



# Official Report (Hansard)

Tuesday 23 February 2021  
Volume 136, No 3

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# Northern Ireland Assembly

Tuesday 23 February 2021

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

*Members observed two minutes' silence.*

## Ministerial Statement

### North/South Ministerial Council: Inland Waterways

**Mr Speaker:** I have received notice from the Minister for Infrastructure that she wishes to make a statement. Before I call the Minister, I remind Members that, in light of social distancing being observed by the parties, the Speaker's ruling that Members must be in the Chamber to hear the statement if they wish to ask a question has been relaxed. Members who are participating remotely must make sure that their name is on the speaking list if they wish to be called. Members who are present in the Chamber must also do that, but they may do so by rising in their place as well as notifying the Business Office or the Speaker's Table directly.

I remind Members to be concise in asking their question. I also remind Members that, in accordance with long-established procedure, points of order are not normally taken during a statement or the question period after it.

**Ms Mallon (The Minister for Infrastructure):** With your permission, Mr Speaker, in compliance with section 52 of the Northern Ireland Act 1998, I wish to make a statement regarding the North/South Ministerial Council (NSMC) inland waterways meeting that was held in the North/South Ministerial Council joint secretariat headquarters in Armagh and by videoconference on 3 February 2021. The Executive were represented by me, as Minister for Infrastructure, and Gary Middleton, the Executive Office's junior Minister. The Irish Government were represented by Darragh O'Brien TD, Minister for Housing, Local Government and Heritage, and Minister Malcolm Noonan TD, Minister of State for Heritage and Electoral Reform. This statement has been agreed with junior Minister Middleton, and I am making it on behalf of us both.

I chaired the meeting, which had only one item on the agenda. We appointed Mr John McDonagh as chief executive officer of

Waterways Ireland for a term of four years, with effect from 1 March 2021. We agreed to hold our next NSMC inland waterways meeting in May 2021.

**Mr Boylan:** I thank the Minister for her statement. Minister, I know that this was not raised, but can you give us an update on the greenway, especially phase 2 from Middletown to Monaghan? Furthermore, what are the implications for the role of the chief executive of Waterways Ireland, now that the transition period has ended?

**Ms Mallon:** I am happy to give the Member an update on the Ulster canal greenway. Waterways Ireland, in collaboration with Monaghan County Council, Armagh City, Banbridge and Craigavon Borough Council, and East Border Region Ltd took the lead in submitting an application for INTERREG funding for the project. The application was successful, and just under €5 million was allocated towards the cost of the greenway. The Ulster canal greenway strategy, devised by Waterways Ireland in collaboration with local authority partners along the Ulster canal corridor, identified 12 potential greenway routes, totalling almost 200 kilometres in length. This project comprises two of them: Smithborough to Monaghan and, as the Member highlighted, Monaghan to Middletown. The annual socio-economic value of improved health outcomes from local population access to 200 kilometres of greenway for walking and cycling is estimated at €14.4 million. That is an agenda that we are committed to advancing.

I can advise that, as a result of preparations carried out by Waterways Ireland, there were no issues on day one of having left the European Union, and it has been business as usual. Of course, as we proceed, there may be some divergence in directives, but Waterways Ireland continues to work hard to keep the situation closely monitored.

**Mrs D Kelly:** I thank the Minister for her statement. As Mr Boylan indicated, Brexit will have a far-reaching impact on communities.

Minister, have you had an opportunity to make any assessment of the impact of Brexit on inland waterways?

**Ms Mallon:** I thank the Member for her question. She raises an important issue, given how Brexit has impacted on our lives right across this island. As I indicated in my response to Mr Boylan, there were no day-one issues in Waterways Ireland, and the organisation continued on a business-as-usual basis. Going forward, EU directives will no longer apply, which could lead to an incremental divergence in legislation and in compliance with procurement directives that will not apply. That may see rules change. In the short term, however, rules are likely to remain the same. Any additional procurement regime will bring added administration, but Waterways Ireland has considered the implication of the need to migrate to a new tender advertising portal platform. Sadly, EU funding will no longer be available in the North, with the exception of PEACE PLUS, which the EU has committed to continuing to allocate.

**Mr Muir:** I thank the Minister for her statement and for participating in her ministerial duty to cooperate with North/South bodies. Will she outline what the implications will be if some other Ministers follow through on their public commitment not to participate in North/South cooperation, which is their duty?

**Ms Mallon:** I thank the Member for his question. We hear a lot of discussion about the Good Friday Agreement, and there is a lot of focus on it. That is absolutely correct, but, as the Member will know, there are three strands to the agreement. It is the responsibility and obligation of all of us to ensure that we live up to our responsibilities and duties under all the strands. Be it COVID, Brexit or the climate emergency, we face all those challenges. They know no borders, so the solutions should not be restricted to borders. I urge all MLAs and all Ministers to continue to work in partnership so that we can collectively and collaboratively address the challenges that face all our citizens across these islands.

**Ms Anderson:** Minister, this appointment will have the new chief executive oversee a range of capital projects, including the Ulster canal restoration. PEACE PLUS is coming through — hopefully in full — but, as we have been dragged out of the EU, it will potentially be the last funding of its sort that we get in the North. Is the chief executive considering any other projects to try to access Peace IV funding? You

and other Ministers know that a lot of projects will be trying to get money from that fund.

**Ms Mallon:** I thank the Member for her question. I would like to put on record my support for the Member regarding the disgusting abuse that she has had to put up with. It is an issue that is affecting an increasing number of women right across political and public life, and we should not countenance it or give it solace in any way.

In respect of funding, as the Member points out, there will be challenges. The new chief executive is very much focused on the 10-year strategy for Waterways Ireland. Part of that work will ensure scoping and maximising the funding opportunities available. There is funding provided by my Department and the corresponding Department in the South. We will continue to ensure that we maximise all efforts, but, given the significant input and impact that European Union funding has had in the North, that will be a challenge. However, we will continue in all our roles to seek to maximise funding opportunities wherever they occur.

**Ms Kimmins:** I thank the Minister for her statement. I noticed that the website for Waterways Ireland only possesses annual reports and corporate plans from a few years ago. Will the appointment announced this morning come with more up-to-date published plans and enhanced transparency?

Furthermore, we all recognise the importance of our waterways, and many in my constituency want to ensure that they have continued access to Newry canal, and we have talked about a lifting bridge designed for the southern relief road and Narrow Water. Will the Minister comment on that?

**Ms Mallon:** I thank the Member for her question. Waterways Ireland is accountable to the Department for Infrastructure, the Department of Housing, Local Government and Heritage, and the North/South Ministerial Council. Ministers discharge their oversight responsibilities in respect of Waterways Ireland through the NSMC. That includes consideration and agreement of the budget and corporate and business plans and progress towards agreed business targets and project milestones. I assure the Member that quarterly monitoring meetings are also held, chaired by senior civil servants from both Departments. Moreover, the chief executive officer and appropriate directors attend to account for business performance and corporate governance.

Waterways Ireland's audit committee also meets quarterly. The committee has an independent chair and two external members and has unrestricted access to the internal and external auditors. The committee has access to the work of internal audit, and it approves the internal audit work plan and receives reports on various aspects of internal control.

The Member will be aware of my commitment on the Newry southern relief road. We continue to engage with stakeholders, and there is a very clear view emerging locally that the preference is for a lifting bridge, so we are factoring that into the options.

**Mr McNulty:** I thank the Minister for her statement and for her continued great work and strong leadership. I am assured of your commitment to North/South relationships and also your ambitions for our island. Can more be done by the North/South Ministerial Council and other bodies, such as the British-Irish Council, to help us to rebuild after COVID and Brexit and to tackle our shared ambitions of addressing the climate crisis?

**Ms Mallon:** I thank the Member for his very pertinent question. I share his ambitions for more collaborative working across this island and, indeed, across all these islands. It is a fact that, in Ireland, in Northern Ireland and in Britain the challenges of COVID, the disruption of Brexit and the crisis of the climate emergency are shared areas that Governments and communities need to address. It is my view that the bodies of the Good Friday Agreement that were to increase cooperation and collaboration are as important as ever. It is vital that all of us in this place seek a way to work through our challenges for our citizens, working in partnership, given that, as I said in my response to Mr Muir, challenges know no borders and neither should their solutions. I believe that it is time for all of us to get back to that shared agenda, particularly as we seek to build our shared home place.

I am also very mindful of the importance of democratic accountability and scrutiny, and when Ministers make statements to the House, it is important that all Members have the opportunity to hold them to account.

**Ms Ennis:** I thank the Minister for her statement. Waterways Ireland has stated that there has been an increase of over 3,000 boat registrations since 2016. That probably shows how important it is to keep our waterways accessible and in good condition. People have

been waiting for the delivery of Narrow Water bridge for far too long.

That project needs to be delivered as soon as possible. I concur with the comments made by my colleague Liz Kimmins. Do Waterways Ireland and the chief executive officer have an input into the options being considered for Narrow Water bridge? How could that impact on local waterways? Will the Minister give us a general update on the Narrow Water bridge project?

**10.45 am**

**Ms Mallon:** I thank the Member for her question. Given that the meeting had a one-item agenda, that issue was not discussed. The Member will be aware of my commitment to the Narrow Water bridge project and the fact that it is a New Decade, New Approach commitment. I share her frustrations. I am firmly of the view that had we had a functioning Assembly and Executive, the project would be much further advanced.

Of course, as we continue to engage with all stakeholders, we will take the views of everyone who has a clear interest in the project. We want to be sure that we get the right outcome and that we can deliver it at the earliest opportunity.

**Ms Dolan:** I thank the Minister for her statement. I understand that the chief executive officer of Waterways Ireland has been in the role on an interim basis since 2019. What does this appointment mean for the timeline of the delivery of the Ulster canal, which is a highly anticipated project with huge benefits to the local area and the local economy from tourism?

**Ms Mallon:** As the Member points out, Mr John McDonagh was in the role on an interim basis and, through an open recruitment competition, he was selected to fill the post of chief executive on a four-year contract. Mr McDonagh was involved in the development of the corporate plan and has been leading on the 10-year strategy that will encompass many of the issues that are in focus. I have been in correspondence with Mr McDonagh since he took up the post, and I am firmly convinced of his commitment to ensure that we maximise our natural assets to the benefit of all our citizens.

**Mr Allister:** Will the Minister explain why it was a one-item agenda? Was that the only business that she sought to have on the agenda, or was that the product of what is presented as a form of political protest? Is the Minister so politically

tone-deaf that she does not realise that if east-west relationships are to be trashed as they have been, North/South relationships, given the equilibrium that is supposed to exist, cannot continue as they are?

**Ms Mallon:** I thank the Member for his question. He utilises language and terminologies that I would choose not to. However, if I may use his own word to answer, Brexit has "trashed" things. That is why none of us wanted it. *[Interruption.]* Mr Allister may always look for conspiracies and misgivings. I can assure him that he can look for conspiracies all that he wants but he will find none.

There was a single-item agenda because the post had been filled on an interim basis since April 2019, and it was imperative that the NSMC appointed, without delay, the candidate who had been selected through an open recruitment competition. The previous sectoral meeting was held in November 2020, so it would have been inappropriate to hold a full sectoral meeting so soon. It would also have been inappropriate to wait and make the appointment at the next sectoral meeting, scheduled for May 2021. The only other option was to have a sectoral meeting with a single-item agenda to appoint the successful candidate to the post of chief executive officer.

**Mr Allister:** There was no other business to do.

**Mr Speaker:** Order. That concludes questions on the statement. Members may take their ease for a moment or two.

*(Mr Principal Deputy Speaker [Mr Stalford] in the Chair)*

## Executive Committee Business

### The Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment No. 2) Regulations (Northern Ireland) 2021

**Mr Principal Deputy Speaker:** The next item of business is the motions to approve three statutory rules, all of which relate to the health protection regulations. There will be a single debate on all three motions. I will ask the Clerk to read the first motion, and I will then call the Minister to move it. The Minister will commence the debate on all the motions listed on the Order Paper. When all who wish to speak have done so, I shall put the Question on the first motion. The second motion will then be read into the record, and I shall call the Minister to move it. The Question will then be put on that motion. That process will be repeated for the remaining statutory rule. If that is clear, we shall proceed.

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

*That the Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment No. 2) Regulations (Northern Ireland) 2021 be approved.*

*The following motions stood in the Order Paper:*

*That the Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment No. 3) Regulations (Northern Ireland) 2021 be approved. — [Mr Swann (The Minister of Health).]*

*That the Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment No. 4) Regulations (Northern Ireland) 2021 be approved. — [Mr Swann (The Minister of Health).]*

**Mr Principal Deputy Speaker:** The Business Committee has agreed that there should be no time limit on the debate. I call on the Minister to open the debate on the motions.

**Mr Swann:** Thank you, Mr Principal Deputy Speaker. Today, I am bringing forward for debate the latest three amendments made to

the Health Protection (Coronavirus, Restrictions) (No. 2) Regulations 2021. They are SR 2021/18, SR 2021/27 and SR 2021/29, which are amendment Nos 2, 3 and 4 of the Health Protection (Coronavirus, Restrictions) (No. 2) Regulations 2021. With your permission, Mr Principal Deputy Speaker, I will set the context and briefly summarise the statutory rule.

Members will recall that the restrictions that were introduced on 26 December were originally planned to be in place until 6 February. However, evidence was emerging during January that the huge pressures on the healthcare system that had been experienced would not have eased sufficiently by 6 February to allow any relaxation of restriction measures. The Executive formally reviewed the restriction regulations on 21 January having examined the evidence on the ongoing transmission of the virus, the high number of hospitalised COVID patients and ICU capacity. The Executive agreed that the existing post-Christmas restrictions should remain in place until midnight on 5 March, with a review to take place on or before 18 February.

We saw the COVID-19 infections rise significantly after Christmas, with the R value for new positive tests between 1.5 and 1.9 on Monday 5 January. That sharp rise was a consequence of the relaxation in restrictions prior to Christmas. Families were mixing with their grandparents and grandchildren or relatives who had come home for the Christmas period and who they may not have met since the start of the pandemic. It was very important for families to meet up, but, unfortunately, we know that the virus transmits easily in enclosed spaces where people are in close proximity, as is the case in our homes. By the review of 31 January, there was extreme pressure on the health and social care system, and the third wave was at its peak. We saw a rapid rise in hospital inpatient numbers and ICU bed occupancy, with 800 COVID-positive inpatients across the system, and, by Monday 18 January, we had seen a 48% increase in 14 days.

There were 65 confirmed COVID-positive inpatients in ICU, an increase of 67% in the previous 14 days. Members should note that that was in comparison with previous highs of 51 COVID patients in ICU in April 2020 and 52 in November 2020 during the first and second waves of the pandemic. That left us with little choice but to request that the restrictions should continue, and the Executive supported that view.

The three amendment regulations that we are debating today gave effect to a number of essential changes agreed by the Executive that I will now outline to Members. SR 18, amendment No. 2 of 2021, was made on 2 February. The regulation came into operation on 3 February and remains in place today. That regulation amends the date on which my Department must review the need for restrictions and requirements imposed by regulation 3 of the principal regulations to be on or before 18 February. Regulation 3 also amends the expiry date of the principal regulations to midnight on 5 March 2021.

SR 27, amendment No. 3 of 2021, was made on 5 February. It came into operation on 6 February and remains in place today. That regulation permits a customer to collect a Motability vehicle from a car dealership following an online application. The amendment was made to resolve an anomaly with the Motability scheme that had been brought to the attention of my Department. Members will be aware that the Motability scheme enables individuals to exchange part or all of their disability benefits as a payment towards the lease of a new vehicle. The scheme requires Motability customers to collect their vehicle, which means that car retailers are unable to deliver new vehicles to their Motability scheme customers. Furthermore, current restrictions on movement and on non-essential retail prohibited customers from collecting vehicles from car dealerships at that time. In effect, the restriction on movement prevented new Motability scheme users from obtaining a Motability car as they could not visit a car dealership to collect their vehicle, and that was an unnecessary disadvantage to people with disabilities. I assure Members that it was never the policy intent of the restrictions to disadvantage any Motability scheme customers who require a vehicle for essential travel. The Chief Medical Officer (CMO) advised that it was a low-risk activity and appropriate mitigations were in place. This is why I amended the regulations.

Finally, Members, I come to the third of the three statutory rules: SR 29, amendment No. 4 of 2021. The regulation was made on 9 February, came into operation on 10 February and remains in place today. The regulation permits an exemption to allow the provision of driving instruction by or on behalf of the Police Service of Northern Ireland (PSNI), the Northern Ireland Ambulance Service (NIAS) or the Northern Ireland Fire and Rescue Board for the purpose of testing the competence of employees to drive a vehicle as part of their job.

Members may ask why we needed the change. They will recognise, as I do, that we expect our emergency services to be there when we need them. They have continued to provide their services to the public throughout the pandemic. I put on record my thanks to them for their dedication. However, to keep those services running, they require a sustainable supply of suitably skilled drivers to allow them to continue to deliver our vital public services. Members will be aware that, under the existing regulations, driving lessons were considered to be close-contact services and were not permitted other than for motorcycles. There was no exemption for emergency services to continue to provide this training.

The anomaly was drawn to my Department's attention by the Fire and Rescue Service, and my Department recognised that that was also likely to be the case with driving instruction provided by the PSNI and the Ambulance Service. Following receipt and consideration of the proposed mitigations for the Fire and Rescue Service, the PSNI and the Ambulance Service, the amendment was made to permit driver training to continue for emergency services.

I believe that the restrictions were a measured and proportionate response to the information that was available at the time. The trajectory of the epidemic since their introduction has demonstrated that they are having an effect, but we are not yet where we need to be. I believe that the restrictions continue to be necessary today. Mr Principal Deputy Speaker, I hope that that provides you with a summary of the context in which the regulations were made and an outline of their content.

**Mr Allister:** Will the Minister give way?

**Mr Swann:** I recommend the regulations to the Assembly. I will give way.

**Mr Allister:** Much obliged. The Minister told us at the beginning of his remarks what the R rate was in January, but can he update the House on what the R rate is today?

The Minister probably has not noticed because of the position of the seating in the House, but will he join me in welcoming back to the House one of his predecessors, Mr Poots? It is good to see him back to health.

**Mr Swann:** I thank the Member. I welcome Edwin back to the House. His presence is very welcome, and I am glad to have him at my back. *[Laughter.]*

## 11.00 am

The R number should not be the sole number that we focus on or concentrate on. Today, we reckon that the R number could be between 0.7 and 0.9. Whether R is taken to be the rate of increase or the rate of decrease, it is always proportionate to where we started from. We started with 1,000 inpatients in January, after the wave coming up to Christmas, and it is that rate of decrease that we see now. If you are driving a car at 100 mph and put the brakes on, it takes longer to slow down and come to a stop than if you had you been driving at 30 mph. That is what R is about: R is also the measure of decrease in the rate of cases.

The Member will be fully aware that R is not the only measure that we rely on. When the Department publishes its weekly paper on the R rate, that paper also contains the number of people who are in hospital, the number of people in ICU and the number of people aged over 60 who are testing positive in any one period. R is the cumulative number that people have concentrated on, and it has been a useful measure of the rate of decrease, but Members also have to take into consideration where we started from and where we want to get to.

**Mr Principal Deputy Speaker:** Thank you, Minister. I note that there are fewer people on my list than are in the Chamber. I will read who is on my list — I am afraid that I have to — and, if you are not on the list and wish to ask a question, please rise in your place. First on my list is Mr Gildernew, the Chair of the Committee. Then, I have Mrs Cameron; Ms Hunter; Ms Bradshaw, via StarLeaf; Mr Paul Givan; Ms Carál Ní Chuilín; Mr Edwin Poots; Mr Justin McNulty, Mr Jonathan Buckley and Mr Jim Allister. If your name is not on that list, please rise in your place, and I will add your name to it.

**Mr Gildernew (The Chairperson of the Committee for Health):** First, I place on record the thanks of the Health Committee to all those health and social care workers out there who continue to work in such difficult and trying circumstances, and whose dedication to helping those most in need and the vulnerable over the past year has been inspirational.

I, too, welcome Mr Poots back to health and back to the Chamber. He reminds us that many people out there are struggling with many other conditions and that the health service is trying to cope with those along with COVID and all the problems that predated it. Minister, we also appreciate everything that you are doing to get us through this very difficult time.

The regulations in front of us today are about some very practical purposes, such as allowing driving instruction on behalf of the emergency services and allowing customers to collect Motability vehicles. However, even now, some of these regulations are out of date following Executive announcements last week on the extension of the lockdown period and changes to click-and-collect rules, and we know that we will get additional amendment rules to scrutinise in the coming weeks.

This serves to highlight the difficulty in scrutinising and debating regulations that we know will be out of date. The Committee has raised issues about the speed at which regulations are being made, and it has requested further information on the analysis of the expected impact that regulations will have to ensure that there is sound evidence for extending or easing restrictions.

The Committee was briefed by the Department on these rules at its meeting on 18 February. I note that members were disappointed by the lack of detail provided by the Department, especially on the discussions on changes to the click-and-collect rules. The Committee raised issues with the Department on click-and-collect rules in relation to regulations considered by the Assembly on 8 February. The Committee did not receive any further clarity on that issue from the Department at its meeting last week.

At the briefing, the Committee also raised the issue of what guiding principles are in place to consider the lifting of restrictions over the coming weeks and months. The Department advised that the sequence for lifting the restrictions is being refreshed. It would be good to hear from the Minister on the progress of this review. We seek assurances that lessons have been learned over the past year. The Committee understands the need for the restrictions to be in place but is acutely aware of their effect on the mental health of our population. The Committee has received correspondence from individuals and organisations on outdoor exercise, especially for children and young people.

The Committee has written to the Department outlining those concerns. I note that there has been some indication in other jurisdictions of allowing limited outdoor gatherings and the return of organised adult and children's sport. I would be grateful if the Minister could outline the Executive's thinking on the issue and say whether any assessment has been made of the impact of easing restrictions in that area.

If I may, I will now make a few remarks in my role as Sinn Féin spokesperson on health. First, I acknowledge the tremendous work being done around the vaccine programme and the fact that further cohorts of people are being brought into it. That is a credit to everyone involved: the Minister, Patricia Donnelly and all the front-line staff who are working on that. However, I have concerns about the fact that the virus continues to mutate. We have seen that on these islands and across the world. The vaccine in itself will not be the entire solution. While it presents much cause for hope, we are not out of the woods as far as the virus goes.

The Minister will note that I am wearing a public health safety message badge about social distancing: I support that campaign. People should maintain the basic measures. We know that they are effective in suppressing the virus. I appeal to people not to gather in large numbers at local beauty spots, beaches and places such as that, which we saw happening over the weekend. We have all seen better weather, and the fact is that the numbers are travelling in the right direction in the suppression of the virus. That is very welcome, and we all look forward to brighter and sunnier days, such as those that we experienced over the past weekend. However, today's inclement weather reminds us that we will continue to face significant headwinds and that the virus will continue to present problems in the time ahead. In light of that, we continue to be concerned about the lack of progress on find, test, trace —.

**Mr Buckley:** I appreciate the Chair's giving way. Does he agree that one of the Committee's most pertinent concerns when studying the regulations was the scant detail brought to it in relation to a road map or plan for lifting restrictions, particularly for issues surrounding click and collect? I do not think that the Committee received any information on that from the representative from the Department of Health.

**Mr Gildernew:** I thank the Member for his intervention. That has been an issue of concern. We do not see the granular detail to support our consideration and scrutiny of restrictions being brought in or, indeed, eased.

It is important — imperative — that we build on and sustain the progress that we have made over the past weeks by moving out of the restrictions very carefully and gradually and on the basis of evidence and data that we have here in the North and on the island. We should work together to ensure that we maximise and extend the benefits that have been so hard fought for and won. In light of that, the

Committee would like to see further information around find, test, trace, isolate and support, which will still be necessary to meet the existing virus and potential future mutations or variants of it. We are keen to see that system continuing to be built so that we do not put undue pressure on the health service as a result of surges such as those that we have seen.

I regret that there has been a lack of engagement on maximum suppression and how we can do significantly better with a really aggressive and robust find, test and trace system. The Committee wrote to the Minister about that at the end of July but has not received a response. That is an area of concern for us.

The restrictions are feeding into the pressure that is on the health service. We know that we have pushed our health service and hospitals beyond what, in some instances, they have been able to bear. We owe it to them to do everything that we can individually and collectively as a Department and an Assembly to ensure that that does not happen. We do not want to squander the steady progress that we have seen over recent weeks. We must be guided carefully forward. We cannot waste the gains by moving too quickly at this time.

**Mr Givan:** I appreciate the Member's giving way. He makes a very important point about being guided by the science, and we have often said that. Has the Chair of the Committee any view to give on what Professor Whitty, the Chief Medical Officer in England, has said about how science is guiding the announcements by the Prime Minister, and how that compares with the Chief Medical Officer's role here in Northern Ireland?

**Mr Gildernew:** I watched the statement last night. We should be doing what suits our circumstances here, based on the trajectory of the virus and the capacity of our health service. We should be looking to build on the gains made from the restrictions and, importantly, to provide certainty and confidence. In this period, it has been notable that people have understood what it is that is being asked of them. They have understood the purpose of the restrictions and broadly understood the plans for moving forward. We should be guided by our own Chief Medical Officer, how he sees the issue and how that feeds into the overall system and circumstances that apply in the North.

**Mrs Cameron:** I join others in welcoming my colleague Edwin Poots back to the Chamber. It is good to see him.

**A Member:** Hear, hear.

**Mrs Cameron:** He is an incredibly robust man, so I am really not that surprised to see him back so quickly, but he is very welcome. It is good to have him back.

I broadly support the amendment (No. 2) regulations, the amendment (No. 3) regulations and the amendment (No. 4) regulations. I regard them as being sensible, certainly in the case of the discretion around Motability vehicles in the amendment (No. 3) regulations. That is a very welcome step that will allow those with a disability to avail themselves of that excellent scheme, unimpeded by the pandemic. They can complete much of the process online or by telephone and are permitted to collect the vehicle directly from the dealer.

Going further with such flexibilities will have to be addressed. Although the Executive have resumed some click-and-collect services — in many ways, that is a progression from this legislation — we need to see a broadening of the definition of "essential" and some common-sense application tailored to certain industries. I give as an example the fact that you can collect a child's pair of shoes but cannot have the child's feet measured in the shop. Those of us who are parents know the importance of having properly fitted shoes for their children. My children are long grown up, thankfully, but I can distinctly remember the times when I took them to get their shoes. I was often surprised by how many jumps in size they had taken since the previous time. It was often more than one. Such an important service should be allowed for toddlers and children on health grounds. I encourage the Minister to consider that actively.

**Mr Buckley:** I appreciate the Member's giving way. She will recognise that the conversation at the Committee went much further than just the services for toddlers that she outlines. Hopefully the Minister can look at this, but we also considered services pertaining to the provision of school uniforms and young children's clothing. Sadly, those retailers have also had to close, thereby denying people the ability to access those services.

**Mrs Cameron:** I thank the Member for his contribution and wholly agree with the sentiment.

It is very clear that some services that were deemed non-essential back in December are now essential. An example is retailers that sell nursery equipment, cots, prams etc. Such items are not always easy to fit to a person when purchased online. We owe it to our local retailers to try to support them in what has been a financially crippling time. There are businesses that could benefit from operating under an appointments system to ensure that maximised safety is achieved.

SR 2021/29 — the amendment (No. 4) regulations — allows a person to provide driving instruction when that service is provided by, or on behalf of, the PSNI, the NI Ambulance Service Trust or the NI Fire and Rescue Service Board for the purpose of testing competence to drive a vehicle. That is another sensible move and a rightful prioritisation of those who provide us with emergency services. We need those services all of the time, not least during a pandemic. We must ensure that all such vital services can be operational. Many in those front-line services are the real heroes of this pandemic, and all that we can do to support them should be done.

#### 11.15 am

We look forward to the regulations evolving further to encourage the reopening of our economy and the staged return to normal life. Many people struggle not just with the severity but with the duration of the restrictions. We are all aware that untold damage is being done. Whilst lives have been saved and all the restrictions have been in place for the right reasons and with every good intention of protecting health, let us be ever mindful that the mental health of the young and old has suffered badly in doing what was unthinkable a year ago. Trying to raise children and school them at home, working from home, caring for relatives and trying to keep ourselves physically and mentally healthy in the pandemic have been challenging, to say the least. That brings up the importance of getting all our children back into school as soon as possible. The importance of that cannot be overestimated.

It has been a worrying and stressful time for those with friends and family resident in homes and so vulnerable to COVID-19. It has also been stressful for those working in the homes.

**Mr Newton:** I thank the Member for giving way. On her point about children returning to school and what they have lost over the lockdowns, does she agree that a successful return to school will need the cooperation of the Health

Minister and, indeed, the Communities Minister, probably taking a lead from the Education Minister, and that a programme of activities involving academic work, health education, mental health education and community work extending, hopefully, into the summer period, will be necessary?

**Mrs Cameron:** I thank my colleague for that intervention and agree wholeheartedly. There is much work to be done to catch up and to alleviate the damage that has been done in the past year.

We should not underestimate the stress and mental health pressure that so many have been under, not least those who work in the care home sector, on COVID wards and in ICU. I do not know how we can ever repay all those who have selflessly given to others over the past year; that is what they have done.

It should also be remembered that this has had a huge impact on the mental health of those who have been shielding. Let us not beat about the bush: whilst shielding is not a requirement in law, many people have shielded for the entirety of the past year. There is still a huge fear for them, so I welcome the roll-out of the vaccine. Hopefully, the majority of those who are clinically extremely vulnerable or vulnerable have been or, in the very future, will be vaccinated, and that is very welcome. It will have a lasting impact on people who have suffered as a result of being housebound in the past year and on their friends and family.

We cannot forget that there is much fear, even amongst us politicians, about what is coming down the line. There is a fear that there will be a huge wave of undiagnosed conditions, including cancers. We cannot forget or dismiss that.

We need to ensure that, as restrictions are eased in the coming weeks and months, there is timely presentation of the regulations to the House to allow debate and scrutiny at the right time. Having the answers to what, when and why is vital for public confidence as we embark on a road map to recovery. I would appreciate it if the Minister could update the House on his discussions with the Speaker and the Executive Office to ensure that that happens.

The Chair of the Health Committee appealed for people not to gather at beauty spots etc. That has been happening for an awfully long time. That highlights the importance of reintroducing sport and outside activities that are much safer in order to spread out the people who are gathering in various areas. That

is because those are the only areas that they can go to. They do not have any gyms or sport to go to. People need to do something, and they need to be able to get out, look after their head and get some exercise. It is really important that we make a move towards allowing that type of activity again.

Again, I mention that the vaccine roll-out is incredible, and I thank the entire team under the Health Department, including Patricia Donnelly, who is doing a great job in organising that roll-out. I know that there will be hiccups and awkward moments in that roll-out, but that is unavoidable. I very much welcome the fact that the carer roll-out has been much greater this week and that it will apply to all adult carers. We know the great service that carers provide in our society and community, but we know that they are not on a list. We know that they do not have evidence to prove what they do. I understand that the Minister will expect people to act in good faith and to put themselves forward for that vaccine because they are the main carer of someone who is vulnerable or elderly or has an underlying health condition. I welcome that roll-out, and, with that, I end my comments.

**Ms Hunter:** I join other Members in welcoming Edwin back to the Chamber.

I welcome the opportunity to speak on the regulations. Of course, since these amendments to the health protection regulations were tabled for debate in the Assembly this morning, as of last Thursday we have known that the restrictions are to be extended. My party colleagues and I continue to support the Executive in their decisions on the continuation of lockdown until 1 April. They are not easy decisions, especially as time goes on. However, we know that they are not taken lightly and are made on the best medical and scientific advice and in the interests of public health. I have expressed similar sentiments before, but I sincerely hope that the next six weeks will be the last ones with such strict restrictions in place and that the rates and spread of infection will allow a greater loosening of restrictions in early April.

As I have also done in my previous remarks in these debates, I continue to urge the public to continue to adhere to the guidance. We acknowledge the great toll that the last year has taken on everyone's mental health and well-being. I hope that the difficult sacrifices that everyone has made since the beginning of the pandemic are recognised. I especially note, as has been mentioned by colleagues, the impact of the lack of team sports and regular gym use

on the overall well-being of people of all ages. I sincerely hope that, in the months ahead, we prioritise living with COVID-19 in a safe way and that things can safely and slowly return to normal, as opposed to continued lockdowns.

With regard to amendment No. 2, the 18 February date has passed, and we have seen the Executive's announcement last Thursday. However, I welcome the requirement on the Department of Health to review the need for restrictions. I note and welcome it that the current restrictions will again be reviewed on 18 March and that the Executive's pathway to recovery blueprint will shortly be published, on 1 March.

On amendment No. 4, I also welcome the provision in the regulations for driving instruction for services provided by or on behalf of the police, the Northern Ireland Ambulance Service Health and Social Care Trust or the Northern Ireland Fire and Rescue Board. That seems to be a wise and sensible measure, particularly at a time when we have extra need for and pressure on our emergency services; indeed, we recognise the great value of their work.

I will focus my remarks mainly on amendment No. 3, as well as the resumption of the click-and-collect services from 8 March for some retailers, which was announced last week. We are all too aware of the huge impact that the pandemic has had on local businesses across all of our constituencies. Whether it be shops, pubs, restaurants, gyms or hairdressers, no small business has gone unaffected. I am sure that it has come as some relief and welcome news to some businesses, such as those that sell clothing, footwear and electrical goods, that they will now be able to offer click-and-collect services. Being able to offer some kind of custom and service will, we hope, not just be of financial benefit but will give some hope to small business owners for the prospects of the sustainability of their business for the remainder of the restrictions. We have seen how larger companies such as Asda and Tesco have benefited while small businesses continue to struggle. I am happy that that has been somewhat rectified.

Whilst I am glad to see the Executive move on click and collect, we all recognise that many small business owners will not be in a position to do that or have the means to establish or offer click-and-collect services. Likewise, small independent shops will not be in the business of clothing and electrical goods. What has angered many small business owners in my constituency is that the burden of closure and

restriction seems to fall heavily on their shoulders as opposed to the bigger chain stores that I mentioned, which may, as a result of stocking such a wide variety of goods, have exceptions much more easily than, for example, a small local business like a boutique or gift shop. As we begin to emerge from the pandemic, business rates need to be looked at. The whole retail landscape has changed drastically in recent years, and perhaps the pandemic will, sadly, cause that to continue even more. It is not fair that small businesses in our towns and villages incur such large fees in rates. I really hope that that is something that we can take from this experience and change.

I echo Mr Gildernew's point, and I would like to see a review of the impact that the regulations and restrictions have had. That would be really beneficial for the Committee to see.

As always, I and my party, the SDLP, offer our support to the Minister and the Executive on the regulations as we continue to work together to beat the virus. I hope that, when we next discuss regulations, we will see that they have improved the situation and that we have today recognised the need to come together politically at this time.

**Mr Principal Deputy Speaker:** We are now about to embark on a new course for me. It will be a bit like the Eurovision Song Contest: this is the verdict of the South Belfast jury coming in on-screen. Can we bring Ms Paula Bradshaw in via StarLeaf? There you are. Hello, Paula.

**Ms Bradshaw:** Thank you, Mr Principal Deputy Speaker. I welcome back Mr Poots as well. It is great to see him in the Chamber.

I place on record my continued appreciation of the Health and Social Care workforce for its sterling efforts in battling this devastating virus. I also pass on my condolences to the families that have been bereaved since the last time I was in the Chamber. I sincerely hope that they will have an opportunity in the near future to come together with their loved ones to mark their passing in a more accustomed tradition.

We again find ourselves discussing regulations long after they apply; indeed, amendment No. 2 has been superseded by another amendment to move the date of the review further on. In this instance, we are looking at a reversion to something that is fundamentally closer to the regulations when they initially came into force last March. The main headline in the regulations is that a "Stay at home" order now clearly applies and may be enforced.

I continue to commend the vast majority of people who are staying at home except for essential journeys. This is an exceptionally grim time of year in which we are asking them to do that. I hope sincerely that the advances made by the vaccine programme, which are now evident in reducing infection and not just hospitalisations, are keeping people's spirits up, but we appreciate that this is a difficult task. I put on record my thanks to the Health Minister, Patricia Donnelly and the rest of the team for the vaccine programme. Apart from a few hiccups, it is going really well, and they are all to be commended for their hard work.

Despite that, we still need to ask ourselves why we are getting hundreds of cases every day given that the numbers now being reported represent a period after the regulations came fully into force. That was the question that I asked the Health Minister when we last debated the regulations, and the wider public, who continue to make this significant sacrifice, have a right to that information.

We also need to ask ourselves how we assess the reality that, if fewer shops are open but people are still determined to go out and about, we inevitably end up with crowded shops and, as it seemed at the weekend, crowded parks and public tourist destinations. I am not the only one who, while out grocery shopping, has found myself in what I term "COVID central". Ultimately, the question becomes whether we are serious about the enforceability of the "Stay at home" order or have the potential to limit those crowds. We missed the opportunity at Valentine's weekend to introduce the click-and-collect provision. That is possibly why all the supermarkets were crowded, as I said at the Health Committee.

I welcome the announcement last week that click-and-collect arrangements are to be extended for some retailers. As the Deputy Chair of the Health Committee rightly pointed out, that is vital for retailers in areas such as children's footwear. However, I believe that we have left some retailers scratching their heads wondering why they have not been included.

### 11.30 am

If I may, I want to address quickly yesterday's headlines about apparent crowds on the north coast and public parks on Sunday, as the Committee Chairperson and the MLA for East Derry raised earlier. There is a distinct lack of clarity about what we are asking of people. The regulations suggest that we may meet more than one person and, imminently, another

household for exercise. There will now be further confusion because the Prime Minister has talked about allowing that for recreation but not exercise. People do not just walk past people whom they know when they are in a park. I have been out walking on nearby walkways. One does not just walk past people. People are interacting even when they do not intend to meet others. Should we revert to the basic message of avoiding the three Cs: crowded spaces, contact and crowds? That may give greater clarity on what is required. However, we also need to remember the slogan that I used in the Health Committee: "You are not caught in traffic; you are traffic".

Contrary to amendment No 2, the next review is now on 18 March. We also now have an ad hoc debate about whether we should follow England more closely, particularly with regard to school reopenings. I urge the Executive to follow the evidence that is provided to them and to do it strategically rather than on an ad hoc basis. Other facilities beyond schools impact on the key balance between mental and physical well-being on the one hand and eliminating serious illness arising from the virus on the other. Essentially, leisure centres, gyms, golf courses and libraries are good for supporting people's mental well-being. In the next review round, serious consideration could be given to reopening some of them, given the social-distancing and hygiene control measures that they had put in place before the current lockdown.

I want to raise another issue, which the Health Minister does not handle but which the Executive need to consider. It emerges from amendment No 4, which allows driving training for the emergency services, aligning the exemption here with that for motorcycles. We need to be fully prepared for the recovery with regard to driving tests. We heard from the Infrastructure Minister in response to a question that tens of thousands of young people — that age group in particular — are waiting for their tests. Is there any opportunity for rapid testing to be introduced at test centres before the people who are taking their tests enter the car? That would protect test centre staff and give greater comfort to the wider public. The sooner that that backlog is cleared, the better. Among those will be people who are graduating from health and social care degree courses, for example, who will be vital members of the workforce as we emerge from the pandemic.

It is imperative that I raise an issue that is local to South Belfast, which is the ongoing and seemingly increasing issue of parties in the Holylands area. The message seems to have

been completely lost. There seems to be great disturbance to local residents. Low-level criminal damage has occurred. There are all-night parties. It is very worrying that, as we come up to St Patrick's Day and, as others mentioned, with the arrival of nice weather, we could see greater community transmission in that area, which will lead out into the regions if a "steel wall" is not put in place and the Executive, through the task force, do not get a grip on the problems that are occurring nightly and throughout the night in the Holylands.

I want to raise with the Health Minister the need to update the shielding advice on nidirect. At the minute, it is based on the previous restrictions. Can that be updated urgently for many of our constituents, particularly those who work or send clinically vulnerable children to school?

Lastly, given the relative absence of information that my colleagues on the Health Committee highlighted, I want to mention, with great reluctance, that there are ongoing difficulties with our scrutinising the regulations and amendments. We ask departmental officials to be more forthcoming with that information, which, potentially, is being provided to the Executive. We have a lot of work ahead of us, but there are brighter days ahead.

**Mr Poots:** I thank everyone who has wished me well. Indeed, I have had direct contact from Sinn Féin, the SDLP, my party and Ulster Unionist members over the past number of weeks, and I thank them all for that. Many others have wished me well on social media, and I thank them for that, too. Most of all, I thank almighty God for being with me throughout this, and I thank the superb doctors, nurses and all the staff — the cleaners, the people who provide the food and so on — in the hospital service who support people who need that care. They have been fantastic throughout. Their skill, knowledge and expertise and the care, compassion and attention that they give are second to none, and we should be totally proud of our health service. I have great pride in it. My direct family has given almost 50 years' service to the health service, and we care passionately that it is maintained and supported. I might talk about some of the issues with it later, but I wish our Health Minister well in everything that he does, because we need our Health Minister to be successful in the health service. I wish him every success.

In April last year, we were in a very difficult place. COVID was clearly on the rise, and we did not have many ways forward other than a straightforward lockdown, so that is what was

done. Thankfully, we are now in a different place. The vaccine is a game changer. Late last year, I asked the Chief Medical Officer whether the vaccine would be a game changer, and he indicated that it would be. Eighty per cent of hospitalisations are of people over the age of 50 or people who have clinical vulnerabilities. Ninety-nine per cent of the deaths that occur in hospitals are of people over the age of 50 or people who are clinically vulnerable. The vaccination process will cover those people by the end of April. Consequently, the issues and pressures that hospitals have had to bear over the last number of months in particular will not be the same problems as we move forward.

There has been a lot of criticism of our national Government and Prime Minister over a series of issues. I commend them most highly on their acquisition of vaccines. They have been ahead of the game throughout Europe, as demonstrated by the number of people who have been vaccinated. I believe that somewhere in the region of 500,000 people have now been vaccinated in Northern Ireland. We could not have vaccinated them if we did not have the vaccine available. I give a huge commendation to our Government for ploughing ahead, taking the risks and buying the vaccines and a huge commendation to our healthcare staff for getting them out so efficiently. We should, rightly, be proud of that.

Vaccination puts us in a different place from where we were in spring, autumn and winter last year, so we need to look at that context, and our response must be commensurate. We must look at low-hanging fruit, and we need to open up, as quickly as possible, areas that cause little risk. We talked about car showrooms, for example, and about allowing the collection of Motability vehicles. I believe that car showrooms should be opened fully, because they are large spaces with very low footfall that provide an important and valuable service to people right across the country. We should look at garden centres, because this is the time of the year when people want to get out to their garden to do a bit of planting, and that is good for their mental health. Again, a lot of garden centres are outdoors, there is a low footfall, and it is entirely reasonable for them to reopen.

In car washes, there is no exchange between people other than handing over the fiver. There is no actual exchange. People sit in their car, and somebody outside washes it. That sort of thing should be done quickly.

Hairdressers have a 0.05% impact on the R number, yet we have people with small

businesses who are unable to engage in them. As we look around, we can see that we could all do with the hairdressers being open again.

Those things are low-hanging fruit. They will have little impact on the spread of COVID, and, particularly in view of the fact that the vaccination programme is being rolled out, areas like that can be looked at.

**Mr Buckley:** Will the Member give way?

**Mr Poots:** Yes, in a moment. Pam Cameron rightly mentioned shoes. I remember going with my mother to get shoes, and it is most important that children have good shoes that fit appropriately throughout their lifetime. Opening shoe shops is critical, and I encourage that that be looked at.

**Mr Buckley:** I thank the Member for giving way, and, indeed, I welcome him back to the House. It is great to see him in good health and good spirit. He has quite rightly outlined the great hope that there is in our community about vaccinations and the promising signs of their impact on levels of hospitalisations and, indeed, cases. Therefore, does he agree that commentary on extended lockdowns and restrictions into, for example, 2022, as reported by some media outlets, runs counter to that positive sense of hope that vaccinations can bring? The Member will well know from his experience, even with his latest health issues, that people out there are fighting severe issues with mental health and anxiety given their conditions, whether they are health-related, job-related or otherwise.

**Mr Poots:** I entirely agree with the Member. Not only does it run counter; it is counterproductive. People talk about health versus the economy. We should just nail that. Health and the economy are not enemies. COVID is the enemy of the economy, education and health. It is not health versus the economy. The economy supports health. It provides a taxable income that keeps the health service going. The economy is the friend of health, and we should look at how we can ensure that our economy comes back to be strong and vibrant and provides that tax intake. Let us be very frank: the last that I heard, the UK had borrowed some £390 billion to cover COVID. No country can keep on borrowing and borrowing. We need to raise money from taxation. Taxation comes from a successful economy, and, therefore, our economy needs to grow. We need to have sensible relaxation — not rampant relaxation — on the economy.

Children's education has been disrupted inordinately. If we are to talk about science, let us look at the science. The Public Health Agency has said that the spread from COVID in schools is small-scale. Consequently, we need to look at how we can get our schools opened quickly. I just cannot work out the logic of bringing P1 to P3 pupils back to school for two weeks and then taking them out again to allow senior-school children in years 11 to 14 in different schools to go back to school. I know that that is not what the Education Minister wanted or desired, but other Executive Ministers would not allow him to open up schools more meaningfully and productively. I urge that that is looked at again, because the public health message is not that children are the big spreaders of COVID. Again, the concern was that children would bring COVID home from school and spread it to their vulnerable grandparents and so forth. With the roll-out of the vaccination programme taking place so successfully, we really need to look at how we can support our children and young people.

Children have suffered inordinately. Their education has been impacted last year and this year. If you talk to schoolteachers, they will tell you that. For example, I talked to a schoolteacher who was marking the ordinary exams in December, and she told me that the standard had dropped so much from the previous year.

Children are getting their schooling online, and we see circumstances in which they are coming on to a Zoom call but not using their camera, are joining it in their pyjamas or are not interacting. We cannot provide, and no one should try to pretend that we can, the standard of education through homeschooling that we can from children being in the classroom. It is therefore incumbent on us to support our young people and to get our children back into education.

#### 11.45 am

Socialisation in school is critically important. Children benefit from participating in sport, which, when played outdoors, limits the spread of anything. Our children need to be got back to school. Children who engage in arts, drama and music have been disproportionately affected. Our young people cannot socialise. They cannot do their driving test. Their university life is impacted on. Young people, who are not impacted on directly as a consequence of COVID-19, because it has a very limited impact on young people's health, are being

disproportionately impacted on by the COVID-19 regulations.

**Mr Gildernew:** Will the Member give way?

**Mr Poots:** Yes, I will.

**Mr Gildernew:** Does the Member recognise the issue of long COVID, particularly its impact on children? We cannot take lightly the fact that it has limited impact. Long COVID is still having a significant impact, and that needs to be considered.

**Mr Poots:** Of course it does, but it also has to be weighed up against everything else. Life is about balances. The impact on children's mental health and well-being is much greater than the impact of long COVID. Over 100 children have been added to the at-risk register over the past year. The impact on children who are at risk through being at home all of the time with parents who have a disposition towards violence or who have alcohol or drug dependencies is much greater. The impact on their education is devastating. When we weigh up the issue that you rightly raised against all the other issues, I am sorry, but it is infinitesimal in comparison. Yes, there will be an impact, and it will be hurtful. I know people who have been impacted on by long COVID, and it is something that is a problem, and will be going forward, but it is not a reason not to be bringing children back to school and allowing them to move on with the opportunities that exist there.

Finally, I want to talk about COVID versus health, because the health service is perhaps the organisation that has suffered most as a consequence of COVID. Our health service staff have been under extraordinary pressure as a result, and key services provided by specialists have been undermined throughout.

One of the most successful stories in our health service is that of renal transplantation. We are way ahead of most places in the world on live transplantation. Transplants, however, have not been allowed to take place since late autumn of last year. That has a major consequence, because more people are going on to dialysis, and those who require kidney transplants are not getting them. As a consequence, their health is deteriorating day by day. I watched an uncle of mine, 40 years ago, deteriorate as he waited on a kidney transplant. Forty years later — he is now in his 80s — he is still alive as a result of that transplant. Dialysis does "a" job, but it does not do "the" job. I understand the

difficulties involved in live transplantation, but it needs to start again as soon as possible.

As we start to move forward, with vaccinations increasing and infection numbers coming down, we need to normalise our health service as quickly as possible.

People refer to the 2,000 people on the Northern Ireland Statistics and Research Agency (NISRA) register who have had COVID linked to their death, but, in 2019, 850 people died from mental health issues. Being locked away in your home and having the ability to buy large quantities of alcohol, which we know contributes to poor mental health outcomes, is causing greater mental health issues. There has been a significant rise in mental health issues, and there will be a further significant rise as a consequence of COVID-19.

Looking at other services such as cardiac services, our senior cardiologists have indicated that, as a consequence of what we are doing, their service has been diminished and their outcomes are worse. So, more people will be dying of heart attacks and having life-changing events as a consequence of their heart condition because the service is not there.

Then, of course, there is cancer. In the late summer, the Chief Medical Officer indicated that there were 900 fewer diagnosed cases of cancer compared with the previous year. By the autumn, that figure was 1,200, and by the latter part of last year it was up to 1,500. Those are people whose cancers were not detected. The consequences are frightening, because an early diagnosis of cancer is critical. Looking back at my time as Health Minister, one of the things that we did was to extend the bowel screening programme, which has led to many more people having their bowel cancer identified early. That is critically important because bowel cancer can very quickly spread to the liver and other organs, but if you get it in time it can be very successfully dealt with.

However, many people have not had their cancer identified. One of the issues is GPs not seeing people directly. GP services are critically important, and many have been doing a tremendous service, including as part of the vaccination roll-out, but the importance of a general practitioner being able to put their hands on someone physically — examining their neck, examining their abdomen and identifying early conditions — is that it will bring cancer diagnoses forward more quickly.

**Mr Buckley:** I thank the Member for giving way. He raises an important point. Does he agree

that, unfortunately, we are seeing a great disparity across Northern Ireland? Some GPs have gone above and beyond the call of duty during the COVID-19 pandemic and seen patients face to face as the need has arisen. Unfortunately, that has not been mirrored across the system and there has been a disparity, which could be down to a number of reasons.

We had a presentation at the Health Committee from trusts' representatives. They talked about their great worry being late presentations at A&E because people had failed to have their condition picked up by their GP due to fear or not knowing that the practice was open to them. They also said that some people, when they arrived at A&E, said that they had been afraid to go there because of the message to stay at home.

**Mr Principal Deputy Speaker:** Before you respond to that, Mr Poots, I am mindful that previous discussions on health protection restrictions have veered beyond the content of those restrictions. Ministers have been as guilty of doing that as Back-Bench Members. If people want to have a wider discussion, I will not stand in their way. However, I ask Members to try as much as possible to relate their remarks directly to the content of the restrictions.

**Mr Buckley:** On a point of order, Mr Principal Deputy Speaker. My reading of the regulations, particularly the first one, is that it is a review of a date about reviewing restrictions. Therefore, my reading of that regulation is that it applies to all restrictions in all different sectors, as has been outlined by Members from across the House.

**Mr Principal Deputy Speaker:** As I said, all Members have, at times, veered beyond the content of the restrictions, and I am not seeking in any way to inhibit the debate or restrict Members' contributions. However, if Members could, as far as possible, direct their remarks to the content of the restrictions, it would be helpful. I would not want you to think, Mr Buckley, that I was correcting you, because I was not, so do not take the hump. *[Laughter.]* I was simply taking the opportunity to put that on the record; it was not personal and it was not directed at you. Absolutely not.

**Mr Poots:** I thank the Principal Deputy Speaker for his latitude and for his gentle rebuke, which has been noted.

People being afraid to have that interaction relates to the "Stay at home" message. Dr McBride rightly pointed out that a lot more people have come through EDs and had their cancer identified in that way because the GP services are not as available as they were. The consequence of that is later diagnosis, which leads to poorer outcomes. Key services and surgeries have had to be cancelled.

I will finish by saying that, as the vaccination programme is rolled out and the pressures on hospitals ease in other areas, it is incumbent on us to get back to providing those key services. I want health leaders to be able to look cancer sufferers in the eye and say that they are doing everything possible to ensure that those patients have the opportunity to live.

Last year, approximately 200 people died with COVID-related conditions. In the previous year, 4,500 people died of cancer. I expect that the figure for last year will be similar and that the figure for next year will be greater as a consequence of our response to COVID-19. In everything that we do, we need to reflect on what we have done thus far and on what has been achieved. The vaccination programme gives us the opportunity to make a clear and substantial difference in terms of the impact on the economy, education and health and to properly take on the battle against COVID without merely restricting people all of the time.

Ms Bradshaw talked about people being outdoors. Avoiding crowds is a good thing, but getting outdoors is also a good thing. Taking a walk outdoors is good for people's mental health and well-being and their physical fitness. I do not believe that restrictions that discourage people from going outdoors are well measured. When we look at the restrictions again on 18 March, we need to encourage people to do that as well as to get out to their gardens. If they cannot get the plants, there is no great encouragement to go out to the garden. We need not get into the problems of importing products for keen gardeners, but if the garden centres are not open and we cannot import products, how are people supposed to get out to their gardens? It is good for their mental well-being and their physical health, and it does not have an impact on COVID.

Let us move forward in a very realistic way. Let us ensure that we can take the appropriate steps to continue the battle against COVID but also to open up the economy again, reopen schools and unleash our healthcare specialists to ensure that they can tackle heart disease, mental ill-health, cancer, kidney transplantation and all of the other superb services that are

carried out by our health service but which have been hamstrung as a consequence of COVID for over a year now.

**Ms Ní Chuilín:** You are getting soft, a Phríomh-LeasCheann Comhairle. *[Laughter.]* I am just saying that I would have put him out, easy; he was veering close to challenging the Chair.

**Mr Principal Deputy Speaker:** He would not have got away with it in the City Hall.

**Ms Ní Chuilín:** He would not have got away with it in the City Hall, Christopher; that is all I am saying.

I am absolutely delighted to see Edwin back, and I am surprised that he is back so soon. I am pleased for his family. He was described as robust, but I would describe him as stubborn and thran.

**Mr Poots:** Yes, I am.

**Ms Ní Chuilín:** Yes, absolutely; all day long. Nonetheless, I am glad to see him back.

Minister, here we are again, debating amendments to health regulations that have already been made. In essence, we have all accepted the process, but it is fair to say that, in doing that and in supporting the Minister and the Department as best we can, there is an uneasiness in the Health Committee. The fact that we are not getting a level of detail prevents us from scrutinising the regulations as much as possible, and some of the detail that we are getting is very scant. The amendments are being made in order to address anomalies, which is fair enough when you look at issues concerning dealerships, emergency vehicles and things like that. Perhaps, in his response, the Minister will confirm that, when we are talking about ambulances, that includes rapid response vehicles, motorbikes, movement of blood and movement of people from one hospital site to another, because those services have increased.

## 12.00 noon

I also put on record my thanks to and deep appreciation of all health and social care workers. Just last night, I learned that a neighbour, who is only 42 and has four sons, passed as a result of COVID. It is really sad, and they did everything they should have. There is still transmission out there, and we need to get to the bottom of what is happening. I know that women like her and parents and families right across the board are doing

everything they possibly can to keep not only themselves but their families safe. The last place that they want to be is the hospital.

I said at the previous debate on the regulations that our health and social care staff continue to amaze and inspire a lot of us. This is now described as the third wave. It has been a long year. They have provided not just physical, clinical and medical support but counselling and emotional support. I particularly want to mention those staff who have to make the awful calls to families when it is quite obvious that their loved ones are about to pass or are seriously ill. They have to do that day after day, and it takes a special sort of person to do it. They are special, and we need to look after them.

We are looking at anomalies in what is being presented to us now, and we accept that the regulations will be reviewed. There have been examples from colleagues across the Chamber. My colleague Gerry Kelly and I continue to meet groups virtually on Zoom. There is an understanding of the health regulations that talk about being able to go out and exercise with one other person, but community services, particularly those that are involved in counselling and emotional support, and youth providers are really worried about people. It has also been raised from a faith-based group that going beyond the one person that their people are allowed to meet is not always practical.

Edwin talked about drugs and alcohol. To give an example, I received a phone call from a family member with two children. The regulations meant that if I had gone into the house, there would have been four of us. In an emergency, I had to stand in someone's garden, which is a rare thing in the New Lodge, let me say [*Laughter*] — I am not joking, because I am going to come back to that — with a window open, trying to talk to a distressed parent with two really distressed children in the house. They did not need me to talk; they needed me to go in and comfort them. To be quite honest, I was halfway into the living room, because I could not see them in distress.

Youth providers are seeing a growing number of children and young people out in the street involved in reckless behaviour. Not all of it is antisocial, but they are gathering. Those providers want to go out and make sure that the kids do not fall foul of COVID regulations. They are working with the local police who know them and trust that they are not breaking regulations, but what if the local police do not know them? They may see a youth provider, who might not be identified as a youth provider,

talking to kids about potentially harmful behaviour.

Not everyone has the ability to go out for a walk with someone from another household, so someone could just check in on them. More often than not, if people are under the influence of drugs, alcohol or both, they are not fit to walk. When we are looking at anomalies, we are asking a lot from people who have, to be fair, adhered to the regulations and guidance, but we also need to give them a bit of trust and leeway. They are afraid to do that in case they break the regulations, because it could affect their employment. Everything that we are doing goes against their natural instinct and training.

I urge the Minister, as I have before, to look at that when he considers anomalies or unintended consequences. We are not talking about large numbers. We are talking about people who are first responders, as we have recognised in the House. They have stepped in and stepped up time after time to help people and prevent them ending up in A&E. That is what we are trying to do. Our youth providers in North Belfast — I dare say that it is the same across the board — are stepping in and stepping up to prevent kids from going in front of the criminal justice system, so we need to support them in that.

With regard to the trajectory of the virus and the R rate, to be honest with you, like a lot of people, I look at it on the news and read about it in texts, but then I look to see how many people are infected, how many people have died and how many people are ventilated. I look at the latter rather than the former. Too many people are still being infected, and, despite all the regulations, we still have not got to the bottom of where infections occur, and that is extremely worrying. We need to go back and look at our find, test, trace, isolate and support arrangements.

We have all heard the pleas from health and social care staff, families, parents and colleagues who work in the community sector, and we are not asking that policy is made on the hoof. We understand that that cannot happen, but I think that further interrogation is needed of anomalies to ensure that people do not end up in our A&Es. We also need to make sure that people do not end up in our criminal justice system. We need to talk to youth providers and to the community and voluntary sector about developing protocols around safe social distancing. They have already spoken to Gerry and I about what that may look like, so it is not as if they are sitting waiting for someone

to drop it on their laps. They are the experts, so let us trust them to bring those issues forward.

**Mr Buckley:** I thank the Member for giving way. She is on record in Committee as saying that youth providers are facing difficulties. Equally, she has put on record in the Health Committee and in other places the need for youth sport if it could be provided in a safe, socially distanced way, which, to be fair, many sports are, and the knock-on effect of denying young people the opportunity to engage in sport. That would perhaps deal with the unintended consequence of young people engaging in activities such as drugs and alcohol misuse. We want those people to avoid getting involved in the criminal justice system.

**Ms Ní Chuilín:** I completely agree. The Member is right up to a point. The guidelines are preventing those activities happening. I was about to come to the unintended consequences. I was at a local park on Sunday, and it was really busy, but it was safe. Even though there were narrow paths, people were stopping for others. It was almost as if they were using their own traffic management system, and it was great to see. People are on record as saying that a return to training for outdoor sport in particular and physical activity is critical. A lot of people who are involved in sport do not care about the weather. They are not fair-weather sportspeople. As far as my kids are concerned, the muckier and rainier it is, the better.

I heard from the Sports Forum yesterday and saw it on the news, and I have also spoken to a lot of people and sporting groups in the community, as have many colleagues, and they are trying to bring forward protocols. I appreciate that it is not for these regulations in particular, but, when we are looking at anomalies and unintended consequences, we need to feed that in.

I will finish by saying that the vaccination programme is a big chink of hope for people. As someone who is well into her 50s, I am looking forward to getting my vaccine in Belfast, like a lot of people. As someone who has family members who work in the health and social care system and in education, I want to ensure that the school community and all staff are vaccinated as well. There are lots of children of key workers in schools, and the classrooms are quite big —.

**Mr Poots:** I thank the Member for giving way. She raised the issue of schools. If we are to get schools back, it is important that teachers

receive their vaccination. There was a bit of an issue about special schools. For me, everybody in special schools should be getting vaccinated. Our learning disabled community should be a key target for vaccination because they are a key vulnerable group, and I encourage that to happen.

**Ms Ní Chuilín:** I completely agree. I have raised that before. A school is an entire community, particularly when it comes to special education schools. Every person employed or volunteering in a special school has a really positive but integral role to play. It is important that all people serving food, transporting children back and forth, teaching or looking after the close and intimate care of children and young people should be vaccinated. This is equally true for other schools. We do not want education policy to be made on the hoof. However, to make it easier for people to buy into and understand, we need it to run alongside a vaccination programme.

I also want to raise the issue of a COVID recovery plan. We all talk about issues, and rightly so, because that is what this place is for. Edwin, in fairness, spoke in-depth about the issues relating to health and undiagnosed conditions, and he talked passionately and compassionately about mental health. The mental health issue has always been bad, even before COVID. Now, it is really worrying. I have seen people distressed whom I have never seen distressed before. These are robust, strong people who are leaders in their family and community. I hear examples of, "So-and-so is not doing too well". It is quite shocking. They are the ones who keep their families together.

The other issue is that we need to look at the way in which people access mental health services at the point of need throughout the period of COVID and these regulations. We need something like a Nightingale hospital for mental health services, somewhere for people to go to so that they can be treated, cared for and monitored, regardless of whether they have taken drugs or alcohol. We just have not got round to that, despite the goodwill of the professionals and their wish to do so. Mental health has got worse because of COVID. Families are deciding not to bring relatives to A&E. Then, it comes to the point of calling for an ambulance to bring them straight there. That is the level of issue that we are dealing with.

I am delighted that we are seeing some progress. I am delighted that we are looking at anomalies and trying to fix them as fast as we can. However, I am still not convinced that we are getting as much information as we could. I

am not saying that it is being deliberately withheld; I just think that the information given is too scant. I appeal to the Minister to provide a little more detail. I do not sit on the Health Committee and accuse him of withholding the information; I am just saying that he needs to give us more to scrutinise.

There is an issue of unintended consequences and anomalies. I would like to see, and be a part of, that recovery plan. I am happy to share any good practice or experience that I have. The people whom Gerry and I work with in North Belfast, like the people of many constituencies, have definitely earned their keep, and then some. Before COVID, they were working in the worst of conditions. Earlier, I joked about gardens, but I remind Members that few people in North Belfast have gardens. People have nowhere to go. I live in a terraced house, with a yard that I can just about get a wheelie bin in and out of. I have plant pots on my roof, and that keeps me sane sometimes. Overcrowding has a shocking impact on mental health. Often, three generations are under one roof: grandparents, parents and children all living in a tiny house.

When we look at ways in which safe social distancing can happen in sport and exercise, let us consider the frail and elderly who cannot go for a walk. Let us look at the possibility of allowing them to have more than just a carer to accompany them, to give them someone to talk to. Often, that is the difference between keeping people alive and allowing them to live.

**Mr Givan:** I, too, join in welcoming Edwin Poots back to the Chamber. I am delighted to see him back so quickly.

I can recall our first conversation just after he had had the operation to remove the appendix, and he had just been told about the other issue that needed to be dealt with. From that first conversation, throughout the entire process, he has remained unshakeable and has been encouraging and advising colleagues on government policies, what we should be doing and so on. I wanted to say, "Just take a break", but such was his desire to assist others and to serve people. I am delighted to see him back. I trust that that will have been his first and last speech from the Back Benches in this mandate. His contribution showed exactly why he needs to be back round the Executive table as soon as possible to bring his experience to assist the Executive in the decisions that lie ahead.

**12.15 pm**

I, too, commend the NHS. I have not spoken in the past year at great length on the regs as they have come through from the Department of Health, but, given the general application of the first motion, and as we approach a year in, I feel that today is an appropriate time to make a more significant contribution in that respect. I, too, have seen how those who work in the health service have stepped up and carried out phenomenal work. My wife works in the health service. I know the stresses and difficulties that there have been in managing staff, redeploying people, people doing jobs that they have never had to do before, were never trained to do and have had to be trained to do, and all the dynamics, stresses and strains that the health service has been put under. That has applied not only to those on the front line but to the secretarial staff who provide administrative support. They have been under a huge amount of pressure, as have others across the public sector, but the NHS in particular.

COVID has been devastating to the families who have lost loved ones. People who would not have lost their life had it not been for the COVID virus have lost their life. Families have not been able to have funerals and wakes in the way in which we are so accustomed. They have not been able to grieve with other people or to be with their loved one as they passed away in a hospital. That will be with people for the rest of their life, and some will never get over it. That has been one of the consequences of the way in which the COVID virus has been an enemy to all of us.

When the restrictions were first brought in, like my colleague Mr Poots, I could see a justification for them, as we did not know what was coming. Tsunami-like scenes were coming from Europe, and fear struck everybody. There was a need to take significant legislative powers in order to restrict people's activities. I can understand why that happened, almost a year ago. However, we have had the experience, and we have been able to learn from that. We have also seen the consequences that Members have spoken about. Carál Ní Chuilín spoke at length about the impact on families and their mental health. All of us are dealing with the same issues in our constituencies. We can now weigh up all the consequences of the restrictions and look at them and their proportionality vis-à-vis COVID-19. We know the predictions that were made of the number of people who would die. We had predictions of 15,000 people. A morgue was provided for, not too far away from here, through the MOD, because there was a concern that we would not be able to cope appropriately with the management of people

who had lost their life. That was being prepared for. I am thankful that we did not reach that level, but things have been devastating for the 2,000 people who lost their life and for their families. Now, we can look at the proportionality of what we are doing.

Today's motion extends, in a general application, what applied from February to 5 March. The Executive met last week to carry out their review and have announced a further continuation of the restrictions, with very marginal changes. I will get to that in due course. The basis on which the restrictions have been extended until 5 March is predicated on transmission rates and on not wanting to overwhelm the NHS, and it is vital that we do not overwhelm it with hospitalisations. A fundamental change has now occurred, however, and it is the roll-out of the vaccination programme, which has given us the ability to suppress transmission. The R rate has been below one for a significant period now, and we can see that from the drop-off in transmission rates. We are seeing a reduction in hospital admissions. They were somewhere in the region of 700-plus at the peak of this most recent situation and are now below 400. I trust that the admissions rate will continue to fall.

With the vaccination programme having targeted and taken place for the over-75s, then the over-70s and the clinically vulnerable groups, we should continue to see a reduction in hospitalisations. We may not necessarily see a reduction in transmission, but, hopefully, for those who do have it, it will be managed in their home environment, and they will not need to be hospitalised. Part of the primary objective of all the restrictions was not to overwhelm our hospitals, so, if we are able to manage COVID much better in the community instead of in the hospitals, different criteria need to be applied when testing the restrictions. If we are not overwhelming the NHS, we need to look at other decisions taken around the restrictions. Based on what Professor Whitty, England's Chief Medical Officer, said yesterday, that starts to change the dynamic around how much of a priority should be given to the R rate when considering it against hospital admissions. It changes the way in which we need to look at that.

I want to say to the Health Minister that it is very important that we know what the grounds and the criteria are for the restrictions. I know that many in our community will feel that the goalposts have moved. As they move, people who have made sacrifices ask what those sacrifices were about, because we have achieved the goal that we were asked to

achieve, yet now a different test is being applied. When that happens, it starts to have an impact on people's behaviour and on their willingness to do what we have asked them to do.

It is in that context that the headlines came out of an interview that our Chief Medical Officer, Dr McBride, gave a number of weeks ago. It was an interview that quenched people's hope, because they had felt that we were moving in the right way, only for Dr McBride to talk about restrictions going into next year and having to bring them all back in again come the wintertime if they are lifted in a very limited way. That sent out a message to the public about the price that they are paying. Where they had seen light at the end of the tunnel, that hope was removed by his comments. I know that, 24 hours later, Minister, you sought to change some of the narrative and the impact that the interview had had, but it did have an impact on the people to whom I spoke. It impacted on the way in which they were viewing what they were being asked to do, because the goalposts were being moved and that hope was being taken away. We know the phrase:

*"Where there is no vision, the people perish".*

That is what is needed, and the negativity that I have heard at times from some leading health professionals can be counterproductive. That therefore needs to be weighed up as we go forward.

We look at the impact of the restrictions, and I commend to colleagues the report that was published yesterday by Her Majesty's Government, 'COVID-19 Response — Spring 2021'. It runs to some 70 pages, provides a huge amount of detail and analysis, and outlines the rationale behind the four steps that the Prime Minister announced. I am not going to advocate, strictly speaking, for the Prime Minister's policies to be our policies, as I would not say that we should adopt the policies of Scotland, Wales or, indeed, the Republic of Ireland. I agree with Mr Gildernew that we need to do what is right for the people of Northern Ireland. However, the document published yesterday is very helpful for Members as we consider the best way of doing that.

If we consider the impact of the pandemic, one of the analysis pieces is on the impact on the economy and society. Paragraph 20 says:

*"The pain has not been felt equally."*

We have said that we are all in this together, but the pain has not been felt equally. It goes on to say:

*"Staff in the hardest-hit sectors, such as hospitality, are more likely to be young, female, from an ethnic minority, and lower paid."*

They have borne the brunt of the restrictions more than any other group.

The Government have provided significant business support of some £280 million. We talk about protecting lives and livelihoods, and the impact on businesses has been severe. Again, there has been inconsistency, because people and businesses have not been all in it together. Big business has been able to find ways around the restrictions, while small businesses have been closed down and unable to do that. I am thinking about the clothing and retail sectors: small businesses are unable to open, whereas if you go into the multinational supermarkets, their clothing sections are all open.

Now, I am not advocating that those clothing sections should be closed, but we have been talking about levelling up. I believe that, with the vaccination programme, we need to reopen our businesses. However, that takes us into the issue of whether it is better to have controlled or uncontrolled environments. We have seen the virus spread in uncontrolled environments, with an increase in people meeting indoors in their domestic dwellings. That is where all the evidence has shown that there is the biggest potential for the virus to spread. However, we have restricted the controlled environments that take their responsibilities very seriously. Therefore, there has been an inconsistency in the application of the restrictions to small businesses and big businesses. One of the very marginal changes brought forward by the Executive to take us into April was click and collect for essential items only. I know from speaking to people that that really limits their ability to do click and collect at all. Our small independent retailers need to get more than click and collect for essential items only.

We have heard about the impact on people's mental health, and that is a significant issue. Mr Poots talked about the statistics, and 850 died last year as a result of mental health issues. The paper published yesterday states:

*"Mental health and wellbeing have also suffered during lockdowns, according to the UCL COVID-19 Social Study. Anxiety and depression levels are now consistently higher than pre-pandemic averages. This*

*coincides with restrictions to school attendance which have severely damaged children's education."*

Mental health is much worse than in the pre-pandemic environment, and we need to take that into account. Carál Ní Chuilín and others rightly highlighted all those downsides. In my view, that can only lead us to the question: "What caused that? What do we need to do to change that?". Now that we have the vaccination programme, we need to recognise that COVID is no longer the single issue and lens by which we have to view these problems, and measures need to be taken from a much broader position.

One of the ways to help people's mental health is outdoor activity. Again, Carál Ní Chuilín mentioned that North Belfast is an exclusively urban area. In South Belfast, two areas of the constituency are regarded as rural.

**12.30 pm**

**Ms Ní Chuilín:** Nine.

**Mr Givan:** North Belfast has nine. When I think about the urban population in the city of Belfast, it is no wonder to me that people want to climb Divis. We saw the footage of that. I will not be critical in any shape or form of people who went to an outdoor open space. I trust that they were able to manage that; as the Member for North Belfast indicated, it was a full park, but they were able to manage all of that themselves. The outdoor/indoor argument is one that needs to be addressed by our Executive.

The report contains an analysis that states:

*"Opening outdoor sports settings will help to reduce the adverse physical and mental health effects experienced by large parts of the population, in particular children and those living alone. Exercise and outdoor sports are well documented to reduce individuals' risk of major illnesses, such as heart disease, stroke, type 2 diabetes and cancer by up to 50% and lower risk of early death by up to 30%. Physical activity is also known to help with improving mental health through better sleep, happier moods, and managing stress, anxiety or intrusive and 'racing' thoughts."*

We know that the risk of the virus in outdoor settings is not even comparable with the risk indoors. Why would we want to continue to say to people, "Stay indoors", where we know that the risk of the spread of the virus is much

greater, when we have outdoor settings? We have only a small amount of parks and beaches that people, rightly and understandably, want to go to. The report states that, in England, on 29 March, all under-18 outdoor sports will resume, with no limit on the numbers that can participate, other than the limits in the sporting bodies' governing rules. Rather than having a small number of parks being heavily congested, let us move to where all outdoor sporting activities can be resumed. People will then spread out because they will take their children to their hockey, rugby, football, Gaelic and all of those sorts of activities. We know that the risks outdoor are nothing in comparison to those indoor, so we need to see that.

People will say, "Follow the science". The report states:

*"Airborne transmission is a significant route by which COVID-19 passes between people. Particles of the virus can build up and circulate in the air in the form of aerosols in enclosed spaces ... especially where air exchange is poor. This makes indoor settings more risky than outdoors, where the fresh air quickly disperses the virus to safe levels. This is confirmed by observational studies tracing people infected with COVID-19 which shows the majority of transmission occurs in indoor settings and that 'super spreader' events ... are more likely indoors than outdoors."*

The science says, "Get people outdoors". That will minimise what they do indoors. I would like to see those restrictions being lifted soon.

I will touch on our schools. I am on the board of governors of two primary schools and a secondary school, the populations of which are almost 2,000 children. The impact on learning has been devastating. That, again, is borne out by evidence that has been published in respect of the impact on education. I know, from my own experience, that there is a disparity in the level of engagement that people have with online learning. That transcends academic ability; it ranges from those who are highly academic to those who struggle. There is definitely a disparity in that regard; there is a digital divide, which perpetuates a class divide when it comes to education. I know that that has also had an impact on people's ability to work. The report that was published last night talks about how women in particular have had to reduce the hours that they work because they need to manage homeschooling. So, again, this is impacting on women.

We have to consider some of the logic in the announcement that P1 to P3 children will go back for two weeks and will then be off again before Easter in order to facilitate Years 12 to 14 in a different school setting. I had to read that statement on multiple occasions just to figure out whether that is really what has been decided. I have spoken to Peter Weir, the Education Minister, about that, and I know that that is not what he wanted. It is not what he wanted. He told me that it was through the engagement of the Department of Health that we got the result that we got. I am sure that the Health Minister can elaborate on that in due course. I know that my colleague Peter Weir does not want to see P1s to P3s coming in for two weeks and then being put back out again in order to facilitate Years 12 to 14. In Scotland and Wales, P1 to P3 children are back already. We are not bringing P1 to P3 children back until 8 March. Scotland and Wales have already started that process.

We had the announcement from the CMO in England yesterday. I hope that the Health Minister will be able to address this point. Professor Whitty said that the data is "unambiguous". He said that the data to justify all children in all school settings going back is "unambiguous". The risks are negligible. Our own Public Health Agency in Northern Ireland has said that. The balance is much more in favour of having all children brought back in for all the reasons that others said about children at risk, children's mental health and the impact on their educational attainment and life chances.

Professor Whitty talked about Chief Medical Officers. The inference was clear that it was not just him saying that but the Chief Medical Officers in the devolved regions. I would like to know if that is the case. If the advice and the scientific and medical evidence all justify all children in all schools coming back on 8 March, why are we having P1 to P3 children in for only two weeks from 8 March and then their being put back out of school for nine days? I am really struggling to understand that, and I know that our constituents are all struggling to understand it. If it is based on the science, why is our science in Northern Ireland so different to England's given that we are dealing with the very similar dynamics of the virus?

**Mr Buckley:** I thank the Member for giving way. He makes a crucial point. The CMO for England, Chris Whitty, actually went further than that. He talked about a document from all four CMOs that said that they agreed that every child is disadvantaged by being out of the school and that the risk of getting COVID from

going back to school is incredibly low. Do we have access to that document? We in the Health Committee have seen no evidence of it, but it would be useful to know what the facts and science in that document say; maybe the Minister can address that in his contribution. The Member is quite right. Parents are quite rightly asking whether our priority is getting children back to school as quickly as possible in line with the scientific evidence provided.

**Mr Givan:** The Member makes the point very well. Mr McNulty, a Member for Newry and Armagh, is in the Chamber. I have been in the Chamber when other Members said that our schoolchildren need to be back as soon as possible. I agreed wholeheartedly when Mr McNulty said that in the Chamber a number of weeks ago. I have heard other Members in other parties say that children need to be back as soon as possible. Given the scientific and medical advice that Professor Whitty articulated last night, why are they not coming back in Northern Ireland? What is the medical and scientific advice for their not coming back?

It concerns me when I hear some say that bringing children back to school has an impact on the wider behavioural approaches of our society. It cannot be that the denial of our children's education is being used to influence wider society's behaviour. That cannot be allowed to continue if it is indeed the case that it is being used to justify a different approach here in Northern Ireland.

There are big questions, particularly for the Chief Medical Officer in Northern Ireland, to answer on that, in light of what Professor Whitty has said. That informs our Executive and the decisions that our Ministers take, and we need to have answers to those questions.

I want to conclude on the issue of enforcement, which I raised yesterday. Almost one third of our adult population has been vaccinated, and that is a tremendous achievement. I join others in commending those who have been involved in the roll-out not just here but across the United Kingdom. The Prime Minister got it right when it came to his approach to getting the vaccines and signing up to that, despite the risks that were maybe taken and the criticism that others made of him at the time. We are having a tremendous roll-out of the vaccine, and that is fundamentally changing the way in which we now have to base our decisions. Unfortunately — I hope that this changes and does so quickly — the Republic of Ireland is nowhere at the races when it comes to the vaccination programme. It is not even at 6%. Just over 5% of its adult population has been

vaccinated. I really regret that, and I want them to have a much better roll-out of their vaccination programme. The way in which that has been managed right across continental Europe is a problem. However, we cannot allow the removal of our restrictions to be held back as a result of failures that are taking place across the border. We have to be alert to the potential risks that that creates.

One of my concerns is about the mutant strains that may well come here. However, I note in the document published last night by the Government that, when it comes to mutations, the risk that they present is limited. Some do present a risk, and we need to be alert to that.

People have talked about the need for enforcement because of their concern — not one that I share — about the scenes at Divis and other parks and have now called for the police to get involved in restricting that. I hope that nobody suggests that we should put into law the guidance on the 10-mile issue. I really hope that nobody suggests that we should put that guidance into law. Our biggest threat comes from people travelling from the Republic of Ireland into Northern Ireland. Yet, when Members raise the policing of that and introducing enforcement against it, that is almost viewed as a politicisation of the issue. It is not. COVID is the enemy. Orange and green should not come into it. Unionist and nationalist should not come into it. Our unionism versus our nationalism should not come into it. We base our actions on where the risks are, and the risks are now with the Republic of Ireland not having its population vaccinated to anywhere near the level that we have vaccinated in Northern Ireland. Why are there not calls from the Justice Minister for a much tougher approach to protecting our border when the Republic of Ireland Government have introduced laws to fine the people of Northern Ireland for undertaking non-essential journeys into the Republic of Ireland? The police are turning them away, and yet one third of our population has been vaccinated. I really struggle to understand why we have not dealt with that. Let it not be because of political sensitivities, because that should not come into it when taking action. When I have raised the issue of bringing forward regulations on enforcement with the Justice Minister, she has said that I should raise it with you, Mr Swann. If there is to be enforcement against people's movement, we have to realise that the biggest risk is not internal movement within Northern Ireland but movement from the Irish Republic, and that is where I want to see enforcement.

**Mr Poots:** I thank the Member for giving way. In absolute fairness to Minister Swann and, indeed, the First Minister, they have constantly raised the issue of people travelling through Dublin Airport to access Northern Ireland. They are doing it to access not only Northern Ireland but Great Britain. Many of those people can come from areas where mutations are happening.

People can fly from South Africa to Dubai and on to Dublin. They can fly from Brazil to Madrid and on to Dublin. From Dublin, they can fly on to Great Britain. Therefore, Ireland needs to step up to the mark. Indeed, our Justice Minister needs to step up to the mark when it comes to people travelling across the border. The irony is not lost on me that, although over one third of our adult population are vaccinated and 5% of their population are vaccinated, the restrictions are going the wrong way.

12.45 pm

**Mr Givan:** I thank the Member for that intervention, and I agree.

**Mr Gildernew:** Will the Member give way?

**Mr Givan:** I will give way in one moment. I know that the permanent secretary in the Department of Justice heads up the enforcement task force, so the Department of Justice has a very important role to play in this. When I raised it, I did not appreciate the distraction of someone wanting to put it on to the Minister of Health. I appreciate and accept that the Department of Health is the legal vehicle for taking these things forward, but that does not absolve the Department of Justice, which has the primary role, in my view, for tackling these enforcement issues. I have not seen the kind of engagement that I would expect to see in respect of this issue. I give way to Mr Gildernew.

**Mr Gildernew:** I welcome the Member's recognition that it is critical that we cooperate right across this island in order to protect our populations. That cooperation needs to include the Departments of Health as well as the Departments of Justice. Does the Member agree that the memorandum of understanding that was signed by the two Health Departments should be developed and delivered on?

**Mr Givan:** I am all for engagement when it comes to trying to tackle this. However, we cannot ignore the reality that the vaccination programme has fundamentally changed the basis on which, in my view, the Executive now

need to take decisions. The Republic of Ireland is not in that game space yet, unfortunately, and I deeply regret that, but we should not be held back as a result.

Finally, we know that how we manage this issue has caused tensions. It has caused tensions politically. The approach that we have taken has caused tensions with our friends. Even within our families, there have been disagreements about the measures that have been taken and why they have been taken. We can debate the policy on all of this, and I think that we can, rightly, do that robustly. However, I also accept that we are all motivated by the same objective: we want to protect and save lives, and we want to get our country back up and running.

I note that the document published last night had step 4 happening by 21 June. England wants to have all restrictions lifted by then, with very few, if any, left in place. I say this to the House: let us have the same ambition to achieve that, and let our population rise up once again to achieve that. We all have personal responsibility, and we all have to take that responsibility upon ourselves. It should not require the Government to tell people how to act with common sense or how to weigh up the risks for themselves and take informed decisions. Therefore, let us have the same aspiration: by the end of June, to be free of these restrictions. Let us dispense with talk of things rolling on into next year, removing hope from our people. I believe that, if we have unity of purpose, a vision and the desire to do it, which is motivated by the same objectives of protecting lives and getting this country back up and running, we can do that.

**Mr McNulty:** I thank the Minister for coming before the House with regard to these statutory rules. I join others in welcoming Mr Poots back to this place. It is great to see him looking so well and healthy, and I wish him well on his potential return to the AERA hot seat in the days ahead.

It is a matter of, "Here we are again". Weeks after regulations were introduced, we are giving consent to them. Like others, I hope that we will soon be at the end of these restrictions and debates. That brings me to the announcement by Boris Johnson in London yesterday and the anticipated plan from the joint First Ministers that is due to be published next week. I acknowledge the effort and sacrifices that have been made by all of our community to help to drive down the infection rate. I acknowledge those who are on the front line in health, education, retail, business and all of our front-line services. I also acknowledge the

community at large: the families, the sporting organisations and the children who have stayed away from school, sport and engagement with friends. We should also acknowledge the changed role that teachers have taken on and, indeed, that of parents, who have become at-home educators and have been juggling between doing their job and educating their children.

Carers, in hospitals and in the community, have put their lives at risk to keep us safe. Healthcare staff are exhausted, fatigued, and mentally and emotionally bruised. They are punch-drunk from fighting the pandemic, caring for patients and saving lives. They know that, on the horizon, they can see beyond the pandemic, but they can see the epidemic, after the pandemic, of health issues related to delayed diagnoses and treatment. Minister, what plans do you have to support those people, who have nothing more to give?

Members alluded to the plan for easements in the months ahead and stressed the need for decisions to be data-driven and science-led, and I support that principle.

On my way here this morning, I listened to Diane Dawson, a school principal, eloquently and passionately articulate the desire and need for children to get back to school. She was critical of statements made since the Prime Minister's statement yesterday. She expressed frustration at the sudden change in direction from the top of our Executive in just four days. School leaders, teachers, parents and children need clear direction on the way forward. They need consistency of message and certainty. Their flexibility cannot be stretched beyond breaking point. They need a vision and a clear pathway of what lies ahead. They need a plan for educational catch-up, a plan for emotional health and well-being renewal, and a plan for the return of physical education. They need a properly funded restart programme.

As we look at the success of the vaccination programme, people involved with sport are seeking a detailed plan for its safe return, beginning with children's outdoor sports and then the return of all outdoor and indoor sport and places such as gyms.

Minister, you gave every MLA a gift: a reminder to tell us to keep following the guidelines. I thank you for the gift. I have endeavoured, like others, to lead by example and to follow the guidelines. Once again, thank you for the gift. I am asking you, Minister, to give a gift to our children and young people. The scales have tipped. The evenings are getting brighter and

the days warmer. Children are getting itchy feet. Where I live, the kerbside kids are bringing joy to the neighbourhood, and it is fantastic to hear and see. Now is the time to tell children, families and sporting organisations when they can return to sports safely.

Minister, I know that you share with me the view about the importance of the health and well-being of children and young people. I know that you agree that a critical part of that is opening up youth sports. It has been said that the kitchen table is no substitute for the classroom. The back kitchen, living room or front hall are no substitute for the sports pitch. Minister, can you give me reassurances that you will look at that? Will you write to me with your assessments?

Letters sent to the First Minister, the deputy First Minister, the Health Minister and the Minister for Communities contained 80 signatories representing 15 sports, including ladies' Gaelic football, soccer, rowing, rugby, camogie, boxing, triathlon, judo, hunting — hunting? Sorry, that should be hurling; I cannot read my own writing. Some will, of course, classify hunting as a sport, but that is not one of the signatories — handball, athletics, football and Gaelic football. Fifteen sports are represented, and the Sports Forum has also written to you, Minister. They want clear direction on how youth sports can return safely. They know, you know, and I know that sport is much more than physical recreation and well-being.

It is every bit as much about emotional and mental health and well-being. I shudder to think what my youth would have been like with six months with no sport. I implore the Minister to give those children and young people the gift of sport in a safe and controlled way.

Finally, I ask the Minister to outline in his remarks his thought on the return of schools, the return of children to sport, the return of sport in general and, indeed, the economy. The English CMO has said that there is little residual risk for schoolchildren. That risk is lower again for youth sport. I know that the concern is about parental behaviour, but the sports have expressed clearly that they want clear guidance. They are willing to work with the Minister and will put in place mitigations. The Minister must give them that guidance and tell them when they can get back to youth sport. The plan must be data-led, clear and unambiguous and give people hope and a sense of renewal in the months ahead.

**Mr Principal Deputy Speaker:** In his remarks, Mr McNulty mentioned Miss Diane Dawson. I must declare to the House that I have an interest: I am a governor of Braniel Primary School, and Miss Diane Dawson is the principal of the school, which my children attend. I just want to put that on the record.

The Business Committee has agreed to meet at 1.00 pm. I propose therefore, by leave of the Assembly, to suspend the sitting until 2.00 pm. The first item of business when we return will be Question Time with the Minister of Health. The sitting is, by leave, suspended.

*The debate stood suspended.*

*The sitting was suspended at 12.56 pm.*

**2.00 pm**

*On resuming (Mr Deputy Speaker [Mr Beggs] in the Chair) —*

## Oral Answers to Questions

### Health

**Mr Deputy Speaker (Mr Beggs):** I advise Members that question 6 has been withdrawn.

### COVID-19: Deprived Communities

1. **Mr G Kelly** asked the Minister of Health whether there are any specific public health interventions to address the impact of COVID-19 on the most deprived communities. (AQO 1626/17-22)

**Mr Swann (The Minister of Health):** The latest coronavirus-related health inequalities report was published by my Department on 16 December 2020, and it shows that the hospital admission rate for COVID-19 confirmed cases in the 10% most deprived areas was more than double the rate in the 10% least deprived areas. However, while deprivation was found to be an important factor in the likelihood of hospital admissions, age was found to be a greater factor. The pandemic has, no doubt, exacerbated existing inequalities, and therefore my Department, with the Public Health Agency (PHA), continues to deliver a range of actions to address the impact of COVID-19 and other health conditions and behaviours in the most deprived communities and to reduce health inequalities.

In April 2020, the health improvement division in the Public Health Agency established a regional group to oversee the recovery of health improvement services throughout the first surge of the pandemic. Additionally, the test, trace and protect contact-tracing service operated by the PHA seeks to provide advice and support to those who need additional help and to help people to isolate, as required, when they have a positive test. The service also works closely with health improvement colleagues in the Department for Communities to address any health inequalities in cases identified through contact tracing or as part of the ongoing management of clusters that may face particular challenges with self-isolation.

**Mr G Kelly:** Gabhaim buíochas leis an Aire as a fhreagra. I thank the Minister for his answer and the detail in it.

Minister, the Executive decisions on the introduction of restrictions and any decisions to lift or ease current restrictions must be firmly based on medical and scientific advice and evidence. Has the medical and scientific advice from the Chief Medical Officer (CMO) and the interim Chief Scientific Adviser (CSA) on the phased reopening of schools changed since last Thursday?

**Mr Swann:** That is a step away from the initial question. I am not aware of any advice having changed from what was provided either to my Department or the Executive.

**Mr Stalford:** It is a well-known expression that advisers advise whilst Ministers decide, but, when those advisers choose to take on a very public-facing role, it is legitimate to question the advice that is being given. In that vein, why is Professor Whitty wrong about school opening but Dr McBride right?

**Mr Swann:** The Member's opening comments are correct. Ministers — not a single Minister — decide. There seem to be some grounds for believing that Professor Whitty's comments have been misquoted. There was, in principle, a reference to a joint CMO statement that was issued last August/September on the return to schools. In that statement, Professor Whitty also made it clear that a return to school was the best option from the child's point of view, and that has surely never been in dispute. The issue is what schools being open means for wider society and the health service and how it fuels transmission. The Minister of Education brought a paper to the Executive last week that included two options, the second of which was adopted unanimously by the entire Executive. The Executive did not divide on our current stance.

**Mr O'Toole:** Minister, my constituency of South Belfast is the most diverse in Northern Ireland and probably the most diverse on the island of Ireland. We also know that there is evidence, particularly from GB and North America, that COVID has a disproportionate impact on black and minority ethnic (BME) communities. What are he and his Department doing to speak to that community to ensure that it has maximum information and support when navigating its way through the pandemic?

**Mr Swann:** I thank the Member for his question. The comment is timely. Yesterday afternoon, the two junior Ministers, the Chief Medical Officer and I met ethnic minority groups, including our faith-based groups.

One of the things that came forward, especially from the ethnic groups, was not to, I suppose, contain them within the same information that is coming out of GB about access to services, information and the vaccine. They wanted to be very clear that there seemed to be two different narratives and that the support for and uptake of the vaccine in Northern Ireland was greater than among their counterparts across the water and, shall we say, at the same level as the Caucasian population of Northern Ireland. That is because of the work that they have done, supported by the Public Health Agency and a number of other agencies that have engaged with the key stakeholders through the Regional Traveller Health and Social Wellbeing Forum and the Migrant and Minority Ethnic Council. That information has been disseminated throughout the pandemic.

**Mr Gildernew:** Minister, given your acknowledgement that the pandemic will have exacerbated inequalities, does it not suggest that the Department needs to implement full equality impact assessments (EQIAs), rather than undertaking high-level screening?

**Mr Swann:** I think that the Member is referring to the regulations and the change of regulations that are being brought forward. Given the pace at which they move and the way that the changes are made, it is not possible to carry out full equality impact assessments on the change of regulations. I know that he raised the question —.

**Mr Gildernew:** On the budget, Minister.

**Mr Deputy Speaker (Mr Beggs):** Order.

**Mr Sheehan:** I know that he raised the question of the budget as well. Given the size of my Department and the lack of time that we have had to bring it forward for public consultation, we have been unable to carry out a full equality impact assessment on all the detail. As the Chair of the Committee, the Member will be aware that that is being done at a high level. That is what my officials provided in their briefing last week.

## COVID-19: Childcare Costs

2. **Mr K Buchanan** asked the Minister of Health when the scheme for reimbursement of additional childcare costs incurred during COVID-19, as detailed in correspondence to healthcare workers on 18 June 2020, will be finalised. (AQO 1627/17-22)

**Mr Swann:** I thank the Member for his support. We all owe our health and social care (HSC) workers a great deal for their exceptional efforts. They have gone over and beyond what one could normally expect to see.

During the initial period of the pandemic, some health and social care trusts provided childcare free of charge to key workers on an interim basis. That is to be commended. Those trusts continue to support staff with their childcare needs and have actively encouraged staff to use the different flexible working options that are available to them, including utilising their local schools, which provide care during the day for the children of key workers.

Following the recent surge in COVID-19 cases and the need for a further lockdown and school closures since the start of January 2021, there have been a small number of cases in which the childminders of HSC staff have ceased operating and/or their working hours have changed, after-school clubs have closed or they can no longer access informal childcare arrangements. In those instances, any additional costs — I stress additional costs — for childcare that have been legitimately incurred by health and social care workers as a result of the pandemic will be reimbursed. My officials, along with trusts' HR and finance colleagues have been exploring a range of options for funding additional childcare costs in those circumstances and the resultant tax implications, given that that is seen by HMRC as a taxable benefit. We hope to resolve those issues as quickly as possible.

**Mr K Buchanan:** I thank the Minister for his response. Minister, can you confirm whether the Northern Trust is aware of that information? I received a communication from a constituent that was based on the 18 June email, which stated that the Department of Health was giving that support to people who work in the Northern Trust. As of yet, that lady has not been communicated with, and, indeed, the trust is not aware of that. I have had several communications with the trust.

**Mr Swann:** I thank the Member. If he is willing to share that information through my private office, I will follow up on it. He referred to 18 June. The additional support is in place for this wave of the pandemic and for the extra work and the extra pressures that it is putting on our health and social care staff.

If the Member could forward that detail to me. I will make sure that all the trusts are aware of

the answer that I have given to the Member as well.

**Ms Brogan:** Minister, as you said, childcare is a pressing issue for many families at the moment, particularly for key workers who are unable to work from home. Can you outline what plans the Department has to continue that scheme into the next financial year, please?

**Mr Swann:** I thank the Member. As she said, childcare availability in the pandemic was one of the key actions, and it has continued to function in Northern Ireland since the start of the pandemic, although in a limited way. Initial access was restricted to vulnerable children and, as the Member said, the children of key workers.

Support for additional costs above normal childcare costs will be reimbursed by the trust and through working with us, the HSC trusts, HR, Finance and finance colleagues in the Department. Any funding for additional childcare in these circumstances will be covered, but people should also be aware of the resulting tax implications, as HMRC will see it as a taxable benefit.

**Mr McNulty:** Will the Minister give an update to his recent announcement of the £500 payment to NHS staff and say when he envisages all payments will be made?

**Mr Swann:** I am on record talking about the value that I place on the skill, dedication and hard work of the health and social care staff. I have seen first-hand the magnificent job that all health and social care workers perform, the risks that they take and the sacrifices that they make. That has never been more evident than it is now in how they are dealing with COVID-19. My officials are finalising the details of the special recognition payment, and answers to frequently asked questions are available on my Department's website.

It is highly unlikely that that payment will be made in this financial year, but we will process it as quickly as possible. It covers a large section of not just our own workforce but additional workforces, which we have acknowledged will receive part of, or subsequently, all of the payment.

### **COVID-19: Dementia Care**

3. **Mr McGlone** asked the Minister of Health to outline what additional measures his Department is putting in place to ensure those

living with dementia are better protected during the COVID-19 pandemic. (AQO 1628/17-22)

**Mr Swann:** I recognise that, for many people living with dementia and their families, the past 12 months have been extremely challenging. Many people who live with dementia will have other significant health vulnerabilities and needs that place them at particular risk from the COVID-19 virus. Monitoring is particularly important for individuals with dementia who may be less able to report symptoms because of communication difficulties. Measures have been put in place to provide protection against the virus for people living with dementia either in their own home or in a care home setting. That protection includes the application of infection prevention and control measures, such as the use of appropriate PPE by care staff, the introduction of social distancing where possible and the suspension of most visits to care homes where there has been a COVID-19 outbreak.

A number of regional supports have been made available to care homes with dementia units, including staffing and financial support on a regional and trust basis, and the provision of extra training and education sessions related to supporting dementia residents and care staff. The aim of that is to understand and respond to changes in behaviour in people with dementia during the COVID-19 pandemic. People living with dementia who are in receipt of residential and nursing home care were amongst the top priority groups for the first round of vaccinations.

**Mr McGlone:** I thank the Minister very much for his answer. Given that the Northern Ireland Statistics and Research Agency (NISRA) has published evidence confirming that over 36% of those who died with coronavirus from March to September also had dementia, are you in a position to commit to making dementia a stand-alone priority in the Department's ongoing reform of adult social care as we look forward to building a better health service?

**Mr Swann:** The Member partially answered his question. There is ongoing reform of that service. The specific support that is being given to those with dementia who are living in care homes and who have borne the brunt, as the Member rightly indicates, of the pandemic is about the additional supports and measures that we put in place now, rather than our waiting specifically on that piece of work being completed with regard to strategies and implementation. We made sure that those people were part of that vaccination group

because of the exact specifics, as the Member realises, that made them more vulnerable from the first wave and that we saw and acknowledged.

**Ms Anderson:** Minister, we have tragically seen that the make-up of those who have died from COVID has disproportionately been those who have suffered from dementia. I am conscious that you said that, in response to the last question, the reform is ongoing. Do you intend to bring forward plans to transform adult social care? When will we get an opportunity to hear those plans?

**Mr Swann:** The Member is well aware of my desire to make that change in our adult social care and our social care service across Northern Ireland. I am on record saying at the Health Committee that it is the Cinderella service of our health service. One of the outworkings of the pandemic has been to bring that workforce, and the dedication in the work that it provides, into the limelight. It is my challenge, as Minister, to make sure that those people continue to receive recognition and acknowledgement, not only for their work but for their commitment to the people whom they look after. As I said in answer to Mr McGlone, this is ongoing work, but we want to get it right. My Chief Social Work Officer is leading on that work so that we can progress it and make sure that it not only encapsulates what has happened in the pandemic but encapsulates the longer-term benefits for our health and social care services.

2.15 pm

**Mr Nesbitt:** Will the Minister provide an update on any plans to allow care home residents, many of whom suffer from dementia, access to family visits?

**Mr Swann:** The Member raises the impact of restrictions on visiting and contact with families. That has been recognised, and the trusts are working in partnership with families and care homes to ensure that contact is maintained between residents and relatives in line with regional visiting guidance.

It remains my position that care home visiting and the subsequent implementation of the care partner role is critical to the health and well-being of care home residents, particularly those with dementia. The care partner contact is in addition to visits to a resident, and that is organised according to the care home's visiting policy and the Department of Health's COVID-19 regional principles for visiting. However, the

level 5 visiting restrictions should not prevent care partners from being permitted access to care homes. Care homes are being actively encouraged to adhere to all aspects of the revised visiting guidance, including the introduction of care partners. Care partner contact can continue, provided visits are aligned with infection prevention and control measures. In addition to that, my Department is undertaking work to facilitate the testing of care partners as part of the care home staff testing programme. Trusts will continue to engage with care homes to reinforce the care partner message. Key workers are also ensuring through family communications that families are aware of that role and are offering support to them to help them to set up the role when that need is identified.

### **COVID-19: Outpatient Waiting Lists**

4. **Mr Harvey** asked the Minister of Health for an update on hospital waiting lists for outpatient appointments in view of the redeployment of staff throughout the COVID-19 pandemic. (AQO 1629/17-22)

**Mr Swann:** I thank the Member for his question. I fully appreciate that all patients should be able to avail themselves of the best treatment that the health service can provide in a timely manner. Waiting times were wholly unacceptable before COVID-19 and, regrettably, they will be even worse after it.

After the first wave of the pandemic, I was clear that rebuilding services across all programmes of care, including outpatient services, needed to be a key priority of the health and social care system. To that end, trusts were required to publish rebuilding plans on a three-month rolling basis, which set out plans to increase HSC activity incrementally.

Even during a rising number of cases at the end of last year, those rebuilding efforts continued, and, thanks to the huge efforts of staff during phase 3, which was October to December last year, our health service exceeded the projected activity for the number of outpatient appointments delivered at a regional level by 16%. As we emerge from the latest wave of the pandemic, the focus of the health service will continue to be on resettling all elective services, including outpatients, in an environment that is safe for staff and patients.

The situation is extremely challenging. Our HSC trusts are working with clinicians and the Health and Social Care Board to prioritise the care needs of patients who have been referred

to the HSC system and to ensure that all available capacity, including that in the independent sector, is utilised as effectively and equitably as possible across the entire region.

Reducing elective care waiting lists to an acceptable level will require significant and sustained investment and additional staffing. I have made it clear that hospital waiting lists must be a major Executive priority in 2021 and beyond.

**Mr Chambers:** The redeployment of healthcare staff throughout the pandemic has been necessary to deal with the ongoing pressures from COVID-19, and I thank all healthcare staff for the tremendous work that they have been doing in horrible circumstances. Can the Minister provide an update on his discussions with the Executive to secure more funding to deal with all waiting lists when the pandemic is finally over?

**Mr Swann:** As the Member will be aware, in New Decade, New Approach, the reduction of waiting lists was a priority for the entire Executive. The current Budget is out for consultation, and we will seek support in order to provide additional staff and capacity and to be able to use the independent sector. Anybody who wants to respond to the ongoing public consultation is welcome to do so to ensure that the voice of Northern Ireland society is heard on how it wants to address unacceptably long waiting times. That was the case before COVID-19, and it definitely will be after it.

**Mr Deputy Speaker (Mr Beggs):** I apologise for omitting to call the Member who asked the original question to ask a supplementary question. I call Harry Harvey.

**Mr Harvey:** No problem, Mr Deputy Speaker. I know that we have to look after our own, so it is OK. *[Laughter.]* I thank the Minister for his answers so far. I welcome the fact that COVID-related deaths have fallen for the third week in a row. Can he assure us that services for cancer patients will be reinstated as soon as possible?

**Mr Swann:** I thank the Member. I am sure that no bias was intended. Rather than being in my favour, it is usually the other way round with the Deputy Speaker.

The Member makes a very important point about getting our health service back to delivering the services that many of our healthcare professionals want to provide. The professional services that they provide are what

they have trained for, and they want to see patients back in waiting rooms, in theatres and on operating tables. We are preparing another set of three-monthly rebuilding plans, which I hope to publish in the very near future. We will do that once we see a continuing trajectory of a decrease in the number of inpatients in our hospital system. However, we also have to be cognisant that, through the first wave of the pandemic, our workforce stayed on their feet because of adrenalin. They stay on their feet now because of their dedication to their patients and their colleagues. We must always factor in the well-being of our staff as we look to rebuild as quickly as possible but also support staff who have been at the sharp end of the pandemic since it began this time last year.

**Mr Dickson:** On the question of rebuilding after the pandemic, considerable sums have already been spent on the hospital estate. In an answer to a question from me, you said that some £4 million had been spent on the COVID recovery unit on the Whiteabbey Hospital site. What is the future for something like that? What contribution can it make to patient services post the pandemic?

**Mr Swann:** I thank the Member. We have been careful to ensure that any large-scale investments that we have made, such as that at the Whiteabbey Hospital facility, are future-proofed. He will be well aware that all the reforms and reviews of the health service that have taken place over the years have been about restructuring services, rather than closing buildings and hospitals. That is not what I am about.

During the pandemic, we have seen that our current footprint is under too much pressure. The service has been underutilised and underfinanced for the past 10 years. When we have the opportunity to rebuild and rejuvenate sites such as that at Whiteabbey, it is about looking at how we take them forward. Once we get through the work that Whiteabbey is doing to support COVID patients through their rehabilitation, using nurse-led allied health professionals, it will be about how we take that facility to the next step, should it be for orthopaedic provision or for the rehabilitation of stroke patients.

People are welcome to look at the bids that we have for the use of that facility so that they can see how our health service is looking to the future and how we can use the developments and the progress that we have had to make in the past 12 months to create a better health service. We do not simply want to return to what we had this time last year.

**Ms Kimmins:** I thank the Minister for his answers so far. He will, undoubtedly, be aware that the Human Rights Commission (HRC) has been given leave for a judicial review of his failure to commission and fund abortion services that have been legislated for. In light of that, will he move to remedy the situation and ensure that women have access to appropriate modern health services?

**Mr Deputy Speaker (Mr Beggs):** Clearly, that is well beyond the original question. It is up to the Minister whether he wishes to comment.

**Mr Swann:** I have never ducked a question here before, Mr Deputy Speaker, and I am not going to start now. My Department does not dispute that women in Northern Ireland are legally entitled to abortion services. The legal advice that my Department received stated that, while the Abortion (Northern Ireland) Regulations 2020 do not require my Department to commission the relevant services, registered medical professionals can now terminate pregnancies lawfully. Such terminations, subject to the regulations, are to be carried out on Health and Social Care premises.

Yesterday, the deputy First Minister stated that, in her opinion, it is my legal responsibility as Health Minister to make available the services to which women have a legal right. I am satisfied that I have executed my duty as Health Minister by bringing the matter, under the terms of the ministerial code, to the Executive for discussion and agreement. I stand by my view that the commissioning of abortion services could be considered to be significant or controversial and outside the scope of the Programme for Government.

The commissioning of the service also seems to cut across the human rights responsibilities of the First Minister and deputy First Minister. In view of that, I am obliged, under the ministerial code, to bring the matter to the Executive to be discussed and agreed, before it can proceed. In order to get to a position where my Department could issue a commissioning direction, as the deputy First Minister is aware, and in furtherance of legal advice, I brought a paper for discussion to the Executive on 3 April 2020 that provided options for the establishment of an early medical abortion service in Northern Ireland during the COVID-19 pandemic. As yet, no decision has been taken by the Executive, and therefore there is no commissioned service for abortion in Northern Ireland.

## COVID-19: Vaccine Roll-out

5. **Mr Robinson** asked the Minister of Health for his assessment of when the majority of Northern Ireland's population will have received the COVID-19 vaccination. (AQO 1630/17-22)

**Mr Swann:** I thank the Member for his question. As of close of play yesterday, 499,206 vaccines had been delivered in Northern Ireland; that is just shy of half a million. Some 468,000 people have received their first vaccine, which is 95% of the over-80s, 90% of the over-75s, 84% of the over-70s and 69% of the over-65s. As the Member may be aware, we have now moved to the groups of people who are clinically extremely vulnerable or carers. Those figures are a testament to the effective work of GPs and trusts in deploying the vaccine as rapidly as possible. It is hoped that, in line with the commitment in other parts of the UK, the vaccination programme will be open to all adults over 50 by 15 April and all of the population by the end of July.

The long-term success of the programme depends on achieving high uptake rates in all sections of the adult community, and every effort will be made to ensure that the programme continues to be rolled out rapidly. The main variable impacting on the vaccination of the population is the availability of vaccine. It is hoped that vaccine supply will increase. That, combined with a strong uptake of the offer of vaccination among the population, should help the rate of vaccinations to rise. The rate of increase should also be assisted by the opening of an additional mass vaccination centre at the SSE Arena that, we hope, will become operational in April.

With the focus firmly on protecting those most at risk from the virus, the programme has expanded to cover everyone aged 65 and over, those who are clinically extremely vulnerable to COVID-19, carers and the clinically vulnerable. That is priority groups 1 to 6. The trusts' mobile and roving teams will focus on groups for whom travel to a vaccination centre would be challenging, such as elderly residents in care homes or supported living centres where the clinical risk is considered to be similar to that in a care home. Again, the programme is entirely dependent on the supply of vaccine, but rapid progress has been made. The vaccine has been offered to those in priority groups 1 to 5 and is now being extended to those in priority group 6. That should be completed in March. All care homes have been visited once —

**Mr Deputy Speaker (Mr Beggs):** The Minister has exceeded his time.

**Mr Swann:** — and the residents and staff vaccinated with the first dose, while 99% of homes have received their second visit for the delivery of second doses.

I think that I have proved that I get no favour in the House.

**Mr Deputy Speaker (Mr Beggs):** I remind the Minister that, if he wishes to have an extra minute for a question, he can request that.

**Mr Robinson:** I thank the Minister for his answer. Does the Minister agree that the vaccination programme is central to tackling the COVID-19 pandemic and to fully reopening the economy? What impact has the vaccine roll-out had on our elderly patients and residents in care homes throughout Northern Ireland? The Minister may have answered that question in his previous answer.

**Mr Swann:** I might have touched on the last piece, Mr Robinson. We are seeing the early shoots of the benefits that the vaccine programme will bring. We have often talked about it being the light during the dark days of the pandemic. While we are seeing good numbers and good uptake and people are about to start receiving their second dose of a vaccine, I caution that we should not take those rays of hope and extinguish them too quickly by rushing out of the current restrictions and regulations. We need to balance the benefits that vaccination brings against managing regulations and restrictions until we see greater vaccination of the entirety of the population of Northern Ireland.

2.30 pm

**Mr Deputy Speaker (Mr Beggs):** That ends the period for listed questions. We now move on to topical questions. I advise Members that question 3 has been withdrawn.

## Community Pharmacies: Funding for 2021-22

T1. **Mr Dickson** asked the Minister of Health, in light of the fact that he will recognise that community pharmacies across Northern Ireland have been instrumental in the response to COVID — possible only because of the significant additional investment that he identified for that sector in 2021 — to outline the provisions that he has made in his budget for

2021-22 for community pharmacies, given that COVID is still here and community pharmacy teams continue to face many challenges. (AQT 1031/17-22)

**Mr Swann:** I thank the Member for acknowledging the work of community pharmacies. Led by my Chief Pharmaceutical Officer, the Department has had engagement with Community Pharmacy and developed a working relationship with that representative body to develop a commissioning plan for services up until March 2021. The plan focuses on the provision of services to the public during the coronavirus pandemic to ensure access to medicines at this time, including the funding and commissioning of the prescription delivery service for certain patients. It is my Department's intention to continue that work with Community Pharmacy Northern Ireland to negotiate a new commissioning document and road map for the delivery of services during 2021-22 and beyond. That will be developed further in due course, once we are over the current pandemic.

I made it clear to the House earlier that the draft Budget is currently out to public consultation. There have been bids for many things, and I recognise the work that Community Pharmacy has done and continues to do. It is part of our funding process. I am sure that the Member has been lobbied by members of Community Pharmacy to raise the subject, but I encourage him and them to feed into the public consultation process so that it is not just my voice asking for money and support. The Minister of Finance also needs to hear about the support that my Department needs for community pharmacies.

**Mr Dickson:** I really appreciate the answer that the Minister has given us. He will recognise that people have a great deal of confidence in community pharmacies. They are often the local shop and the place to which many people will go to get health advice. They are also the place where people can and do get the flu vaccine. What plans do you have to allow community pharmacies to roll out the COVID vaccine as things move forward in the pandemic? People will have confidence in having the service delivered in that setting.

**Mr Swann:** Our community pharmacy partners are part of the future-proofing of vaccinations when we get to the wider population. They are currently completing flu vaccinations for the younger cohorts that we had not done previously, and we appreciate their support in doing that. Community pharmacies have been

able to concentrate on the delivery of the flu vaccine, and that has allowed us to develop our regional centres for COVID vaccines and allowed our GPs to easily identify people who need the COVID vaccine and concentrate on them. It is about working in partnership. The Department now has a strong working relationship with Community Pharmacy that it maybe did not have in the past.

## **Mental Health Strategy: Consultation Update**

T2. **Mr Nesbitt** asked the Minister of Health for an update on the mental health strategy consultation. (AQT 1032/17-22)

**Mr Swann:** I thank the Member for his question. I know that this is close to his heart. From my recollection, mental health was never talked about in the House until he raised it and made it a topic of conversation not just here but in elected bodies and among elected representatives across these islands.

On 21 December 2020, I published the draft mental health strategy for public consultation. That was a hugely important step forward, as it will set the strategic direction for mental health in Northern Ireland for the next decade and beyond. The draft strategy was produced thanks to a coordinated effort from many people with lived experience and from across different organisations and sectors.

The creation of a new mental health strategy that puts the needs of the individual in the centre, respects diversity and equality and supports emotional well-being and positive mental health is of paramount importance to our communities. To date, we have held three large virtual events, with over 90 participants attending each, and, over the coming weeks, the Department is holding small, themed consultation meetings to provide an opportunity for individuals to meet virtually with my officials to discuss specific aspects of the draft strategy in more detail.

The consultation, as the Member knows, is due to close on 26 March. I encourage anyone with an interest in mental health to engage and share their views.

**Mr Nesbitt:** I thank the Minister. I am delighted that the strategy consultation is under way and has been so well received. Minister, last Thursday, you recorded a message for the Northern Ireland Youth Forum for the launch of its mental health toolkit, an event that MLA Chris Lyttle and I were honoured to attend.

Could I encourage you to share that toolkit with your Executive colleague the Minister of Education for distribution to Northern Ireland's schools?

**Mr Swann:** Certainly. I think of the engagement that we have had through the mental health, well-being, resilience and suicide prevention subcommittee of the Executive. On the back of Mr Lyttle's recommendation, we engaged with the group Elephant in the Room. That meeting was very productive and led to subsequent meetings with other Ministers. We will share that document throughout the Executive and ask our Education Minister to share it with all schools. We will also share it with the Minister for the Economy so that she can share it with universities and further education colleges. We should make sure that we share this excellent co-produced document as widely as possible, as it would benefit not just us in the Department and the young people who engaged in the production of it but those who receive it. People need the help and guidance in the document.

**Mr Deputy Speaker (Mr Beggs):** Patsy McGlone is not in his place.

### **School Staff: Priority Vaccinations**

**T5. Mr Irwin** asked the Minister of Health to outline his plans to vaccinate staff in our schools as a priority, particularly because of the obvious pressures that are mounting around the need to get our children back to the classroom as soon as possible. (AQT 1035/17-22)

**Mr Swann:** The Member is aware — I have said it on a number of occasions — that we follow the Joint Committee on Vaccination and Immunisation (JCVI) guidance, which assesses by risk with regard to mortality and the implication that it would have should the individual in that cohort contract COVID-19. I will stick by the JCVI recommendation, which is by age and clinical profile.

I am aware that work is going on in JCVI to look at specific occupational cohorts that may be at more risk, but, as yet, we have received no update. Until I receive further guidance from JCVI, I will stick to the guidance that we have, as it has worked for us so far. We see a decrease in the number of infections in care homes and in society and a decrease in the number of hospitalisations.

**Mr Irwin:** I thank the Minister for his response. Does he accept that many working in essential jobs, such as in the agri-food sector, have

worked right through the pandemic? They should be a priority.

**Mr Swann:** I thank the Member. He moves from teachers to those in the agri-food sector. That demonstrates the difficulty: once you start to identify the importance of one section of the workforce, it expands easily. That is why we concentrate on the JCVI guidance and vaccinate people in order of priority of risk so that we save lives and prevent serious illness. The Member may or may not be aware of it, but we have put in supported testing facilities in some of our agri-food factories across Northern Ireland. That was supported by the Department of Health and Social Care (DHSC) in England. As opposed to simply vaccinating sectors, we can support by increased testing in certain sectors.

### **Addiction Services: Dual Diagnosis Provision**

**T6. Ms P Bradley** asked the Minister of Health for an update on the lack of addiction services in the community, especially for those who have a dual diagnosis. (AQT 1036/17-22)

**Mr Swann:** I thank the Member for her question. The provision of mental health supports for those with a dual diagnosis has been a significant challenge for the Department over a number of years, because, often, people with a dual diagnosis will have been seen by one speciality or the other, but never holistically. Rather than producing a dual diagnosis-specific cohort of workforce, there is, as part of the mental health strategy, work ongoing on how we can make sure that any mental health provision is person-centric, so that, regardless of what they are presenting with or their diagnosis, they get the support that they need when they need it, where they need it, which is more important than creating another service. It is all part of the mental health strategy and the consultation that is out at the moment, so I encourage the Member, and any organisation that she may be aware of, to get involved with that so that we can highlight the need for increased mental health services in Northern Ireland.

**Ms P Bradley:** I thank the Minister for his answer. The Minister is aware that the Committee for Communities is looking at the Licensing and Registration of Clubs (Amendment) Bill. We have written to him, and he has responded. Will he provide an update on the minimum unit pricing of alcohol?

**Mr Swann:** That is a piece of work on which we have engaged with the Government of the Irish Republic so that we come forward on it, not at the same time, but as closely as possible, because there is a thought process that if there is a minimum price per unit of alcohol in the Republic of Ireland, and we are not doing something similar in Northern Ireland, it will encourage cross-border trade. It is my intention that we go out for consultation at the end of this mandate. I will be clear to the Member: I do not think that we have the scope in this mandate, by way of capacity in my Department or the time that is necessary, to bring it forward in a meaningful way, but I intend to put it to consultation so that the preparatory work is done for whomever comes into this role in the next mandate.

### **Pupils: Safe Return to School**

T7. **Mr Newton** asked the Minister of Health, following this morning's debate on the health regulations, when possibly every Member who spoke expressed concern about the mental health of pupils as they return to school, to state whether he is engaging in any specific way on that issue and whether he is prepared to put in place any actions to deliver a safe return. (AQT 1037/17-22)

**Mr Swann:** I thank the Member. He highlights one of the areas that has often been underfunded in our service — the support of the mental health of our young people through the child and adolescent mental health services (CAMHS). I know that the lack of provision and the need for more support is something that the Member has championed, worked for and dedicated himself to within his constituency. The support that we have for our pupils and staff is provided in conjunction with the Department of Education, and the Education Minister has a co-funded project coming forward for that specific task so that we can tackle it.

In the earlier debate, the Member referred to my Department coming together with the Department of Education and the Department for Communities to look at a holistic support mechanism for children going into schools in the summer holidays, or even over the Easter break. If possible, that is something that I would be keen to progress, and it is something that our mental health champion has also brought to the fore, through a greater piece of work around additional support being available for the children who need it once the school terms end.

**Mr Newton:** I welcome what the Minister has said. I know that I am not alone in the Education Committee in having those concerns. Perhaps the Minister will devote particular attention to the 2,000-odd children who are at risk and, perhaps, safer in school than they are in their own home, as the schools, hopefully, return to what we regard as normal.

**Mr Swann:** The Member makes the point, and I know that it is of personal interest to him. It was highlighted in the debate earlier when reference was made to the additional number of children that we have seen being taken into care in the past year. As the corporate parent of those children, it is of concern to me that we make sure that the supports are available and that there is a way of identifying the children who most need that additional support. I want to make sure that mechanisms exist through my Department, supported by the Department of Education, and that there is a collaborative approach to supporting our young people.

**2.45 pm**

**Mr Deputy Speaker (Mr Beggs):** That is the end of our period for questions to the Health Minister. I ask Members to take their ease before the next item of business, which is a return to the debate on the health protection regulations.

## Executive Committee Business

### The Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment No. 2) Regulations (Northern Ireland) 2021

*Debate resumed on motion:*

*That the Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment No. 2) Regulations (Northern Ireland) 2021 be approved. — [Mr Swann (The Minister of Health).]*

*The following motions stood in the Order Paper:*

*That the Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment No. 3) Regulations (Northern Ireland) 2021 be approved. — [Mr Swann (The Minister of Health).]*

*That the Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment No. 4) Regulations (Northern Ireland) 2021 be approved. — [Mr Swann (The Minister of Health).]*

**Mr Chambers:** There are three sensible amendments before the House today, and my party supports them all. One year ago, no one could have imagined the negative effects that we would all suffer in our personal, family, business or work lives as a direct result of the pandemic. Many of us and our families have not been touched by actually contracting the virus. That said, we must recognise and sympathise with the many families with loved ones who have died as a result of this dreadful pandemic.

We must also acknowledge those who are suffering from the new illness known as long COVID, which will have an unknown impact on our NHS. The R number does not reflect that impact. To those families, the pandemic does not just mean sacrifices like not going to the gym, a football match or the cinema; it means the loss of a loved one who had to be buried under very tight controls or watching the debilitating effects of long COVID on a family member. Unless we have a family member working in the NHS, we cannot truly begin to imagine the physical or mental health impact on all staff across our health and care systems. We owe it to those heroes to begin a robust process of transformation of our health service

as soon as we have recovered from the pandemic.

It has been obvious that the fight against COVID was never going to be a 100-yard dash but rather a slow and painful marathon. We have all been involved in that marathon, but, sadly, all too many in our society did not and will not get to finish the journey. I am told by those who actually run in marathons that you can hit something called the wall at the 20-mile mark. The finish is a mere few miles down the road, but you can easily lose the will to go on. At that point, it is attractive to simply give up and drop out. Months of sacrifice and hard training can be cast aside by not pushing through the wall and continuing to the finishing line. It is to their credit that most runners continue. The current public narrative and perhaps, indeed, even the narrative in the House suggest that some may have hit the wall. We must not forget that it is only our NHS staff, a compliant public and the efforts of our medical and scientific experts that have allowed us to get in sight of the finishing line.

We owe it to ourselves, our loved ones and the community at large to keep going, to endure additional pain in order to reach the finishing line ahead. It is not the time to let our personal or collective guard down.

I have heard some complimentary remarks today about the words of Professor Whitty, the Chief Medical Officer of England. I prefer to continue to put my faith in the Executive's following our local medical and scientific advice rather than slavishly following a Boris-influenced model. Boris has form for burning some fingers in Northern Ireland on other matters.

If we acted on Professor Whitty's words and suffered another surge in the pandemic, he would not be putting his hands up, but, rather, fingers would be pointed at our local experts and Health Department officials. Mr Sammy Wilson MP made some heavily critical comments about our experts at the weekend. I am disappointed to sense that those criticisms may also be shared by some of Mr Wilson's party colleagues. It is important to place on record our appreciation of our local experts and to pledge our continued support to them. That reflects my position and that of my party.

I had not intended to speak about the return of our children to school, but it was referenced earlier in the debate. It is vital that our children's education be maintained, but it is also important that we take account of any health threat that an immediate and total return to the classrooms

might present. The model on the table last week has been described as a hokey-cokey approach, and its logic has left many parents baffled. My take on it is that it is a cautious and graduated exercise to measure any major health issues that might be presented by pupils returning to the classroom. There have been leaks and rumours from the Executive meeting about who said what on the subject. We have even heard a Member say today that the Education Minister confided to him that he wanted to see a complete return to school. Perhaps Department of Education officials need to explain more fully their thinking to the public, or maybe the Minister could come to the House and explain what he really wants.

When I hear Members plead with the Minister of Health to relax various restrictions, I wonder whether they share those pleas with their Executive Ministers. Executive decisions are not made by one Minister; all decisions are made collectively by representatives of the five parties in the Chamber. It is called democracy.

I will close by placing on record my grateful appreciation to all those involved in the successful and efficient roll-out of the vaccination programme that has given us all hope.

**Mr Allister:** This debate, not for the first time, is irrelevant because of the House's capacity to approve or otherwise largely pass regulations. However, it provides a useful opportunity to take stock of where we are with COVID issues. I am becoming increasingly concerned about the COVID exit strategy. We will all recall that, when this started almost a year ago, it was drummed into us that the key determinant was the R number. Today, when the Minister happily referred to the R number in January and was then asked what the R number is today, there was a lot more foot shifting as to what it actually meant. Suddenly, the R number is no longer the be-all and end-all because the R number is now, on a sustained basis, significantly below 1, which was the magic threshold. Despite that, we are told that all of the lockdown, essentially, must continue nigh endlessly.

I remember, before Christmas — it was probably about October — asking the Minister in the House what his exit strategy was. He put it in one word: vaccination. We are now very well down that road. I compliment the health service and the professionals who have selflessly brought us to the very desirable position of having half a million of our population already vaccinated. That is a remarkable and fantastic achievement. However, even the vaccination of half a million

of the most vulnerable does not seem to be bringing the relief that was promised on the back of vaccination: the easing of lockdown. It seems that, every time that there is some light at the end of the tunnel, you can rely on someone such as Dr McBride to order more tunnel. This time, he took us right through to next year. The answer was the R rate, but it turned out not to be. Then, the answer was vaccination, but we are way down the road on that, and it does not really help us. What is the answer?

**Mr Buckley:** I thank the Member for giving way. He has made interesting points about commentary from the CMO and others. Does he agree that there is a lustful desire among some in the media to put across the need for continued restrictions? I note that the Minister clarified the following day some of what the CMO had said. The Minister said that some of the CMO's words had been taken out of context in comparison with what the reality was.

**Mr Allister:** Yes, we have many Ministers of Health in the media, and they are not shy about sharing their expertise.

It is a serious question: where is the exit strategy if it is not vaccination? How can it be that, if so many of our vulnerable have, happily, been vaccinated, there is no opening up or obvious preparation for it? Take what we got on schools. Last Thursday, there was the most absurd and illogical outcome imaginable: suddenly, P1 to P3 will go back to school, but, in order to let years 12 to 14 in different schools go into school, you have to take children in P1 to P3 out of primary schools. Where is the logic in that? I suggest that it is so absurd that no one could defend it. We have been told in this debate that that was not what the Education Minister wanted; it was what Health officials wanted. No doubt the Health Minister, in responding to the debate, will tell us whether that is so. Did the Health Department say, "If you're going to open schools, only P1 to P3 can be in for two weeks. Then, hokey-cokey them out and put in years 12 to 14"? Is that what the Health Department recommended? Is that what the Health Department insisted on, or was that absurd outcome the product of an ugly compromise? Did some not want any schools open but others wanted every school open, and, in the middle, the crazy creation of, "Well, let's put P1 to P3 in and take them out again" emerged? The public are entitled to know. Sometimes, as politicians, we lose a bit of a grip on reality. We have kids — it is most critical in our primary schools — who, effectively, have been out of regular education for the guts of a year.

A year is a very long time in the life of a seven-year-old child. I see the absence of school in my own grandchildren. No matter how good the homeschooling is, it is not the same. Those kids are losing out. We put P1 to P3 in, but there is no mention of P6. Someone might have thought that, of all the years in primary education, P6 is the most important for many, but it does not even feature. It is after Easter. Where is the hope in this vista of hopelessness for our kids?

**3.00 pm**

**Mr Buckley:** I thank the Member for giving way. His point about school and the need for immediate face-to-face teaching is a critical one that I share. Does he agree that it has been quite useful to hear the commentary from the PHA and others that says, "Oh, schools are not a place of infection", as we were told otherwise by some in the media and the House, who continually put pressure on the Minister of Education to close our schools for the sake of their own political advantage? They played politics with our children's education, and that is what I find regrettable. I am sure that the Member would agree.

**Mr Allister:** One of the most disgraceful episodes of the past year has been the playing of politics with our schools. We had what should have been a non-divisive issue turned into a wholly divisive issue about whether or not our schools should be opened or closed. The Republic of Ireland was doing some things, so Sinn Féin required that to be the position etc. Throughout this, the pawns, in many instances, have been our kids. That is not acceptable. That has to end. We need to get our children back into school.

Take the situation in England. Professor Whitty says that it is safe. I must say that I am unfamiliar with any evidence that primary schools are rampant breeding grounds for COVID. Professor Whitty says that it is safe and sound and to send them back. I think that it was Mr Givan who quoted that that was supposed to be the united view of the four nations' Chief Medical Officers. However, Dr McBride, on home turf, seems to say something quite different.

Forgive me, but I will make this point: the danger of our system of government is that the advice from medical experts gets corrupted by the politics. In a system such as Westminster's, when medical advisers say, "This is what needs to be done", the advice is taken and it is done. However, because of the unworkable system of mandatory coalition here, you end up with some

mongrelisation of the proposition. You do a little bit of this and a little bit of that. No one ends up satisfied, and, certainly, the public are not well-served.

**Mr Deputy Speaker (Mr Beggs):** Order. I have shown considerable latitude. We are here to discuss three legislative regulations. I urge the Member to refer to those.

**Mr Allister:** Deputy Speaker, I was taking my cue from everyone else who has spoken in the debate, including some very significant and prominent people, such as a former Minister. I really do not think that I should be picked on, but I will certainly bear that —.

**Mr Deputy Speaker (Mr Beggs):** Order. I assure the Member that I am not picking on him. I have always endeavoured to carry out this role in a consistent manner that is appropriate to the legislation that is in front of us. I hope that you recognise that I have given you considerable latitude already.

**Mr Buckley:** On a point of order, Mr Deputy Speaker. I ask for your confirmation on this. One of the regulations that we are discussing, SR 2021/18:

*"amends the date that the Department of Health must review the need for restrictions and requirements imposed by ... the principal regulations to on or before 18 February 2021"*

and

*"amends the expiry date of the principal regulations to midnight on 5 March 2021."*

Does that not therefore mean that we have the remit to discuss in the House today any of the regulations?

**Some Members:** Hear, hear.

**Mr Deputy Speaker (Mr Beggs):** I have not heard that referred to.

**Mr Allister:** Mr Deputy Speaker, may I refer to the Health Protection (Coronavirus, Restrictions) (No. 2) Regulations, in which all of what we are discussing is rooted? Without those regulations, which are the overarching current regulations, we would not be having any of this debate. It is those regulations, in their various manifestations, that impose the different restrictions, and I want to address those

restrictions, the logic for them and the need, or otherwise, for them.

I have dealt with the schools issue. I think that it was Mr Poots, and it is good to see him back, who referred to the fact that we hear much concern about people's mental health, and well might we, and about the advantage of the outdoors, yet, despite the fact that it is coming into springtime, the Executive keep our garden centres, where you get the very wherewithal for gardeners to engage in gardening, closed. The Executive say, "No. Bolt those doors. You'll not get in there. You'll not get your plants". Yes, you will get them if you go to a huge multinational supermarket, but you will not get them from the independent operator who depends on the few months from March to July for his survival. You will not get them from him. Why not? Where is the logic in closing our garden centres?

Where is the logic in closing our golf courses? We are told, "Take your exercise. Do all those things". I am not a golfer, but I can well understand that those who are cannot comprehend how it is that two, three or four people who are socially distanced cannot walk a golf course and play golf. Citizens can come along and walk the golf course with their dog, however. Where is the logic in that? If the regulations are ever to hold credibility and not begin to fray at the edges, surely they will have to be compellingly sensible. They will have to embrace common sense above all else. There is much work to be done to put things in order. We cannot go on as we are.

I hope that what the Prime Minister said yesterday will be a wake-up call for the Executive. We cannot allow a situation to develop in which the rest of the United Kingdom, most particularly the largest part of it, with almost similar R rates, is moving ahead towards freedom while we are enslaved by regulations that are well past their sell-by date. We really need to get with the programme, and the programme should be reopening the economy and getting us back to as much normality as possible, confident in the knowledge that we have an ever-evolving and increasing scheme of vaccination that must surely be doing the job that we were promised.

I hope that we will not be held back on that journey because of the adverse differential with the Irish Republic. I hope that the fact that the Irish Republic, as an EU country, has fallen way behind on vaccination will not be a reason for some to say, "Oh, Northern Ireland has to wait for it to catch up. We fear people coming in unvaccinated". Sorry, but if Northern Ireland, as

part of the United Kingdom, has had the great blessing and benefit of being able to get ahead with one of the best vaccination systems in the world, our people must see the advantage of that. If there is a problem from the Irish Republic, the answer lies in restrictions on entry from the Irish Republic. The gardaí have shown that they are willing to restrict people going from North to South. Why are we being so diffident about people going from South to North, if that is a problem? If it becomes an identifiable issue, and there is a threat to our public health because of the low levels of vaccination in the Republic, I trust that the Health Minister will not shy away from bringing in regulations, which would probably come in his name, to introduce restrictions.

I notice that when there is a hard job to be done on this front, it tends to be the Health Minister who is sent here. Sometimes I think that advantage is taken of his good nature and his capacity to cope with these things. I say to the House in all seriousness that we really cannot go on as we are.

**Mr Givan:** I appreciate the Member giving way. My point is about enforcement. I referenced it earlier in my contribution, but to put on the record, when I asked the Minister of Justice about this very issue, her response was:

*"Such consideration would be a matter for the Department of Health, which is responsible for the health protection regulations. Any questions regarding the regulations should be directed to the Department of Health".*

Therefore, I trust that Mr Swann will bring this forward as it is his responsibility, according to the Minister of Justice's response to my question.

**Mr Allister:** I am not sure whether the Minister of Justice was not engaged in a bit of a cop-out. I suppose that the regulations might appear in the name of the Minister of Health, but I would have thought that the Justice Minister would have an active part in promoting such regulations if they were thought necessary. We will, no doubt, hear from the Health Minister what his plans are, and I hope that we will hear an assurance from him that, if it proves necessary, he will not resile from it and will take those steps. That is if they are necessary and if this is about protecting us from COVID, politics-free, as it should be.

**Mr Swann (The Minister of Health):** With your indulgence, Mr Deputy Speaker, before I go into

my closing remarks, I want to make an announcement to the House with regard to COVID. Three confirmed cases of the South African variant of COVID-19 have been detected in Northern Ireland. Our overall assessment of the wider risk to the public remains low at this time. The PHA has set up an incident-management team and instigated a range of swift public health interventions, including intensive enhanced case finding and enhanced monitoring and surveillance. Our Public Health Agency has also provided support and advice to the individuals who have tested positive and will work directly with them to reinforce all necessary public health advice, including the requirement for the individuals and their contacts to self-isolate.

The identification of the South African variant does not mean that it will become prevalent, let alone dominant, in Northern Ireland. The Department and PHA officials continue to monitor the situation extremely closely and will take all necessary actions to assist in investigating and managing the situation. I re-emphasise that all variants of the virus spread in the same way and that we can all help to stop them spreading by following the tried-and-tested public health advice.

I wanted to take the opportunity to update the House rather than Members hearing it elsewhere or through the press.

**Mr Gildernew:** Will the Minister give way?

**Mr Swann:** Yes.

**Mr Gildernew:** I thank the Minister for that update. It is a very worrying development, given the reported difficulties that it can create with regard to the vaccine. Can the Minister update us on what impact this might have on the restrictions that we are discussing and also on the find, test, trace, isolate and support approach to suppress the virus and this strain of it, along with all the others? What impact might this have on the vaccination programme?

**Mr Swann:** It will have absolutely no impact on the vaccination programme. We are looking at studies that show that any variant that has been detected so far has responded in an appropriate way to the vaccines that have been developed. Our test, trace and protect system has worked well; the Member knows that. There has been support from the PHA and the incident-management team, and we have been able to identify these cases through our pillar 1 and pillar 2 sampling. The three new cases are a group that is solely connected and solely

managed, and we will take all the support measures necessary for that family. We will make sure that we identify where the cases came from and that the variant does not spread any further.

I say to Members not to be alarmed or to overreact, because the overall assessment from the Public Health Agency and departmental officials is that the wider risk to the community and public health remains low at this time and will remain managed by the experience that we already have. I wanted to update the House on that.

**3.15 pm**

I welcome today's debate on SR18, SR27 and SR29, which are amendment Nos. 2, 3 and 4 of the Health Protection (Coronavirus, Restrictions) (No. 2) Regulations (Northern Ireland) 2021, and I genuinely thank Members for their contributions.

I will turn to some of the points that were made during the debate, which extended far beyond the three regulations before you were in the Chair, Mr Deputy Speaker, and despite your efforts to draw it back into line. Even though we are discussing regulations that have been about for a while, I always find that these debates give Members the opportunity to raise their concerns, queries and questions about where the Executive should take their next steps and what guidance and thought processes should be put into place. It is about looking not simply at what has been done but at what we can do and how we should manage and improve the regulations.

I think that it was in the first debate that I brought to the House on the regulations that I said that they were "draconian", and Mr Allister gave us a history lesson on who Draco was and his impact. He was right, and I acknowledge the compliment that he paid at the end.

I often find myself bringing regulations to the House when they are hard to bring. When we move to the easing and opening-up, I am sure that I will be supported by ministerial colleagues who will take up their responsibilities to support me in bringing in what may be health regulations under the remit of the Health Department but are brought forward by me and my Department on behalf of the Executive.

Many Members suggested individual, worthy relaxations, such as plant nurseries, the opening of shops selling school shoes and clothes shops. What I want to emphasise is

that, even though every one of those suggestions has its merits and may have only an incremental effect on virus transmission on its own, if we open up all those activities together, the cumulative effect can be very serious in terms of the number of social interactions and the potential for the virus to spread. The more social contacts an infected person has, the more rapidly the epidemic could take off again and overwhelm us. That is what we saw towards the end of last year and, unfortunately, got us into the situation that we are now in.

I think that everyone commented on and praised those working on the vaccine programme and the effect that it will have. It is an honour and a privilege to be Health Minister and to witness the dedication, work and delivery of the vaccine programme across Northern Ireland, with all parts of our health service coming together from GPs to trust set-ups and, hopefully, moving into community pharmacies as well.

I always try to balance hope with caution in that, when we have a vaccine programme that, in weeks, has seen large numbers being vaccinated, we do not lose the benefit that it brings. Mr Allister referred to — I think it was just the phraseology that he used — how the vaccine had taken us so far down the road. What I do not want to happen is that we stop halfway down the road and sit down and give up on the benefits that the vaccine programme can really bring when we give it time to embed.

We have vaccinated just under half a million people with their first dose in a number of weeks, so we have to give those people time to develop the antibodies and resilience to COVID.

It is not just a matter of getting a needle in your arm and everything being fine; it takes time for those to develop.

We have seen the positive outworkings of that in our care home programme, which started in December last year. Under that programme, first visits to all our care homes across Northern Ireland have now been completed, and second visits will soon be completed. We have seen a decrease in numbers. As of 11 January, there were 150 care homes with outbreaks. Today, there are 46. We see the benefit of the vaccine programme, but we also see the time that it takes for those individuals to really produce the benefits. We see the advancements and benefits that the vaccine programme brings.

I said to the Member that the answer would be the vaccine, and the Member can now see the benefits that it brings, but we cannot give up now and think that, because people are being vaccinated, the job is done. We have started a very important piece of work, and we must continue it to see the real benefit that it brings.

I will say this to the Member about the Republic of Ireland: I will not be held back by its vaccine programme. We are part of the United Kingdom's vaccine programme. We pre-bought seven vaccines. I was criticised in the House for being part of that and was told that it would be a shambolic process. We now see that we took the right decisions at that time. We have also seen the threats that were brought about by the attempted introduction of article 16 and how that could have upset our vaccine programme. It did not.

I pay tribute to those people who are organising the vaccine programme and dealing with the logistics behind it and the challenges that it brings. As of yesterday, we have started to administer second doses of the vaccine. It is about how we manage the system by bringing forward the cohort of people who are to get their first dose while bringing forward those who are now to get their second dose for the enhanced protection that it will bring. It is also about managing the supply of two different vaccines that need two very different management systems. The vaccine brings hope — real hope. However, let us not, as, I think, Mr Robinson said, snuff out that hope and the light that it brings by running too quickly. Let us bring those benefits to the fore so that they can be embedded and we can see their true potential.

I will move on now to Members' contributions. The Committee Chair talked about officials coming forward to discuss these regulations when sometimes the Committee wants to talk about the next set of regulations. That is a challenge. We will work on how we look at the next set of regulations so that the discussions that the Executive will have are not breached while we make sure that we can give the Committee as much information as it needs. I think that Ms Ní Chuilín said that there is no accusation that we are holding information back; it is just about understanding what the Committee wants and needs. A large body of evidence is already available on the Department's website about the R paper that we talk about and produce on a weekly basis. As soon as the Executive receive that paper on a Thursday, it is published and up there, ready to go.

A number of Members asked about the next steps and our plan to get there. We have all heard both the First Minister and deputy First Minister commit in the House to the publication of that road map on 1 March. That was announced prior to the Prime Minister launching his road map last night. Once that has been developed and is published and out there, I am sure that the First Minister and deputy First Minister will bring it to the House for discussion. That will give indications on many of the asks that Members have brought forward, from youth sports to additional click and collect and retail.

The Department is also doing a piece of work on what our next rebuilding programme will look like. We took three months during the summer to re-engage lots of vital services. Mr Poots commented on that. Those many dedicated individuals want to get back to what they do best, which are their specialities, in order to support their patient cohort and so that we can re-engage the health service to support the people of Northern Ireland. We will do that best by reducing the number of people with COVID who we still have to support. At present, there are just under 400 inpatients with COVID in the hospital system; 322 at the height of the impact and 51 in ICU. That is still more than we have ever had previously. We have 70-odd funded ICU beds across Northern Ireland. We currently support an additional 70 at surge capacity. That takes up an awful lot of capacity in the health service and amongst staff.

The Chair of the Committee talked about the hope that the vaccine has brought, but he also said that we must not squander or lose the benefits that it brings. I echo that comment.

Pam Cameron, the Deputy Chair, made comments about click and collect and looking at what is now essential or non-essential. The point has been made at the Executive that what is non-essential during a four-week lockdown becomes essential once that lockdown starts to expand. The Department for the Economy and the Minister for the Economy have done that work, and we have seen some of the recommendations in the proposals on click and collect. We will see them in the next iteration of restrictions.

Ms Ní Chuilín talked about anomalies. I never thought about children getting their feet measured. I have an eight-year-old and a 10-year-old, and, when we were looking at the regulations, we brought forward click and collect for school shoes and school clothes because that made sense. Measuring feet was not part of that, but it is now, and, as I say, the benefit of the discussions in the House is that

we can see those anomalies and highlight them.

Ms Hunter talked about the investment and what we do now. It is about utilising the time that we have in the next number of weeks to invest in what we are doing, and we can then get that payback sooner. We can spend the benefit of the vaccination programme and the goodwill of our health staff only so many times before that support is no longer there. It is about how we make sure — I do not say this lightly — that this is our last lockdown. Let us do this one right. Let us come out of it gradually. Let us come out of it in a managed way. Let us come out of it while making sure that we are getting the benefits of the vaccination programme. Let us not rush out of this lockdown now, meaning that we have to rush into another one when we start to see an increase in cases and hospitalisations.

Ms Bradshaw made some comments. I am not sure, Mr Deputy Speaker, whether Ms Bradshaw gets to hear feedback or whether she is still on-screen. It is a new experience. She asked whether the Public Health Agency could publish where we are seeing those outbreaks. A format of that document went to the Executive last Thursday, and my intention is that the Public Health Agency will publish it as part of its weekly summary of outbreaks so that Members and others can see where those outbreaks are happening. She asked about the next round of reviews. Hopefully, the next round of reviews will also look at the Executive's pathway to recovery.

The Member mentioned her constituency and an issue that raised concerns for a short period last year in the Holylands. At that time, the Executive Office established a task force very quickly, which included the PSNI, Belfast City Council and the universities, to decide what support measures could be put in place for residents in the Holylands and to make sure that there was enforcement and compliance among those individuals so that they were following COVID regulations. That is coming out of today's debate. Ms Bradshaw has raised the issue previously, and we will take that forward, as well as highlighting it with other Executive colleagues.

I will move on to Mr Poots's contribution. I made a joke about having Edwin on my back earlier. It was light-hearted, and I am glad to see Edwin back. I would welcome him back to the Executive, because the challenge that he brought to the House during the debate is the same challenge that he brings to the Executive when we are discussing the regulations. That is

useful and necessary, because our form of government should not simply be about complying. I have said this in here before: if anybody in the House thinks that I simply walk into the Executive meeting and get everything that I want every time, they are sadly mistaken. If only it were so. Mr Poots can confirm that.

Mr Poots mentioned the benefits of the vaccination programme. Again, I do not think that we should waste what is a world-leading vaccination programme. We should not lose the benefit that that is bringing as part of our response. The purchasing of the vaccines was so far-sighted, and we are now utilising them.

Mr Poots used a phrase that I used previously in the House: "COVID is the enemy". Mr Buckley took me to task when I used that phrase a number of months ago.

**3.30 pm**

**Mr Buckley:** I do not recall that.

**Mr Swann:** You do not recall that? I will get Hansard, Jonny. It is all right.

COVID is our enemy. It is not about health versus education. It is not about health versus the economy. It is not about health versus society. It is about COVID being the challenge for all of us in all those sectors. I think that it was Mr Poots who said that it was about getting a balance and dealing with the challenges that that balance and those decisions bring. When we come out of the current lockdown, let us, to use his phraseology, do it sensibly, not rampantly. We will take that approach. We are so close. It would be a waste to lose that.

As always, Mr Poots made a point about the normalisation of our health service. As a former Health Minister, he speaks about that from experience. Since this time last year — pre COVID — we have struggled with a lack of investment in our staff, our structures and the support that we need. We had a health service that was being run on a shoestring and was on its knees. We now need the Executive to acknowledge that and appropriately support everything that is needed to make sure that we have a health service that not only recovers from the pandemic but is fit for purpose as we get back to normal business. I think that Mr Poots's phrase was that we should "unleash our specialists": with the support of the anaesthetists and the theatre nurses, I would love to do that. However, I want to unleash other parts of our health service without

unleashing another wave of COVID. We cannot afford to do that.

I will move on to Ms Ní Chuilín's contribution. Often, these debates serve as personal reminders of what the virus does to many people. Hearing in the House about the passing of a 42-year-old mother dispels the narrative that COVID is a virus that affects only the elderly and people with dementia: it does not. So many people in Northern Ireland and across the world have lost loved ones to what is a cruel, cruel virus.

Ms Ní Chuilín is no longer in the Chamber. She asked me what community engagement I have had, and I will supply that answer to her. The regulations allow support for mental health to continue through the health service and our voluntary mental health support groups, which help with a range of issues, including entering private homes to assist someone in distress. I will supply an update with those specifics to the Member.

Ms Ní Chuilín raised the anomalies that the regulations address. They are anomalies that were highlighted after the regulations were made, such as the measuring of feet for shoes. Such anomalies come up when we have discussions. When we look at the bare bones of what the regulations mean, we can address those anomalies.

Mr Givan has contributed to other debates on health regulations but maybe not in as detailed a way as he did today. There was some commentary about the headlines attributed to our Chief Medical Officer. What the Chief Medical Officer said was that "some restrictions" may continue, and I thank Mr Buckley for acknowledging that his words were taken out of context by some in the media to create the narrative that they wanted. It is often useful to read below the headline and past the tweet to see what our health officials are actually recommending.

Mr Givan asked for clarity on the statement on schools that was issued by the four Chief Medical Officers on 23 August last year. I am willing to share it. I think that the Chair of the Committee asked for it to be shared as well. In earlier commentary — I think that it was during Question Time — I said that there were strong grounds for looking at what has been said and believing that Professor Whitty had maybe been misquoted and that it is principally a reference to the joint CMO statement that was made last August on the return to school. It was made clear that the return to school was the best option from the child's point of view, and that

has never been in dispute. The issue is what schools being open means for wider society and the health service in terms of fuelling transmission.

**Mr Givan:** I appreciate the Minister's giving way on that point and referencing a statement from August last year as being attributable to the four CMOs. In light of Professor Whitty's statements yesterday about the unambiguous nature of the data around opening schools and the balance now being clearly in favour of complete reopening on 8 March for all children in all school settings, on what evidence is our CMO advising the Executive? I note that, at Question Time, the Minister indicated that that advice had not changed. Clearly, there is a divergence now between the Chief Medical Officer in England and the Chief Medical Officer in Northern Ireland. If we are to have confidence in the scientific and medical advice, we need to have an explanation of that divergence of opinion.

**Mr Swann:** The Member makes the point, and I have often said that I do not discuss conversations that will happen in the Executive prior to them happening. The Member's party leader, as First Minister, said that she wants the issue to be discussed again at the next Executive meeting on Thursday. The Chief Medical Officer, as always, will make his presentation and his case at that point on his view of the science. The same science and detail is being looked at by the four CMOs. England has taken a very different approach from Scotland, from Wales and from us. It is about taking that balance. Mr Stalford has come in. It is about Ministers taking that decision and the collective nature of our Executive as well.

That leads into some of the questions that were raised by Mr Allister about schools. I do not do this easily or lightly in regard to conversations at the Executive. There have been conversations about schools in today's debate: schools are not included or mentioned in the regulations. The matter of schools is brought forward and discussed in a paper from the Education Minister, as it was last Thursday. That paper presented two options, one of which was adopted by the Executive as a whole as it was in the paper. That option was published by the First Minister and deputy First Minister last week and has been commented on since. Schools have always been in that discussion in the Executive: they are not part of these regulations.

**Mr Allister:** Will the Minister give way?

**Mr Swann:** Yes.

**Mr Allister:** To get absolute clarity: is the Minister saying that that product — namely, P1, P2 and P3 in and out and then years 12 to 14 in — was what the Education Minister asked for in his paper, or was his proposition doctored in some way to produce that?

**Mr Swann:** We are not talking about doctoring. There were conversations between my Department and the Department of Education on what we saw as a staged response to education, bringing different cohorts back and allowing us to assess what effect that would have on transmission. I would say what effect that would have on the R number, but I do not want to take the Member down that discussion again.

What cohorts were brought back and in what order was not a priority for my Department. It was about the numbers, the structures, the number of movements and the effect that that would have on the transmissibility of the virus in Northern Ireland. The product of the paper that was brought by the Education Minister to the Executive was accepted by the Executive. There was challenge and commentary, but there was no vote or division on it towards the end.

Mr Givan also raised the issue of enforcement of the regulations. As Health Minister, the enforcement of some of the regulations and the reaction of bodies that should be enforcing them as to whether they see doing so as being within their remit has been a running sore for me for a very long time.

Some papers, which Mr Allister referred to, have been brought forward on where ministerial responsibility lies. The responsibility for these regulations lies with me. They have been brought forward in my name. Many papers and propositions are brought to the Executive by various Ministers and Departments on specific issues. Papers on travel were brought forward by the Justice Minister, and she has in the past moved health regulations in the House. It is therefore about collective engagement and a collective assessment of the health regulations in their entirety. In the past, I have brought to the Executive recommendations on restrictions on travel that have not been accepted. In answer to Mr Allister's other question, however, should restricting travel South/North become a necessity in order to manage the virus, I will not hesitate in doing that.

Mr McNulty's contribution contained specific asks about the return of youth sport, and sport in general, which is something that he campaigns for very strongly and in which he

has a great personal interest. Again, I refer the Member to the fact that a document will be produced on 1 March. It will come forward with the support of the whole Executive, including his own party's Minister. It is, however, about introducing safe and controlled measures so that all the small pieces do not add up to an increase in the spread of the virus.

Mr Chambers talked about appreciation for our health advisers and the health service in general. The health service is something that we should not underestimate, and I do not think that anybody in the House does. An attack on our health service, however, should it be veiled, referring to health officials or health advisers, is felt across the service and is taken personally by many as a challenge to what they are doing. Staff are edgy and tired, having been through the mill for a number of months. This is about the support that the House can give as well.

That ends my commentary on the majority of Members' contributions. Mr Allister was the last to speak, but I addressed a number of his points in my general comments. I hope that I have addressed as many comments and answered as many queries from Members as possible.

In closing, I would like to do two things. First, I express thanks and appreciation from all of us to all those who are working across our health service during this most difficult time. I thank the public for adhering to the guidance and regulations that are in place. I know that it is not easy, so I commend the public for their strong support and contribution to reducing the impact of COVID-19 in our community.

Secondly, I remind everyone that the most important action that people can take to limit the spread of the virus is still to stay at home, to limit our contact with others, and to isolate from others immediately and seek a coronavirus test if they have any symptoms. Doing that has made a difference, and it continues to do so, so I am asking people please not to give up now. We have talked about the hope that our vaccination programme is bringing, and we can see that credibly in care homes, in the reduction in hospital admissions and in the decrease in the number of over-60s who are testing positive. Let us not lose the benefit that our actions are bringing. As I said, they have made a difference and continue to do so, so please do not give up. I commend the regulations to the Assembly.

*Question put and agreed to.*

*Resolved:*

*That the Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment No. 2) Regulations (Northern Ireland) 2021 be approved.*

### **The Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment No. 3) Regulations (Northern Ireland) 2021**

**Mr Deputy Speaker (Mr Beggs):** The motion has already been debated.

*Resolved:*

*That the Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment No. 3) Regulations (Northern Ireland) 2021 be approved. — [Mr Swann (The Minister of Health).]*

### **The Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment No. 4) Regulations (Northern Ireland) 2021**

**Mr Deputy Speaker (Mr Beggs):** The motion has already been debated.

*Resolved:*

*That the Health Protection (Coronavirus, Restrictions) (No. 2) (Amendment No. 4) Regulations (Northern Ireland) 2021 be approved. — [Mr Swann (The Minister of Health).]*

**Mr Deputy Speaker (Mr Beggs):** I ask Members to take their ease for a few moments while we make changes at the Table.

(Mr Speaker in the Chair)

## Private Members' Business

### North/South and East-west Trade

**Dr Archibald:** I beg to move

*That this Assembly acknowledges the importance of North/South and east-west trade to our local economy; notes that the EU-UK Joint Committee is working to reduce trade barriers and to prevent the creation of new barriers so that businesses can trade freely within the legal framework agreed by the Westminster Parliament and European Commission; further notes the new trading reality as a result of the end of the Brexit transition period; further acknowledges our continued access to the European single market, with its 450 million consumers; and calls on the Executive to develop an overarching economic strategy, including the establishment of an Executive subcommittee on the economy, to give a clear vision and direction to our representative agencies, including Invest NI, InterTradelreland, Northern Ireland Co-operation Overseas, the Northern Ireland Executive Office in Brussels and the Northern Ireland bureaux in the United States of America, Canada and China.*

**Mr Speaker:** The Business Committee has agreed to allow up to one hour and 30 minutes for the debate. The proposer of the motion will have 10 minutes to propose and a further 10 minutes to make a winding-up speech. One amendment has been selected and is published on the Marshalled List.

**Dr Archibald:** I welcome the opportunity to move this motion today. It is important to discuss and debate the new trading reality that we now face and that our businesses have to deal with because of Brexit. For four and a half years, businesses and everyone else here have had to deal with uncertainty and lack of clarity around the trading arrangements that would result once the negotiations and transition period ended. This motion is about trade, so most of my remarks will refer to businesses, but, equally, our community and voluntary organisations, young people, farmers and rural communities have all faced the same uncertainty. It is now past time that we had some stability and certainty. Businesses and their representatives have been very clear that they want clarity. The motion outlines, and I have said repeatedly in the Chamber and elsewhere, that the ability to trade across these

islands is vital to our local economy, North/South and east-west. It is interlinked, and across this, our highly integrated supply chains underpin much of our trade to Britain and elsewhere.

However, it is important to put some facts on the record because we are told repeatedly in the Chamber, including by the Economy Minister, that we sell more to Britain than to everywhere else combined. That is no longer true. In 2018, according to the latest data that we have, NISRA statistics show that sales to Britain were worth £10.6 billion — down 9.3% on the previous year. Total sales to the South, the rest of the EU and the rest of the world under EU trade agreements were worth £11.2 billion — up 8.1%. Sales to the EU were up 20.9%. More businesses trade North/South than with Britain. North/South trade has been increasing by about 4% year-on-year for the past 20 years.

**A Member:** Will the Member give way?

**Dr Archibald:** Sorry, I have a lot to get through.

In 2018, cross-border trade was worth €7.3 billion. Figures from the Central Statistics Office (CSO) in the South, which are available in advance of NISRA's, show that South to North trade increased by 6.9% in 2019. These are positive trends that we should continue to build on, and we can do so because of the special status afforded to the North by the protocol, which gives us continuing access to the EU single market. InterTradelreland has had considerable contact over the past six weeks, with queries about how to develop supply chains across the island, opportunities to trade and how to have a presence North and South. Invest NI also reports interest being shown by businesses that want to take advantage of the ability to sell to both Britain and the EU.

Undoubtedly, challenges have been faced by businesses since the beginning of this year. No one denies that. It was inevitable that a major change in trading relationships would result in difficulties, and this, of course, was compounded by the lateness in reaching the trade and cooperation agreement, which gave businesses only a week to prepare for the new arrangements. It has been well-rehearsed but is worth repeating that a lot of the difficulties around the supply of goods to the North were due to the lack of preparedness of British businesses. That needs to be addressed by the British Government and agencies.

Businesses here have been responding to the new arrangements. Some local businesses

have availed themselves of new opportunities to sell products locally because of issues with supply coming from Britain due to that lack of preparation. It is a positive thing for those businesses to fill those voids. Others have quickly reoriented supply chains locally or to the EU. Last week, a Manufacturing NI survey indicated that a quarter of businesses have already done that. Again, that is benefiting suppliers here.

Where there have been issues with the operation and implementation of the protocol, we have seen solutions through the efforts and willingness of business representatives and political and diplomatic efforts to find flexibilities and solutions. Efforts need to continue to find those, because, despite the protestations of Members opposite and others, the protocol is here to stay. It was negotiated and agreed by the British Government, and, over the past couple of weeks, we have heard commitments again and again to its proper implementation reiterated by the British Government and the European Commission.

We need to see the mechanisms of the protocol properly utilised. The Specialised Committee and the joint consultative working group are the bodies that are meant to be used to deal with any issues arising from the protocol. We also need to see the flexibilities that have been agreed to being fully used. The British Government, for example, need to provide access to their data and information where they are required.

Businesses have been clear that they want and need stability and clarity and as much simplification of processes as possible, so our focus should be on working to achieve those and on dealing with some of the issues that have not yet been resolved, including data and the recognition of professional qualifications, in order to help the smoother operation of business across these islands.

We also need to focus, beyond dealing with the immediacy, on how we can benefit from the protections afforded to the North through the protocol and build on those protections and on the opportunities to bring investment and jobs to the North because of our ability to continue to trade east-west and to have continuing access to the EU single market with its 450 million consumers. Those are two of the biggest economies in the world.

We need to be given a positive vision for that. Our motion calls for the development of:

*"an overarching economic strategy, including the establishment of an Executive Sub-Committee on the Economy, to give a clear vision and direction to our representative agencies",*

to send out a message that we are open for business, but, most importantly, to offer the support to our local businesses and entrepreneurs to give them the tools that are needed to take advantage of opportunities to build and strengthen local supply chains across the island.

In a year that has seen global trade stumble, it is vital that, in planning the economic recovery from COVID, we enable our talented local business people to grow and develop their businesses and create sustainable jobs.

The overarching economic strategy needs to act as a driver for our local economy both in the recovery from COVID-19 and in responding to the new trading reality. It needs to be a cross-Executive strategy because, when it comes to the new trading realities, there are important roles for all Departments and Ministers, and, similar to yesterday, when it comes to setting out a vision for our economy, that needs cross-Executive support and buy-in from all Ministers. That is why we proposed an Executive subcommittee on the economy involving all relevant Ministers. It is particularly so if we want to deliver on the greener, fairer recovery that has been talked about by many parties in the Chamber. For that reason, we will not support the amendment to the motion, which is directed at the Executive Office.

As political leaders, it is now incumbent on us to show the way forward and to emerge from the very difficult year that we have experienced because of the pandemic and from the past five years of uncertainty created by Brexit. We need parties to get on board with that in order to end the stunts and the unhelpful and dangerous raising of tensions.

As we deal with the new reality, it is important that there are strong working relationships across these islands North/South and east-west. I am sure that I do not need to remind Members of Ministers' statutory responsibilities in that regard.

We now have an opportunity to build a stronger local economy that is part of an all-island economy that brings the potential for greater prosperity for all citizens across the island. That is something that we should all get on board with. I urge Members to support our motion today and send a clear signal to our businesses

and communities that we are going to deliver the certainty and stability that have been sadly missing since the referendum in 2016.

**Mr Speaker:** I call Matthew O'Toole to move the amendment.

**Mr O'Toole:** I beg to move the following amendment:

*Leave out all after "economic strategy" and insert:*

*"which recognises the opportunities created by the protocol on Ireland/Northern Ireland in giving businesses located in Northern Ireland open access to both the European Union single market and UK market, and also recognises the need to create a fairer and more regionally balanced economy as we recover from the COVID-19 pandemic; and further calls on the Executive Office to provide clear vision and direction in pursuit of these objectives to our representative agencies, including Invest NI, InterTradeIreland, Northern Ireland Co-operation Overseas, Northern Ireland Executive office in Brussels, and the Northern Ireland bureaux in the United States of America, Canada and China."*

**Mr Speaker:** The Member will have 10 minutes to propose the amendment and five minutes to make a winding-up speech. All other Members who are called to speak will have five minutes.

**Mr O'Toole:** First of all, I welcome today's motion. We in the SDLP do not disagree with anything in the motion per se; indeed, we are glad to see Sinn Féin join the effort to promote and sell the value of both the European single market and our dual market access. We have been doing that for the last few weeks, so we are glad that we have its support.

Our amendment makes for a clearer and stronger message from the Assembly, in part because it is important to answer very directly the claim of some on the Benches opposite that those of us who think that the protocol is the only viable solution to the situation in which we find ourselves somehow do not care about east-west links or the importance of the British market to our local economy. That is simply wrong. Our amendment directly addresses that misapprehension by stressing the importance of both the UK and EU markets.

**4.00 pm**

The amendment places a duty on the Executive Office to drive this work forward rather than

simply delegating it to an Executive subcommittee. There are umpteen Executive subcommittees, and it is a matter of some legitimate debate as to whether they are useful vehicles for achieving urgent progress on policy. Given that there is already a Brexit subcommittee, in addition to a renewable heat incentive (RHI) subcommittee — I mention in parenthesis — and no one would accuse the Executive of having had a particularly coherent approach to Brexit, we are entitled to ask whether a subcommittee would be a truly useful tool.

Our amendment explicitly mandates the Executive to make regional rebalancing a core part of this strategy and to take advantage of the opportunities presented by the protocol. Some parts of our jurisdiction that have traditionally not been as well developed as they should have been — most notably, the north-west — are particularly close to the EU market into which we can sell. The EU is a market of 450 million people into which, it has previously been mentioned, we have unfettered access.

Having explained the purpose of our amendment, I come to the substance of my remarks. I want to dwell for a second on the notion of this place being a crossroads. Famously, a unionist Prime Minister of this place, more than half a century ago, talked about Ulster being at a crossroads. That is not the type of crossroads that I am talking about, although I am tempted to mention that some of the people who opposed him back then are still angry today. Nor am I talking about the 1970s show set in a Birmingham motel. Some might compare this institution to a badly acted soap opera, constantly on the verge of collapse, but not I. Some in the Chamber are old enough to remember both those references, but they are not what I am talking about.

My party and I did not want Brexit, and we would have preferred the much more fulsome protection offered by the original backstop to the people of Northern Ireland, which would have avoided much if not all of the east-west disruption that we have seen in recent weeks. However, we are where we are. Although there are real, short-term issues that we need to resolve around movements of goods from east to west — I do not seek to underplay any of those — there will always be issues when decades of seamless trade are disrupted at short notice. However, Northern Ireland is now at a crossroads between two major markets: the UK market, into which we can move goods seamlessly, and the EU single market of nearly half a billion people. Any product, whether a piece of technology, a life-saving drug or a food

product, can move seamlessly from this jurisdiction into not only the EU single market of nearly half a billion people but the British market. That is not just unique in these islands; it is unique in the entire continent of Europe.

**Mr Stalford:** I am grateful to the Member for giving way. Does he agree that the EU demonstrated its commitment to the free movement of medical supplies when it invoked article 16 to try to strangle off ours?

**Mr O'Toole:** I am pleased that the Member asks that question because it gives me the opportunity to correct him. The EU did not invoke article 16.

**Mr Stalford:** It did.

**Mr O'Toole:** No, it did not. It corrected —.

**Mr Stalford:** It did *[Interruption.]*

**Mr O'Toole:** It did not.

**Mr O'Toole:** Let me move on.

**Dr Aiken:** On a point of order, Mr Speaker.

**Mr Speaker:** Order.

**Mr O'Toole:** Sorry, excuse me, I have not given way, so I will continue.

**Mr Speaker:** Order.

**Dr Aiken:** On a point of order, Mr Speaker. Just for the record to be correct, we should acknowledge the fact that the European Union invoked article 16. That is a matter of record.

**Mr Speaker:** That is not a point of order. It is a matter for debate.

**Mr O'Toole:** It certainly is a matter for debate. As we go on, we will see that, unfortunately, too many Members opposite are all too willing to get very angry, very quickly about the European Union, and far too slow to come up with options and realistic proposals to boost the chances of our economy and resolve the issues that we face.

I am not being Panglossian. There are problems that need to be resolved. Like others, I have dealt with queries and concerns that vary from VAT on used cars to steel tariffs. We dealt with those, one by one, and addressed them. I know just how much of a challenge the last

month has been for our logistics sector, retailers and small businesses. As has been said, we need to see the Joint Committee, the joint consultative working groups and the panoply of consultative bodies work so that we can make the protocol work in a way that is effective and seamless for people and businesses here, and it can do that. There is goodwill. Those who say that there is no goodwill from the European Union are, I am sure, for their own political reasons, choosing to peddle a different line. That is up to them.

When we are talking about these things, it is important to point out that the problems are mounting in Britain, too. Some in the Chamber would have us believe that the protocol is the root of all evil. I am afraid that the root of all the problems is Brexit. The fashion industry in GB is warning the UK Government that it could be decimated by barriers to trade that have been thrown up by the UK's new relationship with the EU; Cornish fishermen, who were promised an amazing universe of post-Brexit opportunity, are facing ruin because they cannot get their products to market on the continent; and world-leading arts organisations, such as the National Theatre, are in crisis because they fear that they may never again be able to tour on the continent because of the complexities in securing work visas. There is silence on the Benches opposite, where I see that eyes are averted. This is the reality. I am afraid that it is true. We hear repeatedly that the protocol is the source of all evil and that it has created all of these problems. I am afraid that it is Brexit that has created all of these problems. We have disrupted just less than half a century of complex trade flows and interlinked economies, and that has consequences. The damage being done by Brexit across the UK economy is real and deep, and it was both predictable and predicted. Forgive me, therefore, if I push back at the notion being traded by some in the Chamber that the protocol is the root of the challenges that we face. The root — the poison root — is Brexit.

The good news is that, because of our unique position, we have some protection from some of the impacts. We have something else, something that we have never had before: a competitive advantage. Not only do we have seamless access for goods into the UK and EU markets but people born here are entitled to UK and EU citizenship and therefore have a permanent right to work in the UK and EU markets. That is a unique position. That is why my party has written to all relevant investment agencies and Departments across these islands, and in Brussels, to ensure that they work together to sell our unique position. You

do not need to take my word for it, because Invest NI is already doing just that. It knows more than most about the damaging impacts of Brexit, because it has lost tens of millions of pounds in EU funding. We have written to not just Invest NI, but the IDA in Dublin, InterTradelreland, the Department for International Trade in London and the director general of trade at the European Commission, because we want to see a joined-up approach to taking advantage of the opportunities that we find at our fingertips.

We have outlined specific areas of potential growth, one of which is obvious: replacing GB food producers in the continental market. As I have said in the Chamber before, Scottish langoustines, Welsh lamb and Somerset Cheddar cannot get to market. Our Portavogie prawns, Sperrins lamb and Coleraine Cheddar can replace those products. We can be doing that, and we are already doing it in an entire continent of opportunity for our food producers. Why would we spurn that? We also have life sciences and pharma. We already have a dynamic life sciences and pharmaceutical sector here. That is a highly regulated sector. It needs seamless access and regulatory certainty to be able to get into the UK and EU markets. It has that; it has that because of the protocol. Why would we spurn that? Finally, as touched on by the Member who spoke previously, Caoimhe Archibald, there is green energy and low-carbon manufacturing. We are at the crossroads. The European green deal is a decade-long initiative across the EU on the transition to a low-carbon economy and what Boris Johnson keeps calling, "a green industrial revolution". I do not know whether it will come to that, but, if it does, we are at the hinge point; we are at the crossroads of those agendas. Why are we not selling ourselves as a place where low-carbon technology can be manufactured and find its way seamlessly into both markets?

For too long, we have thought of our unique society as being just a complexity. Our uniqueness does not need to simply be a hang-up. We can benefit from our unique status; we can benefit from being different, distinct and special; and we can benefit from being at the crossroads of two major markets.

**Mr Speaker:** The Member's time is up.

**Mr O'Toole:** We can grasp the competitive advantage that we have. Let us do it.

**Mr Buckley:** The motion rightly focuses on the engine room of the Northern Ireland economy

— North/South trade, east-west trade and worldwide trade — but the motion is a guise for what Members have said in relation to support for the Northern Ireland protocol and the apparent land of milk and honey that comes from it that parties are advocating. The parties opposite know full well the doublespeak that they advocate and the damage to east-west trade via the protocol, and it is important that we challenge the assertions.

An academic article published by Queen's and Ulster University economists that analysed how the trade in goods was impacted on by the new internal UK trade frontier shows that Northern Ireland buys more goods from the UK than from the Republic of Ireland, the EU and the rest of the world combined.

**Mr Stalford:** Will the Member give way?

**Mr Buckley:** Absolutely.

**Mr Stalford:** Does the Member agree that it demonstrates that some Members seemingly have a higher allegiance to the European Union than to their constituents and are prepared to inflict this suffering on them?

**Mr Speaker:** The Member has an additional minute.

**Mr Buckley:** Thank you. Indeed, the Member points out a useful point.

Dr Birnie and Dr Brownlow's article for the Economics Observatory said:

*"Optimists argue that the NI economy will eventually be buoyed up by having the best of both worlds: 'unfettered access' to the GB market while still being part of the EU's single market. This becomes less likely to the extent that persistent frictions GB-to-NI lead to higher costs associated with the new regulatory environment."*

That new regulatory environment was brought about by the protocol.

**Mr O'Toole:** Will the Member give way?

**Mr Buckley:** No, I will continue.

This is the reality. Protocol sycophants in the House, namely those in the SDLP, Sinn Féin and the Alliance Party, and, indeed, politicians from the Republic of Ireland tell us that the fettering of trade with our largest trading block — the United Kingdom internal market — is in

some way good for the Northern Ireland economy and in some way good for our businesses. We are told to dial down the rhetoric. Does anybody remember their actions throughout the Brexit process, such as the dressing up of toy soldiers at the borders, the smashing of sledgehammers against brick walls and Mr Varadkar going to the Europeans to show the damage of border posts and the potential threat? Meanwhile, parties opposite trailed off to the European Union to have champagne with Monsieur Barnier and so on to talk about a protocol, all to the detriment of the Northern Ireland economy. Yet, they come to the House today with a motion that talks up the potential benefits and the importance of east-west trade. It is almost a case of, "Come into the parlour, said the spider to the fly" from the parties opposite.

Unionists remember full well what the protocol means. I listened to Mr O'Toole talk about the positive engagement from the European Union. We remember the comments of leading EU diplomat Martin Selmayr that losing Northern Ireland is the price that the UK should pay for Brexit, so we do not take lectures from the Members opposite on the goodwill that Europe has shown. Trade is impacted by the protocol, and we have sacrificed, by means of the protocol, our trading east-west for the fantasy of North/South trade.

Let us examine the twisted logic of the pro-protocol parties. In times gone by, they were the stoutest defenders of the Belfast Agreement, yet the reality is that, only a number of weeks ago, they allowed the big, bad Tories, by means of the Secretary of State, to tamper with one of the key tenets of the Belfast Agreement, that being cross-community consent, with not even a whimper and not even an eyelid batted. The reality is that trade by means of the protocol is damaging to Northern Ireland business. We cannot allow the distortion put forward by members of the SDLP and others that, in some way, the protocol benefits Northern Ireland. We can all see through that. We have only to talk to our businesses to ask them where they feel the friction and where they feel the hurt right now. It is with their largest trading partner, that being the internal market of the United Kingdom. That needs to be addressed.

I hope that, as time goes on, the Members opposite will come to realise that, because I have noticed a dialling-down of the rhetoric when it comes to their support for a rigorous implementation of the protocol. Members of the House voted for that, with opposition from unionist parties. They did not want to listen to

unionist concerns and to business concerns. There is no doubt that the protocol breaches the constitutional and trading settlement for Northern Ireland. It is an impediment to our trade. I therefore hope that, in the days ahead, the Members opposite will come to realise that and seek solutions that will bin this protocol so that we can look to better trading days for the people of Northern Ireland.

**4.15 pm**

**Dr Aiken:** I thank Sinn Féin for bringing the motion to the Assembly today and the SDLP for tabling its amendment. It has taken quite a long time, but I am glad to see that they recognise the importance of both North/South and east-west trade. My party has said for three years that we need to get an arrangement that works so that we can have frictionless trade North/South and east-west. Here is the reality: the Northern Ireland GDP and market represents 0.02% of the combined markets of the United Kingdom and the European Union. If ever there was a place to put into practice the importance of no borders North/South or east-west, it was here, in order to demonstrate a commitment to the future of Northern Ireland and a proper commitment to the Belfast Agreement. How can bringing across bare-root trees to Northern Ireland possibly be interfering with the European market of half a billion people?

It has been 54 days since the protocol was introduced. Yesterday, export health certificates came in for the first time. I want to read into the record the remarks made by Richard Ramsey, the well-respected Ulster Bank economist. He said:

*"Meanwhile, the rollout of red tape linked to the new Brexit arrangements will hinder Northern Ireland's economic recovery by adding costs to business and restricting trade ... it finds itself on the wrong side of a regulatory sea-border which has effectively redrawn the map of the UK's single market and customs union."*

Might I remind everyone that Northern Ireland is, or was, a fully integrated, interdependent and interconnected part of the United Kingdom. The entire Northern Ireland market — manufacturing, logistics, agribusiness and the rest — is based on what some of us knew in the past as a circular trade. Members will have heard me say in the Assembly many times, as the ex-chief executive of the British Irish Chamber of Commerce, that the billion euros a week worth of trade North/South and east-west

was, in fact, a fully circular trade. That circular trade has been fundamentally damaged by the Irish Sea border and the Northern Ireland/Ireland protocol.

**Mr O'Toole:** I am grateful to the Member for giving way. Given that the Member has mentioned Richard Ramsey's comments, will he agree that, by definition, GB's recovery from the COVID crisis will also be hampered by increased trade barriers with the EU? Whatever he thinks about the Irish Sea border, it is Brexit that has caused additional trade barriers to be erected and extra costs for businesses.

**Mr Speaker:** The Member has an additional minute.

**Dr Aiken:** Thank you very much, Mr Speaker. The Member will have no problems whatsoever, as someone who believed very strongly that we should have remained, with the major implication being that the damage has been done, but that is past. The issue that we now have to deal with is the Irish Sea border and the implications that that has for Northern Ireland, and for every single one of us, our companies and our consumers.

As you said, you are looking for particular solutions, and you mentioned other parties. I have to remind the Assembly that, as leader of the Ulster Unionist Party, I have written to all the other parties on several occasions. Over the past couple of years, when the Executive was in position, I asked them to join together to take a combined approach to make sure we would not have something like the Irish Sea border. I must say thank you to Sinn Féin, as it was the only party that bothered to reply to me.

The fact that it was not a particularly polite reply and that it reminded me of your position and how facile you thought mine was is neither here nor there. There was no response from the SDLP, the Alliance Party or the DUP.

What we are dealing with right now — 54 days in — is a significant problem that is getting worse every day. In the next couple of weeks, we will have to deal with more and more implications. We in the Assembly will be presented with legislation that will be enacted in Northern Ireland that we have no say in whatsoever. We will not be able to amend it; we will hardly be able to scrutinise it. The Examiner of Statutory Rules will bring things before us that she has absolutely no say in whatsoever. I have written to the Attorney General in an attempt to get some clarity on the legality of that. We will have no say in over 60% of the

legislation that will come to Northern Ireland, and yet here we are, tinkering around the edges and somehow believing that more protocol is the solution. In fact, the protocol is the problem. The sooner we recognise that the protocol is the problem, the sooner we can move on and improve the situation.

I have not heard anybody in the Assembly say that the Irish Sea border is in any way a good thing. I have not heard anybody in Northern Ireland say that the Irish Sea border is helping Northern Ireland. I regret to say that we are now in a situation —

**Mr Speaker:** The Member's time is up.

**Dr Aiken:** — where things will get progressively worse.

**Mr Dickson:** This is round 2 of the circular debate that we seem to have in the Chamber. It rarely takes us forward.

I support the motion and the amendment and welcome the opportunity to do so. For those who thought that Brexit was over at the end of last year, the reality is that it has just begun. There was never any such thing as a good or sensible Brexit. People across the United Kingdom are experiencing that. We are not alone in the difficulties being experienced in relation to trade. Leaving the single market brought trade friction, reams of red tape, and loss of opportunities, both social and economic.

The Alliance Party takes a practical and pragmatic approach to these matters. We recognise that the protocol is an inevitable result of the United Kingdom's pursuit of a very hard Brexit. That pursuit was supported wholeheartedly by the DUP. We supported the original backstop, which would have seen no new borders. That was a plan that the DUP sank with much fanfare.

Nonetheless, as expected, there are issues with how the protocol operates. My party and, in particular, our Member of Parliament, Stephen Farry, has been working hard to engage in and resolve those issues. However, we will not fix the problems through media stunts, court appearances and boycotts; it will require diplomacy and constructive engagement. I encourage everyone to work to that end. That is how —

**Mr Buckley:** Will the Member give way?

**Mr Dickson:** I need to continue through the speech.

That is how we resolve politics. That is how we should learn to resolve politics in this country.

One key point of friction is sanitary and phytosanitary (SPS) checks. It is bizarre that a country with a direct border with the EU has more stringent SPS rules on export to the EU than New Zealand. However, let us be clear: that is the United Kingdom Government's fault for not seeking an agreement. It is red tape for Northern Ireland and GB-based businesses as well. Many have found that their inability to trade easily into the single market is a sharp reminder of the trade barriers that exist outside the world's largest market.

I welcome the Economy Minister's change of heart from Tuesday to Wednesday last week; she has now indicated support for Swiss-style arrangements in regard to SPS rules. I note that organisations such as the Ulster Farmers' Union support that as well. I hope that our Executive will speak with one voice on it and call on the United Kingdom Government to pursue a comprehensive veterinary agreement with the EU. As I have said, we all knew that Brexit would be bad for the United Kingdom economy, not just the Northern Ireland economy. Many businesses in Great Britain have had to give up on exporting to the EU or have had to relocate. However, we do not face the same barriers, and that brings the potential upside to this. There are those who criticise the protocol, but there are advantages for us. Businesses based in Northern Ireland have full and direct access to the UK market and the EU single market for goods. It cannot be denied that this is a unique and considerable advantage that no other part of the world has. In fact, we have heard over the past few days that Invest Northern Ireland — others have repeated it in the Chamber — has had increased enquiries on that basis. That is an encouraging sign.

That brings me to the severe need for a comprehensive economic recovery strategy for Northern Ireland. If we are genuinely to build Northern Ireland's economy for the future post-COVID, it is our job to actively work towards a prosperous, sustainable and forward-looking society. Stop dragging us backwards. The economy and social security for everyone are what we need to concentrate on. Right now, we are in a situation of drift. Our future prosperity requires us to be practical and to work to maximise our competitive advantages. There are many such advantages, including our dual access. Denial and drift simply will not do. People need to take responsibility for Brexit. It is somewhat surreal that those who called for a hard Brexit and dismissed the obvious trade

friction that would result now lament the red tape and bureaucracy that is being faced. They brought that upon us; they certainly did not put it on the side of a bus.

We all need to face the reality: hard Brexit brought the protocol. We must work with what we have. Unless the United Kingdom Government can make a UK-wide agreement that makes the protocol unnecessary, we will need to look for long-term solutions for Northern Ireland to streamline our trade east-west and take advantage of the tangible benefits of full access to the EU market.

**Mr Speaker:** The Member's time is up.

**Mr Dickson:** Geographically, we are an island on the edge of Europe. We do not need to be peripheral in economic terms. The new trading reality needs to make us the pivot point for trade in Europe.

**Mr Stalford:** As the previous Member who spoke indicated, this is a somewhat circular debate. I am at a loss to understand what the party opposite hopes to achieve by bringing non-enforceable motions like this before the House week in, week out, but that is its prerogative of course.

Some comments that have been made in the debate merit response. The previous Member who spoke talked about the right of people to test the law on these issues. I seem to recall members of the Alliance Party, on several occasions, scurrying in and out of the High Court in Belfast testing the law on Brexit. Indeed, I think that a legal case was even taken to prevent article 50 from being invoked. If unionists choose to test the law in court, that is their absolute right. I commend the Member for North Antrim and my former boss, Mr Jim Allister, and Baroness Hoey for the action that they are taking to test the law in this area, because it is important.

Throughout this process and when we debate motions like this, it is clear that ideological rather than economic considerations are to the fore. I think that some Members opposite are suffering a form of political Stockholm syndrome. The people who are determined to inflict higher costs on consumers and make it more difficult to run a business are the people whom the Members opposite will rise to their feet to speak in defence of.

**Mr O'Toole:** Will the Member give way?

**Mr Stalford:** Just give me two seconds.

I find that incredible. I also must disagree with the contention that the situation that we now face is the consequence of Brexit. No; it is not. It is the consequence of Brexit denied to this part of the United Kingdom. The parties opposite, who scurried in and out of Barnier's office in Brussels demanding these provisions, made this.

Let us also be clear that a none too subtle threat of violence was used to achieve these provisions. That is indisputable given that we had performing street-theatre troupes at the border, people dressed up as soldiers, and the Irish Prime Minister showing pictures of a bombed border post. A none too subtle threat of violence was used to deliver these provisions.

#### 4.30 pm

**Mr O'Toole:** I am grateful to the Member for giving way. He mentioned prioritising ideology above the economy. I know that he originally supported Brexit and was entitled to do so, so will he indicate which he thinks he prioritised in supporting it? Was it ideology over the economy? If it was the economy, will he outline some of the economic benefits that have been realised thus far from Brexit?

**Mr Stalford:** I liked the concept of free trade with the rest of the world. That is why I supported leaving the European Union, which is an ever-diminishing bloc in the world economy. When we joined, western Europe accounted for something like 35% of the world economy. Today that figure is less than 20%. It is a diminishing market, and the allegiance that some wish to show to a diminishing market is for them to justify. I supported the United Kingdom getting out into the rest of the world. To be fair, the motion refers to "China", India, "the United States of America" and other markets for us. I absolutely want to associate myself with that element of the motion, but, unfortunately, it is worded in such a way that means that we will not vote for it or the amendment.

The protocol is damaging and dangerous to business. People talk about removing barriers to trade, but those are the barriers to trade that some of the parties opposite openly campaigned to have put in place. They own them; they made them; they demanded them. The motion refers to the protocol being:

*"agreed by the Westminster parliament and European Commission".*

Let me tell you who it is not agreed by: it is not agreed by the unionist people of Northern Ireland. The concept of parallel consent that has governed, or supposedly governed, this place since the fall of the old Stormont Parliament — reference was made to Captain O'Neill — means that the two major communities can move forward only in parallel together. The protocol drives a coach and horses through the concept of parallel consent.

It was very telling to me that the motion that demanded the "rigorous implementation" of the protocol was passed by the House without a single unionist member voting for it. It speaks volumes to me that the second that people who for many, many years insisted that parallel consent was an inviolable principle of how this place was to be governed had a majority, out went parallel consent. It is for Members to justify that and how it squares with their previously stated positions. Anyone looking at this in a reasonable or fair way would conclude that it does not have the consent of the unionist people of Northern Ireland, nor shall it ever. Motions like this can pass in the House presently. I hope that in a few years' time we have a sufficient number of unionist Members elected to the House in order to banish the protocol and free our people from living under it any further.

**Ms Ennis:** I welcome the opportunity to speak to Sinn Féin's motion. I am old enough to remember when the DUP told Sinn Féin, the SDLP, the Alliance and others that we were engaging in Project Fear when we articulated our justified concerns over Brexit and the impact that it would have on our people and our economy. We were accused of peddling prophecies of doom. That is why I and, I think, the vast majority of people find it so galling that now the DUP and others are using that same rhetoric to undermine the very instrument that has been put in place to protect us from the worst aspects of the type of Brexit that was argued for, voted for and delivered courtesy of the DUP. The protocol is not perfect, but, unfortunately, it is necessary. It avoids a hard border on the island and protects our peace agreement and our all-island economy. It is legally binding, and it is here to stay.

Much has been made of recent EU blunders by Members who seem determined to keep walking us into political crises. I suggest to those Members that the least that they could do after foisting their hard Brexit on us is to join the rest of us as we attempt to find solutions for businesses here and mitigate the worst impact of Brexit on our economy. We have had some success in resolving the potential impact on the

second-hand motor trade, for example, but it is clear that support for businesses in terms of the British Government's level of preparedness was not there. The trader support scheme and other related schemes clearly failed in their mission to properly prepare and inform businesses here and in Britain on the upcoming changes. That is endemic of a wider failure of leadership at every level in the British Government. This institution must therefore step in and fill that vacuum. Members must lead from the front and steer our economy in the right direction.

In a debate like this, it is important to look at the facts and the reality of where we are and where we need to go. We are in the middle of a double whammy impact on our lives and economy. COVID and Brexit have combined to deliver the biggest trading shock that these islands have experienced in decades. We are in no position to cut ourselves off from any trading avenues, be that North/South or east-west.

In the past few weeks, the Members opposite have suddenly become very exercised about the impact that Brexit will have on east-west trade, which totally ignores the fact that the destabilising effect of the Brexit referendum has meant that east-west trade has been in decline since 2016. While it is true that east-west trade has been in decline, it is important to note that GB-NI trade so far in 2021 is up on the same period last year. I suppose that that fact does not fit with the current narrative. While east-west trade has been declining since the Brexit referendum, North/South trade in services rose to an all-time high of £3.07 billion in 2018, according to InterTradeIreland. In 2019, the value of goods exported from the South to the North increased by €140 million. That is up 6.85% on the previous year. Prior to COVID, cross-border trade among SMEs was at an all-time high and was valued at £6.5 billion. North/South trade remains resilient despite COVID disruption. That tells me that businesses here had already begun to pivot towards the South and the EU's 450 million consumers, and that pivot is becoming more apparent.

Many local businesses and producers now see new opportunities opening up. They are stepping up and stepping in by filling new orders from supermarkets, when those contracts would previously have been snapped up by British contractors. I need only to look to my constituency to find a good example of that. Deli Lites, a gourmet food sandwich company located in South Down, is now the primary sandwich supplier to Boots stores in the North and across Britain after securing a major deal in January. That new partnership is a prime

example of the unique opportunities that exist among the Brexit difficulties. It is incumbent, therefore, on the Economy Minister to work with agencies such as Invest NI and others to support local suppliers and businesses to fill the void left by British exporters. Now, more than ever, there is an onus on the Minister and the Department for the Economy to support producers and suppliers to diversify their product offerings. An Executive subcommittee on the economy could provide that leadership to trade representatives and agencies.

I recently listened to the respected economic journalist and commentator, Paul Gosling. He said that the British subvention to the North was a subsidy for failure and not an investment for future success. The institutionalised belief that a failed and weak economy in the North is the norm permeates the Civil Service, and that has clouded thinking.

**Dr Aiken:** Will the Member give way?

**Ms Ennis:** I am nearly finished.

Sinn Féin has always believed that there is a better way to do business. Increasing numbers of businesses and civic voices —

**Mr Speaker:** The Member's time is up.

**Ms Ennis:** — are articulating the need for us to find a better way. It is critical that we listen to the voices of the business community. They must have a say in the long-term strategy to minimise the problems —

**Mr Speaker:** The Member's time is up.

**Ms Ennis:** — and to capitalise on the benefits of our changed trading reality.

**Ms Brogan:** I support the motion. I ask Members to take a moment to consider businesses in constituencies such as mine: West Tyrone. It is a large rural constituency where farming and food production are a major part of the economy. Significantly, food processing takes place across the island of Ireland, and our businesses are highly integrated. For example, over 400,000 pigs are moved from the South to the North for processing each year. Likewise, almost 500,000 lambs are moved from the North to the South for processing each year. Over 800 million litres of milk are transported between the North and South of Ireland annually for processing and for sale. North/South trade in agri-food alone is worth £1.3 billion annually. The simple truth is that the agri-food industry is

pivotal to the economy in the North and is an integrated part of an all-island economy. In 2018, that island-wide trade was valued at £6.5 billion, with a 6.7% growth rate. In the same year, the UK's growth rate was just 1.3%. That translates into one clear message about our all-island economy, and the message is opportunity. Even in the midst of the pandemic last year, that North/South economic activity fell by only 4.9%, which compares with the UK's drop of 9.9%.

**Dr Aiken:** Will the Member give way?

**Ms Brogan:** I am sorry; I want to get through the speech.

People in the North of Ireland did not choose to leave the European Union, but Brexit will impose enormous difficulties for their economic lives and livelihoods.

That is why it is so important that we use all the tools that we have to support our economies, North and South. Those tools include the EU-UK Joint Committee working to reduce barriers to trading and to prevent the creation of new barriers. They also include our continued access to the European single market and its 450 million consumers.

It is our duty to work hard and in good faith to ensure that opportunities forged by our membership of the European Union, and in the Good Friday Agreement, are not lost. That is why I support the call for the establishment of an Executive subcommittee on the economy and the development of an overarching economic strategy. That is the responsible thing to do.

We need a clear vision and collective determination to provide leadership to all those agencies tasked with progressing economic development here. Only the Members opposite know why, as representatives of a six-county region that was a net beneficiary of European funding and goodwill, they backed Brexit. Given the scale of disruption and hardship that Brexit is already inflicting, working together to protect livelihoods, rather than engaging in an attempt to tear apart our only economic protections, is to be recommended.

Please support this motion.

**Mr Muir:** I support the motion and the amendment. I recognise the importance to Northern Ireland of removing barriers to North/South and east-west trade. That is why I voted to remain in the European Union. Anyone

who says that they recognise the same but voted to leave the EU did not understand or were misled on the implications of that vote.

Like many others in the Chamber, I do not like the protocol. Like some others in the Chamber, I see it as the least bad option for Northern Ireland after the decision to pursue a hard Brexit. Ever since the protocol's implementation, the Alliance Party has been the first to identify practical solutions to the very real problems created by Brexit.

**Mr Buckley:** I thank the Member for giving way. If that is the case, why did the Member and his party vote in this House for its rigorous implementation?

**Mr Speaker:** The Member has an additional minute.

**Mr Muir:** Thank you. Mr Buckley will probably remember that debate. It touched on the Trade Bill that was being brought forward, which was a breach of international law. That was the context.

An extension to the current grace periods is one thing that the Alliance Party has been pushing for. It has also been pushing for a veterinary agreement between the UK and the EU, or, in its absence, a bespoke agreement for the Irish Sea border based on existing logistical systems and trusted trader schemes. Those are just some of the realistic, workable and practical solutions that we propose to tackle the problems faced this year.

I welcome DUP support for the veterinary agreement that the Economy Minister rejected last week, perhaps blinded by her own Euroscepticism. If implemented, those actions could make a real difference to people and businesses across Northern Ireland. At the same time as dealing with those issues, the Executive should turn their attention to working with all relevant bodies to create a strategy to take advantage of Northern Ireland's unique position. I fully acknowledge the extent of the issues faced by my constituents because of Brexit. I will continue to push hard to promote all workable solutions.

I hear the concerns of people who feel that Brexit undermines their identity. Identity and the impact of borders on identity have always been extremely sensitive issues in Northern Ireland. That is one of the reasons why Brexit simply does not work for us. We are working through the ramifications of that for people here. However, I am not sympathetic to the tactics

adopted by the unionist political parties, led by the DUP — or should it be the TUV? Their tactics amount to, "Never, never, never". I argue that those tactics never worked in the past, they will not work now, and the people of Northern Ireland will never buy them.

We learned recently that unionist political leaders plan to challenge the Northern Ireland protocol through a judicial review, as is their right. That reminded me of when the McGimpsey brothers, in their desperation, brought a legal challenge in the Irish courts, declaring that the Anglo-Irish Agreement was unconstitutional. That case was dismissed, and I expect that the same fate awaits the most recent challenge.

The next part of the so-called plan was the petition that led to yesterday's debate in Westminster, on which there was no vote.

It is, therefore, unclear what the DUP hoped to achieve. Finally, the DUP decided to withdraw its Ministers from North/South bodies, despite the practical, economic and social benefits that are derived from North/South cooperation. It is long past time that all political parties got real, stepped away from fantasy-unicorn solutions and turned their attention to genuine, tangible ways in which we can support people and businesses across Northern Ireland.

#### 4.45 pm

In conclusion, I want to touch upon Mr Stalford's comments about parallel consent. The fundamental issue at the heart of this is that Northern Ireland did not vote to leave the European Union; it voted to remain. I wanted to remain in the European Union. I believe passionately in it. However, we have left. The focus now is on mitigating the damage that has been caused by that. As I have said, the protocol is the least-worst outcome that is associated with that. We have to work with it and to pursue practical solutions. Calling for the abolition of the protocol and the invoking of article 16 does not actually bring us any further forward; it is simply full of distortions and lacks full understanding of reality. If one is going to say, "Let us invoke article 16 and get rid of the protocol", one must be honest with people and tell them what practical solutions there actually are.

**Mr Allister:** Sinn Féin, the SDLP and Alliance, which are variously supporting the motion and its amendment, have much in common. One of the abiding stains on their political records is that each of them has repeatedly in the House

demanded the rigorous implementation of the protocol. What does that mean? It means that they embraced with enthusiasm the strongest possible barriers between the rest of the United Kingdom and Northern Ireland; wanted to fetter, to the greatest possible degree, trade between Great Britain and Northern Ireland; and wanted to cut off, to the greatest possible extent, supply chains from Great Britain to Northern Ireland. That is what the protocol does. It takes Northern Ireland and abandons it within the EU single market for goods.

**Mr Stalford:** Will the Member give way?

**Mr Allister:** I will in one moment. It abandons us in the EU customs union under its customs code. It subjects us to the EU VAT regime and to all the vast area of law that enforces that. It creates a circumstance where we are subject to laws that we did not make and cannot change — a foreign code of law, all subject to the supervision of a foreign court. Then, some Members come here and try to pretend that they really have Northern Ireland's best interests at heart. If they want to talk about unicorns, the unicorn is in the motion and the amendment; that of pretending that there is advantage in still being part of the EU single market. I will give way.

**Mr Stalford:** I am grateful to my friend for giving way. It is important that we have accuracy in the debate. It was inaccurate for another Member to claim that the European Union did not invoke article 16. That is precisely what it did. Then, when there was blowback from its despicable behaviour, it performed a reverse ferret and changed its position. However, it did invoke article 16, and that sword of Damocles still hangs over the heads of the people of Northern Ireland.

**Mr Speaker:** The Member has an additional minute.

**Mr Allister:** Thank you. The EU showed itself in its true vindictive colours and, of course, usefully indicated where the border should be —

**Mr Stalford:** Yes.

**Mr Allister:** — namely where it wanted to put it for vaccines. Of course, it is only when it suits the EU that it will go down that road.

Let us be clear: there is no advantage to Northern Ireland in trading with the EU, if, at the same time and as the price of that, our supply chains are fettered from GB.

There is no point in saying to a company, "Oh, come and set up in Northern Ireland. You can sell to GB and to the rest of Europe", without telling that company, "You will not get your supplies easily from GB. You will not have the supply chain that you need to run your business, because we, the protocol promoters, are in the business of cutting off that supply chain". That is the hypocrisy of all of that.

**Mr O'Toole:** I thank the Member for giving way. Out of interest, I ask him this: if a business contacts him and says, "We know that there is low-carbon activity in North Antrim, and we would like to invest there because of access to the EU and UK markets", would he, as an MLA, encourage that business to invest on the basis of that dual market access?

**Mr Allister:** Not on that basis, because that is a fraudulent basis. I would encourage the company to invest in Northern Ireland as part of the United Kingdom, and I look forward to the day when we restore Northern Ireland to being a full and complete part of the United Kingdom. The upcoming judicial review may be able to help do that. Apparently, that irks so many. Lord Justice Muir is outraged that we would dare take legal action on the matter *[Laughter.]* Never mind the fact that he and the SDLP were involved in the process. No, it is only for nationalists and their acolytes to dare to have recourse to British courts. If a unionist takes it upon himself to go to a British court and mention such foundational issues as the Act of Union, there is horror. Lord Justice Muir is outraged. I might well be thrown in the Tower for daring to do such a thing.

Let us face the reality. Northern Ireland is an integral part economically and politically of the United Kingdom. If you stymie that and cut off its economic links, you damage Northern Ireland's economy. I know why Sinn Féin wants to do that. It wants to build the all-island economy as a stepping stone to political unity. That is how the EU worked. It got ever-closer union by ever-closer economic union. It is the same template: create an all-island economy, and you will create an all-island nation, so called. Unionists are very alert to that. We know what plan is afoot. We have woken up to what it is about, and that is why we are determined to make all and every lawful effort to usurp —

**Mr Speaker:** The Member's time is up.

**Mr Allister:** — and upset that plan.

**Ms McLaughlin:** I welcome the opportunity to make the winding-up speech on our

amendment and the opportunity for the Assembly to air its concerns about trade and jobs. The SDLP agrees with the substantive part of the motion that Sinn Féin has brought to the House. Our amendment is about seeking to improve it by ensuring greater accountability and responsibility for delivery. Importantly, our amendment would also address inequality and the need to create a fairer and more regionally balanced economy post COVID-19.

Throughout the debate, Members across all parties have acknowledged the importance of North/South and east-west trade. That is not in dispute. Members across the House have rightly expressed that there is an urgent and pressing need for businesses to resolve the trading issues brought about by the Brexit protocol. I will now reflect on some Members' contributions.

Ms Archibald opened the debate and listed the changing and positive trading trends. She indicated that there was something to build on and that it was important that we had stability and clarity for businesses in Northern Ireland. My colleague Matthew O'Toole articulated clearly the opportunities to rebuild the North's economy through access to both the UK market and the EU single market. He stressed the unique status of being at the crossroads of two major markets. Jonathan Buckley and Chris Stalford said that Members on this side of the House were protocol sycophants, had twisted logic and suffered from Brexit Stockholm syndrome. Mr Dickson said that we need to consider the new trading realities and indicated that we should concentrate on economic recovery and economic advantages. Mr Aiken highlighted the need for the protocol to work. He said that it was not working now, that it would get worse and that it needed to be reversed.

Mr Allister spoke about Northern Ireland being abandoned and suggested that there was no advantage in investing in Northern Ireland or businesses here as long as the protocol was in place.

Members, let us consider the bigger objective: a more successful economy, more jobs and higher wages for people living here. It is time for us to make sure that the protocol works and make the North a better place. My party agrees that it is not enough to leave the challenges of creating a more effective economic policy to just one Minister or Department. There are fears that a subcommittee will not achieve that. Instead, we are calling for a task force, led by the joint First Ministers, to bring together not just the Departments but outside expertise. We

need Invest NI and InterTradeIreland at the table, and they should help to formulate decisions under the strong central leadership of the head of the Civil Service. Northern Ireland's citizens expect our joint heads of government to show leadership and to be responsible and accountable for delivering a coherent economic vision that is robust and reflects the urgency of the situation.

I hope that the debate has perhaps persuaded our DUP MLAs to go back to their previous de facto policy of supporting the protocol and of recognising the opportunities to rebuild the North's economy with access to the UK market and the EU's single market. We need solutions. We need a comprehensive recovery and investment strategy. We do not just want another talking shop with narrow interests that prevents necessary decisions from being taken. That is why I urge the House to support our amendment.

**Mr O'Dowd:** I think that we have had several debates in one. We had a debate on the motion and the amendment, a debate on the inter-concerns in the DUP and unionism in general about the protocol, the future and where things are going, a debate on the all-Ireland economy, and a debate on the champagne-swiggling Europeans.

What summed up the debate for me was Caoimhe Archibald's opening comments, which I will paraphrase. Caoimhe said that we now have a new trading reality after four years of trading uncertainty. Businesses now have certainty and know the trading environment within which they are working. Despite our best efforts to make sure that it did not happen to this part of Ireland and the island, Brexit has happened, the protocol is in place, and, 50-odd days afterwards, the problems, some of which are significant and some of which have been highly exaggerated, are beginning to be resolved. They will not all be able to be resolved, because the reality is that the protocol is the love child of Brexit. Therefore, as long as Brexit exists, the protocol will exist.

Our motion recognises the reality of North/South and east-west trade and its importance to our economy. What businesses, employees, families and workers desire most is certainty. Unless there is a major change in the economic trading strategy of the British Government — this one or, perhaps, the next — the protocol is going nowhere. That is the major flaw in the unionist strategy. No matter how angry you get — I think that some of the anger is with yourselves, some of your negotiators or some of the parties in the

negotiations — the protocol is going nowhere. Why would the British Government risk the economy of England, which was largely what Brexit was about? Would Scotland and Wales allow them to risk further uncertainty in their economies by renegotiating the protocol? It simply is not going to happen.

**Mr Muir:** Will the Member give way?

**Mr O'Dowd:** Yes.

**5.00 pm**

**Mr Muir:** Will the Member accept that one reason that the protocol is not going anywhere is because there are no viable and credible alternatives to it?

**Mr O'Dowd:** Yes, I do accept that, but the most important reason that it is not going anywhere is that there is no desire within the British Government for it to go anywhere, for the reasons that I have outlined.

On article 16, whether the EU invoked it or not — I am on the side of the argument that it did not invoke it, but I am not going to go down that rabbit hole at the minute — if you cannot — the EU backed down on this — invoke article 16 to protect life-saving vaccines, under what circumstances can you invoke article 16? Think about it. The EU was not prepared to invoke it to protect vaccine supplies. What do you think the British Government are going to invoke it for? They all stepped back from it and said, "No, we are not going there".

Here we are, back to where Caoimhe started and the reality of where we are and the certainty of it. We have a new certainty, the protocol with its flaws, an opportunity to trade with 450 million people in the EU and the opportunity to trade with 60 million people in the UK. How do we exploit it? How does our Economy Minister exploit that opportunity to ensure that she creates and sustains businesses, creates new, well-paid jobs for our society, attracts investment here and supports our small and medium enterprises and our indigenous businesses? There has to be a change of focus and mindset from our Economy Minister and the political party that has run the Department for the Economy for the last 10 years. Despite the fact that successive Economy Ministers have turned their back on the all-Ireland economy, it has grown. It has grown incrementally every year. Despite the fact that it has not been supported, has not been invested in in the way that it should be and, at times, has been ignored, it has grown.

There is an opportunity there, as part of our broader trading with the EU, to create more jobs, businesses and wealth for the people we serve.

Today's motion calls on the Executive to establish an all-encompassing strategy to ensure that the trading opportunities that exist around the world are achieved. We are talking about reaching out, through Invest NI, InterTradeIreland, Co-operation Overseas, the Executive's office in Brussels and the bureaux in the United States of America, Canada and China, to those investors to say, "You have an opportunity." Mr Allister said that we would be being untruthful, or perhaps presenting half-truths, with investors if we were to say to them, "Come here, there is huge opportunity for your business to grow". He claims that they cannot grow because we have closed off trade with Britain, but we have not. Others refer to the suffering of people because of the protocol. It depends on the definition of suffering. As a society that has been all too familiar with suffering, we know the scale of suffering. However, I think that we can be pretty sure that nobody is going to a food bank because of the protocol. People are going to food banks for a lot of reasons, but it is not because of the protocol. What is this suffering that we talk about?

**Mr Allister:** Will the Member give way?

**Mr O'Dowd:** I will in a moment. Some businesses are facing difficulties. Other businesses are expanding, growing and taking on new employees. I give way to Mr Allister.

**Mr Allister:** Does the Member not recognise the chilling impact on commerce, and therefore on our economy, of the unnecessary and daunting barriers, in bureaucracy terms and in legislative prohibitions, on trade from GB? The issue is not trade to GB, it is from GB. If you are bringing in goods from GB, there are certain things that you are not allowed to bring in, and there are other things that you can only bring in if you subject yourself to excessive, protracted, expensive burdens. How is that aiding commerce?

**Mr O'Dowd:** Some businesses face the barriers that you outlined, and the Joint Committee and others should try to their full potential to minimise them. However, if trade and jobs can be created here because the goods cannot be brought in from elsewhere, no matter where that elsewhere is, let us create the trade here. Was Brexit not about taking back control? Was that not what it was about?

Listening to some from the unionist Benches, the mistake that they made from the very start was to believe their own propaganda about Brexit. They hitched their wagon to English nationalism, and now they appear to be more concerned about industry in the south of England than they are about industry in south Antrim, north Antrim, south Belfast or wherever it may be. Despite everything that has been thrown at us, we have an opportunity to create businesses, well-paid jobs and a flourishing economy.

Mr Stalford referred to us bringing forward non-binding debates. I was surprised yesterday when I learnt that, despite a petition being signed by 140,000 people — a petition is a legitimate political device to use — a debate in Westminster was held in a side room, 20 MPs turned up, largely remotely, and no vote was taken. One of the biggest mistakes that the current generation of unionism has made is this: you have gone elsewhere looking for friends and allies, when your friends and allies are actually in this room. You have spent too much time chasing English nationalism instead of sitting down with Irish nationalism and Irish republicanism in order to map a way forward. I have no interest in sipping champagne in Europe or in London or elsewhere —

**Mr Speaker:** The Member's time is up.

**Mr O'Dowd:** — but I am interested in having a cup of coffee with my unionist neighbours and working our way through this. You need to learn that this room is where you need to make your friends, not elsewhere.

**Mr Speaker:** The Member's time is up.

*Question, That the amendment be made, put and negatived.*

**Mr Speaker:** I remind Members that they should adhere to the very strict social-distancing requirements in the Lobbies.

*Main Question put.*

*The Assembly divided:*

*Ayes 49; Noes 39.*

## **AYES**

*Ms Anderson, Dr Archibald, Ms Armstrong, Ms Bailey, Mr Blair, Mr Boylan, Ms S Bradley, Ms Bradshaw, Ms Brogan, Mr Carroll, Mr Catney, Mr Dickson, Ms Dillon, Ms Dolan, Mr Durkan, Ms Ennis, Ms Flynn, Mr Gildernew, Ms Hargey,*

*Ms Hunter, Mr Kearney, Mrs D Kelly, Mr G Kelly, Ms Kimmins, Mrs Long, Mr Lynch, Mr Lyttle, Mr McAleer, Mr McCann, Mr McCrossan, Mr McGlone, Mr McGrath, Mr McGuigan, Mr McHugh, Ms McLaughlin, Mr McNulty, Ms Mallon, Mr Muir, Ms Mullan, Mr Murphy, Ms Ní Chuilín, Mr O'Dowd, Mrs O'Neill, Mr O'Toole, Ms Rogan, Mr Sheehan, Ms Sheerin, Ms Sugden, Miss Woods.*

*Tellers for the Ayes: Dr Archibald and Ms Ennis*

## **NOES**

*Dr Aiken, Mr Allen, Mr Allister, Mrs Barton, Mr Beattie, Mr Beggs, Mr M Bradley, Ms P Bradley, Mr K Buchanan, Mr T Buchanan, Mr Buckley, Ms Bunting, Mr Butler, Mrs Cameron, Mr Chambers, Mr Clarke, Mrs Dodds, Mr Dunne, Mr Easton, Mrs Foster, Mr Frew, Mr Givan, Mr Harvey, Mr Hilditch, Mr Humphrey, Mr Irwin, Mr Lyons, Miss McIlveen, Mr Middleton, Mr Nesbitt, Mr Newton, Mr Poots, Mr Robinson, Mr Stalford, Mr Stewart, Mr Storey, Mr Swann, Mr Weir, Mr Wells.*

*Tellers for the Noes: Mr Harvey and Mr Stalford*

*Main Question accordingly agreed to.*

*Resolved:*

*That this Assembly acknowledges the importance of North/South and east-west trade to our local economy; notes that the EU-UK Joint Committee is working to reduce trade barriers and to prevent the creation of new barriers so that businesses can trade freely within the legal framework agreed by the Westminster Parliament and European Commission; further notes the new trading reality as a result of the end of the Brexit transition period; further acknowledges our continued access to the European single market, with its 450 million consumers; and calls on the Executive to develop an overarching economic strategy, including the establishment of an Executive subcommittee on the economy, to give a clear vision and direction to our representative agencies, including Invest NI, InterTradeIreland, Northern Ireland Co-operation Overseas, the Northern Ireland Executive Office in Brussels and the Northern Ireland bureaux in the United States of America, Canada and China.*

**Mr Stalford:** On a point of order, sir. Can you confirm that no unionist Member voted for that motion?

**Mr Speaker:** I cannot confirm that, but you were one of the Tellers. The results will be available on the website, as the Member knows.

*Adjourned at 5.28 pm.*

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