance Minister in Northern Ireland at this time is on a comparable footing. I therefore commend her for the work that she is doing. What I do not agree with, however, is the allocation, agreed by the other Executive parties, that has been given to Health.

The BMA statement of that date also went on to say that the Northern Ireland Executive need:

> *"to be absolutely honest with the public about what health service they can expect as a result of this budget as it is clear it will be impossible to match any expectation."*

I, for one, am being totally honest about the Budget. It is still, as I have said, not too late for others to join me. As a parent, I sometimes worry about how best to explain the meaning of irony to my children, so I am grateful to Members for providing an excellent example that I can bring to their attention in the future.

Some Members: Hear, hear.

Madam Principal Deputy Speaker: I call Paula Bradshaw to wind on the motion. Paula, you have 10 minutes.

Ms Bradshaw: Thank you, Madam Principal Deputy Speaker. I thank all the Members who spoke, and the Health Minister for responding. All contributors were united in how they spoke about how valuable our junior doctors and our entire health and social care workforce are. That fact was highlighted by Alan Chambers and the Health Minister. My colleague Nuala McAllister rightly outlined the clinical training that junior doctors go through and the reality of what their week is like in their place of work.

Today, I was contacted by a junior doctor who told me that junior doctors are responsible for their fees for their exams. That particular constituent said that they have to find £1,650, and that really cuts to the heart of some of today's contributions on how the strikes were a last resort as a result of their being under so much pressure. We therefore have to be careful how we frame such issues, because, fundamentally, we are talking about patient safety. My colleague Justin McNulty highlighted that point. If we have junior doctors, who are an essential part of our system, becoming tired as a result of impossible rotas and working under unreasonable contracts, it is not just they who suffer but, first and foremost, the patients. Do you want to be seen by someone who is suffering from fatigue, an issue that Alan Robinson highlighted, and who, justifiably, is feeling undervalued, which is the word that Declan Kearney used? Having gone through the rigorous training that Nuala mentioned, junior doctors find that their workplace does not even have a hook for them on which to hang their jacket. Other Members commented on that as well. Low pay is therefore only part of the problem. It is a symptom, however. Pay is now so low and so far behind that of our neighbours that junior doctors justifiably regard it as a core issue. My colleague Danny Donnelly highlighted that point.

The Minister is developing a reputation for not wanting to meet anyone. In correspondence, he turned down an invitation to meet the bereaved families of the victims of Dr Watt. Coincidentally, he was willing to meet the junior doctors only when this motion appeared in the Order Paper. What correspondence the Minister has had with junior doctors suggests that a solution could take the form of contract reform, but that has not really started, nor has there been any movement on back pay yet. I was glad to hear today that junior doctors will be receiving that in their pay packet in June, which Alan Robinson mentioned. Alan Chambers rightly pointed out that junior doctors did receive an uplift of 9·1%, and I am grateful for the figure. The Minister said that, in the future, the progressive realisation of back pay

would cost £52 million before any other pay settlements. We are dealing with harsh numbers here, colleagues, but it is not remotely good enough to suggest that Northern Ireland cannot advance the issue before —.

Miss McAllister: Will the Member give way?

Ms Bradshaw: Go ahead.

Miss McAllister: Regarding those harsh figures, does the Member also agree that, because of burnout, gaps in the system and vacancies, the cost of locum junior doctors is astronomical? It is a vicious circle. You are not saving or investing; instead, you are spending more.

Ms Bradshaw: I thank my colleague. I fully agree. The chief executives from the health and social care trusts have been saying for many years that they want to see reform in that space.

We need to move forward with this issue. Health is a devolved area, and this is how it works. A number of Members — Nuala McAllister, Alan Robinson and Danny Donnelly — mentioned the fact that it is a national dispute. The Minister said that it will be agreed and settled nationally. He raised the issue about Wales. Wales, in fact, is discussing additionality for 2023-24, unlike here, and it wants to advance negotiations further. The matter has not been settled in Wales, and that fact needs to go on the record.

There are different issues in Northern Ireland. Our contracts are more hopelessly outdated, and there is the temptation of working for Sláintecare right next door. Obviously, a lot of large health trusts over in England offer very attractive packages. Morale is, inevitably, much lower here than in other parts of the UK. Alan Robinson highlighted retention as a major issue, as did Gerry Carroll, who called it "forced migration".

The Department of Health receives £4,300 for every person in Northern Ireland as a starting point before Barnett consequentials are introduced. That amounts to more than half of the entire devolved Budget. We have seen countless audits of departmental spending, one of which the Health Minister referenced. For example, according to the Fiscal Council, managing hospitals in the same way as they are managed in England would save over £400 million a year while, at the same time, delivering improved patient outcomes. Let me put that another way: we are spending over £400 million a year to deliver worse outcomes. The fact is that we need to see value for our health spend, yet we see money being allocated to outdated systems and approaches rather than to reformed contracts and improved pay conditions for the people working in the health service.

Colin McGrath highlighted the fact that we need to focus on ways in which we can incorporate transformation to address the issues that the junior doctors raised with us all. We have said endlessly that no element of our healthcare system is more important than the people working in it. If they feel, justifiably, that they are not being treated fairly and their legitimate concerns are not being taken seriously, there will be no healthcare system left to budget for.

Liz Kimmins, Colin McGrath and others raised the issue that junior doctors are taking to the picket lines tomorrow for 48 hours as a last resort. The Health Minister said that he respected their right to strike but raised concerns about the impact that the strike will have on patients. We need to hear less about how £4,300 per person is not enough. We need to hear from the Minister about how he will prioritise his spending so that the key drivers of the system — the people in it — are compensated and treated fairly while the system is transformed to remove waste and deliver better outcomes.

The motion is clear in calling for the Minister to:

> *"urgently and meaningfully engage with the British Medical Association"*

to deliver a fair settlement. He indicated that his door was open and that he would be up for independent arbitration. That will, hopefully, be the starting point for the BMA to be able to sit down with the Health Minister and others to mediate that. We cannot see more of our junior doctors and others leaving the health service and working in neighbouring jurisdictions. If that keeps happening, there will be no health service left.

The Health Minister's suggestion to the Department of Finance of a review of public-sector pay is certainly welcome, but I refer to my colleague Nuala McAllister's point about putting the business case for more funding to the Finance Minister. That is probably a more pressing matter at this stage. We must consider the priorities that we need. We need to be proactive. After all, if there is no value in the health system, what does that say to the staff working in it? We need to be able to recruit and retain our staff.

I think that I have covered most of the debate. I will leave my remarks there, but I hope that we will see movement in this area, because we have to show our junior doctors how much we value them and how much we care that they stay in our system.

Question put and agreed to.

Resolved:

That this Assembly recognises the valuable work of all staff within Health and Social Care (HSC) Northern Ireland, as well as the unprecedented pressures facing our health and social care system; acknowledges that junior doctors are a vital element of the health system in Northern Ireland; notes that junior doctors in neighbouring jurisdictions currently experience better pay and conditions for less-pressurised workloads than their counterparts in Northern Ireland, causing significant issues for recruitment and retention; further recognises the upcoming strikes are a measure of last resort; and calls on the Minister of Health to urgently and meaningfully engage with the British Medical Association regarding junior doctors' pay, taking account of agreements reached in Scotland and Wales.

5.15 pm

Madam Principal Deputy Speaker: I ask Members to take their ease during a change of personnel at the top Table.

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

Motion made:

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

Adjournment

Belfast Metropolitan College, Castlereagh Campus: Proposed Closure

Mr Deputy Speaker (Mr Blair): In conjunction with the Business Committee, the Speaker has given leave for Joanne Bunting to raise the matter of the proposed closure of the Belfast Metropolitan College, Castlereagh campus. Joanne, you have up to 15 minutes.

Ms Bunting: I am delighted to have secured the debate on an issue that is crucial particularly for but not restricted to my constituency of East Belfast.

Towards the end of last year, Belfast Met launched a pre-consultation on the proposed closure of its Castlereagh campus. Castlereagh college, as it is known in our part of the world, is legendary. It has been an institution in more ways than one and in the best possible sense for decades. It would be impossible to overstate the impact that it has had on the people of East Belfast and beyond for generations. After a long, proud history of many decades, it is abhorrent that that proposal is under consideration at all.

The rationale offered is the investment that would be required to bring the college up to standard. Belfast Met states that Castlereagh requires £10 million that it simply cannot find for capital and maintenance works. It says that the condition and layout are not in accordance with Education and Training Inspectorate (ETI) standards and that the campus is not a modern teaching environment. Some, including me, might suggest that, while an outdated facility is not ideal, it is certainly much better than none.

The location of Castlereagh college is first-rate. It affords considerable room for expansion, is widely considered to be the easiest to access of the four Belfast Met colleges and has the benefit of free parking. It is now even more profoundly important for our locality and our economy that our people, young and old, have easy access to training and skills. This campus offers opportunities that the other campuses do not. Naturally, then, I express my opposition to

the proposal in the strongest terms. I consider it to be regressive, discriminatory and short-sighted. In truth, I am concerned that the consultation was merely a tick-box exercise to go through the motions for an ill-conceived decision that may already have been taken.

Thus far, DUP delegations have met representatives from Belfast Met and the unions, students, employees, other interested parties and the Minister. We will oppose the closure vehemently and at every turn. We will not readily allow our young people to have yet another learning option closed to them. Moreover, skills are essential to the success and growth of Northern Ireland's economy. The proposal will result in poor access to education for those who do not engage well and have not engaged well with traditional education. What about those who advocate an alternative pathway to academia for those who learn in a different way? The proposal would see literally thousands of people have such opportunities denied to them.

Something just does not add up. What is to be gained from the closure? It should be noted that Belfast Met's 10-year preventative maintenance programme states that the campus has been maintained to a good standard and that the £10 million cost of maintenance and modernisation is over a 10-year period and is a worst-case scenario.

As I understand it, there is insufficient room or capacity to transfer all the courses and people to the Titanic campus. It must be pointed out that the Castlereagh campus is the all-island centre of excellence in information technology (IT) and is still growing exponentially. The proposal, for the sake of £10 million, flies in the face of the Northern Ireland Executive's plans to grow our economy and close the skills gap. It runs entirely contrary to the 10X Economy strategy that was hailed by key business and educational leaders.

We seek to move away from the prevalence of and dependence on public-sector employment to having a better balance with increased employment in the private sector, increased inward investment and increased skills but with one less college. It is folly. How can our economy grow when we shut down the very places in which skills are taught? We do not build by contracting those facilities. What message does it send to inward investors? Does this look like a Northern Ireland that is open for business and seeking to upskill the workforce for potential employers?

In addition, with the potential closure, Belfast Met will have further stripped this side of the Lagan of educational facilities. East Belfast has already lost the Tower Street campus, Rupert Stanley College and the Dundonald government training centre, on top of the loss of several secondary schools. By the way, since its opening, Belfast Met has flagged the Titanic campus as a city centre campus. Now, it seeks to rebrand the campus as an east Belfast location.

Forcing people from the east to travel further distances or face a parking charge of £12 per day at the Titanic campus, which is prohibitive for many, could prevent some people's access to learning altogether. Accessibility is a significant issue. Queens Road is already notorious for traffic problems during rush hour, and those would be exacerbated by additional numbers of students. Public transport may well be suggested as the solution. However, it has long been recognised that public transportation outwith the city centre is not easy. Those familiar with south and east Belfast will know that going "down" and "in" is fine but that going "across" is not so fine. The Glider may well have a dedicated service to Queens Road and the Titanic campus, but a traveller from the east of the city must reach the Upper Newtownards Road first, and the park-and-ride at Dundonald is already at capacity. Castlereagh college has the easiest access of all four Met colleges and benefits from on-site car parking, a considerable advantage to students and staff alike.

When considering the courses moved from Castlereagh to other sites — incidentally, some of Belfast Met's most popular courses — it is not a leap to ponder whether Belfast Met has deliberately run down its Castlereagh campus to achieve this outcome. That question is on the lips of many who have spoken to me, since 75% of joinery courses and all science and plastering courses have moved to the Titanic campus. Decision makers are well aware of the impact of such measures and proposals, including the consequences for enrolment numbers of the surrounding uncertainty, which can be a self-fulfilling prophecy.

What message does all this send to young people and parents in East Belfast about the value of education and learning and its prioritisation in the east of the city? What signal does it send about their value and the opportunities afforded to them? In the past 24 years, at least seven educational reports have been written, each concluding on or concerning the educational under-attainment of working-class Protestants, particularly boys. Yet, faced

with such facts, Belfast Met is moving to shut down an avenue for such boys to access education in their heartland and in an environment where, for many decades, thousands of boys have been proven to thrive.

On issues around attainment, this would never be allowed to happen in the west of the city — it would not even be countenanced as an option — so why is it permissible for the east? Are those in deprivation in the east to lose another avenue to succeed and educate themselves out of it? Significant numbers of people and areas in East Belfast feature in indices of deprivation. The closure of places like the Castlereagh campus will adversely and severely impact people's ability to educate themselves out of poverty, poverty that is multigenerational. Are we to permit further harm to those who are underprivileged? I need not demonstrate the importance of education and pathways other than academia. We all concur on that, so we must not stand idly by when opportunities for those who have disengaged from traditional forms of education and who left educationally disenfranchised after their time in school are lost.

We must not ignore the location of the facility or the demographic of the area in which it is placed. Without question, the people most affected by the closure and by the loss of the economic benefits gained by the locale from having the facility will be working-class Protestants. Neither Belfast Met nor the Department can merely skip over the proposal's adverse impact on the Protestant/unionist/loyalist (PUL) community, nor would they if it affected other areas of the city. I am tired of the imbalance and of the mentality towards my part of the city that it will be OK, that it will sustain or that it is fine to be perpetually at the bottom of the pile in Belfast. That is what the statistics bear out. No. East Belfast can absorb only so much, and we are starting to see the consequences of that attitude.

I am led to believe, although it has not yet been verified, that there were around 1,200 responses to the consultation, with the vast majority expressing a desire for the campus to remain. What now? What are the next steps? Was there a plan B, or was the plan always closure? If the consultation was not a mere cosmetic exercise and the response, apparently, was clear, what does the governing body do now? Once the college is closed, there is no going back. It cannot be undone, and it will be all the more difficult to engage those who felt that school did not work for them but thrived in a different learning environment.

As a result of underfunding, Belfast Met has been forced to consider something radical, but at what long-term cost and damage? It is in the interests of Northern Ireland to allow Castlereagh the opportunity to grow and contribute. People in the east deserve their opportunity to upskill and secure a good job.

Castlereagh college has had a long and illustrious history of bringing back to education those who were disenfranchised from it at school. The college, through its different way of learning, has given many young people opportunities. If our economy is to grow, the teaching of skills is essential to that growth. Removing an easily accessible college when there is insufficient space to accommodate those classes in other campuses is appalling, short-sighted, regressive and detrimental to Northern Ireland plc. There is an onus on the Department to step up and step in and on Belfast Met's governing body to rethink and find another way. The campus must not close. I urge the Minister to intervene and assist.

Mr Deputy Speaker (Mr Blair): All other Members who wish to speak will have approximately seven minutes.

Mr McReynolds: I welcome today's debate on the impact that the recently consulted-on closure of Belfast Metropolitan College's Castlereagh campus would have on the immediate area of East Belfast, as well as the surrounding areas of Belfast and the local economy. I do so as an East Belfast MLA and a former employee of Belfast Metropolitan College.

I was surprised when I first received an email from the college in October of last year. Since then, I have met senior management on two occasions; attended the public consultations; spoken on the issue in the Chamber through a Member's statement; twice questioned Minister Murphy while he was in post; and written to Minister Murphy inviting him to engage with the college. As well as that, my constituency colleague Naomi and I submitted our response to the consultation, calling for the college to be retained and alternative options explored.

5.30 pm

Today's Adjournment debate — I thank Ms Bunting for securing it — is welcome and can play a key part in communicating the importance of the college and the key role that it can play in the local economy if it is supported and looked at differently by the Economy Department and the new Economy Minister.

We all know that Northern Ireland is one of the world's leading countries for cybersecurity, with the Castlereagh campus having two dedicated, specialist cybersecurity labs. It is a leader in its field here. Moreover, I know, from speaking with data scientists, that Northern Ireland could be in a unique position, using our unique status, to house data from the USA, UK and EU. That is the crux of my argument. It simply does not make sense for us to close a campus that is playing a crucial role in shaping and creating the new tech minds of Northern Ireland. For example, the 10X strategy provides a clear strategic focus on good jobs, regional balance, productivity and decarbonisation. In addition, we now have increased clarity, post-Brexit. The previous Minister said to me in the Chamber that it:

> *"helps in making sure not only that those internationally who are interested in potential investment here understand what the position is — that means North/South, east-west and the dual access that we have". — [Official Report (Hansard), 26 February 2024, p25, col 2].*

We will need skills to deliver on that strategy. The goals of the 10X strategy are essential and the Castlereagh campus plays a crucial role in delivering them and creating the minds that are going to deliver for the economy here in Northern Ireland.

Aside from the skills that East Belfast would begin to miss out on, there are passionate staff who care about their students and have been in contact with me, as they have been with Ms Bunting. At one of the public consultations last year, teachers spoke out at the slow erosion of classrooms in the college over the past number of years, which skewed the data that the college had presented to show how enrolments had been steadily declining over the years. That is data that, I must say, I am not so sure about, given the graph that I and Michael Long, a councillor for the area, were shown that compared the enrolments at the Castlereagh campus with those in all the other campuses in Belfast. When we asked for a clearer breakdown, we were told that that data was not publicly available. I know that the staff share my concerns regarding the accuracy of the information, further compounding the uncertainty and distress in the college at this time and over the past number of months.

Finally, it would be remiss of me not to highlight the scenario that we were in last year. I was a frustrated MLA and this place lay empty and silent to the concerns that were being raised by staff and students at the proposed closure. As I have said multiple times in the Chamber, with the energy that we now have in this Building — a restored Executive, a Minister in post and a watching public who do not expect us to be perfect at all times — it would be a crying shame for my constituents in East Belfast and for us as elected Members if we allowed the campus to close without so much as attempting to intervene.

That is why I again call on the new Economy Minister to take an interest in the proposed campus closure, take up the offer that Naomi and I made earlier this year on behalf of the college to meet them, hear their concerns and challenges and listen to what plans for the future could be realised with government intervention at this time. I appreciate that Minister Murphy was of the view that he would not be able to do that and that it was a campus decision. However, like Ms Bunting, I fear that we are sleepwalking into a decision that we will look back on and wonder whether more could have been done. I call on Minister Hargey to do all that she can to intervene and to engage with senior management as a matter of urgency.

Mr Allen: I thank my constituency colleague for securing this important Adjournment debate.

The Castlereagh campus is more than just a building: it is a beacon of education, opportunity and community spirit. It is home to a diverse array of courses that cater for a wide range of interests and career aspirations. The Castlereagh campus's website states that it is home to courses in:

> *"Science, Engineering, Motor Vehicle, Sport, Health Care, Theatre, Fashion, Media and Make Up Studies",*

and more. However, as has already been said, some of those courses have been moved to other campuses, which skews the data that we have been provided with. The courses at the Castlereagh campus offer a unique blend of academic and specialist vocational programmes. They are not just about imparting knowledge; they are about equipping students with the skills that they need to thrive in the modern workforce.

The facilities are described on Belfast Met's website as being of "industry standard". In many cases, they provide students with an environment that mirrors the professional world, whether it is the fully equipped science labs, state-of-the-art engineering workshops or cutting-edge creative media studios. I had the honour of engaging in a course recently at the Castlereagh campus. Those facilities are not

just tools for education but investments in the future for our community. Indeed, many of the students I have engaged with have not expressed any concern about the facilities that are on offer.

The closure of the campus would mean the loss of a critical educational resource for our young people. The campus serves as a vital stepping stone for many students by offering pathways to higher education, apprenticeships and employment. By closing the campus, we would be cutting off those pathways and limiting future prospects for many. Other Members acknowledged that and spoke about how Belfast Met would struggle to accommodate at other sites the courses that are delivered at the Castlereagh campus. Moreover, the closure would impact on the local businesses and industries that rely on the skilled workforces that are produced. The courses in IT, plumbing, creative media production and other fields are tailored to meet local employers' demands. Those businesses depend on graduates to fill their ranks with capable trained professionals.

The social impact of closing the campus cannot be overstated. Castlereagh campus is more than an educational institution; it is a community hub. It brings together people from diverse backgrounds, fostering a sense of belonging and mutual support. It is a place where lifelong friendships are formed and where students can find mentors and role models. Closing the campus would mean dismantling a vibrant community that contributes significantly to the social fabric of East Belfast and beyond. We must also consider the message that closing the campus would send to our current and future students. It would convey a lack of commitment to their educational and personal development. In an era where we should be championing education and lifelong learning, closing what should be a thriving campus would be a step in the wrong direction.

Like other Members, I have engaged extensively with Belfast Met's senior management, and I have concerns that are similar to those that have been conveyed. I, as, I am sure, have many other Members, have conveyed those concerns and those of students, staff, the wider community, unions and many others who have engaged with me and other elected representatives about the proposal to close the Castlereagh campus.

I urge Belfast Met to reconsider the proposal to close the Castlereagh campus, and I urge the Minister and Department to intervene to prevent the closure of that much-needed facility.

Mr Brooks: Like my colleagues, I speak today in support of Castlereagh campus, its staff, students and people in the local community, all of whom are dismayed by the proposal to close the site. Any such closure would be, as my colleague said, regressive and a denial of opportunity to the community that it serves. It would also be a strategic error when it comes to supplying the workforce that is required for growing industries in Belfast and Northern Ireland.

Castlereagh campus is ideally situated in the heart of working-class communities in East Belfast. It plays a vital role in ensuring those communities' access to courses that Belfast Met provides, equipping them with education and skills for work, encouraging social mobility and equality of opportunity. I know that the Minister, not least from our short time together in Belfast City Council, has a strong interest in building up working-class communities. Indeed, I know that she is aware of this issue, having attended the consultation at the college with me in the past months. I ask her to listen to the appeals here today.

It is well known that there are long-term issues with educational attainment in Protestant working-class communities, particularly among males. A recent study of educational underachievement that Queen's University and Stranmillis undertook identified the lack of access to local educational provision as a major contributor to underachievement, and it said that distances to provision serve to reinforce the idea that education is not a priority. The removal of further education facilities in Castlereagh would only reinforce that negative perspective and further entrench educational underachievement. The fact that the consultation on the potential closure of Castlereagh campus seeks to use the lack of diversity as a reason to consider closure is to discriminate against communities in that part of Belfast on the basis that many come from a Protestant working-class background. There is a failure to consider that that cohort has repeatedly been identified as requiring greater access to and assistance in attaining qualifications and skills. I share the concern of others about the lack of engagement on, imagination about or serious consideration of alternative options. Along with colleagues, I was exasperated and expressed my frustrations that the college had positive blueprints and visions on its shelf that were never seriously promoted or driven forward and, as such, have had little progress. Furthermore, BMC has raised concerns about the condition of the campus. It is simply not an acceptable or valid argument for BMC to use the condition of the building as

a reason to move out of an area when it has chosen actively not to invest in the campus.

The real shame is that the Castlereagh campus is so perfectly located to serve a spectrum of growing new industries and reinvigorated traditional industries in east Belfast. These businesses are ever hungry for skilled workers, and nowhere is better located than Castlereagh to partner with them to serve that need. It is a world-class advanced manufacturing hub, producing highly skilled talent for world-leading and growing local businesses nearby, like Thales, Spirit AeroSystems and Harland & Wolff — businesses that we discussed just yesterday in the Chamber when talking about the growing potential of the defence industries here. Indeed, the campus, quite uniquely, has an aircraft fuselage and the advantage of significant space, which other campuses lack, to host such facilities that could be utilised to train our future workforce.

It is not just about manufacturing. At the opposite end of Montgomery Road from the campus lies Loop Studios, which is another base for Belfast's relatively young but booming multimedia and creative industries. The campus is already a peerless local centre for cybersecurity, with a course that is thriving in Castlereagh, serving an industry in which Belfast has established itself as one of the global leaders and demonstrating the need for investment, not abandonment.

Furthermore, a previous proposal that the campus had looked at was creating a potential sports hub. This should be looked at again. There is a real potential for growth in this sector. A number of sports clubs in East Belfast are professional, such as Ulster Rugby and Glentoran FC, and many other clubs are looking at similar models. As part of that professional set-up, there is an educational element, especially around academies. At the moment, these are catered for through universities in GB, and it would make more sense for local facilities in Castlereagh to be used for courses, either directly or by tying in with universities. Wider work needs to be done by the Department on the role of colleges and universities. They should not be in direct competition. In the course of meetings with BMC, I got the distinct impression that the college, in a way that is not uncommon within the further education sector, has become compliant and subservient to the notion of the dominance of our universities. Our universities are rightly celebrated, but that does not mean that our FE colleges should bow to them. With universities veering ever further into courses on foundation levels of education, which were traditionally catered for by FE colleges — doubtless with the aim of reaping financial benefits — BMC seems remarkably resistant to considering anything that might irk or cause a deterioration in its relationship with them. I perceive it to be akin to an institutional Stockholm syndrome. The universities continue to steal FE's lunch money, and colleges all but thank them from the crumbs of their splendid tables, when colleges would be best placed to offer apprenticeships that are linked to industry need.

The abandonment of the Castlereagh campus would be symptomatic and symbolic of continuing a misplaced submissiveness and failure of leadership at all levels to defend the place of BMC from the incursion of universities upon the viability of the entire sector. A decision to leave the Castlereagh campus, which is so clearly an asset, to facilitate the range of courses and related facilities that could not easily be facilitated at other campuses and would require a new location being sought, would run entirely contrary to logic. It would be a decision to abandon an area with a locality far more ripe with key demographics for further education to target.

Any closure of the Castlereagh campus will be a denial of educational opportunities and career progression to communities that are all too often left behind. The Minister and BMC have an opportunity to pause and consider alternatives. As an MLA for East Belfast, along with my party colleagues, I am happy to work with the college to find a long-term solution and secure educational provision for the local area.

Mr O'Toole: I am pleased to speak in this Adjournment debate and congratulate Joanne Bunting for securing today's debate. It is a vital subject. I do not represent East Belfast, but I do represent South Belfast, which is right next door to the boundary. In fact, the campus is very close to the boundary of South and East Belfast, or it was until the most recent boundary changes. It is important to say that although what was Castlereagh College, now the Castlereagh campus of Belfast Met, historically takes a significant chunk of its intake from that part of east or south-east Belfast, its intake goes significantly further than that heartland, as it were, into south Belfast, other parts of Belfast and further afield to parts of Ards and north Down.

It is a significant contributor to our FE offer in the greater Belfast area, as has been said.

5.45 pm

For a start, it is highly regrettable that the proposed closure has been communicated in this way. There are real concerns among students, staff, unions and other key stakeholders that the process has not been handled well, to put it in the most diplomatic terms. Before I engaged with senior management in Belfast Met, I engaged with concerned staff members, affected students and, indeed, unions. There was genuine shock and sadness at the development and at the approach that was taken by Belfast Met. It is important to acknowledge that there are real budgetary constraints on the Department and, consequentially, on Belfast Met. I understand that senior leaders in public services are having to take or at least consider decisions that they would not otherwise take, but it is important for those of us who are public representatives, particularly public representatives for areas such as south-east Belfast where, as has been said, significant groups have not done as well as they should have in skills and education, to say that those people deserve the best possible opportunity.

There is a historical and real tradition at what was, as I said, previously known as Castlereagh College, now the Castlereagh campus of Belfast Met, of those groups getting access not just to traditional apprenticeships or trades, important though those traditional qualifications are, but to cutting-edge qualifications, whether in advanced manufacturing or in cyber and tech. As has been said, some of those trades have left the campus and are now pursued in other parts of the Belfast Met estate. Whether that was the right decision is debatable, but there is real frustration that some of those specialisms left Castlereagh.

It is important to say — it will come as a surprise to people who have perceived the Castlereagh campus to be a more traditional further education site — that it is an island- and Ireland-leading campus in its tech provision. It is therefore vital that, at a bare minimum, Belfast Met and, by extension, the Minister and the Department be obliged to give an account of why simply taking all that provision out of south-east Belfast will improve FE provision in the city overall and how that connects to the economic vision that the Minister has set out and to our broader determination to improve and upskill our economy and create opportunity in working-class communities in particular.

Those are real questions that the people who are engaged in this, who are studying or employed at Belfast Met or are involved in the wider community, are asking, and I am afraid that they have not been answered yet. While I acknowledge that the leaders at Castlereagh campus face real budgetary pressures and that they at least have to consider taking difficult decisions — the formal consultation period, to which I and others responded and made our views known, ended in February — the bare minimum that could be done is to pursue absolutely every avenue in order to avoid the blunt instrument route of closure and to give to those who care about further education provision in that part of south-east Belfast the most thorough explanation possible of the alternatives. That has not yet been given, which has contributed to a real sense of a lack of communication and of frustration on the part of people who care about education provision — not just education provision but opportunities and the ability to create a skills pipeline into the, in many cases, world-leading businesses that David Brooks mentioned — in that part of Belfast.

I look forward to hearing from the Minister the Department's position, its view on the future sustainability of Belfast Met overall and whether simply closing Castlereagh campus is an unavoidable outcome. I would like to hear whether alternatives have been considered. If that is the route to be followed, has it been stress-tested, and have alternatives been exhausted? What is the plan for the working-class communities in particular who availed themselves of courses at that campus? Inclusion is vital, but it is also about producing a pipeline of skilled workers, whether they go into cyber technologies or into the creative industries. As I say, there is real concern about this, particularly in that part of Belfast but also in the FE sector more broadly, so we are keen to hear from the Minister about the Department's view.

Mr Deputy Speaker (Mr Blair): I thank all Members who have spoken and call on the Minister for the Economy to respond.

Miss Hargey (The Minister for the Economy): I welcome today's discussion. I thank Joanne for securing this important debate and thank all the Members who contributed.

At the outset, I want to say explicitly that no decision has been taken on the future of the Belfast Metropolitan College Castlereagh campus. I am acutely aware of the depth of feeling that exists around the future of the campus. There has been a large response to the consultation that has taken place, and it is right that time is taken to assess the responses and consider them in the time ahead. Indeed, as David Brooks said, I experienced that at first

hand when, in my capacity as an MLA for South Belfast, similar to Matthew, I attended the public engagement event in February. I still have the notes that I took at that event. I listened at first hand to students who were there that night. It was not a student event, and I know that there were other events. We heard, in particular, from the trade unions and the 167 staff who are working at the site. We also heard from ex-staff, and it said something about the campus that they still feel that connection. Importantly, we heard from the community that resides around the campus as well.

In the context of the impact of the campus, locality is important, where these things are geographically based. We know that 24·5% of the learners come from east Belfast. There is a huge cohort, as was said, that comes from beyond east Belfast, and, of course, that is a testament to the campus. When you look at the numbers there, it shows that, even in the locality of east Belfast, more could be done.

At those engagements and since then, concerns have been raised about the widening of educational attainment gaps and the potential loss of local economic growth if closure were the selected option. It is evident that the local community, the staff — past and present — and those who attended the college feel strongly that the campus should be retained. Indeed, I am aware that a considerable number of consultation responses have been received, including many from Members of the Chamber. Again, I welcome that, and, as I said, we want to take the time. I know that the campus and the college are looking at that, and, obviously, as Minister, I will also want to look at that.

The institution makes a contribution to the lives of people not only educationally but in the economic and social links with the campus, and that as been touched on in the contributions today as well. Equally, it is right that Belfast Metropolitan College take the appropriate steps to understand the long-term viability of the campus, including looking at whether there is an ambition to invest in the site. That is something that I will want to look at closely. Belfast Met's criteria include important elements such as health and safety, increasing sustainability targets and the need to deliver a meaningful modern curriculum for learners from state-of-the-art facilities that are in line with the current emerging industry needs.

As Conor Murphy set out when he delivered his economic vision here a number of weeks ago, skills are a key enabler of driving good jobs, increasing productivity, delivering regional balance and decarbonising our economy. Conor's vision statement explicitly referenced the importance of colleges and the need to grow college numbers. The significant uplift in lecturers' pay represents the first important step towards that goal, and Belfast Met's consultation criteria for the campus include investing in the Castlereagh campus to address structural issues, review curriculum delivery and increase student numbers. As a result, full consideration should be given to investigating all possible options in the future. That includes exploring alternative uses for the campus, consolidation or restructuring possibilities and the need to be mindful of the legal and financial implications. I am encouraged to see that Belfast Met is taking proper time to understand all the potential inputs to the important consultation process.

That is reflected in the numbers that came forward. When full, proper consideration has been given to the issue, the college will share its findings and proposals with the Department for a decision to be made. The Department will ensure that all key concerns have been taken into account in the decision-making process. It will also ensure that all risks and opportunities are thoroughly evidenced and considered as part of any decision on the future of the campus.

The previous Minister, Conor Murphy, met a variety of representatives with an interest in the campus, including the MP for the area and the trade unions that have been involved in the ongoing discussions and consultations. He has tasked officials in the Department to ensure that any future proposal is robustly assessed. I have met officials on the back of notes that I have taken to make sure that we robustly look at the issues when they come forward from Belfast Met.

In relation to the ongoing provision of services at Castlereagh, I can confirm that the college has advised that it fully intends to continue its standard curriculum delivery in 2024-25. I am aware that speculation had been building on the issue of closure due to minor adjustments to service delivery and the renewal of contracts. I have been assured by the college that those are standard changes and in no way signal the decision to run down the campus. An issue around catering contracts was also raised in February. I have received assurances that those contracts will continue to run into next year. Some of that was clarified on the night of the meeting.

I thank Belfast Met for its continued engagement and thank all those who offered

their views on the future of the much-valued institution. On my part, I am committed to ensuring that our further education system is fit for the future, is accessible to all and, importantly, is a key contributor to the economic vision that Conor set out around good jobs, productivity, decarbonisation and regional balance.

We want to robustly look at all the issues around the ambition of Castlereagh campus. Areas such as IT, engineering and the creative industries are all growth sectors for the economy going forward. Locality is incredibly important, and that is something that we want to pay particular attention to as well.

I thank the Member for securing this important debate, and I look forward to continuing engagement with key stakeholders in the time ahead. When we receive the information from the college, we will look at it robustly.

Mr Deputy Speaker (Mr Blair): Thank you, Minister, for that response.

Adjourned at 5.58 pm.