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Northern Ireland Assembly

Tuesday 27 April 2021

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

Members observed two minutes' silence.

Assembly Business

Mr Muir: On a point of order, Mr Speaker. Yesterday, you made a ruling on the conduct of Mr Wells during a debate last Tuesday. Since then, I have received direct correspondence from Mr Wells challenging the authority of that ruling. I have been in politics for very many years and can take the cut and thrust of debate, but — I do not say this easily — what I am seeing now is homophobic harassment from Mr Wells. I wish you to consider the matter.

Mr Speaker: I thank the Member for raising the point of order and for advising me and, as I understand it, Mr Wells that he intended to do so. I am completely unclear as to the background to this. I am aware of the correspondence. Mr Wells released a press release yesterday morning after my office informed him that I intended to refer to him in my remarks. His press release was issued long before I made my remarks, so it did not connect to them. All that I can say at the moment is that I will consider the matter. As I said, I am totally unclear as to why the correspondence was sent to you or anyone else beyond the press. I thank the Member for raising that point of order, and I will seek to address it in due course.

Ministerial Statement

2021-22: Final Budget

Mr Speaker: I have received notice from the Minister of Finance that he 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 a statement if they wish to contribute has been relaxed. Members participating remotely must make sure that their name is on the speaking list if they wish to be called. Members present in the Chamber must also do that but may do so by rising in their place and notifying the Business Office or Speaker's Table directly. I remind Members to be concise when asking their questions. I also remind Members that points of order are not normally taken during a statement or the question period afterwards.

Mr Murphy (The Minister of Finance): On 1 April, I provided a written ministerial statement on the final Budget that was agreed by the Executive. Today, I will follow that up with an oral statement to the House.

After the announcement on the draft Budget on 18 January, there commenced a period of consultation that ended on 25 February 2021. While such a short period of consultation was not ideal, it was necessary to ensure that a final Budget could be agreed for the start of the new financial year. The consultation responses and the departmental equality assessments informed the Executive's decisions on the final Budget outcome.

Since the draft Budget was published, there have been three main changes in the financial context. First, a small degree of funding was released following the reassessment of central items. That will be now be used to continue schemes under the Shared Future umbrella and to meet the budget requirements of independent bodies. Secondly, additional funding for the Executive was announced in the Chancellor's Budget on 3 March, and a more

recent announcement of further funding for health in England will provide Barnett consequentials. Finally, Treasury agreed that some of the COVID funding provided in the latter part of the 2020-21 financial year can be carried forward into 2021-22. That is on top of the usual Budget exchange scheme amounts. Unfortunately, although that funding, like the anticipated funding mentioned in the draft Budget, has been confirmed by Treasury, it has not been confirmed by the Secretary of State and therefore cannot be included in the final Budget. It is frustrating that the legislation means that we are at the behest of the Secretary of State for what we can and cannot include in our Budget, regardless of what has been confirmed by Treasury itself. However, we cannot allow that legislative hurdle to delay decisions on COVID support. It is imperative that decisions be made now on how that funding will be allocated.

I turn to funding for what might be described as "business as usual" issues. As well as significant COVID funding, the Chancellor's Budget provided an additional £4·2 million of resource DEL from non-COVID measures. Although that funding cannot be included in the Budget outcomes of Departments, it will be allocated to the Bright Start school-age grant scheme, which provides much-needed support in disadvantaged areas and rural communities. It will also fund the continuation of the public service route between Derry and London and the translation hub committed to in New Decade, New Approach (NDNA).

The Executive had previously committed to funding teachers' pay and safe staffing through the in-year monitoring process. To provide more certainty for those important issues, it has been agreed that those costs will instead be met up front from the funding confirmed for 2021-22. The Executive have also agreed to allocate £12·3 million to the Department of Justice for PSNI staffing. Again, that will be met from the funding confirmed for 2021-22.

For most Departments, the draft Budget outcome represents a flat-cash settlement, which will mean effective reductions once increased costs and demands on services are taken into account. Choices will have to be made, and public services will have to be prioritised.

I now turn to COVID funding. The Executive had allocated the majority of COVID funding available at the draft Budget stage to the Health, Education and Economy Departments, leaving some £126·9 million for allocation at the final Budget stage. In the final Budget, the Executive have allocated all of that £126·9 million of funding to Departments, and the allocations are set out in the Budget document. The Executive have also considered the allocation of funding made available since the draft Budget. Due to the requirement for written confirmation from the Secretary of State, that cannot be included in the final Budget. However, as I mentioned earlier, to allow Departments to plan now, the Executive have agreed a number of allocations that will be formalised in-year. Those confirmed in-year allocations are also set out in the Budget document.

As set out in the draft Budget, in recognition of the impact that COVID-19 has had on businesses and households, we are freezing the regional rate for domestic and non-domestic customers. In addition, earlier this month, I announced a further rate relief package that will deliver additional support to almost 29,000 businesses in the form of a rate-free period for the next 12 months. That support will cost £230 million, and it will be funded from the additional COVID funding that has now been confirmed. Other allocations from that funding include £9 million to tackle homelessness and £50 million to further support our health service. Those allocations reflect the priority that the Executive place on protecting the vulnerable and supporting front-line health and social care staff who have been at the coalface of the fight against the virus.

To help to deal with the economic damage inflicted on our economy by COVID, we have allocated £275·8 million in resource and £11 million in capital to the Department for the Economy to fund in full the economic recovery strategy. A total of £12·5 million is being made available for Northern Ireland Water pressures, and £6 million is being provided to the Department for Communities for its Supporting People costs. Some £28·3 million of funding is being made available to the Department of Education to meet pressures in relation to recovery and support, and re-engagements for children and young people. In addition, the Executive have set aside £81 million to extend existing support schemes while lockdown restrictions continue to apply.

The remaining £103·9 million will be held for allocation early in the new financial year following a further assessment of health pressures.

On capital funding, the draft Budget provided investment funding of £1·75 billion, including funding from its reinvestment and reform initiative (RRI) facility of £140 million. The

Executive have now agreed to borrow a further £30 million to provide additional funding to Northern Ireland Water due to the strategic nature of its pressures. That brings the total departmental capital allocations to almost £1·8 billion. That will enable investment in our infrastructure while supporting the construction sector.

The Budget seeks to protect key public services in a very challenging financial context. Members will be aware of my frustration that we have not been able to set a multi-year Budget due to restrictions that Treasury has set out in its spending review. I hope that this one-year Budget acts as a bridge to a multi-year Budget that allows the Executive to re-prioritise spending properly and plan for the longer term. Members will have received a Budget document detailing departmental funding by spending area, and I will return to the Chamber later this month to allow for a debate and vote on the 2021-22 Budget. That will allow Members further time to scrutinise the spending proposals in the document. The confirmed in-year allocations, while not part of the formal Budget outcome, will allow Departments to plan effectively and provide certainty to key priorities, vital public health services and schemes that will deliver economic and social recovery.

Dr Aiken (The Chairperson of the Committee for Finance): I thank the Minister for his oral statement and for the previous written statements and the correspondence to the Committee on the 2021-22 Budget. The Committee will welcome the £13 billion of budgeted resource spending, including £450 million of COVID money for Health plus around £500 million for business support and economic recovery measures. Members will welcome the £687·4 million in anticipated in-year allocations, including, it appears, money to address some of the PSNI's staffing issues. Members will also welcome the £1·7 billion of capital spending, including a somewhat larger than expected RRI figure, and it is good to see that we are spending the money that is, indeed, available to us.

The accompanying final Budget document makes repeated references to the Secretary of State for Northern Ireland and his apparent failure to sign off on some of the much-needed allocations that I have just mentioned. Minister, why has the Secretary of State declined to sign off on those allocations? Is it linked to the continuing issues relating to the victims' pension scheme, or are there other issues? Will the Minister advise on the way forward for those areas of expenditure that have not yet been agreed, including certain aspects of New Decade, New Approach; pay, transformation and transport; growth deals, particularly for the Mid South West and Causeway Coast and Glens; and the excess on confidence-and-supply money?

Will the Minister do some analysis for the Assembly? If he takes our new resource baseline and adds to the carry-over plus the Chancellor's statement and the Barnett health consequential money and then subtracts the COVID allocations, the anticipated in-year monitoring and the centrally held funds, what is he left with? We consider that it will probably be about £100 million of unallocated money. Can the Minister say whether that money could be used to pay for the victims' pension scheme without having to top-slice departmental budgets?

Finally, I notice, Minister, that you said that you will bring the Budget back to us later this month. I do not think that we will be able to do it in the month of April. I do not think that that will happen somehow.

Mr Speaker: I call Michelle McIlveen.

Mr Murphy: *[Inaudible.]*

Mr Speaker: Sorry, I call the Minister of Finance.

Dr Aiken: Have you something to tell us, Conor? *[Laughter.]*

Mr Speaker: Never let it be said that I try to silence a Minister.

Mr Murphy: That arrangement suits me fine, a Cheann Comhairle. *[Laughter.]* I thank the Chair for his comments and his questions, and I look forward to continuing to work with the Committee in the time ahead to make sure that it can properly scrutinise all these matters.

Some time back, the Secretary of State said that he wanted the fiscal council to be progressed before he could sign things off. Of course, as the Chair knows, the fiscal council was established some time back. I have heard nothing else since by way of explanation. I do not think that it is anything to do with the discussion around victims' payments issues, so I am not quite sure what the hold-up is. It is not ideal, because we want all the figures that are available to us to be included.

10.45 am

That takes me on to some NDNA funding commitments and other funding commitments, and there is a table in the document that addresses some of the issues, including some of the NDNA issues that the Chair mentioned, such as Agenda for Change pay and the medical school in Derry, as well as a range of other issues, including confidence-and-supply money for deprivation, mental health and broadband. There is city deals money as well, which the Government were to allocate to us. We anticipate receiving that, and we have had no indication that it will not be forthcoming. We have had no indication to the contrary, so we are preparing on the basis that it will be forthcoming.

As the year rolls on, we will see what comes back in-year and what we then have to operate with. The overall picture for Departments is not good, however. There will be huge financial pressures on them throughout the year. This is a flat-cash Budget, even with the additional COVID money that has been made available thus far. We are not certain whether there will be anything more, but we do not anticipate receiving anything like the same level of COVID spend that we had during the previous financial year.

There will therefore be ongoing challenges. Anything in-year relates to this year only, and, as the Chair will know, the projected cost of victims' payments is very substantial over the first four or five years. Although we have given a commitment at the courts to ensure that those payments will be covered and paid for, the question is this: from where will that funding come? That is an ongoing discussion with the British Government that is necessary.

Miss McIlveen: I thank the Minister for his statement. The Department for Infrastructure budget for this year sees a modest 3% increase in resource and an almost 30% increase in capital. That will create a significant pressure, particularly in the delivery of much-needed road maintenance. Will the Minister provide the rationale for the disparity, and can he suggest how he believes the Department will be able to manage such an uplift in capital without a commensurate resource budget?

Mr Murphy: The Member will know that we did not get the Budget outcome that we wanted. We have essentially had the same Budget allocation as we had last year, by which I mean the same amount of money. We have been able to stretch that through some carry-over of money through increased access to RRI borrowing, of which the Department for Infrastructure will be a beneficiary, and through making some upfront payments in the previous financial year that take the pressure off Departments for this year. For instance, we got some flexibility to purchase PPE for the Department of Health. Those are all small things that will ease some of the more acute pressures.

There are still substantial pressures on all Departments, however. The only way in which we could give some Departments all that they wanted was to take from others. Given the time frames involved, there was not time for a significant reprioritisation exercise to be done. That would have seen some Departments, arguably including the Department for Infrastructure but perhaps not, depending on the Executive's discussions and decisions on those matters, getting additional money but other Departments losing money. The Executive therefore agreed to go forward with a rollover Budget from last year, with Departments getting the same amount. We have been able to add to the capital amount for the Department for Infrastructure but not to the resource amount, because we do not have that resource funding available.

We will continue to work with Ministers as time goes on. I have to say that there were opportunities in the latter part of the financial year to bid for things such as funding for road maintenance, but those bids did not come. We will continue to make best endeavours to work with all Ministers and Departments to see how we can assist in easing their pressures in the time ahead. For all the Departments, however, this will not be an easy year.

Mr McHugh: Gabhaim buíochas leis an Aire as a ráiteas. I thank the Minister for his statement. Only last week, we discussed in the House the development of the A5 road and its implications for the north-west region. Given the recent announcement of delays to the A5, will you clarify for us the status of the £75 million committed to it by the Dublin Government?

Mr Murphy: In NDNA, the Government in Dublin reaffirmed their commitment to providing that £75 million to fund the A5 project up to 2022, but no profile of the spend was stipulated. The A5 scheme has been the subject of a public inquiry, which has delayed progress. As such, no contribution was requested from Dublin in 2020. The 2021-22 forecast expenditure for the A5 is approximately £6 million at this stage. We anticipate that that will be funded from the Irish Government contribution, although that will, obviously, be kept under review. I understand that engagement is ongoing between the

Infrastructure Minister and the Irish Transport Minister through the North/South Ministerial Council and, directly, on the delivery of the project and future capital contributions.

Mr O'Toole: I welcome the fact that we will have more opportunity to debate the allocations and the Budget document in detail in the weeks ahead. However, specifically in relation to what the Secretary of State has not signed off on, what is the quantum of that and, when it comes to in-year spending now, is that simply allocations that were made or agreed under NDNA or earlier? Precisely when do you expect him to update you on when that is signed off?

Mr Murphy: It is in table 3.3 of the document. We are expecting £306 million from specific financial packages as well as additional money from the Chancellor's March Budget, which agreed to carry forward further Barnett consequentials. Some of that is money from previous commitments such as confidence and supply and NDNA. Of course, as the Member will know, what we received fell well short of what was committed in NDNA, so that is not included in the final Budget. In order to ensure that there is no delay in taking decisions, we have gone ahead and indicated allocations against that.

We have no reason to believe that any of that funding will not be made available, but I have no idea when it will be announced by the Secretary of State: that is a matter for him. I have no rationale for his delay in confirming that funding, but we have to have confirmation in order to include it in our final Budget.

Mr Muir: I thank the Minister for his responses thus far. The Minister of Health came to the Chamber two weeks ago to outline the situation regarding rebuilding the health and social care system following the pandemic and to address the desperate waiting lists. I am sure that many of us in the Chamber know people who are suffering as a result of them. One of the key issues is to have multi-year Budgets. Can the Minister give us an update on representations to the Treasury on getting multi-year Budgets so that the health service can continue to assist people? Has the Health Minister given the Minister of Finance any indication of the envelope that he needs to rebuild the health and social care system?

Mr Murphy: We all recognise that a substantial amount of money is needed to rebuild the health service. The difficulty for us with a one-year Budget, particularly when it is a flat-cash situation, is that we do not get the necessary money to invest in reforming the health service. Therefore, we end up treading water and continuing to try to support health provision as best we can, but without making the improvements necessary to get more efficiencies into the system. It is a cyclical thing, where we do not get the necessary money for reinvestment.

As I said in my statement, I hope that this is a bridge to a multi-year Budget settlement. Over the past year, we operated on advice from the Treasury that we were going to have a multi-year Budget, only to get very short notice in November that that would not be the case. It is frustrating, and it severely restricts the Executive's ability to plan and prioritise when we do not know, year-on-year, what funding will be available to us. I certainly hope that we will be in a changed situation next year. We will continue to engage with the Treasury, as I intend to do in the near future, hopefully by meeting them over there. We will press them on all those matters and on other outstanding matters.

Ms P Bradley: I thank the Minister for his statement. I welcome the carrying forward of the COVID-19 money from last year into this year and hope that it goes some way to helping those most in need. There has been a huge increase in the universal credit caseload over the past year; we know that it goes beyond the Department for Communities and impacts all Departments. We know that when furlough ends, we will see another increase. Does the Minister know whether other Departments are prioritising that as part of their spend?

Mr Murphy: It will be a matter for Departments to prioritise. The difficulty with a flat-cash Budget is that you end up not being able to deal with new areas. As the Member said, the increase in the numbers presenting for universal credit means that there will be a significant increase, particularly for the Department for Communities. We have managed to find some funding to support that Department with the additional staff that it will undoubtedly need. The Department's figures have doubled over the course of the past year, so it will need significant additional staff resource to cope.

The Executive's priorities throughout the pandemic have been to protect the health service, protect the vulnerable and support the economy, and I imagine that we will continue in that mode over the year ahead, even if we have less COVID money. We want to ensure that

vulnerable people are protected, and I expect all Departments to play a role in that.

Ms Dolan: Minister, can you outline how the £73·6 million of financial transaction capital will be allocated in 2021-22?

Mr Murphy: That information is in the chart. It is an increase on the expenditure that we have had previously. Some can be taken up through housing, and that will require a change to the rules and regulations on how the Housing Executive does its business. However, it is an improvement. It is not the total usage that we wanted to see, but there is an ability to carry over some of that. While we have managed to access most of the reinvestment and reform initiative (RRI) funding that was available to us, Departments need to continue to improve access to financial transactions capital, although I understand that everyone has focused on the response to the pandemic this year and, perhaps, people did not have the focus that that required. It is an improved position on previous years, but, nonetheless, there is more work to be done.

Mrs Cameron: I thank the Finance Minister for his statement to the House this morning. Can he confirm what funding will be allocated to the Department of Health in the June monitoring round? What additional funding can the Department of Health expect in the financial year to help with COVID recovery and to address the waiting lists?

Mr Murphy: We will not know what can be allocated in the June monitoring round until the Departments make returns. As it is the first monitoring round of the year, it is generally not the highest level of return. The tendency is that, as the year rolls on, Departments get a sense of what they can and cannot spend. Therefore, there is usually a limited return in June.

We have held back a significant amount of COVID money pending Health's assessment of its needs, and there will be Barnett consequentials from health spending in Britain. We are asking Health to make the earliest possible assessment of its requirements. If you like, Health is getting the first call on that pot of money, and when it makes its assessment, we will get a sense of what it needs to spend. The pot is unlikely to meet all the requirements of the range of services provided across the Department of Health because it is, like all other Departments, very challenged. However, we are giving Health first shout on the June monitoring round, and we expect it to come back with a formal assessment of its needs. Hopefully, there will be enough in that pot, and there may be some to allocate to other Departments at that time.

Mr McGuigan: I thank the Minister for the statement. In a number of his answers, he mentioned RRI borrowing. Can the Minister outline the reasons why the Executive agreed to an additional £30 million of RRI borrowing for NI Water?

Mr Murphy: As people will know, NI Water has a significant infrastructure backlog and deficit, and not only is that important for its work but, in turn, it is holding back other private sector developments that need the necessary sewage and waste water treatment infrastructure to proceed. We have committed a further £30 million of RRI borrowing to NI Water. NI Water's funding requirements are determined by the Utility Regulator, and increased investment is required to ensure that levels of service are maintained and that environmental and public health standards can be met.

The Department is investing, I think, £200 million in a number of areas such as the essential drinking water programme, the living with water programme and waste water treatment infrastructure, as required in the current price control period. It will be up to the Minister to allocate the funding to the programmes. However, there is a recognition that the infrastructure deficit has the knock-on effect of holding back NI Water from what it is required to do by the regulator and also from other potential investment and development from the private sector. The more we can get into that, the better. It is never going to be enough for every Department's needs, but the increase will be welcomed by the Department and NI Water.

Mr Catney: Thank you, Minister. Minister, I welcome the extra money for health and business. However, we know that this is a flat Budget. For most Departments, the Budget outcome represents a flat cash settlement.

We will have to make hard choices. Bearing it in mind that £306 million is being held back by the Secretary of State, are you guaranteed that that money will come forward and that there will not be any major holes, even looking into what we have already stated, because of it being a flat Budget and the pressures of inflation?

11.00 am

Mr Murphy: We have no indication that there is any difficulty with that. We anticipate it, and

Departments are operating on the basis that the money will come through. The Member will know that it is way short of the NDNA commitments that were made when the agreement was reached. Nonetheless, those are financial commitments that were made to us, and we expect them to be followed through this year. It will assist with some of the more acute pressures but obviously will not manage the significant pressures facing all Departments.

Mr Beggs: In your statement, Minister, you indicated that there were significant levels of COVID funding and that the Chancellor's Budget provided an additional £4·2 million resource DEL from non-COVID measures. Subsequently, you indicated that you intended to allocate it to the Bright Start school-age grant scheme and to support for the public service route between the City of Derry Airport and London. How much funding will go to each of those schemes? How many young people will benefit, and how many passengers will benefit? What is the degree of subsidy?

Mr Murphy: I do not have the exact breakdown between the two. That is the additional £4 million that we got in this Budget. I would not be so dismissive as to say it is a drop in the ocean, but it is not a substantive increase. That is why we have categorised it as a flat-cash Budget. It is for the Minister of Education to answer about the number of children who will benefit. Connectivity is hugely important. I had the opportunity to visit Derry airport yesterday when I was in the north-west. For that entire region, the connectivity that the airport provides with direct flights to Britain and Dublin will be hugely important for investment and ongoing business. We had an opportunity to speak to the airport operators and to council officials, who are the sole contributors to the airport, and we have managed to give them some support. Those public service routes are hugely important to the north-west region as a whole, and we commit to continue supporting them and to try to find the necessary support in the Executive to ensure that the airport continues its business.

Mr Frew: Minister, the Executive have agreed to allocate £12·3 million to the Department of Justice for PSNI staffing levels. Can you present to the House the impact that that will have? Will staffing levels remain static, or will there be an increase in police numbers?

Mr Murphy: Again, the detail of the numbers is more for the Department of Justice to respond on. There was concern that the loss of money for Brexit that had previously been provided would see a reduction in staff. I understand that the Department of Justice wants to ensure that that does not happen and to see, as was committed to in NDNA, an increase in policing personnel. I am advised that this is to assist in getting to that objective. It does not bring it up to the full level, but, of course, recruitment is a progressive issue. You cannot just recruit 700 new personnel in one fell swoop. It was, as the Member will know, part of discussions between the draft Budget and the final Budget outcome to try to give additional support to the Department of Justice to move towards those targets for additional staff. The Minister of Justice will be able to provide the exact figures, but I understand that it will be an increase in staff.

Ms Anderson: Minister, you were in the town I love so well yesterday, and people were delighted to see you there. As you said, the NDNA commitment to the Derry to London route was widely talked about. We look forward to hearing about the NDNA commitment to 10,000 students in Magee; hopefully, that will come forward at some stage as well.

Has the Department for the Economy received funding for the high street voucher scheme? Like all Members, we look forward to our constituents receiving that.

Mr Murphy: The bid from the Department for the Economy was funded in full and included a number of interventions, one of which was the high street voucher scheme. Initially, the discussion was around £90 million: it is now up to in and around £140 million. It will be a question of timing for the Department when it will bring it forward. Clearly, with retail not being open or opening with the necessary continuing restrictions in the time ahead, the question will be about the timing of that intervention. I know from having discussed it with business organisations that they want to talk to the Department for the Economy about that timing. It will not necessarily flow through immediately as non-essential retail opens up again next week; it is about bringing it in at the most effective time of the year, perhaps when there might be a dip again in spending on the high street.

It is a significant intervention, but the COVID money is one-off money and needs to have the maximum impact. I am sure that business organisations and chambers of commerce throughout the various towns will talk to the Department for the Economy about when, they feel, would be the most effective time to spend that money out.

Mr Dickson: Minister, thank you for your statement. I turn again to the Department for the Economy and the economic recovery strategy. Given the well-documented difficulties that that Department has had in distributing funds in the last financial year and in administering support schemes, what action will your Department and, indeed, your Executive colleagues take to ensure that we see a smoother distribution of the remaining COVID funds and a move to an economic recovery strategy on a cross-departmental basis?

Mr Murphy: As the Member will know, the localised restrictions support scheme (LRSS) and some of the other schemes are coming to an end. They will continue, largely, until the indicative date for the full reopening of hospitality and retail on 24 May. Thankfully, that is the direction that we are moving in. Certainly, from my Department's perspective, the sooner we are out of the grant-giving work, which was not the natural position of the Department, and get back to concentrating on some of our main functions, the better for us.

We understand that businesses will continue to struggle. Even as the economy reopens, we are still in the middle phase, if you like, of moving out of COVID, so there will still be restrictions. We need to ensure that lessons are learned from some of the schemes that we had over the last year or so. We have done that by trying to target some of the additional money that we have given out. Yesterday, I had the opportunity to visit a medium-sized manufacturing company that had not received any grant support. We have targeted something like 850 businesses in that sector for the £25,000 grant.

It is incumbent on us to use that money, channel it as much as we can to people who did not receive it, make sure that it is delivered efficiently and learn lessons. Inevitably, as we tried to do things at pace during the last year, we made mistakes. We need to learn from some of those mistakes, get a more efficient and targeted delivery and ensure that people get the full benefit of the restricted amount of money that we have this year in comparison with last year.

Mr Newton: I thank the Minister for his statement. I welcome the £28·3 million of funding that will be made available to the Department of Education and specifically the funding for the recovery and support and re-engagement of our children and young people.

It is generally recognised by professionals in the field of mental health that we will face an increase of something like 20% of cases where there are mental health issues. That issue and the recovery of our young people cannot really be addressed by the Department of Education alone. The feeling, certainly in the Education Committee, I believe, is that there is a need to involve the Communities and Health Departments to address the issues professionally. Is there a plan? Does the Minister have any word of proposals coming forward from the Health or Communities Departments for a holistic approach to that issue for our young people?

Mr Murphy: The Member is correct in that it is not the responsibility of any single Department. In promoting things like the Engage programme, the Department of Education has recognised that substantial work is needed to get young people back into the schooling rhythm and make sure that some of the loss, which is not just the educational loss but the loss of social contact, that has been experienced over the last number of months is engaged with.

The Member will know that the Executive have a subcommittee on mental health and resilience, so it is recognised in the Executive that it is a cross-departmental responsibility. It is not for Health, Communities or Education on their own or even collectively, as other Departments are involved in the subcommittee. We have set aside money for the Health Department as it analyses its needs, and, when it comes back with an assessment, funding will, hopefully, be available. I look forward to having, as early as possible, an assessment of the mental health requirements. It will be difficult work, as we are just beginning to emerge from the situation and have not yet seen the full effects of lockdown on people. However, I look forward to an early assessment, and I hope that, when we make an assessment of what COVID money is left, we have support to put it across the range of Departments that have an interest in the matter.

Mr O'Dowd: Does the Minister have any indication of how much funding will come through the community renewal fund? Does he expect it to fully replace the EU structural fund?

Mr Murphy: The community renewal fund is to provide £220 million of additional funding across Britain and here in preparation for the introduction of the Shared Prosperity Fund. However, there are no guarantees about what future amount might come to the North from that. We have continued to suffer from a lack of information in that regard, and I continue to be concerned that the prospect of having the full

replacement of EU funding that had been available to us through some of the funds that the Member mentioned will not be realised in the time ahead.

Mr Allister: As an Irish republican, the Minister will, I am sure, be as happy as I am unhappy that, in the centenary year of Northern Ireland, he can produce a Budget that does not mention the centenary or provide one penny of funding to mark that centenary. When putting forward their needs and bids for what they required in their budget allocations, did any of the Departments seek money to mark the centenary? Did anyone in the Executive seek to insert such into the Budget?

Mr Murphy: As an Irish republican, I see no role for myself in celebrating partition on the island, but I recognise that there are people here who see it as something to celebrate. I have no difficulty with how they propose to celebrate, as long as they do so within the law and without annoying anyone else. The Member has answered his own question, in that the Budget is based on Departments identifying their pressures and trying to meet those pressures. I have no recollection of any bids for that. I know that the NIO intends to provide funding for centenary celebrations and those who wish to engage in them, but I have had no such request. Therefore, it is not included.

Mr Carroll: I thank the Minister for his statement. Given that the Minister's party colleagues have been rightly critical of the 1% pay offer made by the Tory Government to our healthcare workers and described it as "a slap in the face", is it hypocritical of him to make a 1% pay offer to public-sector workers? If that 1% pay offer for healthcare workers was a slap in the face, is the 1% that he proposes a slap in the face?

Mr Murphy: The Department has made a two-year pay offer to Civil Service trade unions. That represents a 4·8% increase in the pay bill for the Civil Service over two years, at a cost of £44 million. The offer is in contrast to the position in England, where, as the Member mentioned, there was the 1% for health workers, but he will know that there is a pay freeze for all other public-sector workers. We have not gone that route; we have gone with a pay increase for our public-sector workers here. That is the maximum amount possible, taking account of the standstill Budget that we received from Westminster, the current financial pressures and the need to ensure that increases are affordable, while ensuring that a sufficient budget is available for essential public services. That offer was agreed by the Executive on 16 March. Further meetings have taken place with the trade unions since then, and a final offer was put to them on 13 April. We expect to hear back from them. I say, again, that that is in stark contrast to the approach taken in Britain, where a pay freeze has been imposed for one year, and, on the basis of previous experience, I expect that position to continue. We have ensured that there will continue to be an increase for public-sector workers here.

11.15 am

Mr Speaker: That concludes questions on the statement. I ask Members to take their ease for a few moments.

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

Private Members' Business

Programme for Government: Inclusion of End-of-life Outcomes

Ms Bunting: I beg to move

That this Assembly believes that everyone impacted by death, dying and bereavement should receive the care and support they need; expresses its concern that demographic trends in Northern Ireland predict a significant increase in chronic illness and palliative care demand in the years ahead; notes that Scotland and Wales have current palliative care strategies and that the Republic of Ireland's Programme for Government contains seven clear commitments on end-of-life care; further notes the New Decade, New Approach agreement commitment to invest in palliative care service improvement has yet to materialise; recognises that the care and support available to people as they die has an enormous impact on their quality of life and that each death leaves a number of people bereaved; and calls on the Executive to ensure that the draft Programme for Government outcomes framework includes indicators around death, dying and bereavement and the importance of a good end-of-life experience for people in Northern Ireland.

Mr Principal Deputy Speaker: The Business Committee has agreed to allow up to one hour and 30 minutes for the debate. The proposer of the motion will have 10 minutes in which to propose and 10 minutes in which to make a winding-up speech. All other Members who are called to speak will have five minutes.

Ms Bunting: I am grateful to colleagues from across the House for adding their names to the motion, which I tabled in my capacity as chairperson of the all-party group on terminal illness. Given its subject matter, I trust that the spirit of collaboration will continue when the Question is put on what is a very serious issue, which will, literally, affect every person in Northern Ireland.

We are told that there are two sure things in life: death and taxes. On one of those, we are in the blessed position to be able to make a significant difference to each and every one of our citizens at what will be one of the most vulnerable times in their existence: when they receive a terminal diagnosis, when they need to make plans, when their life is coming to an end; or when they love someone who is going through those things and they have to face a life with the void of that loss.

We have not all received bad news ourselves — some among us do know that devastation — but we have each grieved and we know the pain and panic.

As the Programme for Government (PFG) plots a way through our lives from birth, with strategies, indicators and outcomes for almost everything, there is one glaring omission: what happens when life is ending? The existing PFG outcomes framework rightly emphasises the importance of giving young people the best start in life and keeping people healthy and active throughout. However, it fails to recognise the end phase of the life cycle and a number of critical points that are associated with that: demographic trends predict that there will be a significant increase in chronic illness and palliative and end-of-life care demand in Northern Ireland in the years ahead; that the care and support that is available to people as they die has an enormous impact on their quality of life; that many groups face inequities in accessing care and support when they are impacted on by death and dying; that each death leaves a number of people bereaved; and that, because of the previous point and the impact of the pandemic, demand for bereavement support will continue to grow.

Unquestionably, the PFG, including the outcomes framework, should recognise and include issues around death, dying and bereavement, and the importance of a good end-of-life experience for people in Northern Ireland. For over a year, we have taken drastic measures to protect life from a virus. We will now have to deal with the aftermath. Those issues have been brought into sharp focus. Embedding them at the strategic policy level is needed now more than ever and is the next natural step.

The local population is ageing rapidly. That trend has been accompanied by growing numbers of people living with multiple chronic and incurable illnesses and complex needs. If we look at the stats, we see that the average healthy life expectancy in Northern Ireland is just 60 years of age. Disability-free life expectancy is worse still at 58 years of age. Those trends have had a significant impact on the end-of-life sector. For example, since 2011, the number of people on the local palliative care register has doubled, while deaths from cancer have increased by 10%, chronic lower respiratory diseases by 17% and dementia by a

staggering 65%. Looking ahead, the population of over-85s is expected to grow by more than 100% by 2043, with an associated rise in palliative care demand of over 30% by 2040 — in around 20 years' time. We are far from ready.

Those issues have not been appropriately recognised at the strategic policy level in Northern Ireland. No regional palliative or end-of-life care strategy is in place, with the last strategy, Living Matters, Dying Matters, now six years out of date. Despite a commitment to invest in palliative care service improvement in the New Decade, New Approach (NDNA) agreement, there is no mention of palliative or end-of-life care in the PFG. Northern Ireland is already falling behind its neighbours in that area. Scotland's strategic framework on palliative care has been in place since 2015. The Welsh Government have had a palliative and end-of-life care delivery plan in place since 2017. A new five-year palliative care strategy is being developed in England. The Irish Programme for Government, which was published in 2020, contains seven clear commitments on end-of-life care, including the development of a new palliative care policy and greater research on the impact of bereavement.

It is imperative, then, that the end-of-life challenge in Northern Ireland is recognised and prioritised in the PFG. We need policy levers to ensure that palliative care, which is shown to result in better quality of life, better symptom management and lower rates of mental ill health, is available to everyone who needs it and that the other financial, practical, emotional and spiritual issues that affect people who are at the end of life, as well as their loved ones, are addressed and met.

That would be important under any circumstances, but it is especially so in the context of the recent pandemic. Since the end of March 2020, nearly 170,000 people in Northern Ireland have been impacted by a bereavement. That represents a huge increase in the number of people who require bereavement support, but many of those who have been impacted by the death of a loved one during that period will be living with complex grief reactions that have arisen from the circumstances of the restrictions. For example, one of the consequences of social distancing and visiting restrictions in care settings such as hospitals and nursing homes is that some people did not have the opportunity to say goodbye to their dying loved ones. The ability to say goodbye is associated with better outcomes on measures of depression and complicated grief among bereaved people. The Department of Health's draft mental health strategy acknowledges:

> *"the restrictions on funeral rites during the pandemic have had an impact on the emotional wellbeing of many".*

It is an area about which I feel particularly strongly. Some years ago, I spent three nights and three days with my dad at my gran's bedside in her nursing home as she was dying. I am so grateful for the time that I got to share with them both at that time, because my dad died not long afterwards. I cannot imagine my dad or me having to do that alone: being the only person allowed in, bearing all the responsibility alone, for as long as it takes, and being afraid to leave for a cup of tea, a bite to eat or a shower, in case you are not there when the time comes. I am an only child, and so was my dad, but you could add into that mix having to choose who will be that one person and who will have to be excluded from the funeral. All of that is compounded by knowing of the indignity with which your loved one's remains will be treated should COVID be cited on the death certificate.

Statutory and community and voluntary sector (CVS) bereavement support services were struggling to cope with demand before COVID-19, and it is very likely that the situation has only worsened as a result of COVID-19. The effect of the pandemic on bereaved people will be felt for a long time to come and will require a strategic response from government, working in partnership with key stakeholders. The inclusion of an additional outcome in the PFG framework that is focused on death, dying and bereavement is a must. That additional outcome could be supported by key priorities that are relevant to palliative and end-of-life care issues, as identified by expert stakeholders in the sector. Along with pre-existing relevant indicators, there are further indicators that could help monitor progress on the outcome, such as the number of people on the regional palliative care register and the percentage of the population that is given the opportunity to discuss advanced care planning. I will leave it for others to go into the details and merits of those when it comes to statistics, but we should be enabling such conversations to happen long before people are in a highly charged emotional state, having received a devastating diagnosis. In so doing, we would also move towards removing the stigma surrounding death and dying.

It was superb to see the joint response from so many charities and hospices across Northern Ireland to the Executive's public consultation on

the draft programme. I am grateful to all those — there are too many to name — that do so much work in this area, both in policy and in practice. In particular, I am grateful to Marie Curie in my constituency, which worked with me on the motion. Others will mention those in their constituency. I also praise the 10,200-plus people who took the time to sign the Marie Curie petition calling for greater end-of-life and bereavement support to be included in the PFG. Again, I will leave the detail of their comments to others to include in their remarks.

When considering the issue, we need to walk in the shoes of those who are in this situation, and we need to make it better for them. We are in a position, here and now, to make a change for the benefit of every citizen. Is that not why we are here? I urge colleagues to support the motion.

Some Members: Hear, hear.

Mr Gildernew (The Chairperson of the Committee for Health): I am very pleased to be a signatory to the motion. I acknowledge the work of Marie Curie and of Joanne Bunting, as chair of the all-party group, in tabling what is a very important motion.

Every one of us will agree that those impacted on by death, dying and bereavement should receive the care and support that they need. It is crucial to note that demographic trends predict a significant increase in chronic illness and demand for palliative care in the years ahead. Now is the time to consider how we can address concerns and develop strategies that will lead to a better end-of life experience for people in the North. I recently chaired a research launch event by Marie Curie and Queen's University that outlined how it is expected that, by 2040, there will be a 30% increase in demand for palliative care and how the population of over-85s is predicted to increase by approximately 100%.

If we do not start to make changes now in how we deliver end-of-life care, difficulties will result in the coming years, especially in relation to end-of-life care in the community and capacity issues for care homes and hospices.

11.30 am

I pay tribute to all the health and social care workers in our community, care homes, hospices and hospitals, who have provided support to those most in need over the past year when restrictions have made it difficult for families to provide that support themselves. We thank you all for your work and emotional support in what have been very difficult times for patients and their families and, indeed, for you, their carers. We recognise the impact that it has had and the contribution that you have made.

During the Committee's inquiry into COVID-19 and its impact on care homes, the issue of advance care planning was raised on a number of occasions. Everyone who responded outlined the importance of sensitive and compassionate conversations about advance care planning. It is crucial that these conversations are on an individual basis, are supported by the appropriate professional — ideally, the one who knows the person best — and take into account the unique needs, preferences and changing wishes of the individual. It is also important that these conversations do not happen only once but are an ongoing, dynamic process.

The Committee made a number of recommendations on advance care planning, including:

> *"The Department of Health should clearly outline and communicate the rights of older people and families regarding end-of-life planning"*

and

> *"that relevant professionals have access to appropriate training in advance care planning."*

The recommendations were all accepted by the Department, and we look forward to discussing this issue further with the Department.

I want to make some remarks as Sinn Féin spokesperson for health, a Phríomh-LeasCheann Comhairle. I was disappointed with the response that I received from the Department to a question about bereavement services. I think that it will come as something of a surprise to Members and the public. In relation to a question on the commissioning of bereavement services regionally or within the health and social care trusts, it stated:

> *"The Department for Health does not commission bereavement services regionally or within health and social care trusts."*

It went on to state:

> *"while the public health agency provides funding for various bereavement services,*

projects and groups across the North, bereavement services within each HSE trust have traditionally been provided by third-sector, community, voluntary and chairtable organisations."

While we all acknowledge and value the work that those organisations do, a more statute-based strategic and commissioning process is needed.

Facing the end of our life, or that of a loved one, is a sad event. However, it is unavoidable and therefore must be planned for. We know our demographics; we know that our population across the island is aging. That will ultimately require practical, emotional and spiritual needs to be addressed as people face the final times of their life. Therefore, we have a duty to prepare. That preparation must take into account the financial resources that we need and the practical and emotional support and assistance needed for families. With all those resources in place, we can — we must, Members — ensure proper symptom management, active and considerate planning and quality of care and choice as we tend and support our loved ones and their grieving families through the end phase of life.

I support the motion, and I urge Members to do likewise.

Ms S Bradley: First, I place on record my thanks to Joanne Bunting for tabling the motion and to Marie Curie, which, I know, has supported her role on the APG.

When the motion was presented to me, I put my name to it without hesitation. As the mover of the motion quite rightly pointed out, it is a glaring omission from our Programme for Government that this issue has not been tackled. It is important that we have the motion and discussion today. I say that at a very poignant time. During COVID-19, the many horrendous stories of people dying without a loved one at their bedside will resonate with all of us, and beyond this House, for a very long time.

The difficulties and situations that we faced, which were, largely, beyond anyone's control, led to the passing of individuals in a way that has traumatised family members because they have so many questions about their passing and how different it might have been if only they had been able to be by their side.

I could not make that comment without putting on record our absolute indebted thanks to the NHS staff, who were there with those people, for the comfort that they were able to offer to the family members, who knew that their loved one did not die alone and that somebody was there and held their hand. That is a huge comfort. To those NHS staff who had to do that routinely, I thank every one of you. I know that that cannot have been an easy task, on top of dealing with COVID and managing those wards.

Mr Buckley: I thank the Member for giving way. I wholeheartedly agree with her sentiment towards the NHS staff, but does she agree that, equally, our praise must go to those care home staff, who had such difficult circumstances to deal with and who, quite often, were the mediators between the family at the window and the resident in the care home as, sadly, they went through their end of life in an isolated place?

Mr Principal Deputy Speaker: The Member has an additional minute.

Ms S Bradley: I thank the Member for his intervention. He, quite rightly, pre-empted my next comment.

It was not just in the hospital setting; there are people across our community who stepped up, be it in care homes or in their own homes, and they were reliant on the palliative care workers and community care workers. At the outset, I mentioned the Marie Curie organisation as one such example of people who step up and step in to support people at their most vulnerable time, but there are also the hospices and the services that they provide.

In my constituency, the community response to the void in our Programme for Government has seen the creation of Life & Time, which is a charitable organisation that recruits nurses and trains them up. Those nurses then go to the homes of people who are dying and in need of palliative care. An example of some of the amazing work is shown by Deirdre Morgan and Michaela Kane, who recently successfully completed the European Certificate in Essential Palliative Care. They are able to take that resource and go to the homes in our communities, and we are so thankful to them and others like them who help people at that final stage of their life.

We have to recognise that there is a void in strategic policy on this whole issue. The motion is a call to fill that void. I call on everybody to support it, and I do not doubt that everybody will.

It is important that we plan for good end-of-life care. It will not just happen. Like everything in life, it has to be planned for. In the Marie Curie submission, they talked about the issues that we should consider in that planning. They talked about the care register and how a relatively small number of people are on it. I think that they suggested that more than 15,000 deaths are recorded in Northern Ireland in a normal year, meaning that 11,250 people should potentially be on the palliative care register who are not. The actual number during the past five years has been less than half of that.

It is important that we have these conversations, and, as other Members have said, advance care planning brings some element of certainty where there is none. That is a really important conversation and a difficult one to open up, but if it is scripted, planned and prepared for, people can grab the mechanisms and the framework, and use that as their lead to take them through a really difficult, vulnerable time in their life.

In conclusion, I support addressing the glaring omission in the Programme for Government, and I hope that the motion will be the catalyst to allowing the issue of end-of-life care and the bereavement that comes with it to not only be taken seriously and acknowledged but resourced. Again, I thank the Member for tabling the motion.

Ms Armstrong: I support the motion, of course, and thank all those who brought it to the House. Later, my colleague Paula Bradshaw will make a winding-up speech on behalf of the parties that co-signed the motion.

As Benjamin Franklin said:

> *"In this world nothing can be said to be certain, except death and taxes."*

Death impacts every family and every individual, and it is a fact of life. In my past career, I have been a volunteer bereavement counsellor. It is a fact that the better we die, the better the quality of life for the person who is dying and for the people who are left behind. Death is a subject that people find it hard to talk about. Even amongst families, they find it difficult to discuss. It is the one aspect of life that impacts us all, and it is the aspect least addressed in our Programme for Government. Today, I hope that we will redress that issue and that it will finally come forward for consideration.

We need a regional palliative care or end-of-life strategy. As we know, and as Ms Bunting said, Living Matters, Dying Matters is six years out of date. With an ageing population, the doubling of the number of people on the palliative care register and the impact of COVID on the ability to say goodbye, we need to address the issue as a matter of urgency. It is one of the key components of our mental health concerns across Northern Ireland. I know that support services are struggling to cope with demand. They struggled before COVID, but they are struggling even more now. Those support services are the other volunteers and organisations and charities that I know are helping families through a very demanding time. The need for sustainably funded bereavement support necessitates a strategic response from government.

As Ms Bradley said, we can only thank all those healthcare workers who break the news that a loved one is dying. I had the privilege of being alongside midwives as we discussed how to break to a mother the bad news that she was about to be told. Those people break that news, they console, and then they go about their daily work. They are amazing. I pay tribute to each and every one of them.

I welcome the information provided by Marie Curie, which suggests that we add to the Programme for Government indicators to confirm the number of people on the palliative care register and the percentage of the population that is given the opportunity to discuss advance care planning. As we all know, data is the key that unlocks funding, and it is data that enables resources to be invested in key issues and priorities.

For those of us who have been through bereavement, I am very sorry. It is horrendous. We know how important it is to support our loved ones at their end of life and to help those of us who are left behind to be allowed to remember and grieve. I believe that we owe it to ourselves to learn about death at a much earlier age. That is not to scare any young person but to introduce death as a fact of life. Being prepared goes a long way in helping to cope with one of the most difficult times in a person's life. Why does our national curriculum not include the subject of death? Surely we could include a module on death and dying in a subject such as the personal development section of the learning for life and work area. I know that helping people to speak about death, about life and about coping with life during the time before, at and after death can help a family to grieve. It can help the health staff and

volunteers on whom we so depend during end of life.

On behalf of all who are going through their end-of-life journey and in memory of all who have died and their loved ones, I ask that we include indicators on death, dying and bereavement in the Programme for Government. It is privilege to support the motion.

Mr Clarke: When this motion was put forward, I was, like others, very happy to sign it. It reminded me of what I went through 16 years ago, when my father, a healthy man working with me at home on a Friday, went into hospital on the Sunday, with no diagnosis or prognosis to indicate that that was his last journey. It was thrust upon us. My father was in hospital after an operation when we were told the news reflected by the contribution from the previous Member to speak. It was difficult for us as a family, because we had no understanding of it. That was pre-devolution. There have always been shortcomings on end of life. This is not an attack on the current Minister or the Ministers before him. It was pre-devolution.

11.45 am

I remember that my father was transferred from Antrim hospital to what was described locally as the workhouse, which was then in Braid Valley in Ballymena, where he got excellent care from the Macmillan team. That was a comfort to us. Like many patients, he suffered in silence. The nurses went above and beyond in providing excellent care. I had conversations with nurses and asked, "How do you do this job?". We always assume that a nurse is there to help you get better, not to help you pass. The professionalism of those nurses was unquestionable. I remember that, at that time, they were talking about a Macmillan unit in Antrim hospital, which, thankfully, came some years later.

Roll forward to 10 years ago, when my mother went onto a main ward in the hospital and was never to come home. Having dignity is very difficult for a family. My mother spent 11 days on a general ward with six patients and a curtain around her. The family spent precious time with her in the full knowledge that she was not coming home. It was difficult for us. It was difficult for the other families on the ward. Where was the dignity for the other five patients, not just for our family? I ask that because there was a lack of provision. There was, dare I say, competition for accessing the capacity of the 12-bed unit. That is no reflection on Macmillan and the work that it does, but there was competition for those beds. My mother's dignity was removed because she had to die on a ward with five other patients. She was not allowed the close family network that you would get in a normal setting.

I fully support the motion. The call that it makes is appropriate, long overdue and should have been included in the Programme for Government before. It is very touching that everyone signed the motion so easily. We have to bear in our hearts that many people have not gone through this situation and do not understand it. Until people are thrust on that journey of death, are they prepared? Do they know what is going to happen?

Reference has been made to the charities and the work that they do. They have stepped up when people get those diagnoses. Many people survive, but those charities have given them care and support, which is also very important. We need to be sure that all those charities and the service are properly funded.

Another thing strikes me; I remember this from when my mother passed. Like a lot of people, I, in my ignorance, associated end-of-life care with cancer. My mother did not have cancer. I remember the Macmillan nurses being brought to me a few days before my mother passed. I said to the nurse, "But my mother has not got cancer". I was ignorant to the fact that end-of-life care is not just about cancer. Macmillan is not about cancer. Marie Curie is not about cancer.

I remember when they were administering the medication my mother needed a number of days before she died the nurse on the general ward telling us that Macmillan, or it could be Marie Curie depending on the setting, knows the appropriate time to give that level of treatment and that the general staff do not. That is no reflection on them. Again, my view is that they are there to nurse people to get better, not to nurse people to die. The dignity and the care that those people give is unquestionable. It is concerning that some people do not get the opportunity for that intervention. Some people die at home in pain and agony because they never got that level of care. That is shameful.

Reference has been made to taxes and death. That is true. However, I want to say briefly that, before you pay taxes and reach death, there is life. There is also perinatal care, and we are failing there as well. I know that the debate is not about that, but that is an issue that it will be important to come back to. We will never avoid taxes, but, to get to taxes, we have to be born.

If we are born, we will have our taxes and our death.

We need to be sure that people and their families are cared for in a dignified manner and that they get the best care possible at that time. I commend the motion.

Ms Ní Chuilín: Like others, I thank Joanne and the all-party group for bringing the motion. I also thank Seán McGeown for his research paper. I looked through it a couple of times.

I agree with the motion wholeheartedly. When I looked at Seán's paper, I also looked at the draft Programme for Government and 'New Decade, New Approach'. There is a lot about life and about helping and supporting people in the Programme for Government. That is the right thing to do. However, there is very little about palliative care, even just in terms of what support is out there as part of health and social care.

As Kellie did, I would welcome an opportunity to talk about dying. I am of an age where I was heart-scared of people dying when I was younger. No one spoke about cancer when I was growing up. People went up the stairs to die. No one talked about it. That is quite horrific when you think about it. My family and I were privileged. My father is dead just four years. It was his explicit wish that he wanted to die at home, if at all possible. I think that, when he said that, we all looked at each other. We did not know what to be prepared for, but, at the end of the day, he lived a good life, and his wish was to have a good death. He was very open about that. The mission statement in 'Living Matters, Dying Matters' is exactly what we, as a family, received. A palliative healthcare team gave us an understanding of what was involved. He received the best and most appropriate care. He, along with the staff, spoke to us about what would happen and what would be expected of us. We also received timely information. He definitely had choices. His care was supported and coordinated through not just a health and social care team and a palliative care team but Macmillan nurses and others. We, as a family, will be forever grateful for that. When I looked at Seán's paper, I felt sorry for the people who did not have that experience. It helps with your grief and bereavement. Working with the team and knowing what to expect, which meant that we were able to cope, helped us as a family.

I looked at the Regulation and Quality Improvement Authority (RQIA) review. I understand why it said that there is a lack of clarity among organisations about how the range of regional structures work and fit together. That is something that we will constantly strive to achieve, particularly given the year and more that we have all come through. Joanne spoke very movingly about the number of experiences of families during the pandemic who did not have what I had. My heart goes out to them. As Trevor outlined, palliative care is not about just cancer. One of my neighbours died of motor neurone disease and had the same palliative care team in and out. Their family was forever grateful as well. That was just before the pandemic. As we, as a community, did for other neighbours whose family members died, we brought bins in, did shopping, made a pot of soup and all that sort of stuff. That goes along with it.

It is also about advice and guidance. That is critical. It is really important that we have that as a Programme for Government target. It is important, as Kellie mentioned and as others have said, that families have as much information as possible and as much support as possible to help those who are dying to get that support and those choices. We had only weeks from when my father was diagnosed until he passed — he had very aggressive pancreatic cancer — but those weeks were filled with information, care and support. As Joanne said, we are people, too. Some people look at MLAs and say, "What would they know?". We do know what it is like. I think that you, Minister, have a coalition of the willing to get that into the Programme for Government. The people who have done all the work to bring the motion to the House and those who support people to have a good death deserve our support. I support the motion.

Mrs Cameron: I thank the Members who brought this most important issue to the Assembly Floor this morning. I particularly thank my colleague Joanne Bunting and, of course, Marie Curie for its campaign on the matter.

Every day, thousands of people, sadly, lose their life due to chronic and terminal illness. While many of those illnesses, such as cancer, get a lot of publicity, one condition that continues to fly under the radar is idiopathic pulmonary fibrosis (IPF), a severe lung condition that scars the lungs and makes it harder to breathe. We do not know what causes the condition, and, at present, there is no known cure for the damage that it does to lungs. People living with IPF see their life turned upside down by the condition, with everyday tasks becoming impossible and exhausting. As the condition worsens and the scarring of the lungs increases, symptoms such

as coughing become more common and severe. Through the use of antifibrotic medication and specialist treatment and support, we can slow the development of more scarring, enabling people to live better for longer. After being diagnosed with IPF, the average person has a life expectancy of just three years. That makes it a more deadly disease than leukaemia and some forms of cancer. The only long-term treatment for IPF is a lung transplant. However, due to long waiting lists, many people, sadly, do not live long enough to receive that type of treatment.

Just recently, at a meeting of the all-party group on lung health, which I chair, MLAs heard from Pauline Millar, a South Antrim constituent of mine who is living with the condition. We heard about the real impact that it has had on her life: she had to stop working and has found the support available patchy at best. Pauline is lucky, however, because her condition was diagnosed early, and she is able to access some specialist support. For too many people across Northern Ireland, that is not their reality. With over 1,200 people living with IPF in Northern Ireland, it is a serious issue, and hundreds of people lose a loved one to the condition every year. People should be able to access specialist treatment where they live.

In 2018, the Department of Health discussed overhauling the way in which specialist services were provided for those with IPF, but little came of it. At present, health and social care trusts do not provide specific funding to provide the services needed to support those living with IPF. That creates unacceptable inequalities, as many cannot afford to self-fund services. People living with IPF should not fall victim to a postcode lottery whereby where they live determines the level of support that they receive. We can and must do more to ensure that people get the support that they need, particularly when their condition worsens and they rely on palliative care.

Although my focus today has been on that specific group, that in no way takes away from others who need the same support as they reach their end-of-life journey. We welcome the fact that more and more people in Northern Ireland are living longer, but we must recognise that, with that, many will face that point and need specific care, including end of life.

As the motion notes:

> *"the New Decade, New Approach agreement commitment to invest in palliative care service improvement has yet to materialise".*

I therefore urge Ministers from all parties to make progress on that commitment, which was made to all of the people of Northern Ireland on the restoration of devolved government.

The pressures brought by the COVID-19 pandemic have caused much pain and suffering for many families. Many were unable to see their loved ones in their final weeks and days or, because they obeyed the Government safety restrictions on gatherings, pay their respects at funerals. End-of-life care should also have a strong focus on the families, who are often affected not only emotionally but financially.

In finishing, I put on record my sincere gratitude to all members of our health service, the hospices, the charitable organisations such as Marie Curie and the other care providers that have looked after loved ones under the most difficult of circumstances in the last year.

Now is the time to drive forward a new progressive vision for improving and enhancing our end-of-life palliative care provision and support in Northern Ireland. That will take serious investment and health transformation, but we owe it to all of our citizens. I support the motion to include such a vital topic in our Programme for Government. Let us work together to ensure that we support everyone living with and affected by a terminal condition.

12.00 noon

Ms Flynn: As other Members have done, I thank Joanne for bringing the motion to the Assembly today, and I welcome the opportunity to speak in support of it. Thank you for that.

The issues around death, dying and bereavement deserve to be treated with the utmost respect and compassion, and, through their remarks thus far, Members have all done that justice in today's debate. At some point in all our lives, we will face the illness and end-of-life care of a loved one. With that in mind, we need to make decisions on how end-of-life care should happen. When faced with the inevitable responsibility of caring for and supporting a loved one as they die, we need to ask what we would like to happen. Of course, we want to see our loved ones free from pain and discomfort and ensure that their financial, physical, emotional and spiritual needs are addressed as they face the end of their life.

Living through that real-life experience and even just having to undertake those conversations and decisions is really challenging and traumatic for any family to go

through. Members have expressed that in the Chamber today. Many of you have endured that difficult journey through the process of losing loved ones from your family. My Uncle Jodie lost his battle with bone cancer a number of a years ago. He was still in his 40s when he died. Only a number of weeks ago, my cousins buried their father after a really long and difficult fight with motor neurone disease. Both of them were still so young when they passed away, and both battled with life-changing and painful diseases. As a family, you can only witness and watch the people whom you love gradually slip away, and, at times, you feel powerless to help them. It is really important that the needs of people of all ages who are living with dying, death and bereavement, including the families and the carers involved, are addressed, taking into account the preferences of those people and their wishes, because every family and every circumstance will be different.

As Kellie and Carál mentioned, bereavement supports are a vital part of palliative care. In many cases, it is only when a loved one has died that the family has that space to feel the impact of the loss fully, and it is usually then that they need that emotional support most of all. As part of the recent mental health consultation, we in Sinn Féin called for a specialist bereavement service to be established, even if it is on a regional basis, because we know that specialist services such as bereavement services are a necessity to help to support the families and carers, who, sadly, a lot of times, can be left to navigate the situation and learn how to cope by themselves.

It is my belief that we can go further and should consider the establishment of a psychological autopsy service, particularly — this is a bit more specific — for those who have been bereaved by suicide, who will have many unanswered questions about a loved one's death and whose grieving process is even more complicated by the effects of the stigma and trauma around people who die by suicide. That process could act as an additional avenue of support and could develop into a system of learning around the difficult and complex issue of someone who has completed suicide and died.

I will finish by taking the opportunity to join other Members in acknowledging the significant work of all our voluntary and statutory organisations that are providing those bereavement services at present and doing much more. Once again, I emphasise and support the need for enhanced investment in those sensitive services, which are doing their very best to help people at the most difficult points in their life. I am happy to support the motion.

Mr Catney: Thank you, Joanne, for tabling the motion. I was not going to speak today until I listened to the unity of purpose that we all have. Later today, we will have a debate on antisemitism. That brings me to the Jewish faith, which has a prayer:

"May you see your children's children."

For some of us who reach my age, however, that can be difficult. I think of a young boy, Charlie Craig, who passed away about a year and a half ago in Lisburn. I think of how he suffered and the care that he got. My friend Carmelita, who will not mind me using her name, is an educationalist in the hospital. Little Charlie went to St Joseph's Primary School. They built his little toys in the playground for the kids. The school always tried to remember him and to bring him into the class setting.

The nurses, the doctors and all others who are there make the end of life so special. I know that everyone has spoken of their experiences of death. I remember my father saying that he had lost his brother, who was blown up off the coast. He lost one of his sons, who was killed in an accident, and he lost his eldest grandchild, who drowned. All of that is the experience of life, and death is part of life, but we need to give that care. That care can be given so gently with a caring hand or a kind word from our nurses, who make it so dignified when it comes near the end, when we are there to say goodbye to our loved ones — to our mothers, to our fathers or to our brothers — as life would have it. When death comes, there is so much knowledge that leaves us and so many questions that we have not asked, but we are given that little bit of time. When I was young, I probably did not realise what it meant, but there was a prayer that was always said:

"May you have a happy death."

It is very strong in my faith. I did not know what a happy death was then, but I know now.

To Joanne and the other Members who signed the motion, thanks very much. I hope that, with help, we can make end-of-life outcomes part of the Programme for Government, if that is at all possible.

Mr Butler: In listening to some of the very personal testimonies today, I am mindful of the fact that a number of people listening in today across Northern Ireland will be going through that very process at the moment. In my time on the all-party groups that we all sit on, I have become aware of an excellent charity and

facility that people need to be aware of: Cruse Bereavement Care. To anyone who is listening in or who wants to pass on their details, I say that it is important that they reach out for that help and know that it is there. As we know, bereavement can have a serious effect on all of us.

I welcome the motion. I thank Ms Bunting and all the other co-signatories for tabling it. It was a pleasure to sign it, for the purposes of the debate. There are more than two aspects to it, but two jump out at me. One is to protect the dignity of the person who is dying, and the second is to support the living. Every one of us will experience death in some form or fashion, whether through managing the bereavement of someone else or when it comes to us. I hope and pray that we are in a position to do so with dignity.

I thank the palliative care community, as others have done and, I am sure, everyone else and the Minister will do. While this is missing from the Programme for Government at the moment, we are all of one voice when we say that there are professionals and volunteers out there who are providing the pathways as we speak. Whether that is in a hospital, a hospice or a community setting, our nurses, doctors, health professionals, care staff and many dozens, if not hundreds, of volunteers are absolute heroes for what they do. I particularly thank the policy team at Marie Curie for providing the support for today's motion.

I have to declare an interest, Mr Principal Deputy Speaker. I often blow about my wife a little. She is a nurse, but she also is a palliative care nurse. She worked for Northern Ireland Hospice, although she does not work there now. When I ask her what her favourite role as a nurse has been, she says that it was in the hospice. She epitomises the people who are called to work in those places. I used to ask why that would be. It is the most personal journey that you could ever have. Birth and death: those are the two journeys that you can go with someone on that will bring you closer than anything else. My hat goes off to those nurses.

Death will affect everyone. Therefore, the omission, if we can call it that, of end-of-life outcomes from our Programme for Government is an anomaly that needs to be addressed. It must be addressed as soon as possible. As we have said today, it is not within the purview of the Minister of Health alone. There are fiscal and financial, educational and community aspects.

I think of something that we have talked about a lot in the Chamber since we came back. We have paid tribute to a number of former Members, and that has been hard. As the Member for Lagan Valley outlined, this is not just a matter for the elderly. You have only to go to the Children's Hospice, paediatric care, the Cancer Centre or any of those places where we have young people on that palliative journey. That is incredibly tough.

We often talk about stigmas and taboos, and cancer was one of them. When my grandparents were alive, you could not have used the word. When my grandfather was ill, we were pretty certain that he had cancer, but he would not go for tests and you could not mention the word. "Mental health" is another one. We know that, because we talk about mental health quite a lot now, but we are still breaking down the barriers and the stigma attached to it. However, death is the one that will come to us all. We may not all suffer mental ill health, cancer, heart disease or any of those things — I pray that you do not — but we will all die, as will all those we love. Therefore, there is an omission from the Programme for Government. Trevor Clarke talked about that. It is nobody's fault. It is not a political thing, and it is not the former Minister's fault. However, we need to address it, and it is our job collectively to do that.

I have one final thing to say. Kellie Armstrong touched on it, and it is the impact of death. I had a private Member's Bill out for consultation, which has since closed. It is about addressing post-traumatic stress disorder in emergency responders. Reading through the findings of the consultation, one thing jumped out at me: how hard it is to deal with death. In particular, police officers responding to the consultation have written about how hard it is when they have to go to someone's door to report a death. I also think of the nurses, the doctors or the care staff who have to give that news and the impact on them. Therefore, this is something that I would like to see included as a Programme for Government outcome.

The Ulster Unionist Party will support the motion.

Mr Principal Deputy Speaker: No other Members have indicated that they wish to speak. Therefore I call the Minister of Health, Mr Robin Swann, to respond. Minister, you have 15 minutes.

Mr Swann (The Minister of Health): I welcome the debate, brought by Joanne Bunting and sponsored by an all-party group, because it

gives the opportunity to highlight the importance and value of palliative and end-of-life care and bereavement support. I respond to what is a call to the entire Executive.

I thank the palliative care community and bereavement support providers for the flexibility, resilience and dedication that they have shown during the COVID-19 pandemic. They have worked tirelessly to plan and provide holistic and person-centred treatment, care and support for those living with palliative and end-of-life care needs and those who are important to them. They have ensured that, despite the many challenges of the past year, essential palliative care services, advice and medicines have continued to be available. They have also been there to support and care for those who have experienced the loss of a loved one and whose grief has been compounded by being separated from family and friends.

The motion includes a call for the inclusion of dying, death and bereavement in the Programme for Government and emphasises the importance of a good end-of-life experience. Many in the palliative care community have highlighted their concern at the exclusion of palliative and end-of-life care and bereavement from the draft outcomes framework. I agree that the exclusion is an anomaly that needs to be addressed. I do not believe that anyone in the Chamber thinks otherwise, and I commend those who have highlighted the need for dying, death and bereavement to be an integral part of our Programme for Government.

I want to assure Members that I, my Department and my party support the correction of that omission so that palliative and end-of-life care and bereavement support are an intrinsic part of our Executive's collective vision to support all our citizens from the start to the end of their lives.

12.15 pm

The rationale for that is very clear. As has already been said, our population is ageing: in 2019, the number of people aged 65 and over increased by 2·1%. Projections indicate a continued ageing population. The number of people aged 65 and over is projected to grow by 25·1% by mid-2028. The proportion of the population aged 85 and over is projected to double by the middle of 2043. The population need for palliative care in Northern Ireland is predicted to increase by 31% by the year 2040. There are approximately 16,000 deaths each year in Northern Ireland, with an average of five people assumed to be significantly impacted by each person's death. I welcome the input of the 10 contributors to the debate today, all of whom are members of the Executive parties, which were the authors of the Programme for Government. I encourage them to raise the issues and the anomaly with their Executive colleagues so that it can be addressed.

While the statistics underline the evidential need to include dying, death and bereavement in the Programme for Government, importantly, how we care for people who are towards the end of life and how we support people in bereavement is a measure of our compassion as a society and of how we value our fellow citizens. The mover of the motion outlined how the draft outcome framework, rightly, highlights the importance of giving every child and young person the best start in life, encouraging and supporting people to enjoy long, healthy and active lives, and of fostering a caring society that supports people throughout their lives. However, the importance of care and support towards and at the end of life must also be recognised. The effects of illness, disability, age or frailty, loss and bereavement are shared experiences that make up our common humanity, and the way in which we respond must also reflect that.

We need to recognise the universality of those life experiences as we develop a vision for the future of our society and for our citizens. Access to quality palliative and end-of-life care and bereavement support when it is needed is what we would wish for ourselves and for those who are important to us. As has been stated, in 2010, my Department published 'Living Matters Dying Matters: A Palliative and End of Life Care Strategy for Adults in Northern Ireland'. There has been significant progress over the past decade since the strategy's publication. The palliative care in partnership programme, which has been co-led by the Health and Social Care Board and the Public Health Agency, brings together a range of stakeholders from the statutory, independent and community and voluntary sectors to support the development and improvement of palliative care services for adults in Northern Ireland. That partnership has been a driving force in supporting high-quality palliative and end-of-life care, irrespective of a person's condition and across all care settings. It has extended education and training in palliative care across health and social care, including in care homes. It has worked with general practice so that people with palliative care needs are identified earlier, supporting timely intervention and the better coordination of treatment and care.

Together with Marie Curie, the partnership has supported the development and roll-out of a rapid response service to provide out-of-hours support for people with palliative and end-of-life care needs in their own homes. It has also developed a role description and competencies for a palliative care key worker, typically the district nurse, for those who would benefit from a palliative care approach. Through the ambition and actions of the palliative care in partnership programme and its member organisations, collectively and individually, there has been real progress in how we design and deliver palliative and end-of-life care in Northern Ireland.

However, there is a growing recognition that dying, death and bereavement are not just matters for Health and Social Care. They are societal issues that require a societal response: in effect, a public health approach to palliative care that draws on the expertise and experience of the wider community, working in partnership with Departments and other organisations.

My Department is leading a programme of work to develop and implement a public health approach to palliative care that recognises the role of society and community in enabling and supporting people with life-limiting conditions, and those important to them, to live well with flexible, holistic and person-centred care based on positive and collaborative partnership.

There are three key strands to this approach: first, increasing public awareness, understanding and discussion of palliative and end-of-life care; second, creating and building on the role of communities in supporting people living with life-limiting conditions and those important to them; thirdly, encouraging people to think and plan for their future physical, emotional, social, financial and spiritual needs as part of that holistic approach to advance care planning. That is appropriate at any stage of life. As part of that approach, we must all be part of a society-wide conversation that helps to destigmatise not only dying, death and bereavement but also palliative care, so that we can be clear about how palliative care can support a good life as well as a good end-of-life experience.

There are many misconceptions about palliative care, and Mr Clarke and Ms Ní Chuilín mentioned some of those, such as the belief that it is only for people with cancer, that it means that nothing else can be done or that it is only for the final weeks or days of life. We need to be clear in our message that palliative care is for anyone living with a life-limiting illness. We also need to emphasise the holistic nature of palliative care in addressing people's social, emotional and spiritual needs. It is about helping people not simply to live with their illness, but to live well, whether that be for years, months or weeks.

As part of the public health approach, work is progressing to develop an advance care planning policy for adults in Northern Ireland. Advance care planning focuses on what is important to a person in their life and, if they become unwell, what will be important and what they will prioritise in the future. Although traditionally driven by the palliative care community, it is relevant at any stage of life and provides the opportunity for people who wish to do so to think about their present and plan for their future.

We know it is important to people. In 2016, 68% of respondents to the Let's Talk About research by the All Ireland Institute of Hospice and Palliative Care (AIIHPC) said that:

> *"planning for the future was their biggest practical worry."*

However, that is not something that many of us do. A recent research report by the University of Ulster, 'Where Are We Now?', found that whilst 28% of respondents had heard of the term "advance care planning", only 7% had engaged in that conversation. Despite that, four fifths of respondents felt it would be comforting to know that their family knew about their wishes. I encourage everyone to think about advance care planning. Speak to those who are important to us and those involved in our care about our wishes, feelings, beliefs and values. If we take the opportunity to make choices for our future care, then, if the time comes, those choices can help inform and support good palliative and end-of-life care.

I also want to acknowledge the work that has been progressed to support palliative care for children, which was raised by Mr Catney and Mr Butler. It is underpinned by my Department's 10-year strategy for children's palliative and end-of-life care and is led by the paediatric palliative care network, and good progress has been made to implement that strategy. That includes the commissioning of a needs assessment for children's palliative and end-of-life care, including those with life-limiting conditions. Work is at an advanced stage on the development of a regional antenatal and perinatal palliative care pathway.

That work will develop a rapid discharge pathway to facilitate choice in the child's place

of death and to raise awareness of the role of the medical needs of children's palliative care in each trust.

Unfortunately, over the past year, many people in our community have had to deal with the loss of a loved one. I know how profound the impact of bereavement can be, particularly during the pandemic, when the loss has been coupled with the pain of separation and when the support and comfort that would normally come from being with others has been curtailed by the restrictions. In April 2020, the COVID-19 Northern Ireland bereavement care work stream was tasked with producing a report on the needs of the bereavement service that arose during the pandemic. From that, a number of recommendations have been made on how bereavement care and support might be improved. I am pleased that a new, broader Northern Ireland bereavement network is being set up with representation from a wide range of organisations, including Health and Social Care and cross-departmental and community organisations and agencies. The new network will take forward the recommendations in order to improve bereavement care and support in Northern Ireland.

COVID-19 has changed the way that we go about our daily lives. It has also changed how we think about and see the world. Many people now have a keener recognition of the things that are most important to them. There is evidence to suggest that that is also the case in how people are thinking about palliative care. A survey in July 2020 that was commissioned by the All Ireland Institute of Hospice and Palliative Care found that, due to the COVID-19 pandemic, 64% of respondents reported that they had been thinking more about death and dying than before. The same percentage stated that the pandemic had increased the importance of discussing palliative care if they or someone important to them had a life-limiting illness.

I hope that, as we set out our vision for our future society through the Programme for Government, we collectively recognise the responsibility that we have to ensure that good palliative care, end-of-life care and bereavement support are intrinsic to that. I support the motion.

Mr Principal Deputy Speaker: I call Ms Paula Bradshaw to make a winding-up speech on the debate. The Member will have 10 minutes.

Ms Bradshaw: I thank all the contributors, including the Minister, for being here, and I thank Marie Curie and others for doing so much to inform our discussion.

I will go through some of the contributions from Members. We started with the Chair of the all-party group on terminal illness, Ms Joanne Bunting, setting out why we are here today and saying that the Programme for Government fails to recognise the end-of-life cycle and how it is becoming more important to cater for the increasingly complex needs of our changing and growing older demographic. She thanked those who sat at the bedsides of people who were dying during the pandemic when their loved ones were unable to be there. Colm Gildernew, the Chair of the Health Committee, also referenced the work of the health and social care workers not just in our trusts but in our hospices and care homes, and he acknowledged the sterling role that they played during the pandemic. He touched on the need for advanced care planning to be sensitive and compassionate, and said that conversations need to take place over time. They need to be dynamic, because people's needs and wishes change as they move through their illness. He talked about the need for the commissioning of bereavement services and the burden that is on the community and voluntary sector in providing that support.

Sinéad Bradley very much welcomed the motion and talked about the glaring omission of palliative and end-of-life care from the Programme for Government. She thanked the health and social care staff for providing support to people in their final moments who otherwise would have been alone.

Kellie Armstrong talked about how death impacts everyone and mentioned her role in bereavement counselling. A key point that she made was about the care that is provided to new mums who may be bereaved and the role of bereavement midwives in that. At the all-party group meeting that many of us, including Órlaithí Flynn, were at last week, we talked about the role of the new bereavement suites in many of our trusts. Those are quiet places for people to regroup away from the busy maternity wards, where people are welcoming their new healthy babies.

12.30 pm

Trevor Clarke spoke about his father's death and how that had been thrust upon his family in very quick time. I think that he mentioned that he had gone in for a routine operation. He spoke about how the family had to adapt very quickly to his passing. He also referred to his mother, who was on a ward in her final days.

My mother died from cancer in the Mater Hospital, and we were lucky that she had her own room. My family is big, and we were almost playing tag teams to visit her, so it was very comforting that we had that private space. People's experience can be very different. Trevor Clarke and Carál Ní Chuilín also acknowledged that palliative care is not just about cancer but about conditions such as motor neurone disease.

Carál Ní Chuilín thanked Seán from the Assembly's Research and Information Service. I agree with her. The papers that we received in advance of the debate were very good. She talked about how her father had wanted to pass his last days at home and what was called "a good death". Carál said that she appreciated the support that the palliative healthcare team had provided, not just to her father on his choices but with the advice, guidance and information that her family received at that time.

The Deputy Chairperson of the Health Committee, Pam Cameron, who is also the chair of the all-party group on lung health, talked about idiopathic pulmonary fibrosis, which all of us at the all-party group heard about recently. My takeaway from that was that palliative care might be needed over many years, in contrast to the very short-term interventions that Mr Clarke spoke about. Pam Cameron also made the very important point that the five parties in the Executive signed up to a commitment to investment in palliative care in 'New Decade, New Approach'. We gave that not just to the Assembly but to the population in Northern Ireland when we restored this place.

Órlaithí Flynn talked about palliative care being not just about health support but about meeting physical, emotional, spiritual and even, potentially, financial needs at the end. She also shared stories of her family's personal circumstances and said that, when someone passes, they sometimes leave behind a young family, who have very particular needs in processing that at a young age. She spoke about the need for specialist bereavement services and mentioned a specialised psychological autopsy service to support families who have been bereaved through suicide.

Pat Catney talked about the unity of purpose in the Chamber and shared that lovely Jewish prayer with the line:

> *"May you live to see your children's children".*

He also mentioned Charlie Craig. I thank him for that, and I will pass on his sentiments to Charlie's parents, Cliodhna and Fintan. They are friends, and, as he mentioned him, I recalled that my husband, Ian, who is a mad linguist, was providing wee Charlie with French lessons in his final months. We have to remember that those young people, or anybody else, are still living, still want to learn and still have a thirst for life. Ian told me that Charlie's younger sister used to pop in and out of the room and that there was a wee bit of fun. The palliative stage does not just have to be about healthcare visitors arriving. It can also be about still living your life through it all. Sorry, I am getting emotional.

Robbie Butler talked about the role of Cruse Bereavement Care and said that people who are listening in should reach out because there is support there. He recognised that hospices are not just about health and social care staff and recognised the roles played by volunteers and those who do the fundraising. He also recognised the role of his wife in providing palliative care and working in hospices. Again, he said that it is not all about sadness. It is also about living and families coming together at that time.

Robbie also spoke about his research for his private Member's Bill on post-traumatic stress disorder and that he had found that people are involved in the process whether they are in the Police Service, the Ambulance Service or other bodies. There can be very tough discussions with families at the end of life.

Finally, the Minister thanked those who work in the health and social care sector for their role during and before the pandemic. He very much agreed that palliative care should be in the Programme for Government and that its exclusion is an anomaly. It should be in there. It is an omission that needs to be addressed. He recognised that there are five parties in the coalition and that it is not just for the Department of Health. There should be a cross-societal response, and it will require cross-departmental support.

The Minister also talked about the Department of Health's palliative care strategy. Recently, the all-party group on terminal illness received a great presentation from the Palliative Care in Partnership programme on its wide range of services and support. Generally, we do not see the wide breadth of that work, so it was a real privilege to hear about it. I am glad that it continues to develop.

That concludes my commentary. Again, I thank everybody who contributed. I put on record my thanks to Marie Curie, the Northern Ireland Hospice and others for the sterling work that they do every day of the week and year.

Mr Principal Deputy Speaker: Before I put the Question, I say to the lady that there is no shame in showing emotion in a debate like this. It demonstrates how much you care. You should not be embarrassed.

Question put and agreed to.

Resolved:

That this Assembly believes that everyone impacted by death, dying and bereavement should receive the care and support they need; expresses its concern that demographic trends in Northern Ireland predict a significant increase in chronic illness and palliative care demand in the years ahead; notes that Scotland and Wales have current palliative care strategies and that the Republic of Ireland's Programme for Government contains seven clear commitments on end-of-life care; further notes the New Decade, New Approach agreement commitment to invest in palliative care service improvement has yet to materialise; recognises that the care and support available to people as they die has an enormous impact on their quality of life and that each death leaves a number of people bereaved; and calls on the Executive to ensure that the draft Programme for Government outcomes framework includes indicators around death, dying and bereavement and the importance of a good end-of-life experience for people in Northern Ireland.

Mr Principal Deputy Speaker: If Members wait for a few moments, we will change the personnel at the top Table. Take your ease, please.

(Mr Speaker in the Chair)

Antisemitism: International Holocaust Remembrance Alliance's Working Definition

Mr Easton: I beg to move

That this Assembly condemns antisemitism in all forms; notes with deep concern the findings of the Community Security Trust's (CST) 'Antisemitic Incidents Report 2020', which recorded 1,668 antisemitic incidents across the United Kingdom; stresses the need to tackle the scourge of antisemitism in every aspect of our society; and endorses the International Holocaust Remembrance Alliance's (IHRA) working definition of antisemitism, including its examples, which states that "antisemitism is a certain perception of Jews, which may be expressed as hatred toward Jews. Rhetorical and physical manifestations toward Jewish or non-Jewish individuals and/or their property, Jewish community institutions and religious facilities".

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

Mr Easton: Not too long ago, I ordered a DNA test from Ancestry.com. I was very surprised to find that 4% of my DNA is Jewish. Unfortunately, I have been unable to find out anything more other than it is from my father's side of the family. It was an interesting and worthwhile experience, and I would encourage Members to do it as what they find out might surprise them.

Hatred of the Jewish people is ancient. Ideas that Jews are untrustworthy, manipulative and selfish are long-standing. Conspiracy theories claiming that Jews have some sort of national or global control over political and financial events and institutions have always been around, and we know that they are complete nonsense. The Institute for Jewish Policy Research compiled a report that concluded that approximately 30% of people in the UK held antisemitic views. According to the Community Security Trust, over 100 recorded incidents each month is now commonplace.

As the motion states, there were nearly 1,700 antisemitic incidents last year across the UK.

Northern Ireland has its fair share of such incidents. It was only recently that Jewish gravestones were damaged in a cemetery on the Falls Road in Belfast. That abhorrent incident saw 10 graves damaged in a walled-off section of the cemetery. Some of the graves dated back to the 1870s. That was a sinister hate crime, which was rightly condemned across the political spectrum. The same cemetery was attacked a few years earlier, with 13 graves damaged.

Destruction is nothing new in antisemitic attacks in Northern Ireland. In 2004, the blue plaque for Chaim Herzog, former president of Israel, who was born in Belfast, had to be removed from a house on Cliftonpark Avenue following such attacks. What is particularly worrying about the statistic cited in the motion is that, in 2008, the number of such incidents stood at just over 500. That means that such incidents of hate have tripled in the past decade.

Only two years ago, a Jewish director came to Northern Ireland as part of a tour of the British Isles that he was filming. Some Members may recall the video that he filmed at a bar in the Bogside in Londonderry in which many antisemitic comments were made. Those included, "The Israelis are scum", "Jews are the scourge of the earth" and, worst of all, "The only thing Hitler did wrong was that he didn't kill enough Jews". That is quite shocking.

When Mr Tenenbom finished his visit to Northern Ireland, he estimated that he had found antisemitic views in 70% to 80% of people whom he interviewed. He said that he had never seen such antisemitism as he had in Northern Ireland and that it was frightening. He claimed that that one incident was representative of his wider experiences here. That those individuals felt so comfortable expressing those views on camera is deeply troubling and should be a concern to us all. It shows us that those people do not fear any repercussions or feel any shame.

It is particularly alarming that that hatred, as old as time, is becoming increasingly apparent on our university campuses. The CST has found that antisemitic incidents have increased substantially on campuses over the past several years, recording a very concerning 40 incidents in a year in which most students were not even at university. It should be noted that reporting mechanisms are not always adequate, so it is likely that such incidents are under-reported to universities. The CST report recommended that universities adopt the working definition of antisemitism. Perhaps this debate will encourage them to do so.

12.45 pm

Several years ago, we saw the students' union at Queen's University oppose the visit of the then Israeli ambassador to the UK, Mark Regev, calling for his invitation to speak to be cancelled. The ensuing protests during his visit saw a participant having to be restrained from following the ambassador's car. Of course, people are entitled to protest. The IHRA is clear that criticism of Israel that is similar to that which is levelled at any other country is not antisemitic. Discussions, however, about Israel in a way that targets Jews as a collective, and the rhetoric surrounding discussions about Israel, can easily stray into antisemitic rhetoric. Universities should be places of open debate and discussion. It is better to engage with those with whom we disagree in a constructive way, perhaps through the well-known scheme in the Lessons from Auschwitz project that takes sixth-form students from different schools on trips to Auschwitz and includes several seminars. Students are also able to hear testimonies from Holocaust survivors. Having been to Auschwitz, I say this: go and visit, because it will change your life.

The increase in the prevalence of antisemitism in politics is also alarming. One has only to look at the Labour Party to see how commonplace and mainstream antisemitism is. The chairman of the Belfast Jewish Community (BJC) expressed his concern over the current state of the Labour Party, agreeing that comments made by the chief rabbi regarding antisemitism taking root in the party were reflective of how the local Jewish community feels. The Equality and Human Rights Commission (EHRC) found the party to be in breach of the Equality Act 2010. Closer to home, in the Republic of Ireland, a Sinn Féin TD was recently condemned for tweets that she put out. The tweets linked Nazism and Israel and called staff at the Israeli embassy "monkeys". At that point, the Jewish Representative Council of Ireland (JRCI) called on the party to adopt the definition in the motion. It is notable that the TD did not face a suspension or any other disciplinary hearing.

There are therefore two key takeaways on antisemitism that should concern us as we move forward. The first is the ingenuity of those who are determined to spread their hate and make comments about antisemitic attacks. The targeting of online meetings between local Jewish communities and relevant supportive institutions demonstrates the ability of those offenders to adapt quickly to changing circumstances. Secondly, more awareness is needed of how the incidents reported often

relate to our news cycles. The hatred of Jews can be worked into stories with no links to Jewish people. The very beginning of the pandemic saw a high number of incidents linking Jews in some form or other to COVID-19. That follows a pattern. When the issue of the Labour Party and antisemitism peaked in the news, there was a peak in the number of incidents related to the Labour Party. Around Holocaust Memorial Day, there is a peak in the incidence of Holocaust denial and in comments that link Nazism to Jews and Israel. News cycles are heavily linked to the type of antisemitic abuse that is experienced by the Jewish community.

The real substance of the motion is to call on the Assembly to endorse the International Holocaust Remembrance Alliance's working definition of antisemitism, which is as follows:

> *"Antisemitism is a certain perception of Jews, which may be expressed as hatred toward Jews. Rhetorical and physical manifestations of antisemitism are directed toward Jewish or non-Jewish individuals and/or their property, toward Jewish community institutions and religious facilities."*

A list of examples of what antisemitism involves can be found on its website, at holocaustremembrance.com. The definition came about based on a simple premise: if antisemitism is to be tackled, we must know what it is. The IHRA committee on antisemitism and Holocaust denial then worked to build the definition to which the motion refers. It was formally adopted by the IHRA in 2016. The purpose of the definition is to set an example of what is reasonable conduct at an international level. It gives guidance to countries on what is acceptable and what is unacceptable. It is also useful as an educational tool. Importantly, it can also help relevant authorities in the collection of data on the prevalence of antisemitism in society.

The UK adopted the definition of antisemitism at a national level. It has been in place since 2016. It has also been adopted by the Scottish Parliament and the Welsh Parliament. The Welsh Government have also taken further action to tackle antisemitism. They arranged training on the topic for government officials, which was delivered by a local leader from the Jewish community, with a focus on the IHRA's definition. They also invited a Holocaust survivor to speak to officials.

In Scotland, Jews remain 30 times more likely than others to be targeted for their religious beliefs. The UK is far from alone in holding this stance on antisemitism. There are too many countries to list them all, but some of those that have adopted the definition include France, Germany, Canada, Spain, Italy and the United States. The definition also received support from the United Nations, the European Union and the Council of Europe. We are the only part of the UK that has not adopted the IHRA definition.

Antisemitism incidents have risen to an all-time high. Of particular concern is how mainstream antisemitism seems to have become, in our politics, in our universities and on our online platforms. Such views are being unacceptably legitimised, and I am deeply concerned about the lack of action being taken to tackle this growing problem. The IHRA definition of antisemitism and its examples have been adopted by many countries and organisations across the world. We remain the only devolved nation of the UK not to adopt them. Adopting the definition would clarify the meaning of antisemitism and what constitutes antisemitism; it would provide us with guidelines to assist in the recording these incidents. That would allow us to have a greater understanding of antisemitism in Northern Ireland.

I cannot accept the amendment. While it uses the right words, it leaves out the endorsement of the International Holocaust Remembrance Alliance's working definition of antisemitism and, because of that, I was surprised that the amendment was allowed.

Mr Speaker: The Member's time is up.

Mr Easton: One must question the motives of the amendment. By not supporting the motion, they are sending out the wrong message. I call on the Assembly to support the motion.

Mr Sheehan: I beg to move the following amendment:

Leave out all after "society;" and insert:

"unambiguously condemns the most recent vandalism in Belfast City Cemetery of graves belonging to our Jewish community; recognises that antisemitism is a form of racism that is a certain perception of Jews, which may be expressed as hatred toward Jews, that rhetorical and physical manifestations of antisemitism are directed toward Jewish or non-Jewish individuals and/or their property and toward Jewish community institutions and religious facilities; agrees that antisemitism is unacceptable and is totally, unequivocally and

loudly rejected by this Assembly; and commits to combating antisemitism, as part of our commitment to prevent hate crime and racism." — [Mr Sheehan.]

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

Mr Sheehan: Go raibh maith agat, a Cheann Comhairle. I welcome the opportunity to speak in the debate. It is an issue that recently touched my constituency, with, as Alex Easton mentioned, the desecration of Jewish graves in the City Cemetery. Since then, Paul Maskey MP, John Finucane MP and I met a senior representative of the Jewish community in Belfast, who is also the person responsible for the upkeep of Jewish graves in the city. We had a wide-ranging discussion about this and previous attacks on Jewish graves, not just in the City Cemetery but in Carnmoney. We agreed to continue our discussions to see what we can do to end these attacks. The representative of the Jewish community felt that, in many ways, education is at the core of how we should move forward. I also commend members of my party, particularly Stevie Corr, who is a councillor in Belfast City Hall, and Tom Hartley, who is a former councillor. They were involved in the clean-up following the destruction of the gravestones.

Antisemitism needs to be condemned in the strongest possible terms, wherever it comes from. Whether in west Belfast, east Belfast, any other part of Ireland or anywhere in the world, it needs to be condemned in the strongest possible terms. Much in the motion is positive, which we can support, but we have difficulty with the IHRA definition of antisemitism and the examples used, for the simple reason that, if it were codified in law, that would prevent legitimate political criticism of the state of Israel. It is not just Sinn Féin saying that. The man who took the lead in drafting the International Holocaust Remembrance Alliance's definition of antisemitism, Kenneth Stern, warned the incoming Biden Administration not to adopt it. In a sensational article in 'The Times of Israel', Stern claimed that pro-Israel lobby groups have weaponised the definition in an attempt to silence critics of Zionism.

He said:

> *"Jewish groups have used the definition as a weapon to say anti-Zionist expressions are inherently anti-Semitic and must be suppressed. Reasonable people can have different opinions about when anti-Semitism is reflected in anti-Zionism. But is this — having the government label anti-Zionism anti-Semitism — the number one way we want to ask the new administration to fight the problem?"*

Tracing the history of the IHRA definition, Stern pointed out that he drafted it in 2005, largely:

> *"to give European data collectors guideposts of what to include and exclude in reports about anti-Semitism, so data could be compared across borders and time."*

He suggested that the allure of the definition for Zionists was in the specific examples relating to expressions about the State of Israel. Of the 11 illustrative examples, seven conflate racism towards Jews with criticism of the Israeli state.

Mr Humphrey: I am grateful to the Member for giving way. I am pleased that Sinn Féin and the representatives whom he mentioned met Dr Les Leopold from the Jewish community, as I have done. Given what the Member has said today, will Sinn Féin put some distance between itself and the attendance of its chairman, Mr Kearney, at a meeting in Ramallah at which the Palestinian president, Mahmoud Abbas, said that Jews had been persecuted because of their "usury and banking", not because of their religion? Those are appalling remarks. Could Sinn Féin distance itself from them and from Mr Kearney's attendance?

Mr Sheehan: I have no knowledge of those remarks. I have been at meetings with Mahmood Abbas and other Palestinian leaders and also with many members of the Israeli community, including NGOs such as B'Tselem and Breaking the Silence, an organisation of former members of the military who oppose the Israeli occupation of Palestinian lands. When we talk about Jews, we are not talking about a homogenous group. There are many different perspectives, views and opinions, not only in Israel but globally and even here in Ireland.

Yesterday, I received communication from the organisation Jewish Voice for a Just Peace. That is a diverse group of Jewish people in Ireland. They say:

> *"The IHRA working definition is not concerned with the actual dangers to Jewish or other ethnic minority groups. The working definition has been widely criticised, not least by over 40 Jewish groups globally. It includes 11 examples which link*

antisemitism with opposition to Israel's policies in Palestine. It is an extraordinary definition, attempting to impose specific limits on any discussion of Zionism and Israel's violations of human rights. The IHRA definition has been widely opposed by Jewish academics, including its author, Kenneth Stern, and many Israeli academics."

There is controversy around the IHRA definition, and there is an alternative definition of antisemitism. I ask Members who are here today to bear that in mind. It is 'The Jerusalem Declaration on Antisemitism', developed by a group of Jewish and Israeli scholars in the fields of Holocaust history, Jewish studies and Middle East studies. These groups and individuals say that the IHRA definition:

"has caused confusion and generated controversy, hence weakening the fight against antisemitism."

Let us consider the implications of codification of the IHRA definition. Today, Human Rights Watch published an important document in relation to Israel. For those who do not know, Human Rights Watch is an international human rights organisation. Its head office is located in New York. The organisation publishes reports on the state of human rights in nearly 100 countries worldwide, with the objective of defending human rights and promoting respect for international humanitarian law. Human Rights Watch has covered human rights issues in Israel and Palestine for nearly three decades and, in that time, has regularly met and corresponded with Israeli officials. To summarise, Human Rights Watch has said that Israeli:

"authorities have dispossessed, confined, forcibly separated, and subjugated Palestinians by virtue of their identity to varying degrees of intensity. In certain areas ... these deprivations are so severe that they amount to the crimes against humanity of apartheid and persecution."

If the IHRA definition were codified in law, Human Rights Watch could not publish that here. If it were codified in the States, it could not publish that in the States. Yet it is a highly respected human rights organisation. That is the difficulty with the IHRA definition.

I will just finish by again reading what Jewish Voice for Just Peace said:

"We ask the Assembly to recognise the importance of freedom of expression on the issue of Israel and Palestine and our right as Jewish people of conscience to stand up for all those opposing Israeli human rights violations".

That is signed by Sue Pentel, Ronit Lentin, Seth Linder, Aisling McGeown, David Landy, Becca Bor and Gavin Mendel-Gleason.

Mr Speaker: 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 questions to the Minister of Justice.

The debate stood suspended.

The sitting was suspended at 1.02 pm.

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

2.00 pm

Oral Answers to Questions

Justice

Mr Deputy Speaker (Mr Beggs): Colin McGrath is not in his place.

Children Order Sittings: Backlog

2. **Mr McGlone** asked the Minister of Justice what measures are being put in place to address the backlog of Children Order sittings. (AQO 1948/17-22)

Mrs Long (The Minister of Justice): The limitations placed on the courts by the COVID-19 pandemic inevitably led to a decline in the number of family court receipts and disposals. However, the reduction in receipts was less marked than those seen in other business areas. A huge amount of work has been ongoing across the justice system to respond to and recover from the very significant impacts of COVID-19. All courthouses, with the exception of the three smallest hearing centres, have reopened. In addition, virtual courtroom capacity has been significantly increased, with videoconferencing technology being deployed to facilitate remote and hybrid hearings.

The published statistics show that, between July and December 2020, the number and length of Children Order court sittings increased compared with the same period in 2019. Consequently, the average number of Children Order cases being dealt with currently exceeds pre-lockdown levels by around 10%. The listing of court business is, of course, a judicial function. The Northern Ireland Courts and Tribunals Service (NICTS) continues to work closely with the office of the Lord Chief Justice with a view to increasing the amount of court business that can be progressed while complying with the public health guidance.

Mr McGlone: Go raibh maith agat, a Aire. Thanks very much, Minister. Does the Minister foresee any additional roll-out of the use of technology on a more permanent basis in those settings?

Mrs Long: There have been some challenges with the introduction of the use of technology, which was done at pace. However, it is our intention that, where we have been able to establish good protocols for working with that technology, we will maintain it post-COVID. There have been benefits from it for those who are bringing their cases to court, because it may provide a more accessible form of justice, and in terms of the cost to the justice system in, for example, the criminal sphere, where we can reduce the cost of remand hearings and, particularly, prisoner transportation. It is important that, where we find benefits through COVID of being able to accelerate the modernisation process in the courts and the justice system, we try to grasp those and ensure that they are embedded well.

Mr G Kelly: Gabhaim buíochas leis an Aire as a freagra go dtí seo. I listened to the Minister's answer. She touched on the question that I was going to ask, which was whether she has had any conversations with the Health Minister about better outcomes in the court system. I understand that we are dealing with a pandemic and welcome the technology that has been used, but are you looking at the court system in a holistic way, if I could put it that way, post COVID to get better outcomes, especially in disputes between parents?

Mrs Long: That is really important. Technology is one element, but, as you know, we are also looking to introduce assisted opportunities for mediation between couples in order to avoid the kind of family disputes that arrive in court and are often quite acrimonious and very sensitive. There are things that we can do to better support families as they go through the court system and before they get to it. That is crucial as well. I think that most of us recognise that the breakdown of a relationship is an incredibly stressful time not only for the parents but for the children in particular. Therefore, it is important that any differences between the adults are dealt with in a way that is child-centred and child-focused. The best way forward for that is via mediation as opposed to through the courts.

Victims' Payments Board: Update

3. **Mr Irwin** asked the Minister of Justice for an update on the appointment and work of the Victims' Payments Board to date. (AQO 1949/17-22)

Mrs Long: Mr Justice McAlinden was formally appointed president of the Victims' Payments Board by the Lord Chief Justice on 1 March 2021. A total of 26 legal, medical and lay members have now been appointed by the Northern Ireland Judicial Appointments Commission (NIJAC) to the Victims' Payments

Board. Members of the board have been undergoing an induction and training programme, as well as considering a range of issues to progress the implementation of the Troubles permanent disablement payment scheme.

I am very grateful for the commitment of the president and members of the Victims' Payments Board to making the scheme operational, and I very much welcome the announcement by the president this morning of his intention that the scheme will open for applications on 30 June. I believe that that is good news for victims and survivors of the Troubles who have waited a very long time for that important scheme to be introduced.

Mr Irwin: I thank the Minister for her response. Is she aware of whether criteria have been set to identify those eligible for the scheme?

Mrs Long: The Member will be aware that the eligibility criteria for the scheme and the regulations were set by the Secretary of State. The Victims' Payments Regulations 2020 provide that a person is not entitled to a victim's payment where they were convicted of:

> *"conduct which caused, wholly or in part, that incident"*

or

> *"where the Board considers that the person's relevant conviction makes entitlement to victims' payments inappropriate"*

or

> *"where the President of the Board considers that the exceptional circumstances of the case, having regard to material evidence, make entitlement to victims' payments inappropriate."*

The Secretary of State has also issued guidance on the circumstances in which a relevant conviction or exceptional circumstance would make entitlement to victims' payments inappropriate.

It would not be appropriate for me to comment on eligibility for the scheme or on the interpretation of that guidance, as that is very much a responsibility of the Victims' Payments Board. It will be independent and should be free to make its decisions on the basis of the regulations and guidance provided.

Ms S Bradley: Minister, have you been given any indication of the potential number of applicants and the cost of the scheme, and can you speak more to the money behind it?

Mrs Long: As the Member will be aware, the issue of addressing the number of applicants has been taken forward by the Executive Office, which retains, if you like, full responsibility for delivery of schemes for victims. However, the funding required to deliver the scheme will depend on the number of applicants who come forward. It is important to bear it in mind that decisions on awards will be made by an independent panel, so it is not entirely clear what those awards might be.

The Government Actuary's Department (GAD) has been engaged by the Executive Office to give a range of possible costings for the lifetime of the scheme, taking account of the full lifespan and a range of factors, including, for example, backdating and the number of people who may opt to take a lump sum for 10 years rather than receiving their pension on an ongoing basis. The estimates of the total cost of payments in the GAD report range from £600 million to £1·2 billion, with a central estimate of around £848 million, before administration costs are added. It is important to note that, while the GAD report provides indicative figures for the scheme, there are major uncertainties over some fundamental factors in the scheme that make the cost uncertain, including the numbers injured, the degree and permanence of their disability and the choices that will be made by applicants. Those will therefore need to be refined as we go.

With respect to the funding being made available, the Member will be aware of a recent court ruling that made it clear that that funding will have to be made and of the undertaking by TEO that it will provide that funding in consultation with the Department of Finance. All of the Executive remain of a mind that that is a matter for which the Secretary of State and the NIO have some responsibility, given that they drew up the eligibility criteria for the scheme. We continue to meet the Secretary of State. While that has not always been fruitful, we have agreed to meet again at the end of the year, when we will have a better idea of the application profile, in the hope that we can review and revise the offer that he has already made, which, I think, most Members of the House would consider to be less than adequate.

Mr Blair: I thank the Minister for the information given so far on the scheme. A number of victims have died before being able to make an

application to the scheme, and, regrettably, others may die before the scheme becomes operational. What provision is there in the scheme for those victims?

Mrs Long: The Victims' Payments Regulations 2020 include provision for an applicant to nominate a beneficiary to receive a payment should they die after submitting their application. There is also provision in the regulations for the board to decide whether someone may apply to receive such payments in the event that no such person has been nominated. The regulations also provide for posthumous applications and thus will ensure that, in cases where an individual who would have been entitled to victims' payments but passed away before being able to make an application, the application can be made by a person whom the deceased may have nominated under the regulations.

Mr Beattie: Minister, I apologise that I was late coming in and did not hear your previous answers on this. I welcome the news that the permanent disablement payment scheme will be open for applications in June. Can the Minister outline when, even at best, it is likely to start paying out?

Mrs Long: I will not say that that is like trying to estimate how long a piece of string is, but a number of issues will feed into when we are likely to be in a position to make payments. I agree with the Member that it is a positive development that the president has now indicated his intention that the scheme will open for applications on 30 June. That is a key milestone for many of the people who have been waiting for this. It is a complex scheme, and a number of operational issues are being processed in advance of it opening for applications, including the design of the medical assessment service by Capita. Ultimately, it will be a matter for the Victims' Payments Board to confirm when payments may be made from the scheme, but it will depend, obviously, on the number of applications and their complexity. I am aware, however, that the president and members of the Victims' Payments Board are committed to ensuring that applications will be processed as expeditiously as possible, and I think that all of those applying for the scheme will very much welcome that commitment.

Ms Dillon: Our concerns about the eligibility criteria are on the record, but can the Minister confirm that there will be a good communications strategy with the victims sector? We welcome the announcement today, but I know from our experience with historical institutional abuse, that it is vital that, in any of these processes, victims know what is happening, when it is happening and why it is happening.

Mrs Long: I agree entirely with the Member. It has been one of the priorities since I took over responsibility for delivering the scheme. We have had regular meetings with the victims sector and sent written information to the sector so that it can share that with its constituent members. We have also been able to share that information on the DOJ website so that other members who may not be linked to any of the advocacy groups will have the same information and updates. When people have contacted us proactively asking for further information, we have retained, with their permission, their contact details so that, when the scheme opens, they can be notified of any progress on an ongoing basis. Further, we are funding advocates to work in the sector. They will be based in some of the existing organisations but will be there to give support and guidance to anyone who wishes to make an application.

Communication is crucial, and Justice McAlinden has been clear that he also values that communication; indeed, he has now met, I think, each of the victims sector organisations on at least two occasions in person to ensure that he is able to maintain their trust and cooperation throughout the process. We all recognise that one of the big frustrations for many members, while they were waiting for the scheme to come forward, was that they often got no feedback at all about where things were. We have been candid and have operated on the basis of "No surprises". If we know that there is a difficulty or a challenge, we are upfront with people, and I think that they appreciate that candour. They have also been incredibly helpful to us when we have needed their guidance or assistance to take things forward.

Abuse of Trust Legislation

4. **Mr McAleer** asked the Minister of Justice to outline the non-statutory sectors that will come within the scope of abuse of trust legislation following her planned amendment to the Justice (Miscellaneous Provisions) Bill. (AQO 1950/17-22)

Mrs Long: As I announced last month, I intend to strengthen the current law on the abuse of positions of trust by extending its scope beyond those responsible for our young people in the statutory sector. That will be achieved through

amendment of the Justice (Miscellaneous Provisions) Bill during its passage through the Assembly later this year. While I can reiterate my commitment to offer greater protection across a broader range of environments in the non-statutory setting, I cannot be specific at this early stage about how extensive that will be. My officials have begun work to develop this area in consultation with stakeholders, including the NSPCC, and are taking account of the experience of neighbouring jurisdictions to ensure that informed, well-targeted and workable legislation is achieved.

While I am very conscious of the specific impacts identified in the area of sport and in the religious sector, I am mindful that this type of predatory behaviour can occur in other environments where an adult has significant influence or power over a young person in their care. It is therefore important that we take steps to identify, as far as is possible, such other areas as need to be covered by the proposed legislation. That said, it is imperative that we make robust law that is able to withstand scrutiny and challenge in the courts to ensure that there is no wiggle room for offenders,

It is equally important that we do not create a law that has the effect of criminalising people unnecessarily, and, in that respect, it is crucial that we get it right and that the legal definition that applies in law strikes a proportionate balance.

2.15 pm

As Minister, I want to ensure that, in protecting our young people, we can safeguard their ability to enter into healthy sexual relationships. Enabling that will require a collaborative cross-sectoral approach, and that very much guides my Department’s approach.

Mr McAleer: I thank the Minister for her answer. Minister, you are aware that the current abuse of trust law contains a loophole that effectively enables the grooming of 16- and 17-year-olds by adults who are in positions of power. Do you agree that the legislation should be broadened to cover all circumstances in which an adult is entrusted with power over 16- and 17-year-olds?

Mrs Long: There are complexities as people reach adulthood and go through that transitional phase in their lives when we consider the degree to which the state can intervene in their individual choices. However. I absolutely agree that, while they remain minors, it is important that they can be protected from grooming and abuse. Therefore, the Department will look at that area incredibly carefully, along with those in other jurisdictions who have introduced similar legislation, to try to understand the particular approaches that they have taken and, indeed, the areas where they feel that the legislation could be strengthened. It is also fair to say that it is our intention at this stage, when we table this amendment, to create the capacity for additional sectors to be added without the need for further primary legislation. It is important that we are agile in our response to this threat.

Miss Woods: I thank the Minister for her Department's engagement with the Justice Committee on the Justice (Miscellaneous Provisions) Bill. Can she provide an update on a possible introduction date for the Bill to the Northern Ireland Assembly?

Mrs Long: Mr Deputy Speaker, you will appreciate that, were I to give a date for introduction before the Speaker had given me one, I would be in significant trouble with the Speaker. However, I can assure the Member that we are still on target to introduce the legislation in May. That is still the intention. It is subject, of course, to approval from the Executive, which I am in the process of seeking, and subject to a date being set by the Business Committee and the Speaker. From my perspective, we are ready to go.

Prisoners: Terrorism Offences

5. **Mr Stalford** asked the Minister of Justice how many people convicted of terrorism offences are currently incarcerated in Northern Ireland prisons. (AQO 1951/17-22)

Mrs Long: As of 15 April 2021, 17 individuals convicted of terrorism offences were in custody in Northern Ireland prisons.

Mr Stalford: Last year, the Minister revealed to the House, in response to a question from the Member for North Antrim Mr Allister, that the separated prison regime is costing roughly £2 million a year out of the Department of Justice budget. Given that that policy originates from the Northern Ireland Office, should it not be the Northern Ireland Office that is picking up the tab rather than the Minister's Department?

Mrs Long: There are two issues. First, there are more people in the separated regime than those convicted of terrorism offences. Secondly, there are some who are convicted of terrorism offences who are not in the separated

regime. However, the decision on whether people are eligible to enter the separated regime is, as the Member said, a decision for the Secretary of State. I would like us to move to a position where we no longer have a separated regime, but I am cognisant of the challenges that that will create, in the prisons and in the community, so we need to approach the issue sensitively and thoughtfully. I do, however, agree wholeheartedly with the Member that the Secretary of State's intervention on the funding of the separated regime would be more than welcome, particularly at a time when other justice delivery is facing significant financial pressure.

Mr Nesbitt: Will the Minister give an update on her thinking on the merits of allowing those convicted of terrorist offences to continue to serve their sentences in segregated regimes? To be clear, that is to do with the merits for society, not for those prisoners.

Mrs Long: There are a number of elements: security and stability in a prison; the rehabilitation of offenders; and the impact on the wider community. The organisations to which some of these people ascribe loyalty should no longer exist in society, and it is part of the work of us all in the Chamber to ensure that that becomes the case. That requires all of us to work outside the prisons and not merely inside them, however, to tackle the existence of such organisations.

We continue to work within the prison system and its segregated regime to try to normalise it, as far as is possible. It is not as recognisable as it may have been at other times in the past. We continue to deliver the requirements of the Tackling Paramilitarism programme during this time.

Our focus is clear. We strive to offer an equivalent level of education and constructive activity within the separated regime to that available within the integrated one. It is my preference that all prisoners be integrated, but, as I said in my previous answer, that is an outside-in solution, as opposed to an inside-out one.

Mr O'Toole: Minister, do you know, or have you asked, whether there has been any information to link anyone convicted of terrorist offences, currently serving time in Northern Ireland prisons or out on licence, to the recent disorder that we have seen on our streets? If that were found to be the case, what consequences would you expect to see?

Mrs Long: The PSNI has given an assessment that it does not believe that the recent disorder has been orchestrated by paramilitary organisations, although known members of those paramilitary organisations were visible on the ground at some points during the disorder. What happens to individuals who breach their licence conditions *[Pause]* is a matter for the courts, rather than for me. My mind went blank there for a second. Anyone who breaches their licence conditions could face a return to prison, face a conviction for further offences or have to serve the rest of their sentence.

Domestic Violence Support Groups

6. **Mr Frew** asked the Minister of Justice, given the impact of COVID-19 restrictions, how she plans to assist support groups for victims of domestic violence. (AQO 1952/17-22)

Mrs Long: We are all too aware of how tackling domestic abuse has become even more important in recent times. Victims of domestic abuse should not feel forgotten or alone, particularly during these challenging times. It is vital they know that help and support continue to be available from our voluntary and community sector partners and, in particular, from the domestic and sexual abuse helpline, 24 hours a day, seven days a week.

I have always been very clear that the funding of domestic and sexual abuse services should not be solely a matter for the Department of Justice but rather a cross-cutting Executive issue. There is a need for the Executive to support the cross-cutting work that needs to be taken forward to address the issue comprehensively. A range of domestic and sexual violence and abuse services is funded across a number of Departments, including my own, with around £7·5 million spent annually.

My Department has funded, or partly funded, a number of initiatives, including the 24-hour domestic and sexual abuse helpline; behavioural change programmes; domestic homicide reviews; independent sexual violence advisers; the "See the Signs" multimedia awareness-raising campaign; and policing and community safety partnerships (PCSPs) for domestic and sexual abuse initiatives. Funding for a number of those initiatives involves voluntary-sector partners, who are key to work in that area, including in developing the new domestic abuse offence legislation.

A new advocacy support service, to be delivered by Women's Aid and Men's Advisory Project (MAP), will be introduced in September.

My Department is also working closely with voluntary-sector partners on developing an e-learning package on the new offence and will involve them in the new multimedia awareness-raising campaign to ensure that there are no hidden voices and that we reach the most vulnerable in society.

Mr Frew: I thank the Minister for her comprehensive answer. I appreciate it. The lockdown has impacted greatly on unfortunate victims and other people, and they are being placed in further danger because of it. Support groups are having to work through operational matters in a more arduous way because of the lockdown. Is it time, given the Minister's answer about the cross-cutting nature of and all-embracing impact of domestic and sexual abuse on victims, that we strengthen the Programme for Government to assist victims in some way and, if nothing else, raise their awareness and that of Departments?

Mrs Long: The Member will be aware from his work on the Committee that tackling domestic violence and abuse is a priority in the Programme for Government and a strategic priority for the Executive. We have a seven-year strategy to tackle it. I believe that funding needs to follow form and, therefore, if we say that something is a priority, we need to fund it as though it were a priority. It is considered, of course, that there is a challenge to ensuring that we introduce new support mechanisms but also that we adequately fund them. Where the Department has introduced new schemes and services, we fund the organisations for those, but they will also benefit from a cocktail of funding, for example, by providing services for other Departments that intersect with the domestic abuse space.

Ms Kimmins: Does the Minister agree that early intervention and prevention is key to combating domestic violence and abuse? That said, when does she anticipate that the advertising campaign for the new domestic abuse offences will go live?

Mrs Long: I do not have a date for the new campaign, but I know that work on it is well under way. We are working with our public- and private-sector partners to raise awareness. As the Member knows, domestic abuse can affect anyone, so it is very important that we address it in the round and that we look at raising some of the hidden voices on domestic abuse. The intention is that when the further multimedia advertising campaign is developed, we will consult on it with our voluntary and statutory partners to ensure that it is reflective of the wider issues raised. Once that is done, it will be delivered across a range of platforms. At this stage, however, I do not have a date for its launch. I will be happy to update the Member when it becomes available.

Mrs D Kelly: I support the Minister's assessment that the issue is a cross-cutting one. An advocacy service had been planned for later this year: I wonder whether she can provide the House with an update on it?

Mrs Long: Yes, I am more than happy to do so. We had hoped that the advocacy service would have been in place sooner and that we would have been able to get a consortium approach to deal with it. We worked with our voluntary-sector partners to develop it, but, unfortunately, that was not successful. We then had go out to public procurement, which has slowed the process down somewhat. However, I believe that the advocacy service that we have now procured is robust and will be very helpful to victims. It will be introduced in September of this year.

Small Claims Courts: Reopening

7. **Mr Clarke** asked the Minister of Justice what plans her Department has for the reopening of Small Claims Courts. (AQO 1953/17-22)

Mrs Long: The scheduling of court listings and the listings of business is a judicial function. Since September, courts have resumed sitting at almost all venues, and all types of court business has recommenced. Only the three smallest hearing centres now remain closed. As much business as possible is being heard remotely or in the form of a hybrid hearing, as directed by a judge.

Small claim applications continued to be processed during the pandemic, including, where appropriate, the issuing of default judgements. From 12 April, a dedicated Small Claims Court has been held in the Nightingale Lagan facility every Monday to Wednesday. Furthermore, from 6 May, another dedicated Small Claims Court will be held in Downpatrick each Thursday and Friday. Those additional Small Claims Courts will be presided over by a deputy district judge.

The Northern Ireland Courts and Tribunals Service continues to work closely with the Office of the Lord Chief Justice with a view to increasing the amount of court business that can be progressed. All court business activity takes place only after it has been subject to the necessary risk assessments, in consultation

with the Public Health Agency, the Health and Safety Executive, and other statutory agencies.

Mr Clarke: I welcome the Minister's answer. I am sure that she will appreciate that many small businesses suffered greatly because of the loss of opportunity to take cases to the Small Claims Court. I welcome the fact that some provision has been made, even though it was only from 12 April this year. Will she outline when she thinks all avenues of provision will be open as they were pre-COVID? For many, the small claims route is their only hope.

Mrs Long: As I set out earlier, in the majority of cases throughout the courts system, we are now processing more business than we did immediately pre-lockdown. We are starting to eat into the backlog, and it is hugely important that we can do that. We also have activity in our review of the Small Claims Court. One of the reasons why the Small Claims Court is not accessible to some people is because its jurisdiction has quite a low threshold. We are out to consultation on that at the moment with a view to potentially raising the jurisdiction so that more small businesses, independent traders and others can get their business transacted through the Small Claims Court.

The Small Claims Court is an impressive part of the justice system here. It processes business and delivers faster judgements here than in any other part of these islands.

2.30 pm

Mr Deputy Speaker (Mr Beggs): That is the end of the time for listed questions to the Minister. We now move to topical questions.

Omagh Bomb: Public Inquiry

T1. **Mr McCrossan** asked the Minister of Justice whether she agrees that a public inquiry into the Omagh bomb is absolutely necessary and to outline the conversations that she has had with the Secretary of State, Brandon Lewis, in that regard, given that it has been 22 years since the bomb killed 29 people, including a woman who was pregnant with twins, and the families whose lives were put on hold are still waiting on that much-needed inquiry. (AQT 1241/17-22)

Mrs Long: The Member will be aware of my party's position on that matter. We very much support a public inquiry. However, it is not appropriate for me, as Justice Minister, to comment further on the matter, given that that would be seen as prejudging the outcome of any inquiry and, potentially, could be prejudicial. It is fair to say that when it comes to issues such as public inquires and the wider legacy piece, I have many conversations with the Secretary of State. I get few answers that are worth repeating in the Chamber, unfortunately.

Mr McCrossan: Sorry to hear that, Minister. I am glad that you share our frustration about that matter. Families have put their lives on hold to search for truth and justice, particularly in Omagh, which experienced one of the worst atrocities of the Troubles. Minister, at your earliest convenience, post-lockdown and post-restrictions, will you commit to meet the Omagh families with me and give an assurance that you, in your capacity as Minister, will leave no stone unturned to assist the Omagh families in their search for truth and justice.

Mrs Long: I have no qualms whatsoever in agreeing to such a meeting with people who have shown an incredible amount of restraint and dignity in their campaign. I am more than happy to meet the families and, indeed, other victims if they feel that it is of benefit. Of course, it has to be reiterated that I cannot interfere in cases that go before the courts or inquiries for fear of prejudicing the outcome. However, I am always more than happy, where possible, to meet victims. I am happy to accede to any such request.

PSNI: Additional Funding

T2. **Mr Boylan** asked the Minister of Justice for an update on her meeting last week with the British Secretary of State in relation to her request for additional police funding to mitigate ongoing violence against the PSNI from paramilitary groups and crime gangs. (AQT 1242/17-22)

Mrs Long: I thank the Member for his question. If you, Mr Speaker, and the Member will indulge me, I will take the opportunity to condemn the recent attack on a young mother who was serving her community. Thankfully, no one was injured, but it could have been a very different outcome had that officer not been so vigilant. Police officers continue to be at significant risk, and I commend their courage and bravery as they try to protect the community against the backdrop of a terrorist threat. I also recognise the huge amount of pressure on the police at this time due to the recent disturbances and the policing of other public order issues. Given that the police have come under such incredible pressure, I want to be clear about my

unequivocal support for them in the work that they do.

When I met the Secretary of State this week, we discussed the general security situation and the types of challenges that the PSNI is currently facing. As we know, that has been brought into sharp relief for those working on the front line in recent days. The PSNI's final budget allocation for 2021-22 from the Executive, which is still subject to a vote by the Assembly, along with an in-year allocation of £12·3 million, will enable the PSNI not only to retain its current number of officers but to increase that to 7,100 by the end of this financial year. The increase in numbers is, at least, a gesture towards moving in the direction of the NDNA commitments.

I spoke to the Secretary of State and said that I intended to keep dialogue open with him and the Chief Constable about the PSNI's requirements for additional security funding to ensure that it is properly resourced both for day-to-day work in communities and to deal with an incredibly difficult security situation.

Mr Boylan: I thank the Minister for her answer. Does the Minister agree that there is no place for violence against the PSNI? Under democratic accountability structures, the Policing Board is the correct place to raise concerns about policing.

Mrs Long: I agree. It is important for us, as politicians, to recognise the pressures that the PSNI faces. That does not mean that the PSNI is perfect or beyond criticism, but it is incumbent on each of us to work with it to build trust and confidence in the structures that we have. Where we have issues for complaint or inquiry, we should take them through the appropriate mechanisms. No violence in our society is acceptable. No violence against the PSNI is acceptable, excusable or defensible.

Hate Crime Legislation Independent Review: Update

T3. **Ms Kimmins** asked the Minister of Justice for an update on her consideration of the hate crime legislation independent review, given that the final report was published almost six months ago. (AQT 1243/17-22)

Mrs Long: I thank the Member for her question. I will take this opportunity, if I may, to condemn the recent attack against the Syrian refugee family in Newry in the Member's constituency. I also condemn the attacks on Jewish graves in Belfast City Cemetery. The racism, intolerance and hate that result in these negative behaviours are a blight on our society, and we need to address them. It is particularly heinous to attack people in minority communities for their perceived differences, given their significant contribution to Northern Ireland.

The issues involved are incredibly complex. I agree with Judge Marrinan that his recommendations merit a stand-alone hate crime Bill. That is planned for introduction in the next mandate to allow for proper consideration of the policy areas and public consultation where some of those proposals are novel. In the meantime, work on non-legislative recommendations and those relating to reserved matters has commenced, including providing a sustainable hate crime advocacy service to support victims of hate crime, creating a victims of crime commissioner who should have a particular focus on hate crime and domestic violence, and working with the UK Government on online hate issues as part of their wider online safety Bill. It is hugely important, as we go forward, to make sure that our legislation is fit for purpose. Hopefully, we will make progress on the drafting of that hate crime legislation and the consultation on the various elements towards the end of this mandate, in preparation for the new mandate.

Ms Kimmins: I thank the Minister for her answer. It is good to hear the progress around that. It is unrealistic to think that the hate crime Bill will be achieved during this mandate — Minister, you outlined that — and the preparation for the next mandate is good to hear about. Thank you for the comments on the attack in my constituency, and I echo you in relation to the Jewish graves in Belfast City Cemetery. What work is being done in the here and now by your Department to tackle some of these attacks, while we wait for the legislation?

Mrs Long: Clearly, there is already the opportunity for crimes to be investigated and recorded as hate crimes, and it is important that that continues. There is also work ongoing with our partners, through the advocacy service, to support people who want to come forward and make a complaint, and to encourage people to have confidence in the justice system so that they feel empowered to do that. Those things are ongoing to try to help people in the here and now, but there is more to it than that.

The analogy is that we need to stop pulling bodies out of the river and move upstream to find out why they are falling in. We need to get upstream of this problem and look to see whether there is something that we can do, as a society, to tackle the underlying prejudice in our

communities. That is a job for all of us. I know, from working with the Communities Minister, that she is looking at a series of strategies to deal with minority groups and also those who are subject to hate crime. Whether that is the racial equality strategy and action plan, the LGBTQI strategy and action plan or others, there is an opportunity in the work that we do on a cross-Executive basis to continue to try to change attitudes. Ultimately, when people arrive with us, they have already suffered harm. I want to work with other Ministers to try to prevent that harm from taking place.

Domestic Abuse Services: CJINI Report

T4. **Mr McGuigan** asked the Minister of Justice for her assessment of last week's Criminal Justice Inspection NI (CJINI) report that criticised the slow progress in implementing recommendations aimed at improving domestic abuse services. (AQT 1244/17-22)

Mrs Long: I thank the Member for his question. With regard to the CJINI report, first of all, it is incredibly important that, unlike other Departments, my Department is scrutinised regularly by an external body. I only wish that that were the case for all Departments. It is important that when we are scrutinised in that way, we take the time to digest the comments in the report. If I might be so bold, I will say that the report was much less critical than the press release that accompanied it. If you read it, you will see that the report is much more balanced on the significant progress that has been made in that space, considering the pressures that the Department has faced with COVID in the prisons, the courts and, indeed, its other service delivery areas.

I am confident that areas that were highlighted as not having been delivered, such as the new advocacy service and the pilot domestic violence court, are areas that we could not have progressed any quicker. In the context where we are already challenged in the court system, it is incredibly difficult to pilot new initiatives, but I am pleased to say that both those services will be happening in the autumn. Whilst there has been delay, I do not believe that the foot has been taken off the pedal, if you like.

If I may, Mr Deputy Speaker, I will pay tribute to my staff because, whilst I am passionate about the issue, my passion is matched every day by that of the people who work in the area. They are absolutely committed to delivering in the area and to ensuring that those who are subject to domestic abuse or violence have all the support and recourse to justice that they need.

Mr McGuigan: The implementation plan to deliver the recommendations from the Gillen review of serious sexual offences in July last year revealed that only 11% of the recommendations had at that point been implemented. I heard what you said, Minister, about the balance of the CJINI report and the press statement, but do you agree that much more could and should be done in a quicker fashion to implement the outstanding recommendations?

Mrs Long: No, I do not believe that more could be done, but I agree that more should be done, which is why we continue to work on the issues. Saying that more could be done suggests that we are not working at full capacity, but that is simply not my experience of the Department. We already have four Bills, and one Act has been completed. There are three Bills before the House, and another Bill, the Justice (Miscellaneous Provisions) Bill, will come in May. It will cover many of the legislative aspects of Sir John Gillen's review. I keep in regular contact with Sir John Gillen, and I update him regularly on the work that he did not just on serious sexual offences but on civil and family justice in courts. Recently, I outlined progress that we are making in that following his much wider review of the civil and family justice system.

It is important that Members realise that the Department of Justice is not immune to the impacts of COVID. We are unique in these islands in being able to keep our prisons largely COVID-free. We have had no major outbreaks, and no one, thank God, has passed away in the prison system. That has taken up an immense amount of capacity. We have also been able to rebuild our courts so that they are COVID-secure physically as well as everything else. I encourage anyone who wishes to see them to get a tour to see the work that has been done. That work comes at a cost. We have also been supporting other Departments in work, including legislating and regulations, that they have been doing on COVID. Could more be done? I think not, in the current circumstances. Should more be done? Absolutely, and it will be by the end of the mandate.

In-person Prison Visits

T5. **Mr McHugh** asked the Minister of Justice when in-person prison visits will recommence, given that virtual prison visits, while necessary

as a temporary measure, are far from ideal. (AQT 1245/17-22)

Mrs Long: In-person visits will start on 4 May. They will be for adults only at that stage, but we will continue to monitor levels of transmission in the community and, hopefully, will be able to relax some of the restrictions on the in-person visits as we move forward.

We will also maintain virtual visits because, for some people, particularly those with a disability, people who live in rural communities and people who have family overseas, those visits have proved to be a lifesaver for connecting with family members. We intend to keep virtual visits and in-person visits running.

2.45 pm

Mr McHugh: Go raibh maith agat, a Aire. Thank you, Minister, for your answer. You alluded to the success of prisons in preventing COVID: will you update us on the vaccine roll-out in prisons and say what impact that will have on visits?

Mrs Long: Health and social care trusts continue to roll out the vaccine in prisons in line with the approach taken in wider society, so it is by age cohort. A significant number of our prison officers have, I think, been vaccinated, as has a significant part of the prison population.

It is, of course, a factor in deciding how we relax visiting but not the only factor. We know from recent reports that, depending on the vaccine and a person's reaction to it, they may still be vulnerable to COVID infection. We need to proceed with caution. The most important thing for us is the health and safety of those in our care. We take that really seriously, and we hope that that reassures families.

Prisoners have been incredibly cooperative with us during this period. We have managed to maintain an open regime, so we have not been in a situation where prisoners have been in lockdown for 23 hours a day, as they have been in other parts of these islands. We have maintained a bubble system on each landing, so that there is still association, exercise and education, albeit remote education. I continue to work, for example with the Department for the Economy, for the day when we will be able to get in-person training and skills training back into the prison system. We want to ensure that anyone who is in our care at this time is not in any way disadvantaged in their rehabilitation outcomes.

Mr Deputy Speaker (Mr Beggs): That is the end of our time for questions to the Minister of Justice. I ask Members to take their ease for a few moments before the next item of business, which is the continuation of the debate from before lunch.

(Mr Speaker in the Chair)

Private Members' Business

Antisemitism: International Holocaust Remembrance Alliance's Working Definition

Debate resumed on amendment to motion:

That this Assembly condemns antisemitism in all forms; notes with deep concern the findings of the Community Security Trust's (CST) 'Antisemitic Incidents Report 2020', which recorded 1,668 antisemitic incidents across the United Kingdom; stresses the need to tackle the scourge of antisemitism in every aspect of our society; and endorses the International Holocaust Remembrance Alliance's (IHRA) working definition of antisemitism, including its examples, which states that "antisemitism is a certain perception of Jews, which may be expressed as hatred toward Jews. Rhetorical and physical manifestations toward Jewish or non-Jewish individuals and/or their property, Jewish community institutions and religious facilities". — [Mr Easton.]

Which amendment was:

Leave out all after "society;" and insert:

"unambiguously condemns the most recent vandalism in Belfast City Cemetery of graves belonging to our Jewish community; recognises that antisemitism is a form of racism that is a certain perception of Jews, which may be expressed as hatred toward Jews, that rhetorical and physical manifestations of antisemitism are directed toward Jewish or non-Jewish individuals and/or their property and toward Jewish community institutions and religious facilities; agrees that antisemitism is unacceptable and is totally, unequivocally and loudly rejected by this Assembly; and commits to combating antisemitism, as part of our commitment to prevent hate crime and racism." — [Mr Sheehan.]

Mr O'Toole: I welcome the fact that we are debating the motion today. Antisemitism has been a stain on civilisation for not just centuries but millennia. This form of prejudice has been not only durable but near-universal. In supporting the motion on behalf of the SDLP, I will reflect on the abhorrent and specific nature of anti-Jewish hatred but also explaining why we will not support the amendment, though we recognise and, indeed, empathise with some of the motivation underlying the amendment, which I will discuss.

Jewish people have contributed to Ireland for centuries. They have weaved into our complicated story in fascinating ways. Early in the last century, at the same time as Sir Otto Jaffe was sitting as a unionist member on Belfast City Council, Robert Briscoe was fighting as a republican in the war of independence. His brother, believe it or not, was named Wolfe Tone Briscoe. Gustav Wolff, one of the founders of Harland and Wolff, was from a family who converted from Judaism. A former president of the state of Israel, Chaim Herzog, was born in north Belfast. The central character in the greatest work of Irish literature, 'Ulysses', is a Jew, and, yes, one of the things that Leopold Bloom experienced on 16 June 1904 was raging, unreformed antisemitism. That oldest of hatreds appears in the greatest work of Irish literature. In the same decade as that fictional account of Irish antisemitism, there took place one of the most notorious and shameful real-life episodes of antisemitism in Irish history: the Limerick boycott, waged against a small Jewish community in that city. The point of that preamble is not simply to dwell on local history but to highlight how real and durable antisemitism has been on this island. It is not enough for us to box off that form of hatred as if it belonged to other places and other people. We need only look at the appalling desecration of Jewish graves in Belfast in recent weeks. If that were sectarianism or hatred based on skin colour, we would not just call it out; we would name the specific kind of prejudice that underpins and sustains it.

It is not enough for us to condemn the Holocaust and pledge to remember it: we need to guard against incipient prejudice or stereotyping of Jews here and now, even when it seems mild or, perhaps, not worth calling out. Antisemitism is not a more acceptable form of intolerance than any other discrimination. It is distinct in its manifestations and expressions, which are often insidious and coded but are recognisable nonetheless. That is why attempts to define and characterise anti-Jewish prejudice are important. The International Holocaust Remembrance Alliance's definition is a useful tool in that regard. The EU, UN and many countries and institutions have signed up to that definition and the associated examples. However, there has been significant commentary to the effect that some of those examples are phrased in a way that could be read as limiting the capacity of those who passionately oppose many of Israel's actions in relation to the occupied territories and,

particularly, it should be said, the current Government of Benjamin Netanyahu. That is an important but sensitive area. Let me say that, while my party and I recognise some of the concern over the wording as genuinely held, we believe that it is possible to support the intent of the IHRA and its examples without compromising the capacity to be robust in criticism of the actions of the Israeli Government. Part of the reason why we know that is that people are being robust in their criticism of Israel. The definition should not and must not chill speech on the unacceptable conduct, where it happens, of the current Israeli Administration.

Earlier, the comment was made that, if the definition were codified, it would have a specific, limiting legal effect on speech. Of course, the motion does not codify it. In fact, today, Human Rights Watch has accused Israel of committing real crimes, such as apartheid and persecution, in its actions against the Palestinians. My party will not be found wanting in standing up for the rights of the Palestinians, who have been so sorely abused in recent decades, or, indeed, in calling for a return to the UN resolutions and the 1967 borders. We cannot and will not condemn those actions enough.

It is also worth putting it on the record that, since the IHRA definition is not in itself legally binding, it can be read in conjunction with other tools, including the more recent —

Mr Speaker: The Member's time is up.

Mr O'Toole: — Jerusalem declaration, which seeks to offer added specificity and interpretative guidance. Endorsing the motion does not preclude the application of those definitions either.

We know a little in this place about ancient hatreds and the unchallenged prejudice that festers —

Mr Speaker: The Member's time is up.

Mr O'Toole: — into acts of hate and violence. That is why we will support the motion.

Mr Muir: On behalf of the Alliance Party, I support the motion. My party has no hesitation in condemning antisemitism. Jewish people around the world have suffered persecution for millennia, as others have outlined. The memories of visiting Auschwitz and, in Berlin, the Memorial to the Murdered Jews of Europe and Daniel Libeskind's Jewish Museum will remain with me for ever. Antisemitism has always been and will always be wrong. We should never stop condemning it.

The Alliance Party fundamentally believes in a shared society that is free from intimidation, discrimination and fear and in which everybody is safe and can play their part and be treated fairly and with respect. That shared society absolutely includes the Jewish community in Northern Ireland. Given the history of endemic antisemitism across the world, we must continue to play an active role in stamping it out wherever we find it. The deliberate targeting and vandalism of Jewish graves in Belfast City Cemetery earlier this month is further proof that antisemitism remains a present threat in Northern Ireland. The PSNI is rightly treating that disgraceful act as a hate crime, and I urge anyone with any information to come forward to the police.

At its peak, the Jewish community around Belfast had roughly 1,500 members. Many arrived in this city in the 19th century after escaping persecution in Russia. From Otto Jaffe, who, as others outlined, was Lord Mayor of Belfast in 1899, to the sixth president of Israel, who was born in the north of the city in 1918, the Jewish community has had a substantial positive impact on Northern Ireland. The Jewish community in Northern Ireland is substantially smaller today, but it continues to play an active and important role in our society. I have visited the current synagogue on Somerton Road and the old building on Annesley Street, and I can say that I greatly value the Northern Ireland Jewish community and view any antisemitic attack as an attack on us all.

The Alliance Party has consistently endorsed the International Holocaust Remembrance Alliance's definition of antisemitism. Prior to the 2019 general election, Alliance Party Westminster candidates publicly signed up to that definition. Some state, however, that adopting the definition prevents legitimate criticism of the Israeli Government: I disagree. With regard to the Middle East, the Alliance Party continues to support a two-state solution to the Israeli-Palestinian conflict. We condemn the Israeli Government's illegitimate use of force and their abuses of Palestinian rights, as well as the annexation of occupied Palestinian territories. All that is entirely consistent with our support for the International Holocaust Remembrance Alliance's definition of antisemitism and will not in any way restrict us from speaking out on those issues. Human rights and the rule of law are core values of the

Alliance Party, and we will continue to advocate for a lasting peace in the Middle East.

I conclude by remembering someone who left a lasting legacy in my constituency of North Down. This year saw the sad passing of Walter Kammerling at the age of 97. He arrived in Millisle from Vienna in 1939 as a teenager and worked on a farm that was set up to offer a place of safety for Jewish refugee children. His family were not so lucky. His parents and his sister were murdered in Auschwitz in 1944. Later in his life, Mr Kammerling returned to Northern Ireland and spent time speaking to local schools to share his experience of the horrors of the Holocaust. I am proud to have previously successfully campaigned to secure listed building status for the Kindertransport farm in Millisle, because the lessons of the Holocaust must never be forgotten. Today we honour the memory of people like Mr Kammerling by rooting out and condemning antisemitism wherever we find it.

Dr Aiken: I rise to add my support and that of my party to the motion and our opposition to the amendment. As a declaration of interest, I state that our party has also a motion in the system on the recognition of the International Holocaust Remembrance Alliance's working definition of antisemitism.

At the outset, I would like us all to condemn the disgraceful antisemitic attacks on the historic Jewish graveyard at the City Cemetery in Belfast. That was not the first attack on that hallowed ground of our Jewish community. It is just one of the many examples of hate crimes perpetrated on our friends across that old, established and proud community, a community that has made a huge contribution to life in Northern Ireland culturally, societally and in business and adds significantly to the richness and diversity of life here for us all.

The Jewish community here also has a strong connection to Israel and its proud history, with Chaim Herzog, the sixth president of Israel, being born in Belfast in 1918. It should be a point of pride for all of us that such a historic figure came from Belfast, but the mere fact that a commemorative plaque cannot be erected in the vicinity of his birthplace without being attacked, that the synagogue for our small Jewish community has been daubed with hate-driven and racist symbols and that the language of antisemitism seems to be pervasive among some shows that there is a real need to recognise that action must be taken.

3.00 pm

Many will be aware that, in recent years, there have been attempts to conflate the identity and religion of the Jewish people and the state of Israel. Although there are many views on Israel — we have heard some here today — and it would be disingenuous of me to say anything other than that I fully support the right of the Israeli state to exist, for others to say that the motion is in some way pro-Israel or supportive of any the policies of the current Israeli Government is just another attempt to disguise the very real problem of antisemitism that exists and that, regrettably, is so visibly manifest in Belfast and beyond.

There is also a rise in what are clearly attempts at historical revisionism, coupled with downright denial of facts of history. Three quarters of a century later, the fact that some still question the Holocaust and the extent of its genocidal intent goes to show just how far we still have to travel.

To counter anti-Jewish rhetoric and Holocaust denial, the International Holocaust Remembrance Alliance called for international and domestic institutions to adopt a set of underlying principles. Those principles call on us to adopt the non-binding view:

> *"Antisemitism is a certain perception of Jews, which may be expressed as hatred toward Jews. Rhetorical and physical manifestations of antisemitism are directed toward Jewish or non-Jewish individuals and/or their property, toward Jewish community institutions and religious facilities."*

Those principles have been adopted by our own nation, including by the Scottish Parliament and the Welsh Parliament, and by 29 other nations, including the United States, France and, most tellingly, Germany, but unfortunately not by the Republic of Ireland.

Mr Humphrey: I am grateful to the Member for giving way. The Member for West Belfast said earlier that there are Jews and Jewish organisations that oppose the definition in the motion that we are discussing today? Does the Member agree with me that the vast bulk of Jews and Jewish organisations across the world are completely comfortable with it and do support it?

Mr Speaker: The Member has an additional minute.

Dr Aiken: Indeed I do. It is very clear that the vast majority of Jewish organisations, and those

people who want to see the scourge of antisemitism removed, do support that definition. That is why it is so important to have it.

The Assembly can and must recognise that the attacks on our Jewish community, and all our other minority communities, are hate crimes. As such, they must be dealt with forcefully and with the full weight of the law. We must also recognise, however, that there is something particularly invidious about antisemitism that calls for wider action. That is why we must demonstrate that we, as an elected body, will not tolerate this blight on our society and show solidarity with our and the wider Jewish community by adopting the aforementioned IHRA definition. We have the opportunity to show, in the strongest possible terms, our commitment to stamping out the racist scourge of antisemitism.

Mr Frew: I support the motion before us today. I welcome the debate, which has been very good and informative. A lot of gems have come out of the discussion so far, which I welcome.

It was Edmund Burke who said:

> *"The only thing necessary for the triumph of evil is for good men to do nothing."*

Peace and contentment are not default positions. They have to be worked at. Edmund Burke also taught that history is not simply a forgotten past but an active inheritance. The cultural genome of a people forged in response to the agencies of the past remains intimately present in the DNA of a society. Society connects the visible and the invisible world.

When I think through my lifetime, what scares me most is the fact that understanding of history can be very shallow. People's mindset — I include myself in this — can be ignorant of history and of the facts of history. That scares me, because, even in our living history and the history of our generation, there are people who attempt to rewrite history, change fact and alter truth. It should not be tolerated. It frightens me.

I had the privilege of visiting the concentration camps and death camps of Auschwitz and Birkenau. It rocks you to your core. If you go there with a mindset of understanding and learning, it will rock you to your core. It hits you like a ton of bricks when you realise that mankind can be so evil. That is more our default position than peace, tranquillity and comfort, so it needs to be worked at constantly. It is not just the evils that are inflicted on the Jewish community; it is about all the races and peoples who have been tortured, even despised, throughout the ages. The Jewish people are one of those. If you treat one of us badly, you treat us all badly. Surely that is a mantra that should be known worldwide and that we need to commit to in eradicating all injustices throughout the world. Of course, we should start in our home place and with ourselves. That is very important.

What strikes me about the debate is that victims will tell you about their lived experience and how they feel intimidated, discriminated against, excluded, undermined and victimised, but there is something fundamentally wrong when you do not listen to one of those victim groups, its definition, how it feels and its lived experience. We should listen to all victims who have been wronged in this lifetime and throughout history. The definition of how they have lived their lives should be the definition that we look to when we try to define what is meant by wrong.

That is why it is important that so many people have defined their lived experience with what we have in the motion. It pains me that it cannot obtain support across the House, as that sends a message. If we do not recognise the definition that most Jewish people have put down, it could be construed as antisemitic. That is a harsh thing to say, but it is true.

Who would dream of telling another race, colour or creed that how they live their lives, their experience of discrimination, or their definition of that discrimination, is wrong? That would not be tolerated. Why should it be tolerated with the Jewish community? It is wrong.

I have been to the death camps and have seen what evil can do. We need to recognise it in our community, in our country and in ourselves and try to do something about it. That is where we will start and succeed —

Mr Speaker: The Member's time is up.

Mr Frew: — in trying to do something about it.

Ms Kimmins: I support the amendment and welcome the debate.

Antisemitism is a form of racism that should be condemned by all. To tackle it, we must work together to eradicate all forms of racism and build a more equal society. In the years since the Good Friday Agreement was signed, we have made significant progress. That is evident

when we see the diverse and multicultural society that exists across the island.

There can be no excuse for attacks on or discrimination against anyone, regardless of their race, religious belief, cultural tradition, sexual identity or national identity. Sadly, in recent weeks, we have witnessed a number of racist attacks in our communities, including, as other Members mentioned, the disgraceful vandalism of Jewish graves in Belfast City Cemetery and the writing of racist slogans in Jonesborough in my constituency. We also saw a horrific attack on a Syrian family who had moved into the area just 24 hours before. Like millions of people from the Jewish community who had to flee their homes during the Holocaust 80 years ago, that family had to leave their home in Syria to escape the conflict and had come to Ireland to try to raise their young children in safety, with the hope of a better life for them.

Those attacks are not representative of my city or the people of Ireland. I unreservedly condemn them and, again, send my solidarity to all those who have been affected. However, these despicable acts have shone a light on the need for political leadership to stand together to challenge racism and discrimination in all forms.

It is disappointing that the PSNI's 2017 'Thematic Review of Policing Race Hate Crime' states:

> *"a race hate incident is reported ... every seven hours."*

Let that sink in. That equates to at least three racist hate incidents being reported across the Six Counties every single day. It is important to note that, whilst these figures are shocking, they are only the tip of the iceberg, as we recognise the huge issue of under-reporting. If we are really serious about making effective change in order to tackle racism and discrimination, we must focus our efforts on addressing under-reporting.

A key factor in under-reporting is that victims do not report a crime if they feel that there will not be a positive outcome at the end of process. As the Justice Minister said during Question Time, we must ensure that everyone feels confident in our policing and justice system. As political leaders, the onus is on all of us to ensure that no victim feels reluctant to report incidents of racism or hate crime and that the processes are robust and effective.

The Executive Office's racial equality strategy provides a framework that will help us to drive forward the vital work required to ensure that this is a place where everyone can live, learn, socialise and work together, free from fear of discrimination and harm. Greater representation of ethnic minorities on decision-making bodies and in political life is crucial, as they are important stakeholders throughout society. A diverse range of voices is required to enable policymaking that properly incorporates the needs of and issues facing people from a broad spectrum of religious, cultural and ethnic backgrounds living on this island.

The IHRA definition has been debated globally, and many groups from the Jewish community have stated that it does not go far enough and, in ways, actually weakens the fight against antisemitism. I welcome Mr Frew's comments about the importance of listening to all victims, and I think that that highlights my point. We must focus on tackling all forms of antisemitism as an important part of our wider approach to tackling all forms of racism and discrimination.

I finish on this: as children, we are born into society with no preconceived views or stereotypes. As we grow and develop, the world around us shapes how we see others and how we treat people. It is for this reason that education and early intervention are key to ensuring that our children and future generations have strong values of equality and respect for all. Only then can we be confident that our efforts to stamp out racism and to build a society free from discrimination and hate have had a lasting impact.

Ms Dillon: I support the amendment. Our current legislation on hate crime in the North is out of date and failing victims. The legislation does not frame racist violence appropriately; the police do not police it appropriately; the PPS does not process it appropriately; the courts do not penalise it appropriately; and the official statistics do not record it appropriately. That is not a criticism of those bodies. It is criticism of the fact that we do not have the correct legislation in place, and the hate crime legislation independent review has clearly set that out.

Dr Aiken: Will the Member give way?

Ms Dillon: Absolutely.

Dr Aiken: I declare my interest as Chair of the all-party group on ethnic minority community. As legislative time is short, one of the things that we encourage the Justice Minister to do is to get hate crime legislation across the board and in place as quickly as possible. Will you join

with me in asking the Justice Minister to make that happen? It is very important.

Mr Speaker: The Member has an additional minute.

Ms Dillon: Absolutely, I will. That is part of my contribution today. I absolutely agree, but I will also be honest: the Justice Committee is already dealing with a number of pieces of legislation, and it would be disingenuous for us to say that further legislation will get through in this mandate. However, the Committee has called on the Minister to ensure that it is ready to go in the next mandate. All the preparatory work should be done. I absolutely agree with the Member on that.

There were attacks on Jewish graves in Belfast City Cemetery last week, and it was not the first time that those graves had been vandalised. That was a hate crime, and those responsible must be held to account. The hate crime legislation independent review concluded at the end of 2020. It reinforced how ineffective current hate crime laws are and made a series of recommendations on how we can improve this. At present, there are no specific hate crime offences in law in the North, and the review recommended the creation of aggravated hate crime offences, which was a key Sinn Féin recommendation during the consultation period.

3.15 pm

Whilst it was recognised that online hate speech is largely a reserved matter, the issue was, nonetheless, considered as part of the review, and it would be remiss not to mention the harm that is caused by online hate speech. Social media companies should be compelled, under legislation, to take steps to remove offensive material that is posted online. It is clear that self-regulation has failed.

Restorative justice affords a huge number of benefits as a means of dealing with perpetrators of hate crime, ensuring not only that the perpetrators are punished but that work is done to ensure that the offender does not offend again and that the underlying prejudices that led to the criminal act are tackled and changed. Hate crime in any form is totally unacceptable. Despite the fact that hate crime is rising in the North, the conviction rate is shockingly low and, as Liz Kimmins said, the reporting rate is even lower. We made representations to the Justice Minister to prioritise the introduction of a hate crime Bill. I will not go over that because I have already responded to Steve Aiken on it.

My colleagues, particularly Pat Sheehan, have outlined the issues that we have with the specific IHRA definition. Across the House, we can all agree that antisemitism, or any type of racism, is unacceptable and must be dealt with appropriately. We must challenge it. We must challenge it in our workplace. We must challenge it in our communities. We must challenge it in our conversations with those around us. If you are in a conversation in which something that you think is antisemitic is said, you must challenge it. That is what being a leader is about.

As has already been pointed out, education will play a vital role on the issue. No one should be targeted because of their faith. Education plays a vital role in teaching our young people the art of acceptance and that we are all different. Different is good; diversity is a positive thing. As a mummy, I can certainly say that I feel very proud of the attitude that my 12-year-old daughter takes towards those around her and of her positive approach to diversity. I do not think that it is arrogant to say that I bear some responsibility for that. I raised her to look not at the differences but at the similarities in others, to accept the differences and to be able to work with those people, play with them and enjoy their company.

My final point is that criticism of human rights abuses of the Palestinian people by the Israeli state should not be conflated with antisemitism. Let us not dilute the message that we want to go out from this House. We are united in our opposition to antisemitism in all its forms. We must make sure that the message that leaves the House today is that every single Member is opposed to antisemitism.

Mr Carroll: I will speak and vote in favour of the amendment and against the motion. We have seen a re-emergence of antisemitism, which is particularly worrying in the context of an advancing far right across Europe and the world. Antisemitism has a barbaric history. The onus is on all of us to challenge any form of antisemitism and stand in solidarity with our Jewish community when it experiences antisemitism, to challenge the rotten roots of all discrimination in society and to condemn all forms of antisemitism in my constituency, in other constituencies and across the world.

I find it disappointing, therefore, that the motion calls for support for the controversial and divisive IHRA definition of antisemitism. There is much that one can agree with in the examples given in the IHRA definition, but it includes other, highly problematic examples.

For that reason, the IHRA definition has been opposed by over 40 Jewish groups globally, as we have heard already, including local groups such as Jewish Voice for Just Peace, Ireland Palestine Solidarity Campaign, and more than 1,400 lawyers and academics, including 56 scholars who specialise in the study of antisemitism. They oppose the definition because it wrongly conflates antisemitism with genuine and legitimate criticism of the state of Israel, despite what others have said in the debate.

I refer Members to correspondence from the Northern Ireland Committee of the Irish Congress of Trade Unions, which represents over 200,000 workers here. It says:

> *"We are also concerned that the International Holocaust Remembrance Alliance (IHRA) working definition of antisemitism is open to the interpretation of opposing solidarity action for Palestinian people and has been weaponised, as such attempting to close debate and even criminalising international criticism of some political policies of the Israeli Government."*

That is not from me; it is from the Northern Ireland Committee of the Irish Congress of Trade Unions. As referred to earlier, Kenneth Stern, the person who authored that definition, has criticised how it has been used to delegitimise criticism of Israeli policies. The Belfast Trades Council, in its correspondence with MLAs, stated how:

> *"the heavy emphasis on the arena of speech about Israel risks reinforcing a chilling effect on advocacy for Palestinian rights by casting a constant shadow of suspicion or doubt on any engagement on the issue."*

Those are reasons enough, in my opinion, for people to oppose the motion.

It is incredibly significant that, today, Human Rights Watch published a report called 'A Threshold Crossed', which details how Israeli authorities have subjugated Palestinians because of their identity. That report states:

> *"In certain areas ... these deprivations are so severe that they amount to the crimes against humanity of apartheid and persecution."*

On today of all days, if the Assembly were to support adopting the IHRA definition, which hampers our ability to condemn —

Mr Humphrey: Will the Member give way?

Mr Carroll: No, thanks.

— the apartheid actions of Israel, the Assembly would be choosing to put itself on the wrong side of history and to see such a persecution buried.

It is also significant, as highlighted by Jewish Voice for Just Peace, that the DUP has chosen to support the adoption of the IHRA definition when others, such as the Jerusalem Declaration on Antisemitism, exist. That declaration is not perfect because it reinforces attempts to couple antisemitism with the struggle for Palestinian liberation, but it correctly aligns the fight against antisemitism with a struggle against racism. It recognises that antisemitism and anti-Zionism are "categorically different". It was developed by a group of Jewish and Israeli scholars who deemed the IHRA definition to have:

> *"caused confusion and generated controversy, hence weakening the fight against antisemitism."*

I believe that the DUP has decided to recreate that controversy on the Floor by proposing to support the controversial, widely condemned IHRA definition in the full knowledge that it would quell condemnation of an apartheid state. The IHRA definition and its inclusion in the motion is wholly divisive, which is a quick way to neuter any challenge to discrimination, but, then, anyone with any interest in challenging discrimination and racism would not have paraded a Trump flag outside Westminster, which DUP MPs did. They would not have whipped up sectarian tensions in recent months. They would have no truck with the idea that LGBTQ+ people need to be fixed or that the Churches should be —

Mr Speaker: The Member's time is up.

Mr Carroll: — allowed to engage in damaging homophobic practices. If the DUP were serious about combating antisemitism, it would have denounced Trump's embracing of the antisemitic far right.

Mr Speaker: The Member's time is up.

Mr Carroll: I will be supporting the amendment and not supporting the motion.

Ms Sheerin: I am speaking in support of the amendment. I will say at the outset that it is fantastic that we are having this debate. We are

now almost in a routine in the Chamber of having these really important conversations about systemic and societal discrimination, unpicking the thinking that leads to outward expressions of hatred and assessing the ramifications for anyone impacted by it. Last week, we voted to ban the cruel practice of conversion therapy. A few weeks ago, we discussed misogynistic violence. Today, we are condemning antisemitism. Although the terminology changes and the specific challenges for the respective communities vary, the key components remain the same.

Just like any other form of discriminatory prejudice, whether that be sexism, racism, sectarianism or homophobia, antisemitism is wrong. It must be called out and challenged. It has impacts that reach far beyond its most obvious manifestations. I echo the solidarity with the Belfast Jewish community on the recent awful attack on graves in Belfast City Cemetery. No doubt that caused hurt and anguish for the families affected. However, just as the murder of a black man on the street in Minneapolis affected more than just his friends and family and the legitimisation of conversion therapy hurts more than just those young people who have been coerced into thinking that they should be something other than what they are, those sorts of antisemitic attacks hurt more than just the loved ones of the deceased whose graves have been desecrated.

We have all heard the horror stories of the Holocaust and the terror that was imposed upon the Jewish people of Europe by the Nazi state. None of us should underestimate the intergenerational trauma that has been inherited by thousands of people from the Jewish community worldwide as a result. Your identity should not feel like baggage that you should be ashamed of, but that is what xenophobia, racism and antisemitism leads to.

The genocide of over 6 million Jewish people across Europe in the 1940s was harrowing. It has left a very real and lasting scar on our world. The ancestors of those survivors who fled from torture in concentration camps bear that hurt. They carry the pain and loss of their relatives, as well as the knowledge that, at one time across swathes of Europe, being Jewish was enough to make you a victim. Modern-day antisemitism, be it in the shape of graffiti on walls, online abuse or even just comedy based on untrue and hurtful stereotypes, further compounds that pain.

What unfolded in World War II was ethnic cleansing in preparation for domination; the eradication of an entire population driven by ignorance, intolerance and greed. Those same motives were at the heart of every colonising power that we can point to in our recent history. The number of examples that we have of that is a damning indictment on humanity. They include the British Empire in Ireland, India, America and elsewhere; the Portuguese domination of much of South America and south-east Asia; and Dutch invasion and control of swathes of Asia and south Africa. The list goes on and on. The stories of colonisation, regardless of location, feature common themes: violence; supremacy; the eradication of indigenous people, language and culture; and, overwhelmingly, hurt.

Colonialism left us all a sad legacy of racism and xenophobia. That is where the IHRA definition of "antisemitism" is problematic. It prevents genuine and real criticism of an Israeli Government who, at present, are giving life to that same racism through discrimination and cultural supremacy. The definition conflates Zionism and Judaism. It cynically uses examples of antisemitism as cover for Israeli Government treatment of Palestinians today. The Palestinian people in 2021 are living under siege. They are denied their rights; they are unable to build homes, access basic utilities and travel freely.

As has already been referred to, the group Jewish Voice for a Just Peace, whose members are from the Jewish community in Ireland, has criticised the definition because of its attempts to impose specific limits on any discussion of Zionism and Israel's violations of human rights. Again, as others have made reference to, we had the launch today of a report from Human Rights Watch that concludes:

> *"the Israeli government has demonstrated an intent to maintain the domination of Jewish Israelis over Palestinians ... that intent has been coupled with systematic oppression of Palestinians and inhumane acts committed against them. When these —".*

A Member: Will the Member give way?

Ms Sheerin: No, thank you.

> *"When these three elements occur together, they amount to the crime of apartheid."*

It is imperative that we all condemn antisemitism and do so in a way that does not endorse the discrimination of any other marginalised communities or allow the criticism of oppressive states to be censored. I

commend the amendment to the House. Sinn Féin will not push the amendment to a vote.

Mr Speaker: I call William Humphrey to conclude and wind on the debate. The Member has 10 minutes.

Mr Humphrey: Thank you very much, Mr Speaker. I am a Member for North Belfast, as is my colleague Ms Bradley. Chaim Herzog, who was the sixth President of Israel, was born in Cliftonpark Avenue in north Belfast. In 2018, his son — the former leader of the Israeli Labor Party — visited that constituency with other members of the family. I was privileged to attend lunch in the synagogue. Unfortunately, that family was not able to see the plaque that had been placed on the building by the Ulster History Circle; it had been removed because of antisemitism and intolerance. That is the sort of abuse that the Jewish community in this city has had to deal with. That Jewish community settled here in the early 1900s. They came largely from Latvia and Lithuania, and some came from Germany, to the Old Lodge Road, which was off the Crumlin Road. That community is Jewish, not Israeli. However, we hear Members across the way conflating the issues of the Jewish religion and the state of Israel. That is a complete nonsense that feeds the antisemitism that we see happening on our streets. That is appalling.

Antisemitism is the most appalling of hate crimes. In May 2019, I visited Yad Vashem in Jerusalem with colleagues from the Assembly and Westminster. During that disturbing visit, I saw evidence of the scale of evil and the slaughter of innocents at the hands of Hitler's Nazis. The truth of what happened must continue to be told and forever highlighted not to only defeat the evil of antisemitism in today's society but to prevent a recurrence of such things in the future.

3.30 pm

Sadly, a survey in 2019 revealed that one in 20 adults in the United Kingdom did not believe that the Holocaust had taken place, which is a shocking and sad statistic about our nation. It must be stressed that antisemitism is racism and a hate crime. Today, across Europe and in other parts of our kingdom, the Jewish community feels threatened. Some attend worship in synagogues that have extra security around them, some worship in synagogues that have police or private security firms outside them, and some Jewish children attend schools that have huge security. That is no way for a community to live in 2021.

Attacking the Jewish community is wrong and must be publicly condemned by all right-thinking people across the political divide. All parties can demonstrate in this debate today — sadly, we have heard some outrageous contributions — a unity of purpose in taking a united position on opposing antisemitism by endorsing the International Holocaust Remembrance Alliance's working definition of antisemitism. The House should unite to send a clear message from the Chamber on where the people of Northern Ireland whom we represent stand on those issues.

In 2016, I visited Belfast City Cemetery's Jewish plot. At that time, 13 Jewish graves had been desecrated. My colleague Brian Kingston, who was the lord mayor, and I worked with Belfast City Council to ensure that the cemetery was enhanced and the damage repaired, and the then rabbi, David Singer, reconsecrated the cemetery. Sadly, only a couple of weeks ago, 10 of those graves were damaged.

In 2016, the IHRA agreed the following definition:

> *"Antisemitism is a certain perception of Jews, which may be expressed as hatred toward Jews. Rhetorical and physical manifestations of antisemitism are directed toward Jewish or non-Jewish individuals and/or their property, toward Jewish community institutions and religious facilities."*

In this city, over the last decade, pro-Palestinian rallies have been organised, with people brought into the city centre. In 2019, when party colleagues and I visited Ramallah, I spoke to Dr Shaath, who was one of the advisers to the Palestinian president and a negotiator during the peace talks. What happens in Ramallah and Jerusalem should not manifest itself in this city. Members who represent constituencies in Northern Ireland need to be very careful of their language and their actions, given how those can feed into the public domain and lead to people breaking the law. After some of those rallies, there were attacks on Jewish members of the community. The former rabbi, David Singer, gave an interview to the 'Belfast Telegraph' about the abuse that he took. He was concerned about his security in his home and when he walked to the synagogue, which was attacked and graffitied. Therefore, we need to be extremely careful of the language that we use. Targeting anyone is wrong. People should be allowed to live freely and securely in their home. Rabbi Singer was a middle-aged man. Previous rabbis, however, had children in the

house. As a community, particularly politicians and those in public positions, need to be mindful of the words and the language that we use. We should not inflame the situation out there and cause antisemitism to become something that is seen as an appalling norm.

I am disappointed but not surprised by the Sinn Féin amendment today. Sinn Féin is, I think, the only party at Westminster that has refused to endorse the definition. It is always keen to tell us that we are on the wrong side of history when it comes to certain issues, yet its approach to antisemitism and the state of Israel has, at times, been shameful. You cannot say that the Jewish people are to blame for the policies and behaviours of a particular Israeli Government — I am not getting involved in the politics of Israel — any more than you can say that the American people are to blame for what Biden or Trump said. That is a nonsense, and you hide behind that. It is for Sinn Féin to explain why its MPs have not endorsed this definition at Westminster.

I received this from the chair of the Belfast Jewish Community:

> *"The Belfast Jewish Community, together with the representative bodies of the Jewish communities in the UK, the Republic of Ireland and internationally, regard the IHRA definition of antisemitism and its examples as a vital tool to help identify antisemitism and to combat it at a time when antisemitic incidents and attitudes are increasing. The IHRA definition and examples have been adopted by the main political parties in the UK on well over 100 local government authorities. The Belfast Jewish Community urges the Northern Ireland Assembly and all political parties to show solidarity with it in the face of antisemitism by adopting this internationally recognised definition. Michael Black, chair of the Belfast Jewish Community".*

The Jewish community, as others have said, has made a huge contribution to this city and this country in areas of industry and commerce, the legal profession, medicine and, yes, even in politics. I am pleased to have many Jewish friends. I am pleased and proud that the synagogue is in my constituency, and I visit it regularly. I urge the House to listen to the words of the leader of the Jewish community in this city and endorse and back the definition that is before the House. Therefore, I urge the House to support the motion and reject the amendment.

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

Main Question put and agreed to.

Resolved:

That this Assembly condemns antisemitism in all forms; notes with deep concern the findings of the Community Security Trust's (CST) 'Antisemitic Incidents Report 2020', which recorded 1,668 antisemitic incidents across the United Kingdom; stresses the need to tackle the scourge of antisemitism in every aspect of our society; and endorses the International Holocaust Remembrance Alliance's (IHRA) working definition of antisemitism, including its examples, which states that "antisemitism is a certain perception of Jews, which may be expressed as hatred toward Jews. Rhetorical and physical manifestations toward Jewish or non-Jewish individuals and/or their property, Jewish community institutions and religious facilities".

Mr Speaker: I thank everybody for their contribution to the debate. Members, take your ease for a moment or two, please.

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

Motion made:

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

Adjournment

Downe Hospital, Downpatrick: Resumption, Retention and Development of Health Services

Mr Deputy Speaker (Mr McGlone): In conjunction with the Business Committee, the Speaker has given leave to Mr Colin McGrath to raise the matter of the resumption, retention and development of health services at Downe Hospital in Downpatrick. The proposer of the topic will have 15 minutes.

Mr McGrath: I am pleased to commence this Adjournment debate on the retention and expansion of services at Downe Hospital. I promised the people of South Down that I would raise the issue of the hospital on every occasion that I could. Although cynics may find it hard to believe that politicians can keep their word, I certainly will hold true to my word on the matter.

In March of last year, we endorsed the Coronavirus Bill in order to respond quickly and effectively to the emerging and growing threat of the pandemic. All of us were aware that sacrifices would have to be made on all of our parts. I stood in the Chamber and said:

> *"I accept that there may need to be some reconfiguration of services in our health network, and I would not question that. However, I want an assurance from you, Minister, that any such moves will be temporary. Can I seek from you today on the record an assurance that any reconfiguration of health services is temporary and will be moved back again once this passes?" [Official Report (Hansard), 24 March 2020, p10, col 2].*

When an elected MLA gives acceptance to the removal of services from his local area, it does not go down well. We all did our bit to respond to COVID-19, however. The people of Down and Mourne accepted the temporary reconfiguration of services that were already in a temporarily reconfigured state. We accepted that temporary reconfiguration in the face of a worldwide pandemic. We accepted the temporary reconfiguration in spite of the fact that it was done without public consultation, without any equality assessment and without public approval.

We put our faith and goodwill in the Health Minister that, when it was possible to do so, services would be returned to the Downe Hospital. However, over one year on, they still have not been returned.

3.45 pm

I have stood in this Chamber on multiple occasions extolling the virtues of the Downe, saying that it could play its part in the fight against COVID. I feel that we have played our part, fair and square, and I want to know when we will get our emergency department back. That is only fair and square.

No one can deny how successful and well run the vaccination programme has been. It is exceptional. We are getting as many of the population vaccinated as possible, but are we ensuring equal access where possible? What about those in County Down? Where is the County Down vaccination centre? Is it in Downpatrick, the county town of Down, in the Downe Hospital or on the Downshire estate, where it could be equally accessible to all? No. The vaccination centre for County Down is in the Ulster Hospital, which is eight miles from the Royal and five from the SSE Arena. Does the Minister accept that, perception-wise, that is not a ringing endorsement for equal access of opportunity? It may be just a perception, but it feels that, if there is a deal to be cut, the Downe Hospital always gets the lesser end of that deal. Would we expect the public of Belfast to travel 30 miles for their nearest vaccination centre? Never mind "expect" them; they just would not do it.

As a result of COVID and other delays, waiting lists are affected further. We are now told that, without funding, it will take 10 years — a full decade — to clear the waiting lists. However, in England, it will take only five years. Why is there the disparity? To be blunt, it is because successive Health Ministers have presided over a service that is getting smaller and more centralised. The bed count has been reduced, the workload has increased, and the need for nurses has never been greater. We cannot even get our nurses' pay or working conditions right. All this time, we have huge amounts of money, structured investment and enhancement of the Ulster Hospital. Yet we continue to hear the message played and replayed, week after week, that there are significant pressures, delays and waiting times

at the Ulster Hospital, even with all that investment. Something is definitely not working.

I wonder constantly at the contribution that the Downe could make to the wider network of health provision in Northern Ireland. We have delays in our health service, yet the theatres at the Downe operate about 60% of the time, and not at the weekends, for the health service. There is no anaesthetist based at the Downe, so all the provision is by local anaesthetic only. How much more we could be doing.

What of the adage trotted out that people are happy to travel for their healthcare? Why does the Department think that people will not travel to Downpatrick for their services? What have your officials got against our town and our hospital? By the way, to say that we offer regional services is not exactly justified. The cataract service is good, but it is mostly delivered to local people; to a few from beyond, but not many.

Let the Downe do more. Install our long-awaited MRI scanner. Let local people, and even those who you tell us want to travel, come to the Downe where healthcare will be delivered to the highest standard and help our health service. It will not hinder it. The Royal College of Physicians recently highlighted that one of the consequences of removing services from local and smaller hospitals is that you make them irrelevant. The Downe is not irrelevant. I have spoken about it many times in the Chamber. Last October, I asked the Health Minister about the delivery of specialist services in the Downe. In his response, the Minister said to me, and I quote from Hansard:

> *"I thank the Member and welcome him to his usual place as the champion of the Downe Hospital. He never misses an opportunity in the House to extol the skill set and dedication of the staff, of which I am ... appreciative. As I said in an earlier answer, as we get into the second surge over the next couple of months we will continue to look at where we can deliver services safely. If the Downe Hospital's footprint is one that we can use, I am sure that it will be explored." — [Official Report (Hansard), 20 October 2020, p32, col 2].*

The cynic in me wonders just how much exploration has been done, given that, six months later, I asked the Minister again about the trust's rebuilding plans and how the Downe can play its part in that. The response was somewhat different. I was told the following:

> *"There is nothing more unnerving for people working in our health service than social media campaigns about saving their hospital when it is not under threat. Therefore, I ask the Member and some of his party colleagues to step away from the party political campaigns and support the staff who are working in the hospitals to deliver the entirety of the services in those facilities." — [Official Report (Hansard), 13 April 2021, p18, col 1].*

The campaign for the Downe Hospital is a fight to support the staff and the public, but it predates my birth. In fact, it predates the birth of the Health Minister, so would I step away from a campaign to save it? No, not when Health Minister after Health Minister have insisted on taking services away from the Downe and leaving the people of County Down at a health disadvantage. That is why the voice of the people will be raised to the heights of central government and cannot be ignored.

Just a number of years ago, the Downe Hospital had a 24-hour emergency department and it delivered elective and non-elective surgery. It had a cardiac ward, an intensive care unit and a full maternity hospital. It had over 150 beds and was collocated with the Downshire Hospital, which was one of the main centres in these islands for the delivery of mental health services. Stop telling me that I am politicking when, in 20 years, we have had all of that stripped out and, now, even the ambulances bypass it.

I can be accused of being negative, but I think that I am being a realist as we stand by and watch what has happened. Suffice to say, at this stage, that whatever remnant of goodwill the Department had with the people of South Down, it is depleting fast, and further reconfiguration of services will simply not be accepted. We need our services back. The services that were promised need to come back, and we need them back now. It is what the people of Down and Mourne deserve.

Mr Deputy Speaker (Mr McGlone): Before I call Mr Wells, I advise Members that they can have up to 10 minutes each in this debate.

Mr Wells: I wish you had told me that, Mr Deputy Speaker: I would have prepared something longer. However, I have no doubt that I will try to fill my 10 minutes.

Mr Deputy Speaker (Mr McGlone): Just for clarity, it depends on the length of other

Members' speeches, which, unfortunately, I cannot predict.

Mr Wells: First, I congratulate my colleague and sworn bitter political enemy Mr Colin McGrath for having the diligence to secure this debate. He is not exactly shy and retiring when it comes to the front page of the local newspaper. He is in it every week about this issue, and quite rightly so. Everyone who reads what he has to say would agree with him on this issue.

He mentioned an issue that arose before the birth of the Minister and, of course, Ms Bradley, but, unfortunately, I cannot say that. As a rookie MLA in 1982 — I do not think that anyone else in this room was born in 1982 — one of our tasks on the then Health Committee was to visit the Downe Hospital. At that time, people were greatly exercised about the leaching of essential services from that site. Of course, we are talking about the old hospital, which was well past its sell-by date at that time.

At that time, as Mr McGrath has quite rightly pointed out, we had a full-blown A&E, a maternity service and a wide range of other services that were available to the people of Down, albeit in a building that was really not up to the task. I also remember numerous public demonstrations in the town, at that time, about the future of the Downe Hospital. I would say that, today, you could not get 20,000 people on the streets anywhere in Northern Ireland on a political issue, nor could you get them there on some major burning international issue and nor could you get them out for Brexit. However, the people of Downpatrick have shown that you can get 20,000 people on the streets about their local hospital. That shows you the strength of feeling.

I am not able to criticise the Minister here today — I hope that he does not use this against me in the next election campaign — because I think that he has done an excellent job so far in managing a tremendously difficult situation. I congratulate him and his team for vaccinating over 65,000 people in South Down, including many from Downpatrick, efficiently, quickly and with a minimum of fuss. However, I have written to him about the over-16s — the people who have turned 16 since 31 March — and I would like to see that issue resolved for the people of South Down.

An excellent job has been done, but I am going to let him into a secret: it is exactly the same distance from Dundonald to Downpatrick as it is from Downpatrick to Dundonald. Now, that revelation must be extraordinary. There was absolutely no reason why one of the main vaccination centres for County Down could not have been in Downpatrick. People from Dundonald and the leafy suburbs of north Down and Strangford could have got in their cars and driven to Downpatrick, where there are ample facilities. For instance, there is a brand new leisure centre that could have been dedicated to the vaccination programme. Therefore, if it is right to ask 65,000 people from South Down to travel either to Craigavon or Dundonald, is it not right to ask 65,000 people from north Down and Strangford to drive to Downpatrick? The road is exactly the same. I take the point that Mr McGrath is making: everything still seems to be Belfast-centric.

When the coronavirus issue arose, urgent action had to be taken. My party and most MLAs supported the Minister in taking radical action. Indeed, we were even prepared to vote for legislation that had been initiated two weeks earlier and was being delivered on the ground. Indeed, we were prepared to vote for legislation that had been implemented and superseded, such was our confidence in his team and his advice. I do not regret any of that, and we are gradually getting through a very difficult situation.

However, two of the decisions taken as a result of coronavirus involved moving essential services from Daisy Hill Hospital to Craigavon Area Hospital and moving A&E services from Downpatrick to Dundonald. At the time, I was extremely suspicious that coronavirus was being used as a Trojan horse to permanently remove essential services from Downpatrick. However, Seamus McGoran, the chief executive of the South Eastern Health and Social Care Trust, said that I was scaremongering. A few other Members made the same point: that I was scaremongering and there was nothing to worry about. Well, here we are, a year later, and there has been no movement.

The Minister has a golden opportunity to, first, secure his place on the front page of the 'Down Recorder' and, secondly, reassure tens of thousands of people in Downpatrick and the surrounding east Down area by giving us a categorical assurance and a date for the return of services to the Downe Hospital, so I can eat my words and say, "Yes, I was scaremongering. It was not going to happen. All my concerns were ill-founded. As a result, I will say I was wrong". Not too many politicians are prepared to tell the 'Down Recorder' that they are wrong.

Mr Swann, it is a double-edged sword. Congratulations on what you have done for the people of South Down and the people of Northern Ireland as far as coronavirus is concerned. However, to complete the set, reassure us that services will be returned in a few weeks and that the concerns of Mr McGrath are unfounded. Perhaps that will take him off the front page of the 'Down Recorder' permanently.

Ms Ennis: Like Mr McGrath, I do not remember a time when there was not a campaign to retain services at my local hospitals, be that the Downe Hospital or Daisy Hill. For years, the community and ourselves as political representatives have been resisting and fighting the many attempts to remove and downgrade services. To be frank — pardon the pun — we are sick of it.

The unprecedented COVID crisis was met with understanding and generosity by the local community in South Down. However, there is now a growing belief in the community that health officials are using COVID-19 as a convenient cover to advance extensive reform plans at the Downe without any need for consultation. There is no doubt that the long-term viability of the Downe Hospital has been undermined in recent years by the reduction of specialities on the site, such as the lack of an inpatient cardiology service and the loss of our 24-hour A&E. As the local community argued at the time, not only have the cuts had a direct impact on local patients who need to avail themselves of the services, but the cumulative effect continues to limit the overall delivery model of services at the Downe Hospital. In recent months, the absence of critical care backup and anaesthetist cover made the delivery of emergency care very difficult to sustain at the Downe.

Unless something is done to protect and enhance the availability of specialities and critical care cover, the Downe will struggle to meet the emergency needs of the local community without relying on the Ulster Hospital in Belfast.

4.00 pm

In order to begin to rectify that, my Sinn Féin constituency MP colleague, Chris Hazzard, and I have requested that the South Eastern Health and Social Care Trust and the Department of Health explore the possibility of establishing a pathfinder project similar to the recent Southern Trust pathfinder in Newry, which has had a positive effect on the protection of services at Daisy Hill Hospital. That will not only enable us to benefit from an interactive and consistent process of public communication and consultation but, perhaps most importantly, demand a real and meaningful process of co-design with staff and their trade union representatives.

Minister, I need to raise — hopefully, you will address them — the recent comments by a senior health consultant in which he revealed a plan to close half the hospitals across the North. That is a grim warning to rural communities that they face a huge battle to save their local hospital in the time ahead. In a recent meeting with Health officials from across the North, Dr John Maxwell, a senior emergency department consultant with the Belfast Trust, provided an update on the controversial review of urgent and emergency care in which he referred to a plan to:

> *"ideally see the number of hospitals halved over the next ten years".*

The minutes of the meeting have been seen —

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

Ms Ennis: I will indeed. Go ahead.

Mr Swann: We have asked for those minutes, and, as yet, neither the paper nor your party has been able to provide them to substantiate that. The Member may be aware that Dr John Maxwell is now in Australia, where he has been working for some time. We have been in contact with him, and he has no recollection of that minute, meeting or presentation. I just want to put that on record. That was raised by the local MP in the local paper, but we sent in lines to correct that narrative because it is dangerous.

Ms Ennis: I appreciate the Minister's intervention, but my colleague Chris Hazzard has seen those minutes. Those of us who have been involved in the struggle to protect local health services and the sustainability of rural hospitals in recent times will not be shocked to hear a Belfast-based consultant speak of the need to centralise services. It is deeply worrying that he speaks of an actual plan to close half the hospitals. The public has not been made aware of any such plan and, indeed, as far as I know —

Mr Swann: Will the Member give way?

Ms Ennis: Yes.

Mr Swann: Neither have I.

Ms Ennis: I will get to that in my comments. I appreciate that.

As far as I know, the Minister has never publicly discussed a plan that would:

"ideally see the number of hospitals halved".

There is an urgent need now for the Health Minister — I am sure that you will address this in your comments, Minister — to investigate those remarks and publicly dispel any such notion.

Mr Swann: Will the Member give way?

Ms Ennis: Yes.

Mr Swann: I will publicly dispel them now.

Ms Ennis: Will you let me finish? Sorry; you will have ample time at the end to respond.

Failure to do so will be hugely damaging to public confidence in the transformation process and a stark illustration that, once again, the unelected transformation management board in the Department of Health is driving the process of transformation, not the publicly accountable Minister.

The cumulative effect of all the issues I have outlined has added further weight to the argument that local services, staffing models and the long-term viability of emergency medicine at the Downe Hospital are being cannibalised in an effort to sustain the delivery of services in the greater Belfast area. It is clear that staff in the local hospital are being used to plug gaps elsewhere, and that is unacceptable. The desire to protect Belfast type 1 emergency departments at the expense of other areas is an equality issue and would undoubtedly fall foul of equality legislation if it were applied under normal circumstances. Rural communities such as South Down are now being left in a precarious situation with no recourse to equality impact screening or assessments. The fatal consequences of that are exacerbated by the fact that it is being done in haste with no forum for public scrutiny.

I will finish by reiterating my call for the Department of Health, in partnership with the South Eastern Health and Social Care Trust, to urgently establish a pathfinder model of engagement that will help support and protect the long-term sustainability of the Downe Hospital in Downpatrick.

Ms S Bradley: At the outset, I thank my party colleague, Colin McGrath, for bringing forward this topic for debate. It is timely because, as Mr McGrath and Mr Wells alluded to, we, as politicians, in good faith worked with the trusts and the Minister to respond to an immediate COVID need and the need to step down services in the Downe and Daisy Hill Hospitals. At that time, I spoke with the chief executive of the Southern Trust and assured him that I would give endorsement to that, but the Minister will appreciate that I did so with a caveat. I deliberately pinned down the wording on which the plan was presented, because I did not want a vacuum to be created that would give rise to a conversation around, "Can the trusts be trusted?".

At the outset, I thank all the staff at the Downe Hospital and Daisy Hill, who have endeavoured to maintain some safe services throughout the pandemic, as have many of their colleagues across the health service. That must be noted, particularly during these challenging times.

It seems that the whispers and rumours about the demise of services at the Downe Hospital started just a few years after the ribbon was cut at its beautiful new building. That was in the lead-in to Bengoa, and the publication of Bengoa gave oxygen to that conversation. The narrative has always been about what will be taken away from the site and what will be taken from the Downe Hospital. It is the absence of any real access to information on the plans for the hospital that has given rise to the speculation. That vacuum will be filled. As Members know, with access to social media comes an information flow that, sometimes, is inaccurate. That is not helpful. That said, there is a legitimate concern that should and must be heard. If there are inaccuracies, this is a good time to call them out, iron them out and offer reassurances.

I have listened to the Minister on the issue, and I have listened to many across the health service. I accept that it is not logistically possible to have every specialism in every hospital. That could not be delivered, and I do not think that anybody is asking or calling for that. We ask for the retention and resumption of services in the Downe Hospital, an estate and building that, by any measure, is underutilised. In the National Health Service's offering, the estate of the Downe Hospital is second to none, as are its staff.

When the Minister considers that people will have to travel to services, I urge him to consider a person who lives in Kilkeel. They will have

travelled for the best part of one hour before they get to the Downe or to Daisy Hill. The travelling has happened, and that is for those who have the privilege of access to private transport. Try to make that journey by public transport — by bus. The roads that those people are being asked to travel, sometimes in distress, are far from suitable for anybody to travel in an emergency. We also know that our Ambulance Service can pick up only so many of the people who are called to hospital.

While I accept the argument that we cannot have every specialism in every hospital and that, even if we could, it might not be the best use of resource — that is a valid argument — it must never take away from the need for every person in Northern Ireland to have access to emergency service and general hospital provision. Nobody in south Down should be second-rate when it comes to that access. Therefore, when the Minister is injecting the realism about specialisms and doctors, I ask him to also inject the realism of the geographical nature of the constituency of South Down and recognise that those people are already travelling to be in the two hospitals that have served us well down the years. Understandably, people take great pride in supporting them, which, no doubt, is why campaigns that are years old have maintained that support across the community.

Minister, I talked about perception and the vacuum that can be created. The people of South Down need to hear two things. They need to hear an unambiguous statement from you that the emergency element and the general hospital care at Downe Hospital will be resumed without delay. Secondly, the staff need to hear from you today and the public need to know what the ambition is for Downe Hospital, in addition to the resumption of those services. People travel across Northern Ireland for specialisms here, there and everywhere. What exactly is the specialism and ambition for Downe Hospital? Will people travel to access specialist care in Downe Hospital or Daisy Hill Hospital? I cannot speak of one without speaking of the other because I know how critical both hospitals are to the people across South Down.

I thank you, Mr Deputy Speaker, for extending the time allowed to speak, which has been helpful. I commend the motion. I put it on record that the reintroduction of services in both hospitals is critical. Its importance should not be underestimated. It is also critical that the constituency of South Down is understood. Nobody in South Down should be treated as a second-class citizen.

Mr Deputy Speaker (Mr McGlone): Thank you, Members. The Minister now has ample time to respond to all the queries that have been raised. Minister, I know that you will wish to respond to a number of issues individually, and you have quite a while — almost half an hour — to do so, although I am not suggesting that you take it all.

Mr Swann: Thank you, Mr Deputy Speaker. I will start by being clear: as I have said before in the House, the biggest threat to Downe Hospital is not from any imagined or perceived desire to diminish or close it; it is the constant talking down of the breadth of services already available there. As all Members will be aware, we face serious challenges in recruiting and retaining sufficient numbers of healthcare staff across the system. That is what a decade of underinvestment in the health service does.

In the past 15 months, I have approved 600 new nursing and midwifery training places and have increased the number of university medical places, but those take some time to come online. In the meantime, my Department, the trust and the hospital are working hard to recruit and, importantly, retain enough staff. That is especially the case in our general hospitals. Any newly qualified health worker researching which hospital to work from could be forgiven for thinking that there is some lingering threat of closure hanging over Downe Hospital. There is not, but that is what is being perpetuated by the constant scaremongering by some, including elected representatives — councillors, MLAs and MPs — who really should know better.

Mr McGrath: Will the Minister give way?

Mr Swann: Yes.

Mr McGrath: I understand some of the point that he makes. However, does he realise that what we actually hear from that is, "We will make the decisions that we want. If you don't like them, don't dare open your mouth and say anything about them, because you will be putting your hospital down"? We have to call out what we have seen. I read out a list of services that we had across the board in a fully fledged, fully run and proper hospital. We do not have half — we do not have even a tenth — of those services now. Is he seriously suggesting that, as elected representatives in a democratic country, we should sit down and say nothing about that?

Mr Swann: I put it to the Member that, as the chairman, I think, of a party that has endorsed

many reviews of health and the work that needs to be done, he should acknowledge, as Ms Bradley did, that we are no longer in a position in which we can provide every specialty in every hospital across Northern Ireland. That is why, since becoming Minister, I have been clear when talking about regionalisation. The reality is that Downe Hospital is a vibrant healthcare facility.

It is a beacon of transformation — an exemplar of integrated working between primary, community and secondary care.

4.15 pm

The Adjournment topic is:

> *"Resumption, Retention and Development of Health Services at the Downe Hospital".*

We are already having that discussion right across Health and Social Care. As I told the Member when he raised the issue previously, that is about using every available resource as effectively as we possibly can, including the vital Downe Hospital, to recover from the devastating impact of COVID-19 on services across Northern Ireland. The Member who secured the Adjournment debate talked several times about where we were last year. What he forgets is where we were even a number of weeks ago with the COVID pandemic. In January, due to COVID, there were nearly 1,000 inpatients across the entirety of the system. Therefore, the issue is not where we were a year ago; it is where we were weeks ago. The Member seems to think that there is some magic switch that turns on the health service overnight.

I committed wholeheartedly to that when I published revised trust rebuilding plans on 13 April. Those plans are available on the Department's website. I encourage Members to read them, because they give the detail of where we are and where the ambition lies. They are three-month rebuilding plans, because that is how I see our being able to take steps. They are three-month steps, because of the resources, facilities and staff that we have. The Downe Hospital is an important part of the recovery plan for the local population whom it serves, the role that it plays in the South Eastern Trust's hospital network and the regional services that it provides to the population of Northern Ireland. Yes, COVID-19 necessitated some temporary downturns and changes in how services are provided. Yes, the challenge that now faces the health service is huge and unprecedented. The Member asked what was the difference between England, where it is estimated that it will take five years to recover, and Northern Ireland, where it will take 10 years. That is because, due to continued underinvestment in the health service and workforce, Northern Ireland was already five years behind before COVID hit.

The challenge that now faces the health service is huge and unprecedented. Yes, I would say that we can be sure that further change is inevitable but that it will be right across Health and Social Care in Northern Ireland. I want to encourage representatives from South Down and the South Eastern Trust area to play a constructive role in that discussion. We have a responsibility to move the discussion about the Downe Hospital or any hospital in Northern Ireland out of that negative space and begin to discuss how the entire health and social care system can work together as a true, united and joined-up system to serve the needs of the entire population and so that no Member or constituent, no matter which constituency they live in, feels that they are a second-class citizen. Unfortunately, at this time, many people who are in need of health services, no matter where they live, do feel second class, because we cannot provide the services that we want to provide. As Members of the House, the Department of Health, the Minister of Health and former Ministers of Health, we know our desire to deliver the service that we want: a National Health Service that is free at the point of use and delivery.

Ms S Bradley: I appreciate the Minister's giving way. I accept what he is saying. There is a huge challenge for us all as public representatives to take a responsible approach. However, does he accept that the conversation will start only when a base level of service is available to all? We are talking about the restoration of emergency care as part of the debate. Without that reassurance, there is understandable nervousness about what the future of the hospital will look like. May I remind the Minister that we would like to walk away with some reassurance in that regard?

Mr Swann: I will come to that issue shortly. First, I pay tribute to the health and social care staff and support staff who work at the Downe Hospital and across the South Eastern Trust, in hospitals and in the community, for their agility and the enthusiasm with which they have met the unprecedented challenges of the pandemic.

As we have seen right across trusts, that spirit has accelerated new ways of working, enabled staff redeployment to care for the sickest

patients across the region and maintained vital services. In response to the Member, I acknowledge that there is concern locally that the pre-COVID-19 service level has not yet been reinstated at the Downe emergency department. In the meantime, the consultant-led Phone First urgent care centre provides safer and more timely access to unscheduled care services in the local area. In the first three months of this year, attendance steadily increased from 528 to 597 to 765 a month. Of those patients, 70% had their medical needs attended to in a scheduled slot at the urgent care centre. The remaining 30% were redirected to an appropriate care setting, such as a GP, an advice service or emergency care. For patient needs and health outcomes, that is clearly preferable to large numbers waiting in a crowded ED, where they have a high risk of contracting infection.

Most importantly, however, 14 patients a week, on average, are now being advised, on first contact, to attend an ED. That must be compared with the pre-COVID context, in which 14 patients a week experienced delays while waiting for transfer to definite care. Patients are now being directed to the right care in the right place at the right time, so it is not surprising that feedback from patients and users of the Phone First urgent care service has been extremely positive, with 100% positive reviews from patients in March 2021. As society reopens in the weeks ahead, the implementation of rapid-testing technology at the Downe urgent care centre will further enhance patient and staff safety and help maintain a high degree of confidence that the unit can be kept COVID-free.

I will turn, more generally, to the evolution of the Downe since the South Eastern Trust took over responsibility for the hospital in 2007. Most people would see that as a positive story. A new hospital was opened in 2009, with investment in excess of £60 million. In 2010, the trust began to transform its acute services across all three sites — Downe Hospital, Lagan Valley Hospital and the Ulster Hospital — in recognition of sustainability challenges faced by healthcare delivery across the UK and globally. During that time, the trust introduced new services to the Downe, including a regional centre for cataract services. I know that the Member opposite challenged that, because only a few people were coming to it from outside the region, but it is a regional service that we are constantly building on. I get the same complaints from people in North Antrim who have to travel for their cataract surgery, but I can tell you now that there are people in North Antrim who would quite happily travel to the Downe to get a cataract operation. That is where we have to be at as we move forward with our health service regionally.

The other new services that the trust has introduced are ophthalmology outpatient services; trust-wide bowel cancer screening; trust-wide sexual health services; maxillofacial surgery; frail elderly rapid assessment services; a midwife-led unit; two general practice services on-site; Marie Curie services on-site; orthopaedic integrated clinical assessment and treatment services (ICATS); multidisciplinary teams; and community respiratory services on-site. There is a range of other services, including outpatient physiotherapy; musculoskeletal and women's health services; podiatry; orthoptics; occupational therapy; rheumatology hand services; ENT services; speech and language services; and children's and social work services. I could go on, but suffice it to say that that clearly illustrates my earlier point about the Downe being a vibrant hospital that provides a rich mixture of important services to the local and regional population.

Mr Wells: Will the Minister give way?

Mr Swann: I will.

Mr Wells: I do not want to interrupt what I accept is a very well presented case. I note, with interest, that you are prepared to take interventions and defend your policy, and that is welcome.

The Minister has listed a series of services, and it is welcome that we have them in Down, but I hope that he is building to a crescendo, at the end of which he will give us a date that we can take back to our constituents so that we can tell them that, on a certain date, the services that were removed a year ago will be restored. If he is building up to that, I wait with great expectation. If he is not, I will be slightly disappointed.

Mr Swann: I will disappoint the Member now: I do not have a date for that. Everyone in the House has to be realistic about the situation that we are in. Elected Members have met the trust officials on numerous occasions. I do not have a date for the reinstatement. Looking across the entirety of the system, you will know well, as a former Health Minister, the pressures that we are under.

Since coming into post, I have done my best to keep politics out of the health service, especially during a pandemic. Politics, and

especially political grandstanding, must not become a threat to our health service. By that, I mean easy-option politics, short-termism and politics that is only interested in point-scoring or landing a headline in the media.
Reforming our health service across Northern Ireland is challenging. The Member may shake his head, but every MLA wants the best for their region. I get that, but, as Minister, I have to deliver a health service.

Mr McGrath: Will the Minister give way?

Mr Swann: I will.

Mr McGrath: I really despair at that tone, Minister. What you are saying is that, if we see diminishing services or services that are not up to the standard that we want and raise our voices in this place, the elected Chamber in Northern Ireland — if we dare to do that — you will accuse us of being negative and trying to get a cheap headline in the local newspaper. That is a headline in the local newspaper: we are being told that we cannot raise issues.

You gave us a wonderful list of available services, many of them once a month. I gave you a list of services that were taken away. There is no comparison between the two lists. I do not begrudge the list that you gave us — give us every service that you can, and the staff will deliver it — I am simply saying that it is nothing compared to what we used to have. I do not think that that is being negative; I am simply pointing out the truth.

I do not accept that I am grandstanding when I raise the services that are being taken out of my area.

Mr Swann: The Member may not be grandstanding, but some of his party colleagues, some councillors, and MPs for the area have been. He knows the devastating effect that that has on the morale of the people working in that hospital.

I raised it at the start of my contribution. When I had this conversation with the Member a number of weeks ago, I raised the similarity that we had in North Antrim with the Causeway Hospital. One of the things that the chief executive asked us to do, as responsible local politicians, was to stop talking the hospital down because it was distracting and making it harder to recruit people to that hospital. As I said in my opening comments, we have so many vacancies across our health and social care system. Someone looking for a job may google the hospitals where jobs are available. If they click on the news and see a threat, or even the insinuation of a threat, that a hospital or service may be reduced, downplayed or taken away, they will become discouraged. That is when such language becomes very difficult and makes it harder for us, the hospital and those who want to work in it.

I know where the Member is trying to take the conversation. I have challenged. As I said, he quoted me in the work that he has done in promoting the Downe Hospital in this place.

We have to be realistic about the position of our health service, and his party has been part of all the reforms that have been brought forward over many years and supported them. It is about where we take political stances and looking at the health service as a whole, rather than as hospitals or units in isolation. That is what I want for the Downe Hospital.

As I said, I want the Downe Hospital to be a vibrant, integral part of the regional approach in the South Eastern Trust. I believe that it is. Ms Bradley indicated what an excellent facility it is. It is one of our newer hospitals, opening in 2009. Why not use that facility? That is what we want to do. Look at the three-month rescheduled building plans that are all based on available footprint and staff.

Everybody in the House knows — at least, they should know — the acute budgetary pressures on my Department, across government, and on the public sector. Single-year Budgets have only made a bad situation worse. I believe that I have cross-party support in calling for sustained investment and multi-year Budget settlements. However, I have been struck recently by how often political debate about our health service ignores basic financial realities. Barely a day goes by without an MLA, a councillor or an MP calling on me to significantly increase spending in a key area. The former Minister of Health will know that that is part of the job.

4.30 pm

The causes being championed are, like the Downe, invariably worthy. Rarely, if ever, do I hear suggestions about where I can get that extra funding. The impression is given that funding and staffing are unlimited and that I merely need to be persuaded to spend more or move more staff to a particular area. In reality, funding is very limited. At present, indeed, it is an increasing struggle to maintain our existing services.

Again — the Member will take this whichever way he wants — I am worried about petty,

point-scoring politics when it comes to the vital task of reforming and transforming our struggling health service. Changes in clinical practice, standards, demographics, technology, and workforce challenges mean that we simply cannot have a conversation, in isolation, about the role of any one hospital. Medicine and treatments change, and we should not remain wedded to a 20th-century way of doing things. It is easy for parties across the House to endorse the general principle that change is needed. It is a different matter when specific changes at a local level are proposed. That is why, for some, the temptation proves too strong to grab those headlines or proclaim grand conspiracy theories about what is being done about the future of individual hospital sites at regional management board sittings or in presentations or minutes that nobody has seen.

Let me be clear — I will give you this commitment — there is no plan, hidden or otherwise, to close, downgrade or run down any hospital in Northern Ireland. That includes the Downe. That does not mean that every hospital will remain frozen in time. It does not mean that all services will be delivered in exactly the same way until the end of time.

Change can be positive. It can improve the quality of healthcare for local populations. Surely we should, collectively, try to do that.

Mr Wells: Will the Minister give way?

Mr Swann: Yes.

Mr Wells: Sadly, I understand much of what the Minister says. It is difficult when you know the other side of the story. I sat in his chair. He will recall that, when he became Minister of Health, I walked over to him and said, "Are you right in the head?". That was before we had heard of coronavirus. I do not, for one moment, want to diminish the enormous task that he has had. However, I am disappointed because I thought he would use this debate as a platform to give us an announcement or to tell us privately, as we would not reveal it to anyone, the date of reopening of essential services in the Downe.

Could he pick up on one last issue of concern in the Down area? It is the refusal to vaccinate 16-year-olds who turned 16 after 31 March 2021. That was brought to my attention, and I did raise the issue in my speech. It is not directly relevant. They would be delighted to go to Downe Hospital to get that vaccination.

Mr Swann: I thank the Member.

I was going to come back to the vaccination programme because I know that it was raised. We shifted vaccination programmes to GPs and community pharmacies so that people could get the vaccine. We still see over-80-year-olds coming forward now because they have lost their vaccine hesitancy. In respect of the over-16s, we have a licensing problem with the AstraZeneca vaccine, which is only licensed for over-18s. The Pfizer vaccine is licensed for over-16s for a number of specific medical cases, so it is not just the general over-16 population. If the Member has written to me on that, I will be able respond.

As we are having this debate, I note the change in health debates over the last few weeks. Let us be realists. We are a year away from an election. For all the reasons that I explained, I sincerely hope that the Downe Hospital does not become a political football. I sincerely hope that no hospital in Northern Ireland becomes a political football. I sincerely hope that our health service does not become a political football. After the next election, one of the other parties could, perhaps, pick up the Department of Health and nominate the Minister of Health, as they could have chosen to do last January. At that point, they actively chose not to do it. Next time, there may be a reversal of roles and arguments. Then others will have an understanding, as Mr Wells has, of the challenges of this job and that making sure that the health service delivers for everyone is not as easy as some may think. When those in elected office resort to point-scoring or repeating conspiracy theories, it has consequences. It creates misinformation and resistance to change but, most of all, it lets patients down.

I trust that my comments this evening will provide further assurance about what I value and how I see the Downe Hospital having a hugely important place in the COVID-19 recovery effort and in the vital journey towards health service transformation across Northern Ireland.

Adjourned at 4.35 pm.

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